ACKNOWLEDGEMENTS

"Never, never, never give up."
---Winston Churchill

I would like to convey my sincere appreciation to my supervisor, Dr. Angelique Chan, for her constant words of encouragement, care and concern as I worked on this thesis. I am truly grateful to her for the comments on all my drafts. To my sociology department head, Associate Professor Hing Ai Yun, Dr Narayanan Ganapathy, Dr Eric Thompson, Dr Stephen Appold and other sociology lecturers whom I would faithfully remember for their valuable feedback and inspiration. I also wish to convey my heartiest appreciation to my parents- Mr. and Mrs. Nagalingam, my sister- KokilaVani, dearest friends- Ameenal, Kalisri, Sanjana, Sathia, good friends both from the sociology department and NUS, for their unreserved guidance, and love. It was their unwavering support and confidence that had all along motivated me as I worked on this challenging topic. This thesis is in remembrance of my grandmother. Although she is not around, her blessings have always been there for me.

A sincere word of thanks to the following organizations and people whom have helped to make this thesis possible, in one way or another. Without them, I would certainly have faced many more struggles to complete my thesis. In deepest appreciation to,

- Dr Mary Ann Tsao, Ms Susan Mende and Ms Susana Concordo from the TSAO Foundation for their continuous support

- Golden Life Workgroup on Elder Abuse Prevention for granting permission to reproduce their publication

- Ministry of Community Development, Youth and Sports (MCYS)
Singapore Action Group of Elders (SAGE) Counseling Centre
- Presbyterian Community Services
- Doctors at Changi General Hospital
- Doctors and Staff at Tan Tock Seng Hospital
- Doctors and Staff at Alexandra Hospital
- Staff at Ren Ci Hospital and Medicare Centre
- Advocate Ms Lucy Netto
- Committee Members from the Association for Anthropology and Gerontology (AAGE).

I thank with gratitude the dedicated staff at the following organizations who granted me access to their clientele base:
- TRANS Centre
- Hua Mei Mobile Clinic
- Dorcas Home Care Service
- Swami Home
- Thong Teck Home for Senior Citizens
- Zion Home for the Aged
- Sree Narayana Mission
- Kheng Theng Happy Lodge
- St Luke's Hospital for the Elderly/ St Luke's Eldercare Ltd
- Asian Women's Welfare Association (AWWA)

Not forgetting my due acknowledgements to all the older respondents, and their families for their participation in this research. Despite the many sufferings that they
had endured, the willingness to share their painful experiences was indeed remarkable. I would also like to express my greatest thanks to all my interviewers and transcribers for their tedious roles. Part of the credit should go them for the successful completion of the interviews conducted in non-English.

All I would like to say is a big THANK YOU to everyone who believed in me, motivated me to go this far and contributed to the successful completion of my thesis in numerous ways. They have lighted up my days in countless thoughtful ways. Above everything, I thank GOD for giving me the courage and determination to cross the many challenges and setbacks that I faced as I embarked on this thesis. Overcoming these struggles has indeed made my life more meaningful. By representing the voices of those affected, I sincerely hope that this thesis would be able to foster a greater awareness of elder abuse and neglect in Singapore.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>iv</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>vi</td>
</tr>
<tr>
<td>LIST OF ABBREVIATIONS</td>
<td>viii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>ix</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>x</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>xi</td>
</tr>
</tbody>
</table>

## CHAPTER ONE  INTRODUCTION  1

1.1 An Introduction to Elder Abuse and Neglect  2  
1.2 Definition of Elder Abuse and Neglect  7  
1.3 Research Focus  11  
1.4 Chapter Outline  13

## CHAPTER TWO  CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW  14

2.1 History of Elder Abuse and Neglect  15  
2.2 An Applied Ecological Model for Elder Abuse and Neglect  16  
2.3 Elder Abuse and Neglect Literature in the West  21  
2.3.1 Determinants of Elder Abuse and Neglect at the Individual Level  21  
2.3.2 Determinants of Elder Abuse and Neglect at the Familial Level  23  
2.3.3 Determinants of Elder Abuse and Neglect at the Environmental Level  27  
2.4 Elder Abuse and Neglect Literature in Asia  28  
2.5 Elder Abuse and Neglect Literature in Singapore  30

## CHAPTER THREE  RESEARCH METHODOLOGY  33

3.1 Research Design  34  
3.2 Sampling  41  
3.3 Limitations  45

## CHAPTER FOUR  INDIVIDUAL-LEVEL DETERMINANTS OF ELDER ABUSE AND NEGLECT  48
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Gender</td>
<td>49</td>
</tr>
<tr>
<td>4.2</td>
<td>Chronological Age</td>
<td>49</td>
</tr>
<tr>
<td>4.3</td>
<td>Work Status</td>
<td>50</td>
</tr>
<tr>
<td>4.4</td>
<td>Marital Status</td>
<td>54</td>
</tr>
<tr>
<td>4.5</td>
<td>Health Status</td>
<td>55</td>
</tr>
<tr>
<td>5.1</td>
<td>Living Arrangements</td>
<td>62</td>
</tr>
<tr>
<td>5.2</td>
<td>Family Relationships</td>
<td>64</td>
</tr>
<tr>
<td>5.3</td>
<td>Intergenerational Transfers and Relationships</td>
<td>67</td>
</tr>
<tr>
<td>5.4</td>
<td>Relationship between the norms of reciprocity and solidarity in the care-giving context</td>
<td>69</td>
</tr>
<tr>
<td>5.5</td>
<td>Cultural Values and Expectations about Ageing</td>
<td>74</td>
</tr>
<tr>
<td>5.1</td>
<td>Living Arrangements</td>
<td>62</td>
</tr>
<tr>
<td>5.2</td>
<td>Family Relationships</td>
<td>64</td>
</tr>
<tr>
<td>5.3</td>
<td>Intergenerational Transfers and Relationships</td>
<td>67</td>
</tr>
<tr>
<td>5.4</td>
<td>Relationship between the norms of reciprocity and solidarity in the care-giving context</td>
<td>69</td>
</tr>
<tr>
<td>5.5</td>
<td>Cultural Values and Expectations about Ageing</td>
<td>74</td>
</tr>
<tr>
<td>5.1</td>
<td>Living Arrangements</td>
<td>62</td>
</tr>
<tr>
<td>5.2</td>
<td>Family Relationships</td>
<td>64</td>
</tr>
<tr>
<td>5.3</td>
<td>Intergenerational Transfers and Relationships</td>
<td>67</td>
</tr>
<tr>
<td>5.4</td>
<td>Relationship between the norms of reciprocity and solidarity in the care-giving context</td>
<td>69</td>
</tr>
<tr>
<td>5.5</td>
<td>Cultural Values and Expectations about Ageing</td>
<td>74</td>
</tr>
<tr>
<td>6.1</td>
<td>Ageism</td>
<td>82</td>
</tr>
<tr>
<td>6.2</td>
<td>Attitudes towards the Disabled</td>
<td>84</td>
</tr>
<tr>
<td>6.3</td>
<td>Greed</td>
<td>85</td>
</tr>
<tr>
<td>7.1</td>
<td>Definition of Elder Abuse and Neglect</td>
<td>92</td>
</tr>
<tr>
<td>7.2</td>
<td>Determinants of Elder Abuse and Neglect</td>
<td>93</td>
</tr>
<tr>
<td>7.3</td>
<td>Types of Preventive and Intervention Strategies Adopted</td>
<td>95</td>
</tr>
<tr>
<td>7.4</td>
<td>Barriers of Prevention and Intervention of Elder Abuse and Neglect</td>
<td>98</td>
</tr>
<tr>
<td>7.5</td>
<td>Possible Strategies to combat Elder Abuse and Neglect</td>
<td>99</td>
</tr>
<tr>
<td>8.1</td>
<td>Summary of Main Findings</td>
<td>104</td>
</tr>
<tr>
<td>8.2</td>
<td>Discussion</td>
<td>108</td>
</tr>
<tr>
<td>8.3</td>
<td>Directions for Future Research</td>
<td>110</td>
</tr>
<tr>
<td>113</td>
<td>Bibliography</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>Appendices</td>
<td></td>
</tr>
</tbody>
</table>
SUMMARY

With an increasing elderly population, elder care that was previously not seen as a major long-term task for families is now seen as a substantial challenge for many families. Abuse and neglect of older people is not a new phenomenon. What is new is the attempt, since the end of the 1970s, to find out why it happens. It was in the 1990s that the Singapore society has become more overtly aware of the existence of elder abuse and neglect. Although a vast majority of older individuals are cared for with affection, a considerable amount of violence towards the elderly does take place within the family. This thesis is based on trying to understand the perspectives of older individuals, their caregivers and service providers on elder abuse and neglect in Singapore. I examine the determinants of elder mistreatment at the individual, familial and environmental levels, and the barriers hampering effectual prevention and intervention strategies. By making close reference to Schiamberg and Gans's (1997a, 1997b, 2000) applied ecological model, I also explore the forms and types of support elder care-giving families and care-receiving elders need and want with regard to elder mistreatment.

Preliminary fieldwork was conducted between September and November 2003, with a few older persons suspected to be either mildly abused or neglected and with three service providers. For the actual research, the life-story (Atkinson, 1998) and the ethnographic interviewing methods (Spradley, 1979 and McCracken, 1988) were used. Questions on 'individual-level characteristics', 'family dynamics and intergenerational relationships', 'signs and symptoms suspicious of abuse and neglect' and 'societal perceptions of ageing' were used to explore how such similar concepts,
as used in the applied ecological model (Schiamberg and Gans, 1997a, 1997b, 2000),
may influence our understanding of elder maltreatment in Singapore.

Questions designed for the caregivers emphasized the familial relationships with
the older person. Questions for the service providers explored the definitions, causes,
obstacles, and initiatives to be put to work when dealing with elder mistreatment. 25
elderly suspected to be subjected to some form of abuse and/or neglect and six
immediate caregivers of the elderly of whom some were the perpetrators themselves
were interviewed. 13 service providers offered their perspectives on elder
mistreatment.

Findings showed that marital, health, work and income status at the individual
level, poor familial relationships at the familial level and negative perceptions of the
aged at the environmental level contributed to elder mistreatment in Singapore.
Negligent behavior of adult children, intergenerational transmission of violence and
self-neglect by the elderly were the most significant findings in this thesis. Service
providers reported that fear, dependency, shame, and lack of public awareness were
some of the barriers deterring any effective strategies. The professionals also stressed
the importance of adopting and adhering to a collaborative team effort to manage
elder mistreatment. The key to successful intervention to the problem of elder abuse
and neglect, within the context of family care-giving in Singapore lies in addressing
the genuine concerns raised by both the older adults and their caregivers in this thesis.
# LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>IADLs</td>
<td>Instrumental Activities of Daily Living</td>
</tr>
<tr>
<td>EPT</td>
<td>Elder Protection Team</td>
</tr>
<tr>
<td>MCYS</td>
<td>Ministry of Community Development, Youth and Sports</td>
</tr>
<tr>
<td>SAGE</td>
<td>Singapore Action Group of Elders</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
</tbody>
</table>
**LIST OF TABLES**

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Types of Elder Abuse</td>
<td>9</td>
</tr>
<tr>
<td>2.1</td>
<td>Dimensions of Intergenerational Transfers</td>
<td>25</td>
</tr>
<tr>
<td>3.1</td>
<td>Sample Characteristics of Older People (N=25)</td>
<td>44</td>
</tr>
<tr>
<td>3.2</td>
<td>Sample Characteristics of Caregivers (N=6)</td>
<td>45</td>
</tr>
<tr>
<td>4.1</td>
<td>Mobility Status of Older Persons by Gender and Age Group</td>
<td>55</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 2.1</td>
<td>Applied Ecological Model</td>
<td>17</td>
</tr>
<tr>
<td>Figure 3.1</td>
<td>Framework of Age-Care Services</td>
<td>150</td>
</tr>
<tr>
<td>Figure 8.1</td>
<td>An Applied Ecological Model of Elder Abuse and Neglect in Singapore (Revised)</td>
<td>107</td>
</tr>
</tbody>
</table>
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title and Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Interview Guide for Older People (English)</td>
<td>127</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Interview Guide for Caregivers (English)</td>
<td>131</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Interview Guide for Service Providers</td>
<td>134</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Interview Guide for Older People (Chinese)</td>
<td>137</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Interview Guide for Caregivers (Chinese)</td>
<td>141</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Participant Information Sheet (PIS) and Informed Consent form (CF)</td>
<td>144</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Acknowledgement Letter</td>
<td>149</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Framework of Age-Care Services</td>
<td>150</td>
</tr>
</tbody>
</table>
CHAPTER 1- INTRODUCTION

"Elder abuse is a violation of Human Rights and a significant cause of injury, illness, lost productivity, isolation and despair. Confronting and reducing elder abuse requires a multisectoral and multidisciplinary approach."

1.1 An Introduction to Elder Abuse and Neglect

Future ageing trends indicate that family care-giving for older adults will become an increasingly demanding responsibility for adult children and other family members (Cantor, 1981; Cicirelli, 1990). Therefore, it is quintessential to study issues that are associated with such care-giving (Cicirelli, 1988). One such issue that has been accorded due attention in recent years around the world, is the 'abuse and neglect of older persons.' With increasing longevity, the health of the older people may typically deteriorate, thus causing greater demand for long-term economic, medical and social care as the numbers of the oldest-old increase as well. The parent support ratio, that is, the ratio of the population aged 85 and above to those aged 50 to 64, reveals the support families may need to offer to their oldest members.

The Report on World Population Ageing: 1950-2050 (Population ageing: facts and figures, 2002:4), states that globally there were fewer than 2 persons aged 85 years and older for every 100 persons aged 50-64 in 1950. By 2000, the ratio had increased to 4 per 100 and by 2050, it is projected to reach 11 per 100 persons aged 50-64. The rising numbers are a clear cause for concern as not only do these statistics highlight the older people's increasing reliance on their families for support but indirectly shed light on the implications of increasing burden on families. Furthermore, the 'gender gap' in life expectancy rates of older people, with women living longer than men by seven years on an average, creates a demographic context in which care-giving and the risk of elder maltreatment shifts from the spouse of the older adult to the adult children (Schiamberg and Gans, 2000).
Due to a greater longevity of older persons accompanied by declines in the proportions of the young (under age 15) and working-age population (15-64 years) since the late 1990s, care has to be offered for a longer duration by fewer caregivers (UN Secretary-General’s Report, March 2002). This creates a greater probability for elder abuse and neglect. Disability such as the inability to perform activities of daily living (ADLs), instrumental activities of daily living (IADLs), functional limitations which places additional demands on the family caregiver is often regarded as having the strongest relationship to elder abuse and neglect. Mistreatment of older people brings about a range of long-term physical and psychological problems such as permanent physical damage, chronic eating disorders and malnutrition, medication and alcohol dependency, depression, fearfulness, chronic anxiety, self-mistreatment, suicidal thoughts/ Attempts and even death (O’Malley et al., 1983; UN Secretary-General's Report, January 2002).

This thesis examines the determinants of elder mistreatment at the individual, familial and environmental levels via the lived experiences of the older adults and their adult children. In addition, by exploring the perceptions of elder ill treatment from the perspectives of the older people, their family members and with professionals dealing with such an issue, the thesis not only evaluates existing programs but also suggests the need for implementing preventive and intervention strategies. The overall aim is to therefore, address the complex dynamics of elder abuse and neglect within the context of family care-giving in Singapore.

The abuse of older persons was first described in British scientific journals in 1975 (Baker, 1975 & Burston, 1977). The United States (US) Congress was the first
administration to categorize the mistreatment of older people as a socio-political concern and enacted legislative action against the perpetrators (American Public Welfare Association/National Association of State Units on Aging, 1986; Wolf, R.S., 1990; Biggs et.al, 1995; Decalmer and Glendenning, 1997; Say "NO!" to Elder Abuse: Report for the MCYS, 2004). However in the United Kingdom, it took an additional 15 years for the same issue to receive research and political credence (Ogg & Bernett, 1992).

Despite the intensity of elder abuse and neglect and its associated costs, it has been widely claimed that mistreatment of older people is largely under-reported and under-recognized (Braema, 1998; Pang, 2000; UN Secretary-General's Report, March 2002; Shermaine, 2004). A series of factors could account for this such as, fear of dependency on, and/or loyalty to the abuser/perpetrator, shame, denial, confusion, senility and a host of other reasons (Quinn and Tomita, 1997; Understanding Elder Abuse and Neglect- Detecting and helping, 2004).

At the global level, ill treatment of older people, in some cases has been viewed as part of a broader landscape of poverty, structural inequalities and other human rights abuses. Such situations arise as a result of an absence of formal structures and mechanisms and a lack of resources to respond or to prevent the maltreatment (UN Secretary-General's Report, March 2002). Since the 1980s, efforts made to promote human rights as well as to safeguard the rights of the older people have led to the recognition of elder abuse as a human rights issue. The Universal Declaration of Human Rights that outlines core entitlements of all human beings in the civil, political, social, economic and cultural spheres is a clear testimony to the recognition
that has been accorded to view elder abuse and neglect as a global problem worthy of
global attention.

The International Plan of Action on Ageing, which was first adopted at the 1st
World Assembly on Ageing in Vienna, in 1982, outlines the rights of the older
generation. In addition, the United Nations Principles for Older Persons, adopted by
the General Assembly in 1991, stresses older person's rights with respect to issues
concerning independence, participation, care, self-fulfillment and dignity. Furthermore, at the United Nations conferences and summits, significant principles
and commitments have been adopted to advocate the rights of older persons1.

The increasing response to abuse and neglect of older people has brought about a
heightened awareness and understanding of elder abuse and neglect. Moreover, it also
singles out the urgency to implement appropriate measures to tackle this social
for the Prevention of Elder Abuse) Global Response against Elder Abuse Project
started in February 2001 was landmark recognition of elder abuse and neglect2. The

1 Of notable interest are the Copenhagen Declaration and Program of Action of the
World Summit for Social Development, 1995; the Beijing Declaration and the
Platform for Action of the Fourth World Conference on Women, 1995; the Further
Initiatives for Social Development of the twenty-fourth special session of the UN
General Assembly, 2000; the United Nations Millennium Declaration of the United
nations Millennium Summit, 2000. For more details, refer to the United Nations

2 According to the 2nd World Assembly on Ageing Report, the World Health
Organization (WHO) has recognized the need to develop a global strategy for the
prevention of abuse of older people. This strategy is being developed within the
framework of a working partnership between the WHO Ageing and Life Course Unit
of the department of Non-Communicable Disease Prevention and Health promotion,
the WHO department of Injury and Violence Prevention, the International Network
for the Prevention of Elder Abuse (INPEA, HelpAge International and partners from
purpose was to foster consciousness among healthcare professionals and the public at large and to develop a global strategy for the prevention of elder abuse and neglect within the context of primary healthcare\(^3\). The highlight of this report was to capture and report older people's perceptions of elder abuse and use that as a basis for discussions on the consequences for health and public health policy, with the sole aim of preventing elder abuse at the global level.

Emerging concerns of elder abuse and neglect has for the first time been placed on the United Nations agenda. The UN Secretary-General Kofi Annan recently released a report about the abuse of older people around the world based on studies conducted over the last 20 years. The report led to discussions and negotiations at the Second World Assembly on Ageing in Madrid (8-12 April 2002). The report noted that abuse

academic institutions in a range of countries. In collaboration with the University of Geneva, the WHO is also actively conducting research on reliable tools to facilitate the detection of elder abuse and neglect at the primary health care-level. For more details, refer to the United Nations Organization's website at: http://www.un.org/ageing/prkit/elderabuse.htm and World Health Organization's website at: www.who.int/hpr/ageing.

\(^3\) The first stage of the project, in 2001, were to:
- "Create an advisory group (WHO/INPEA) to develop and monitor the project;
- Carry out focus group research in urban settings in five developing countries (Argentina, Brazil, India, Kenya and Lebanon), with the potential expansion into developed countries, as an initial exploration to identify important themes and issues relating to perceptions, beliefs and attitudes about elder abuse among the persons most concerned: the older people and the primary healthcare workers themselves. Representatives from three developed countries, Canada, Austria and Sweden, at a later stage rendered their support for the project at their own expenses;
- Rope in national coordinators and facilitators to carry out initial qualitative analyses;
- Hold a three day facilitated meeting to identify implications for policy action and research;
- Plan a further more in-depth research with particular countries contexts to explore in more detail the nature, causes and impact of elder abuse." (WHO and INPEA Report, 2002:5)
is widespread and usually not reported and that itself poses significant financial and human costs. The direct financial costs of abuse can range from costs associated with education and research programs, prevention and intervention measures including providing services, criminal justice procedures, and institutional care. The human costs, which are often indirect, bring about reduced productivity, emotional pain and suffering, distrust, loss of self-esteem, diminished quality of life, disability and even premature death (UN Secretary-General's Report, March 2002).

1.2 Definition of Elder Abuse and Neglect

According to the International Network for the Prevention of Elder Abuse:

Elder Abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (UN Secretary-General's Report, January 2002:3).

To date, various definitions of elder abuse and neglect have emerged, thus giving rise to much apprehension for researchers as these definitions lacked clarity and precision (Johnson, 1986; Wolf, 1988; Wolf and Pillemer, 1989; Biggs et al, 1995; Kosberg and Garcia, 1995). The various definitions of elder abuse and neglect arose as a result of varying cultural contexts where such actions take place and also as a result of the need to include other issues within the entire framework. Moreover different writers conceptualize elder abuse and neglect from various perspectives- that of the victim, caregivers, the nurse, the physician, social worker, the agency or social policy. Needless to say, any phenomenon labeled as mistreatment, be it intentional or unintentional, is characterized by its harmful consequences on the older adult. Besides, the perpetrators inflicting such injuries are vastly dissimilar in character and
behavior. Thus, the study of elder mistreatment should not be viewed as a single phenomenon, but one that is multi-dimensional in nature (McDonald et.al, 1991; Collinride, 1993; Decalmer and Glendenning, 1993; Habinson et.al, 1995; MacClean, 1995). Although there is some consensus with regard to the major categories of elder abuse and neglect, there are considerable variations in the classification of situations that might be labeled as abuse and neglect.

Any discussion on the ill treatment or mistreatment of older people incorporates both 'abuse' and neglect. Both these actions are seen as two separate entities that fall under the rubric of elder mistreatment. At least, this thesis attempts to do that. A clear distinction has to be laid about the definition of abuse and neglect. Primarily, abuse is regarded to be more serious than neglect, in relation to the "intent" of the caregiver. Douglass and Hickey (1983:173) define:

Abuse as a deliberate act of the caregiver, an intentional act, an act of commission and the caregiver means to inflict injury.

Abuse creates potentially perilous situations and feelings of worthlessness, and it isolates the older individuals from people who can help. The different types of abuse could be identified here, as shown in Table 1.1.
TABLE 1.1 Types of Elder Abuse

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse:</td>
<td>implies hitting, slapping, punching, pushing, shaking, biting,</td>
<td>pulling hair, force-feeding and other willful acts that may result</td>
</tr>
<tr>
<td></td>
<td>in bruises, lacerations, fractures, or any other types of physical</td>
<td>injury (Hickey and Douglass, 1981b, Lachs and Pillemer, 1995).</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse: engaging in sexual acts with an elderly person by</td>
<td>means of force, threat of force or without consent, including</td>
</tr>
<tr>
<td></td>
<td>force, threat of force or without consent, including forcing an</td>
<td>forcing an elderly person to perform sexual acts on the perpetrator</td>
</tr>
<tr>
<td></td>
<td>elderly person to perform sexual acts on the perpetrator</td>
<td>(Ramsey- Klawsnik, 1995; Lachs and Pillemer, 1995; Conlin, 1995)</td>
</tr>
<tr>
<td></td>
<td>Psychological/ Emotional abuse: includes name-calling; derogatory</td>
<td>comments; the use of insults, harassment and threats and</td>
</tr>
<tr>
<td></td>
<td>excludes name-calling; derogatory comments; the use of insults,</td>
<td>speaking to elderly persons in an infantilizing manner. Threats</td>
</tr>
<tr>
<td></td>
<td>harassment and threats and speaking to elderly persons in an</td>
<td>may include forced institutionalization. Withholding affection and</td>
</tr>
<tr>
<td></td>
<td>infantilizing manner. Threats may include forced institutionaliz</td>
<td>failing to provide a sense of security, and the caregiver refusing</td>
</tr>
<tr>
<td></td>
<td>ing and failing to provide a sense of security, and the caregiver</td>
<td>allowing an elderly access to family members and friends may also</td>
</tr>
<tr>
<td></td>
<td>refusing to allow an elderly access to family members and friends</td>
<td>be considered emotional abuse (Hickey and Douglass, 1981b,</td>
</tr>
<tr>
<td></td>
<td>may also be considered emotional abuse (Hickey and Douglass,</td>
<td>Wolf and Pillemer, 1989).</td>
</tr>
<tr>
<td></td>
<td>Financial/ Material abuse: the taking or misappropriation of an</td>
<td>older person's property, possessions or financial assets (Wilber</td>
</tr>
<tr>
<td></td>
<td>elderly person's property, possessions or financial assets</td>
<td>and Reynolds, 1996; Kosberg and Nahmiash, 1996).</td>
</tr>
</tbody>
</table>

On the other hand, the definition of neglect portrays a different picture:

Neglect as an act of omission of not doing something, or withholding goods and services, perhaps because of ignorance or stress on the part of the caregiver. This type of neglect has been referred to as passive neglect...It may not be deliberate and supportive services and education for the caregiver would alleviate the problems. Neglect can be deliberate and malicious, resulting in no less damage to the elder than outright abuse. In such a case where perpetrator knows fully that he/she is neglectful, he/she is deemed to engage in active neglect. (Quinn and Tomita, 1997:47)

The above definition on neglect not only addresses the intensity of one's actions but also highlights the difference in the intensity of the action caused by passive and active neglect. Abuse is similar to active neglect as both emphasize the purposeful
nature of the action. Often an elderly becomes the victim of several forms of mistreatment and these forms are ongoing, that is, they are not limited to a single incident (Block and Sinnott, 1979; Lau and Kosberg, 1979; O'Malley et al., 1979). Nonetheless for the purposes of this thesis, the terms *abuse* (an act of commission) and *neglect* (an act of omission) will be used as they specifically relate to the effects on the older person- how the elderly look and act as a result of the actions by others (or, in a situation of self-mistreatment, by themselves). The thesis will take into account the context of the situation and the perspectives of the perpetrators as well.

In Singapore, due recognition has been accorded to elder abuse and neglect as a social problem, worthy of concern (Mathi, 1998; Cham and Seow, 2000; Pang, 2000; Vijayan, 2002; Chow et al, 2004; Understanding Elder Abuse and Neglect- Detecting and helping, 2004; Say "NO!" to Elder Abuse: Report for the MCYS, 2004) Nonetheless, very limited research is available to better understand the incidence and prevalence of elder abuse and neglect. The Golden Life Workgroup on Elder Abuse Prevention was set up in 2002 to raise awareness, to undertake and to recommend actions to detect, manage and to prevent elder abuse so as to improve family and social cohesion in Singapore. The Workgroup defines elder abuse as:

> A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust or duty of care which causes harm or distress to an older person."(Say 'NO' to Elder Abuse, 2004:16).

On a similar note, is the definition derived from the MCYS manual whereby elder abuse could be defined as:

> Any action or inaction, perpetrated by a person in a position of trust, which jeopardizes the health or wellbeing of an elderly person. (Understanding Elder Abuse-detecting and helping, 2004:7)
Although the way the above definitions are worded is different, the content is still the same whereby abuse and/or neglect occurs when someone who is expected to be trustworthy and the failure to do so brings about detrimental effects to the well-being of the elderly. Likewise there are four different types of elder abuse worked out by the Workgroup, namely- physical, emotional/psychological, and financial and neglect. The MCYS has come up with an addition to the four types mentioned above- abandonment, which is also regarded to be a form of abuse as well.

Despite the pro-active attempts to address elder abuse and neglect there is still under-reporting. Unless the affected parties come forward to report abusive and negligent behaviors and actions, the situation of elder abuse and neglect will continue to be largely under-reported and under-recognized, in almost all societies. Getting the victims, perpetrators and even healthcare professionals to report such mistreatment is a challenging task.

1.3 Research Focus

To reiterate, this thesis aspires to give a voice to abused and neglected elderly and try to understand the determinants of elder abuse and neglect. The purpose therein is not just to capture a particular group's perspective or story but to produce as an endproduct an incorporation of various voices of various people ranging from the victims, perpetrators to professionals dealing with elder mistreatment. Using the grounded theory approach, I explored the micro-level interactions and events that occurred in the lives of the older people and their caregivers, as these act as a foundation for a macro-level explanation of why elder mistreatment occurs.
Many studies have been critiqued for not using a grounded approach to understanding elder abuse and neglect via the experiences of older persons (Hudson and Carlson, 1998; Neikrug, 2004). To date, no study in Singapore has sought to look at elder abuse and neglect from the viewpoints of those abused and neglected, due to the sensitive nature of the subject and the inherent dilemmas in obtaining the views of those affected. Through this thesis, I attempt to bring to light the concerns of older people who have had some experience of been abused and/or neglected (be these be suspected or confirmed cases of abuse and/or neglect). Only when we try to gain a comprehensive understanding of the ageing process via the experiences of those (potentially) abused and neglected older people will we be able to better understand the situation that may give rise to abuse and neglect. Only then, will we be able to better understand what it means to be an older person in a fast ageing Singapore society.

My thesis objectives are to:
1) examine how older people, who have been subjected to some form of abuse and/or neglect, and their caregivers, define elder abuse and neglect.

2) examine the various determinants of elder abuse and neglect at the individual, familial, and environmental levels.

3) understand the definition and determinants of elder abuse and neglect from the perspective of service providers, the barriers that deter effective identification and intervention for elder care issue and elder mistreatment situations and possible strategies for a better elder care management.
The applied ecological model for elder abuse (Schiamberg & Gans, 1997a, 1997b, 2000) will be used as my conceptual framework. This model was previously used to examine the contextual risks of elder abuse by adult children. As suggested by Lerner (1997), risk factors exist at all levels of the ecological context of human development, including interpersonal/psychological/interpersonal, familial, social network, community, institution/societal, and cultural as well as physical ecological and historical. The model also emphasizes the intergenerational character of elder abuse and this is particularly valuable in understanding the development of community-based prevention and intervention strategies in Singapore.

1.4 Chapter Outline

Chapter two provides a review and critique of existing work on elder abuse and neglect and the usefulness of the applied ecological model. Chapter three outlines the methodology used in this thesis. Chapters four, five and six will identify the individual, familial and environmental level determinants of elder abuse and neglect, respectively. Chapter seven examines the role of the service providers in tackling the issue of elder abuse and neglect in Singapore. Chapter eight concludes with a summary of the main findings, and the possible avenues for future research in elder abuse and neglect.
"Old age, believe me, is a good and pleasant thing. It is true you are gently shouldered off the stage, but then you are given such a comfortable front stall as spectator."

---Jane Harrison.
2.1 History of Elder Abuse and Neglect

In Greek mythology, *parricide*—the violent murder of parents was deemed necessary for the creation of the world; the young had to kill the parents to succeed to the throne and to become an adult. The Bible, on the other hand, preaches that the father, who should be seen as a form of God, has to be respected, obeyed and feared. Although the Bible does not mention parricide, it does refer to the sons outwitting their fathers and dreaming of besting them (Reinharz, 1986).

In pre-industrial times, family conflict arose as a result of the young's eagerness to inherit the land and the older generation's fears that they will be neglected in their old age. Even in primitive and agrarian societies, there were traditions whereby frail elderly voluntarily die either by permitting themselves to be killed so as to reserve the scarce resources for the group, or out of weariness after many years of hard labor (Daly & Wilson, 1982). It was noted that in some periods of history, especially during the late nineteenth century and early twentieth century, mistreatment of older people was not greatly discussed, probably because the elderly themselves were not open to such a discussion (Stearns, 1986). It was only recently that the subject has been brought to much attention because of longer life expectancy and greater awareness of this “new” form of domestic abuse since the late 1970s and early 1980s both at the governmental, societal and international levels (Wolf and Pillemer, 1989; Kosberg and Gracia, 1994; Quinn and Tomita, 1997, UN Secretary-General’s Report, March 2002).
The first wave of pioneer research on elder mistreatment was carried out in Britain by Burston (1975:592) who wrote of "granny bashing" in 1975. In 1978, Steinmetz (1978:80), a prominent American sociologist specializing in family violence, surprised the congressional committee, with her description of "battered parents." She reported that some elderly who coresided with their relatives were dependent on them and were battered by them. Her findings were based on data derived from case studies, social services, hospital social workers, and emergency rooms. McCuan (1978, 1980) found that abusive behavior might be associated with a history of intra-family violence and alcohol addiction. The study also concluded that intolerance of dependency further reinforced the violent behavior. These pieces were considered groundbreaking research on elder mistreatment.

2.2 An Applied Ecological Model for Elder Abuse and Neglect.

The applied ecological model has its origins in the work of Schiamberg and Gans (1997a, 1997b, and 2000). This model not only identifies the problems and the likely factors associated with it, but also helps in explaining the complex character of elder abuse and neglect through the necessary preventive and intervention tools. Elder abuse and neglect is a dynamic process that results from interactions between personal, familial, social and cultural factors. By looking at the problem of elder abuse and neglect from an ecological perspective, not only does it allow researchers to deal efficiently with such a complex problem, it also provides a framework for understanding the interrelation and interdependence between the different risk factors that cause elder abuse and neglect. The primary focus of this model was to examine the risk factors of elder abuse by adult children. The secondary objective was to highlight the necessary intervention programs and direct them at all levels of the
environment to adequately address the problems of elder abuse within the context of family care-giving. **Figure 2.1** diagrammatically offers a summary of the risk factors at each level of the environment.

**FIGURE 2.1** Applied Ecological Model (Schiamberg and Gans, 1997a, 1997b and 2000)
The list of the key risk factors illustrated in Figure 2.1 is long, thus signaling not only the complex character of elder abuse and neglect, as well as the need to understand that the intergenerational relationships between adult children and their ageing parents over the life course, is still the single most essential factor in shaping abusive and negligence outcomes. The applied ecological model is largely derived from two broader frameworks—'human ecological' (Bronfenbrenner, 1979, 1986, 1997) and the 'lifecourse' (Bengston & Allen, 1993) perspectives.

Bronfenbrenner (1997) suggested a nested arrangement of four levels of environment for exploring the ways in which intrafamilial processes are affected by extrafamilial environments or conditions. This could be analyzed through an examination of the four systems: the micro consist the parent-child, spousal and other relationships and discuss how they affect one another, the meso and the exo talk about the relations between the family and other principal settings (such as the formal and informal support systems) and how that might affect both the older person and the adult child, and lastly the macro explores the belief systems of the individual and the society in which he or she resides in. An important component of the Bronfenbrenner's (1986, 1997) model is the chronosystem that examines the influence of changes and continuities on the development of the focal individuals over time.

The lifecourse perspective is embedded in Bronfenbrenner's chronosystem level (as exemplified in Figure 2.1). This level emphasizes the importance of time, context, process and meaning of human development and family life and which is plainly explained below:

The family is perceived as a micro group within a macro social context as a collection of individuals with shared history who interacts within
ever-changing social contexts across ever increasing time and space. 
(Bengston & Allen, 1993:470)

An important concept that should be taken into account here, is the 'norm of 
reciprocity', a concept borrowed from the social exchange theory whereby it looks at 
the intergenerational relation between ageing parents and their adult children in the 
form of exchanges. For instance, at the microsystem level it could be argued that the 
specific character of the adult children and the ageing parents and the interaction 
between them might increase the risk of abuse and/or neglect.

In addition, the applied ecological model uses the risk factors within the four 
systems to examine the concepts of powerlessness and empowerment. The process of 
powerlessness is conceptualized as:

A continuous interaction between the abused person, the abuser 
persons and their environment and results in an inability to act or move 
out of the situation and an inability to manage emotions, skills, 
knowledge and/or material resources. (Solomon, 1976:17)

In contrast, empowerment is conceptualized as an outcome of intervention or personal 
strategies to assist an abused or neglected older person, by maximizing their 
confidence, skills and abilities in moving out of this process of powerlessness 
(Nahmiash, 1997). Powerlessness begins with a situation of vulnerability in which 
there is ambivalence about taking action about the abused or neglected incident. This 
is followed by a varied expressions of feelings ranging from tiredness, anger and 
sadness and which are then internalized into negative self images by the older person, 
thus causing him or her to blame oneself for the incident. This then translates into 
guilt, shame and low self-esteem.
Otherwise, known as 'self-fulfilling stereotyping', when prejudiced people deal with the object of their biases, they often elicit the behavior they expect (Snyder, 1982). In other words, harboring negative attitudes towards the elderly may actually cause an older person to act in a negative or powerless way or in a manner that reinforces the myths and stereotypes about ageing. Thus the older person, who is in an extreme form of powerlessness sees a hopeless world, becomes depressed and even resorts to suicide.

In short, the applied ecological model not only stops at identifying the various risk factors of elder abuse and neglect and categorizes them into four different overlapping levels but also stresses the need to direct multiple preventive and intervention strategies at different levels of environment, as well across time and space.

In the analyses chapters that follow, close reference will be made to Schiamberg and Gans's applied ecological model (1997a, 1997b, 2000), so as to examine the determinants of elder abuse and neglect within the context of family care-giving in Singapore. Being clearly cognizant of the dearth of research available on elder abuse and neglect in Singapore, this thesis would be the first to attempt to explain, understand and foster an awareness of the risk factors or determinants of elder abuse and neglect. Substantially, this model will be revised to make it more applicable to the Singapore context, bearing in mind that this model evolved as a result of identifying risk factors in elder abuse and neglect from a western setting. Most importantly, the overall aim for using this model is to explain the complex dynamics of elder abuse and neglect as that would enable service providers to devise
appropriate preventive and intervention strategies to tackle elder abuse and neglect at the local level.

2.3 Elder Abuse and Neglect Literature in the West

2.3.1 Determinants of elder abuse and neglect at the individual level

Initial research on elder abuse and neglect mainly made use of a variety of methods like case analysis, mailed questionnaires, telephone and personal interviews (O’Malley et.al, 1979; Block and Sinnott, 1979; Douglass et.al, 1980; Chen et.al, 1981). Such pioneering studies were beset with numerous conceptual and methodological limitations in terms of not being able to obtain accurate definitions, prevalence and incidence statistics, variations in sampling techniques, discrepancies in research design and inaccurate reporting (Hudson, 1986). These studies suggested that elder abuse resulted from intrafamily violence and stressed the vulnerability of the victim as a result of his/her age, dependency and disability.

Preliminary studies (Block & Sinnott, 1979; Lau & Kosberg, 1979; O’Malley et.al, 1979; McLaughlin, Nickell & Gill, 1980) consistently found similar characteristics of victims- frailty (physically and/or cognitively impaired), women over the age of 75 and who predominantly lived with the perpetrators. Although subsequent studies have shown that men were also victims of abuse and neglect (Pillemer and Finkelhor, 1988), the probability of oldest-old women suffering from abuse and neglect was much higher than their male counterparts.
While some studies indicated that healthy older people may be ill-treated, majority of studies found elder abuse and neglect to be associated with the extent and severity of physical and mental impairment. Older people in poor health required a great deal of care and this placed greater demands on family caregivers (Kosberg and Nahmiash, 1996). Lachs et.al (1997) and Lithwick et.al (1999) discovered that cognitive or worsening cognitive impairment such as dementia, Alzheimer's disease and depression were potent predictors of reported elder mistreatment, committed by the adult children or the spouses.

Sociologically, retirement\(^1\) may be seen as an event in a person's life that requires certain level of coping and adjustment, not just for the retirees themselves but importantly for their spouses and children as well. Townsend (1957:89) found evidence of strained relationship between the husband and the wife with the onset of retirement. He noted that:

> Retirement produced frustrations in men, because they could not fill their time and because they felt they were useless, and it also produced frustrations in women, because they had been used to a larger income and to a daily routine without interference from the husband.

The extent to which older individuals made most of their retirement years depended largely upon their access to various forms of physical, social and cultural capital. Having to contend with a "roleless role", retirees had to constantly depend on their immediate families if they did not have the means to sustain themselves. Situations of

\(^1\) The term 'retirement' has a plethora of meanings. According to Monk (1995:31): retirement refers to the termination of and formal withdrawal from a regular job under the provision of a statutory pension system, a demographic category, an economic condition, a social status, a developmental phase in the human life span, the transition to old age, and a lifestyle dominated by leisure pursuits or, at least, by economically nonproductive activity.
conflict, tensions, and stress arose when families found themselves ill equipped in providing the required social support for the retirees (McLaughlin et al, 1980; Chen et.al, 1980; Hageboeck and Brandt, 1981).

2.3.2 Determinants of elder abuse and neglect at the familial level

At the familial level, researchers began to look at the role played by caregivers and the stress and burden they had to incur from looking after a highly impaired parent. Phillips (1983) and Pillener (1985) compared samples of abused and non-abused older individuals and did not find elder dependence to be a risk factor for abuse. Phillips (1983) found that abused elders relatively had lower expectations for their caregivers and higher levels of social isolation. Pillemer (1985) also found similar results for his sample whereby physically abused elders who were predominantly women tended to be more socially isolated. Moreover, a strong correlation was observed between physical abuse and dependency of the alleged abuser. The study found that it was the abuser who was more likely to be dependent on the elderly victim. It was therefore suggested that dependency of the perpetrator could be regarded as a potential risk factor of elder abuse and neglect.

Wolf, Strugell, Godkin (1982) found that the characteristics of the perpetrator such as mental illness, substance abuse, and financial dependency on the victim, increased the risk of elder abuse and neglect. Consequent research had also identified caregiver’s stress, past history of family violence, poor family ties and poor health to be risk factors of elder abuse and neglect. Likewise, Schlesinger and Schlesinger (1988) proceeded to further explore factors contributing to abuse of the elderly. They
found that retaliation, ageism and violence, lack of close family ties, one’s resentment of dependency, increased life expectancy, lack of community resources, stress and other life crises, history of alcohol abuse and lastly, environmental conditions were determinants of elder abuse and neglect.

Steinmetz (1988b:258) commented that families undergo "generational inversion" in which elderly individuals become dependent upon their families for financial, emotional, physical and/or emotional support, thus leading to severe stress on the part of the caregiver. Intergeneration conflict, an obligation to care with no understanding of dementia or services for the elderly have been suggested as possible risk factors that inevitably resulted in elder maltreatment (Boldy et al, 2005).

It is also vital to come to terms with the dimensions of intergenerational transfers so as to capture the specific flows of exchange, which is illustrated in Table 2.1. Each of these dimensions aid in our understanding of how transfers occur between the recipient and the provider.
### TABLE 2.1 Dimensions of Intergenerational Transfers

<table>
<thead>
<tr>
<th>Participants</th>
<th>Dyads involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Underlying Network</td>
</tr>
<tr>
<td>Direction</td>
<td>Provider and Recipient of Each Exchange</td>
</tr>
<tr>
<td>Purpose</td>
<td>Basic or Supplementary Support</td>
</tr>
<tr>
<td></td>
<td>Physical Care; Household Assistance</td>
</tr>
<tr>
<td></td>
<td>Child Care; Companionship</td>
</tr>
<tr>
<td>Magnitude</td>
<td>Amount of Money or Value of Goods</td>
</tr>
<tr>
<td></td>
<td>Amount of Time Exchanged</td>
</tr>
<tr>
<td>Timing</td>
<td>Regularity and Frequency of Exchange</td>
</tr>
<tr>
<td></td>
<td>Chronological Time; Current or Past</td>
</tr>
<tr>
<td></td>
<td>Persistence of Exchange Over Time</td>
</tr>
<tr>
<td>Form</td>
<td>Direct versus indirect</td>
</tr>
<tr>
<td></td>
<td>Gift or loan</td>
</tr>
<tr>
<td>Impact</td>
<td>Needs of Recipient</td>
</tr>
<tr>
<td></td>
<td>Resources of Provider</td>
</tr>
<tr>
<td></td>
<td>Effect on Recipient and Provider</td>
</tr>
</tbody>
</table>


Hermalin (1999:16) stressed that the "elderly should not be viewed solely as recipients of transfers as support does not flow from the younger to the older generation but vice-versa as well, whereby older adults offer assistance with household management and childcare aid." Modeling the exchange process involves decisions regarding the determinants of the different flow of resources. These may include the characteristics of the recipients and providers, the relative balance of needs and resources available and reciprocal obligations that may be incurred in the exchange (Soldo, Wolf and Henretta, 1999). Gradually, as the costs of care-giving
escalate, and rewards diminish, the exchange, too, becomes unfair. Elder mistreatment occurs in contexts when a misfit occurs in the flow of exchanges and when one party fails to receive or provide the necessary exchanges for a smooth flow.

Existing research have indicated that an older individual's background and cultural values have impacted how he or she defined elder abuse and neglect (Moon and Williams, 1993; Hudson et al, 1999; Sanchez, 1999; Tomita, 1999; Moon and Bengton, 2000; Boldy et al, 2005). Western societies accord importance to values such as individualism and independence whereas eastern societies, in general, attribute greater prominence to family/kinship ties, dependence and filial piety. Such characterizations of East-West cultural differences are portrayed as individualist and collectivist societies that correspond to independent notions of self which is also embedded and expressed through various role obligations (also see Kakar, 1978; Triandis, 1995; Roland, 1996). As the understanding and experience of the family is different for different cultures, so is the ageing experience different in the East and the West. As being the case, the decisions and actions one pursues thus reflects the values individual society harbors.

Cultural expectations may also play an important role in shaping and influencing the way older people are regarded and treated. Many authors have written about the influence of the ascribed female gender roles of care-giving and being a battered spouse or parent (Neysmith, 1995; Nerenberg, 1995, 1998). The societal image and the ascribed role(s) projected on an individual to adhere to society's rules without questioning are the key to understanding why an older victim stays in an abusive or negligent situation (Nahmiash, 2002). My thesis will analyze the extent to which
cultural expectations such as filial piety and cultural images such as the role of a "dutiful" son or daughter-in-law may become possible determinants of elder abuse and neglect.

2.3.3 Determinants of elder abuse and neglect at the environmental level

Financial exploitation, or greed, is one type of abuse that has been observed to have serious repercussions for the older person's economic well being and quality of life. Social isolation, recent loss of a loved one, cognitive impairment, limitations in ADLs, and IADLs, perpetrator greed have been identified as risk factors for potential financial abuse in numerous studies (Wolf, 1995; Tueth, 2000; U.S. Senate Special Committee on Aging, 2002; Hafemeister, 2003; Rabiner et al, 2004). Societal and cultural norms about financial transactions affect the way these transactions are understood and interpreted. While the flow of financial transfers from parents to adult children is regarded as a normal practice in society, the existence of these norms contributes to the difficulty in identifying and proving financial abuse (Chayo Reyes, personal communication, September 23, 2003). The necessity of incorporating the older person's perception of the alleged abuse and/or neglect and the social and cultural context in which it occurs have been emphasized by different researchers (Tatara, 1999; Nerenberg, 1999; Moon, 2000).

In sum, previous research in western societies has showed that the dominant risk factors for elder abuse and neglect at the individual-level were poor physical and mental (cognitive) functioning and old age (80 and over). At the familial level, were determinants associated with financial dependence of the abuser on the older person,
poor emotional health of the perpetrator, including alcohol and substance abuse, social isolation of the family and a history of marital violence/intergenerational transmission of violence (Wolf, 2000). Existing societal and cultural norms were considered important macroprocess determinants that influenced elder mistreatment at the environmental level. Some of these studies have been critiqued on the grounds that they yielded conflicting results, due to the methodological shortcomings, such as lack of consistent data-gathering methods and the unavailability of adequate detection tools to identify and make cross-cultural and cross-regional comparisons.

2.4 Elder Abuse and Neglect Literature in Asia

Cultural values need to be taken into account in defining what is considered to be abusive or negligence behavior. Certain cultures may be less willing to report abuse and/or neglect or even accept the help offered. The kinds of roles different cultural groups have for the elders in their communities and how these perceived roles play a part in determining abusive, negligence behavior remain largely to be answered.

Soneja’s (2001) research on elder abuse in India revealed five key factors associated with abuse and neglect—namely lack of value system and negative attitudes towards older persons, inadequate housing facilities, space and living arrangements, lack of adjustment and lastly financial and mental dependence of the elderly on their families. Nagpaul (1997) found similar results in relation to elder abuse among Indians in India. The consequences of urbanization have had profound effects on families in India to the extent that traditional cultural values such as the veneration of
the old is now giving way to more abusive and negligence situations in the context of family care-giving.

Jamuna’s (2003) research on issues of elder care and elder abuse in the Indian context revealed significant determinants at the individual, familial and environmental levels. Factors such as increasing life expectancy accompanied by poverty, more empty-nest years, dependency and economic conditions have caused the elderly to become more susceptible to abuse and neglect.

Similar results were found in Japan. From the early 1990s, recognition accorded to elder abuse has increased among professionals in Japan. Despite such awareness, it has been widely claimed that elder abuse occurs in secrecy due to the closed nature of the Japanese culture and the absence of any reporting systems for elder abuse in Japan. Elder abuse studies in Japan sought to explore the incidence, characteristics, profiles of victims and abusers, the causes, detection and intervention tools and the ways to combat elder abuse (Tatara, 1994, 1999). Research has shown that females were predominantly the victims of abuse, aged 75 years and above and those elderly with dementia or who were bedridden that were more likely to encounter abuse. Stress linked with care-giving and poor family ties was cited as one of the major causes of abusive, negligence behavior and actions.

Recently a study done by Tsukada and other researchers (2001) attempted to look at the different dimensions of elder abuse and neglect by attempting to capture the older Japanese’s perceptions of elder abuse itself so that preventive and public education programs could be implemented. The findings revealed that 51.3 percent of
the respondents had heard of elder abuse whereas only half of the Japanese elderly who were victims themselves were aware of elder abuse. Factors such as being younger in age, not living with a daughter-in-law, having heard of alcoholic abuse, engaging in more social activities and learning more information about the world in general raised the probability of being aware of the term elder abuse and more likely to know someone experiencing elder abuse. Thus, research over the years has progressed from identifying the profiles of the abuser and abused, to exploring cases, risk factors of elder abuse and neglect now to investigating older people’s perception of what the term elder abuse and neglect means to them. The ultimate aim of all these studies is to devise appropriate strategies to tackle this problem adequately and urgently.

On the whole, it could be concluded that the onset of urbanization and industrialization in Asian societies may have restructured the basic family support networks causing the care-giving role to be viewed more as a ‘burden’ than as a ‘responsibility’ towards one’s aged parents. Elders who were most vulnerable, such as the oldest-old, the cognitively impaired, the most dependent and the isolated were found to be most likely to be abused and or neglected (Tatara, 1994, 1999; Nagpaul, 1997; Soneja, 2001; Tsukada, 2001; Jamuna, 2003).

2.5 Elder Abuse and Neglect Literature in Singapore

In Singapore, very limited research has addressed elder abuse and neglect due to under-reporting and under-recognition. A preliminary study on elder abuse was conducted between May 1994 to December 1997 (Cham & Seow, 2000) where the
focus was to determine the frequency of elder abuse cases presented to an emergency unit in Tan Tock Seng Hospital. The findings revealed that out of the 62,826 elderly patients aged 65 and above, only 17 physical elder abuse cases were detected and these patients actually suffered from "non-accidental trauma or complained of other acts of cruelty" (Cham and Seow, 2000:571). The frequency of elder abuse reporting to the emergency department therefore stood at a mere 0.03 percent. The researchers concluded that elder abuse thus constituted 2.9 percent of the 573 family violence cases involving adults between the 1994-1997 periods. According to Singapore geriatrician, Pang Weng Sun, "this relatively low number of cases was likely to be the tip of the iceberg as there are many such cases that do not come to the hospital and go largely unreported" (2000:567).

One of the drawbacks was that the study did not focus on explaining the causes of abuse and neglect. Recently the Straits Times (11/02/04, 13/02/04) reported that each year 100 cases of elder abuse and neglect surface in hospitals and welfare agencies. It was only recently that the subject of elder abuse and neglect has gained growing recognition in Singapore due to the rapid ageing of the population. Similarly, research work on this subject is only gaining momentum over the recent years, unlike the voluminous literature found in the west.

Hence, I decided that an all encompassing conceptual framework perhaps would be more useful and wiser to adopt to explain elder abuse and neglect, particularly in the Singapore context. Drawing on the human ecological and life course perspectives, the applied ecological model (Schiamberg and Gans, 1997a, 1997b, 2000), would be better suited to address the possible determinants of elder abuse and neglect. Such a
framework would undoubtedly be more apt in explaining how elderly and their caregivers themselves identify with the abusive and/or negligence situations that they have undergone or committed as that would be essential for the development of appropriate prevention and intervention programs. Moreover, this thesis hopes to bring about a true understanding of the situation of elder abuse and neglect, specific and unique to the Singapore society. The ultimate aim of this study herein lies in contributing to the existing elder mistreatment literature in Singapore.
CHAPTER THREE-RESEARCH METHODOLOGY

"The best and most beautiful things in this world cannot be seen or even heard, but must be felt within the heart."

---Helen Keller
3.1 Research Design

Social research is a process "for producing new knowledge about the social world using a scientific approach" (Neuman, 2000:5). This section will focus on the research design for this study, why these methods were chosen and how these methods would answer the research questions proposed. I adopt a qualitative grounded theory approach, whereby my theories developed ground up as I gathered and analyzed my data on the determinants of elder abuse and neglect in Singapore via the lived experiences of older adults themselves. For the preliminary fieldwork both ethnographic interviews and participant observation methods were used concurrently.

From September 2003 to November 2003, I conducted preliminary fieldwork, by carrying out interviews with a few older persons suspected to be either mildly abused or neglected. During the first two months of my fieldwork, I conducted in-depth interviews with three service providers dealing with elder care management- the TSAO Foundation, SAGE, and MCYS to grasp a 'feel' of the ongoing work on

---

1 Both the practitioners and the older individuals themselves could not, state with certainty that abuse and /or neglect has occurred as evidence was lacking. As being the case, the term 'suspected' will be used to describe the older sample in this study, whereby there was a possibility that abuse and/or neglect may have occurred or is on going.

2 The TSAO Foundation is a non-profit organization in Singapore. Its aim is to promote successful ageing in Singapore and in the ASEAN region. The goals laid by the Foundation are to look into health and social care needs of older persons and to promote 'ageing in place'.

3 SAGE, or otherwise known as the Singapore Action Group of Elders, is a voluntary welfare organization, concerned in promoting continuity of elder services and to let older people live independently. SAGE provides counseling and a host of other services to meet the needs of the elderly in Singapore. Currently, it has formed a workgroup to examine what constitutes elder abuse and neglect and the extent of the problem in Singapore.
elder abuse and neglect at the ground and national levels. The interviews provided me with a much better picture of the situation of older people in Singapore, especially the conditions that might contribute to an abusive and negligent environment.

Through my work with a social worker at the TSAO Foundation, I was granted access to their clientele base. I accompanied her on her routine home-visits to make some useful observations on the abused and neglected elderly and to try to understand the larger picture of how these older people were regarded and treated by their other family members. I adopted the role of a complete observer. Through this role, I found that I was able to gain fruitful insights on the older people's (informants') perception of their status in their own family, the way the other family members treated and regarded them. Also, the caregivers' accounts shed light on the reasons they put forth for treating their spouse or the older adult in a particular manner. Through this participant observation method, I was able to see the influence different living environments had on the way the informants were treated and regarded. As the social worker conversed with the informants, I obtained a sense of the kinds of questions that informants or their caregivers were willing to discuss and the sort of questions that they did not talk much about either because they were not able to understand these questions or they were not willing to elaborate further. I observed that informants were keen to talk about and contrast their past and present lives.

4 The Ministry of Community Development Youth and Sports (MCYS) provides a host of elderly services in Singapore and anything related to the elderly comes under the Ministry's purview. According to my interview with one of the Deputy Directors of Elderly services, it was mentioned that not much of groundwork evidence is available on the struggles and challenges of service providers. This is one area that should be looked into at the macro level so that needs of the elderly could be met more efficiently.
Although I obtained some rich data, the preliminary research has signaled the kinds of changes that need to be made with regard to the methodology of this research. From the data collected, I perceived the need to tap deeper into the experiences of older persons in order to gain a better understanding of how they were regarded and treated. The participant observation method alone would not suffice.

For the actual research, I adopted the life-story interviewing method proposed by Atkinson (1998) and the ethnographic interviewing method as proposed by Spradley (1979) and McCracken (1988). Although the focus and approach of the life-story interview and the ethnographic interview may vary slightly, both these methods were used concurrently in this research.

Life story interviewing allows informants to seek answers to three principal questions of "Who am I? How am I? and Why am I?" (Atkinson, 1998:75). Via the informants' responses, a set of patterned cultural beliefs and conceptions emerge which will help them to derive a sense of meaning in their life. Atkinson thus proposes that:

Life stories are essential in gaining a fuller understanding of human life, especially the individual life in relation to others, in knowing what matters most to people as they live life, and in recognizing how each generation is linked to others (1998:20).

Likewise, the ethnographic interviewing method is concerned with how informants make meanings out of what they say and their life, how they organize their behavior to understand themselves and the others around them and to make sense of the world in which they inhabit. These systems of inferred meaning therefore
constitute their culture (Spradley, 1979:5). Through the combination of these two methods of interviewing, I hoped that I would be able to have a better understanding of the complex nature of elder abuse and neglect in Singapore. I also hoped that the personal histories of the older persons would render meaningful information on their entire lifecourse, their roles and place in society. Such knowledge would thus contribute to a better understanding of the ageing process- through the means of accounting for the differential treatment of older people and in ultimately determining ways to improve their quality of life. This is the broader picture that I intended to obtain through the use of ethnography and life story interviews, which I felt that the participant observation method would fail to accomplish fully.

This section proceeds to deal with the 'how' question- that is, how to go about achieving the objectives of this research using the methodology proposed. There are five fundamental guiding questions, as suggested by Spradley (1979:30) that I adhered to as I embarked on my actual fieldwork:

- *What do my informants know about their culture that I can discover?*
- *What concepts do my informants use to classify their experience?*
- *How do my informants define these concepts?*
- *What folk theory do my informants use to explain their experience?*
- *How can I translate the cultural knowledge of my informants into a cultural description my colleagues will understand?*

In order to answer these questions, I employed the face-to-face ethnographic interviews, whereby a 'structured or standardized' open-ended interview guide was
used. In all, three different interview guides were used in this research in order to reach out to my three different sample populations. The first group consisted of abused and/or neglected older individuals and older adults whom were currently experiencing some form of ill treatment at the point of the interviews. This group of sample comes from both the institutions and residential homes. The caregivers of these elderly comprised the second group of sample and the last group was the frontline service providers and healthcare professionals. Copies of the interview guides are attached in Appendices 1, 2 and 3. The interview guide for the older people consisted of six categories whereby informants were introduced to:

- "Background questions" - obtaining information on the informant's age, gender, income level, type of housing and ownership, socioeconomic and marital statuses, residence of children.
- "Grand-tour questions" - acquiring a description of what the informants normally do the whole day, their expenses and medical conditions.
- "Contrast questions" - exploring the difference, for instance in attitudes and behaviors the younger generation display towards the older people as compared to in the past.

Outlining questions on 'individual-level characteristics', 'family dynamics and intergenerational relationships', 'signs and symptoms suspicious of abuse and neglect' and 'societal perceptions of ageing' were precisely to explore how such similar concepts, as used in the applied ecological model (Schiamberg and Gans, 1997a, 1997b), may influence our understanding of elder abuse and neglect in Singapore.
Each section had a few key questions to assist for a better understanding of how older people were regarded and treated in terms of how the individual, familial and environmental level determinants influence an abusive or neglectful situation. For instance, under 'individual-level characteristics', questions on retirement years and health condition were stressed. Under 'family dynamics', respondents' mobility status and their ability to perform activities of daily living (ADLs), instrumental activities of daily living (IADLs), older adults' perception of the caregivers' treatment, families' relationship with, attitudes towards the older individuals could be viewed as important questions. All the questions asked under the 'signs and symptoms suspicious of abuse and neglect' were prime questions as these dealt directly with the types of abuse and/or neglect that may have occurred. Thus the responses elicited would allow for a better judgment as to whether the elderly were aware of and able to identify with the abuse and/or neglect. Under 'societal perceptions', society's expectations of growing older and suggestions to improve one's condition could be regarded as prime questions.

Likewise, questions proposed for the caregivers attempted to look at the interpersonal relations between the elderly and their families - in terms of the difficulties families encounter (if there were any) in taking care of the elderly, the responsibilities and support received and provided to the older person. Definitions, causes, obstacles, and initiatives to be put to work when dealing with elder abuse and neglect were the kinds of questions designed for the service providers.

A focus on the respondents' own words, unique experiences, personal interpretation of relationship matters could greatly enhance our study of family gerontology.

As being the case, my intention was to discover both the older people and caregivers' cultures, listen to their conversations, learn their language and to ultimately let the cultural categories emerge. Thus, I attempted to comprehend their world from the informants' point of view. In order to achieve that, it is indispensable that I develop a rapport with my informants. Even before beginning the interview, a harmonious relationship has to be established between me as the researcher and the informants so that trust and confidence can develop. Only then, will it allow for the proper flow and exchange of cultural information. This is precisely what Atkinson mentioned on the importance of listening as a cue for fostering rapport. He noted that:

A bridge of trust can be built between you and the person telling the story. Listening well means caring for, respecting and honoring the other person's life and story. Listening well is both an art to be learned and a gift to be given (1998:35).

I have learnt through my fieldwork working with a group of elderly with different cultural conceptions and knowledge that providing a listening ear, expressing a verbal interest in them and in their stories were a few of the many ways to create rapport. Expressing nonverbal cues like maintaining eye contact, nodding one's head, giving a smile, displaying genuine cultural ignorance also helped in further bridging the confidence and trust they had in me.

The interviews were conducted in three main languages- English, Tamil, Mandarin and in other dialects (like Hokkien, Cantonese, Teochew) to suit the preference of the sample population. Interviewers were employed to conduct those interviews in Mandarin (interview guides are attached in Appendices 4 and 5) and
other dialects. I was present for all the interviews that were conducted in Mandarin and other dialects, as I had wanted to ensure that the interviewers conduct the interviews in the most ethical manner and also to safeguard the interest of the respondents as well.

Once the interviews were conducted, the transcription process began whereby with the aid of a tape recorder, the stories of my informants were recorded verbatim and translated back to English. Written and verbal informed consent was first obtained before the interviews were conducted, bearing in mind the sensitive nature of this subject and most importantly, to assure the informants the confidentiality of their responses. A copy of the participant information and informed consent form and acknowledgment letter is attached in Appendices 6 & 7 respectively. Field notes were jotted down as and when the need emerged, especially during the Mandarin and other dialect sessions that required me to use the participation observation method.

3.2 Sampling

Sampling is a major problem for any type of research. We can't study every case of whatever we're interested in, nor should we want to. Every scientific enterprise tries to find out something that will apply to everything of a certain kind of studying a few examples, the results of the study being, as we say, 'generalizable' (Becker, 1998:67).

A qualitative approach makes use of nonprobability sampling whereby the focus is on how to obtain a small collection of cases that recognizes the social life of the observed rather than obtain a representative sample. That is to say, qualitative researchers look out for 'sample specificity'- how unique and specific the particular sample is for a particular study.
The sample for this research was obtained by purposive and snowball sampling. Ultimately, my sample of abused and/or neglected older persons and their caregivers were derived from the various age-care services that were situated at the left-hand side and at the bottom of the framework (see Figure 3.1 in Appendix 8). The third sample group was also obtained through the same means using the purposive sampling method, as I had wanted to interview only those service providers who have had the experiences dealing with elder abuse and neglect cases.

The interviews took place mainly at the residence of the informants, at public spaces such as the sheltered or nursing homes, restaurants and at the work places of the informants. The duration of the interview process varied between 30-90 minutes.

The sample could be classified into three groups- comprising 29 elderly who had been suspected to be subjected to some form of abuse and/or neglect. In other words, this sample comprised older adults who were suspected to have undergone some form of abuse and/or neglect in the past, which had either ceased or was on-going. Out of the 29 older persons, pre-test interviews were conducted with four individuals to assess the level of sensitivity of the questions asked.

The second group consisted of six immediate caregivers of the elderly of which a few of them were the perpetrators themselves. The purpose therein lies in giving this particular group of people a 'voice' - to view their situations from their standpoint. My last group of informants comprised 13 service providers, ranging from social workers, to doctors' lawyers and those working at the Ministerial levels. The aim of this round of interviews was to gain a better understanding of the problems and challenges faced
in obtaining a definition of elder abuse and neglect and the progress that has been made this far to tackle this delicate issue in Singapore.

In all 47 interviews, using the ethnographical and life-story approaches were completed within a time frame of two months. Tables 3.1 and 3.2 illustrate the personal profiles of the elderly and caregivers respectively. In terms of ethnicity, the Chinese made up the majority of the sample, followed by a small number of Indian respondents. Unfortunately, I was not able to get access to any Malay respondents due to their unwillingness to participate in this study.

As exhibited in Table 3.1, the elderly respondents were categorized according to work, marital and health status, living arrangements and by the number of reported cases of abuse, neglect and self-mistreatment. The purpose of formulating such categories, for instance, was to explore to what extent the notion of 'dependency' as so closely associated with old age, would have a bearing on how the aged were regarded and treated. As mentioned in chapter one itself, the focus of this research is not to look at neglect as a subset of abuse but as two different entities. Findings also showed that there was some presence of self-mistreatment which I as a researcher saw as another entity altogether, distinct from neglect. This again marks the uniqueness of this study, as the local literature does not see self-mistreatment as contributing to the larger framework of elder abuse and neglect as this is a form of abuse inflicted by oneself and not by others (Cham and Seow, 1997; Pang, 2000; Say "NO!" to Elder Abuse: Report for the MCYS, 2004). The importance of self-mistreatment- in terms of the need to include it into the larger framework of elder abuse and neglect, how it is defined and should be viewed will be discussed at length in the forthcoming chapters.
TABLE 3.1 Sample Characteristics of Older People (N=25)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Older Males</th>
<th>Older Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>

Age Group
- 50-59: 2, Nil
- 60-74: 8, 7
- 75-84: 1, 3
- 85 years & above: 2, Nil

Ethnicity
- Chinese: 11, 11
- Indians: 2, 1
- Malays: Nil, Nil

Work Status
- Retired: 13, 11
- Working: Nil, 1
- No working experience: Nil, Nil

Marital Status
- Legally Married: 6, 1
- Unmarried (single or divorced): 5, 3
- Widowed: 2, 8

Health Status
- Wheelchair-bound: 9, 6

Living Arrangements
- Living Alone/In an Institution: 9, 10
- Living with Spouse: 2, 1
- Living with Children: 2, 1

Reported cases of Abuse
- Physical: 2, 5
- Financial: 1, 4
- Emotional/Psychological: 1, 2
- Verbal: 3, 4

Reported cases of Neglect: 8, 7

Reported cases of Self-mistreatment: 3, 1
TABLE 3.2 Sample Characteristics of Caregivers (N=6)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Numbers of caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>3</td>
</tr>
<tr>
<td>Females</td>
<td>3</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>1</td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
</tr>
<tr>
<td>50-59</td>
<td>4</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>6</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Buddhism</td>
<td>3</td>
</tr>
<tr>
<td>Taoism</td>
<td>1</td>
</tr>
<tr>
<td>Christianity</td>
<td>2</td>
</tr>
<tr>
<td>Work Status</td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>4</td>
</tr>
<tr>
<td>Homemakers</td>
<td>2</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Legally Married</td>
<td>5</td>
</tr>
<tr>
<td>Unmarried (single or divorced)</td>
<td>1</td>
</tr>
<tr>
<td>Living Arrangements</td>
<td></td>
</tr>
<tr>
<td>Living with Spouse</td>
<td>2</td>
</tr>
<tr>
<td>Living with Children</td>
<td>4</td>
</tr>
</tbody>
</table>

3.3 Limitations

Good research gives considerations to its limitations, in terms of the challenges and ethical dilemmas encountered. One particular obstacle that I had to handle in this research was the language barrier as my intention was to converse with elderly from the four different ethnic groups. One of the ways I overcame this obstacle was to have an interpreter with me during the fieldwork and transcription process. A lot of issues were taken into account when an interpreter had to be involved in my research.
Explaining the purposes of this project to a total stranger, providing that person with some brief 'training' as to how to go about asking the questions in Mandarin or dialects, ascertaining that the questions translated were as accurate as those in English, making sure that when responses were translated back to English, the originality of the data remains intact, guiding the interviewer on how to establish rapport and at the same time ensuring the privacy of the informants at all times were some of the challenges faced. Due to such reasons, I had to be present for all the interviews to ensure that the interviews were done in the most ethical manner possible.

The other difficulty that I faced was the unwillingness of some respondents to answer certain questions. Some of the reasons could be that they were simply uninterested or genuinely were not able to comprehend what the question expected them to say. For instance, most of the respondents could not understand what the terms 'abuse' and 'neglect' meant. Thus, requesting them to define those terms was not possible. At times, their health conditions for example, hearing impairments or stroke caused them to lose interest and to become restless even within thirty minutes of the interview. In situations where respondents' health condition did not permit them to respond well, no matter how much rapport the interviewer tried to establish, the interest was not there and so a few interviews had to be stopped within half an hour, with some questions remaining unanswered.

Another challenge was tending to the emotional side of the respondents. Being a sensitive subject, the informants at times became too emotional when they discussed about their family’s treatment of them and even began crying. Other elderly preferred
not to recall or even refused to talk about their families or about any bitter experiences they had encountered. A few others even saw themselves not to be suffering from any abuse or neglect and tried to portray a rosy picture of their life, as they were not willing to wash their dirty linen in public. Others suffered from failing memory or were demented and so could not remember their past well. In such situations, I respected the informants' decisions and did not probe them any further. For such cases, I had to go back to the referral agencies to validate some of the facts told by such respondents and as well to get additional information from them about the elderly and their families.

Despite such challenges, the majority of the informants related well to the interviews. Personally and academically, this rich, meaningful experience of interacting with the older people and their caregivers was certainly an eye-opener that allowed me to gain a wonderful learning experience of the ageing phenomenon in Singapore.
CHAPTER 4- INDIVIDUAL-LEVEL DETERMINANTS OF ELDER ABUSE AND NEGLECT

"The first half of life consists of the capacity to enjoy without the chance; the last half consists of the chance without the capacity."

---Mark Twain
This chapter examines individual-level determinants of elder abuse and neglect. Such risk factors provide an idea of the "red flags" to look out for and aid in identifying cases that require more in-depth assessment (Clark and Pierson, 1999). One of the objectives of this study is to provide information to service providers on what the determinants are as that would allow them to devise appropriate prevention and intervention strategies for better elder care management.

4.1 Gender

Findings from this thesis have shown that older men are as likely to be abused by their spouses, adult children or even relatives as are older women. Out of the 25 older individuals, 13 of them who were subjected to some form of abuse and/or neglect were older men and 12 were females. Interestingly, it could be inferred from Table 3.1 in chapter three that older males suffered more from verbal abuse whereas older women endured physical abuse. Thus, elder abuse and neglect should not be solely seen as a gender-specific issue as both genders are equally susceptible to abuse and/or neglect. This finding is in contrast to previous work that saw elder mistreatment as a gender-specific issue (Pillemer and Finkelhor, 1988; Barnett, Miller-Perrin and Perrin, 1997; Tatara and Kuzescadosa, 1997; Harway, 2000; Lundy and Grossman, 2004).

4.2 Chronological Age

Data on reported cases of elder abuse and neglect have exhibited that the older the persons is, the higher the risk of an abusive or negligence situation (Kosberg, 1988). This is because, an advanced age is often assumed to be coupled with physical and
mental impairment (Kosberg and Nahmiash, 1996). However, the data as represented in Table 3.1 suggest otherwise. It was the 'young-old' group of elderly- aged 60-74 years old whom reported the most abuse and/or neglect, irrespective of gender.

4.3 Work Status

The importance of work status as an influential factor is reflected by the relatively high number of retirees in this sample, regardless of gender. It is moreover justifiable to claim that most of the older individuals whom were suspected to abused and/or neglected were mainly retirees. Situations of conflict, tensions and stress arose when families found themselves ill equipped in providing the required social support for older persons who have retired from work. This was the situation faced by many retirees in this research sample.

With a loss of a stable source of income upon retirement, it brought about a 'loss of connectedness' with society for this group of older adults due to their dependency on their family. The notion of 'dependency' so closely associated with the roleless role as retirees, had largely affected the intergenerational ties between the elderly respondents and their families. This is demonstrated by the quotes below. The elderly respondents' perception of how they felt about retiring were,

"They think I am useless. As good as a dead person"
(Female no.2, in her 80s)

"Now I never earn money, she also unhappy. Sometimes, I can't accept...sometimes, I say cannot work what to do! She never say you never earn money, so cannot give food. One day, two day can...so many years never work, she unhappy also. Sometimes, I can
understand …one person working, she tired lah! After work, have to do housework…I burden to her!"

(Male no.1, in his 60s)

On the other hand, the caregivers perception of having to take care of the retired elderly were,

“As far as I feel, parents are no burden to us. Without them, we cannot be in this world. But very difficult to look after them, monetary wise like hospital and sending them to Homes"

(Male, secondary caregiver no.2, married and working)

"I don't think she is able to give us anything. The task is upon us to try our best to take care of her. Any contribution from her is quite impossible. Her burden unto us would eventually become bigger. There's no way she can help us to lighten our load…we don't have the financial ability to hire a nurse or send her to an old folk's home. So I have to take it all in silence…if I have the financial ability, I would want her to live on her own and we would hire a live-in maid for her needs. Otherwise, we could send her to an old folk's home where she can stay with the other elderly people. Frankly speaking, if the old person has no money or savings, he or she will naturally become a burden to the rest of the family"

(Daughter-in-law, primary caregiver no.5, Homemaker)

The loss of a job and a stable income seemed to affect the older adults psychologically as that meant an end to their productive role and more crucially, that meant the beginning of a dependent old age. The situation in the family worsened if the elderly failed to partake in the care-giving responsibilities or in offering financial assistance, in return for looking after them. It could be inferred from the above quotes that the caregivers of the retired elderly constantly faced financial strains having to look after the needs of the older person. When unforeseen situations arose whereby the caregivers were unable to meet the needs of the older person, they unintentionally
vented their stress and frustrations on the elderly whom they saw as the prime cause for what they were enduring now. This is clearly exemplified by the quote below.

"Everyone told us to get rid of him. With him around, the atmosphere is more tense, irritated. It's not only stress. It's not an easy job and he will give troubles as well. He sleeps through the day and at night he won't sleep and throw things at us to get our attention...I don't think we (the daughters and son) have the capability to look after him. At night, when we can't tolerate, we will shout 'shut up' and he take it that we are abusing, ill-treating him"

(Daughter, primary caregiver no.3, in her 20s and taking care of a stroke-stricken near elderly)

In order to prevent oneself from being abused and neglected at the hands of their loved ones, Britain's leading medical ethics expert, Baroness Mary Warnock, aged 80, echoed that the frail and elderly should consider suicide to stop them from becoming a financial burden on their families and society.

"One of the things that would motivate me [to die] is I couldn't bear hanging on and being such a burden on people. In other contexts, sacrificing oneself for one's family would be considered good. I don't see what is so horrible about the motive of not wanting to be an increasing nuisance. If I went into a nursing home it would be a terrible waste of money that my family could use far better." (The Sunday Times, 12/12/04)

This was precisely what was running in the minds of at least three male elderly when they were interviewed for this study. According to my interpreter,

"he had mentioned habitually about wanting to commit suicide so as to solve all his problems. He felt lost as he did not have any idea how to manage his time now that he could not work and his body is fading away...this extreme, routine, ritualistic freedom actually creates a lot of stress on him as he finds it very difficult to cope with his life if he could not engage in meaningful tasks, activities, work or leisure".

(Male elderly no.3 retired in his 70s)
The quote lucidly exhibits that retirement brings with it a host of problems both for the elderly and their families. The majority of the respondents covered in this study had no pre-retirement plans. Cohort effects could possibly shed light on this finding. The elderly belonged to a generation where access to education was highly restricted. The 'Japanese Occupation' (1942-45), 'Singapore's Independence' (1965), and major historical events, impeded the elderly's pursuit of further education. Due to the importance of employment for survival, the older generation had to discontinue their studies and stay at home by engaging in some handicraft trade or assisting in the family business or look for a job to ease the financial strains. Thus, the post-war and post-independence periods were of intense hardship for the elderly as they reconstructed their lives. Furthermore, pre-retirement planning and decisions were virtually non-existent among older adults as they saw their offspring as their sole form of old-age support. With the minimum amount of resources the elderly had at their disposal for their old age needs, the bulk of the resources and income had to be inevitably borne by their families which thus created a potential breeding ground for intra-family rifts to the extent of even paving the way for abusive and negligence situations, as observed in this sample.

Hence, findings from this thesis have shown that work and income status should be considered as important determinants of elder abuse and neglect. It could therefore be inferred from this thesis that, irrespective of gender and ethnicity, retirees seemed to be most vulnerable to elder ill treatment due to their lack of monetary contributions to their families. The older persons’ failure to provide financial support was due to their ill-health and their inability to look for a part-time employment, thus forcing
them to be dependent on their family for their daily living. Having to cope with such care-giving responsibilities added further stress to the caregivers and that itself precipitated possible avenues for elder maltreatment.

4.4 Marital Status

Marital status also proved to be an important determinant of elder abuse and neglect in this thesis. Table 3.1 in chapter three suggested that the majority of the male respondents were currently legally married while eight of the female elderly were widowed. Correspondingly, out of the six caregivers interviewed, five of them were currently legally married (as shown in Table 3.2 in chapter three). It was the married older males and the widowed females who mainly reported abuse and/or neglect. As for the older males, the abuse and/or neglect predominantly were committed by either the spouse and/or the adult children. In the case of the older females, in the absence of the spouse, it was clearly the adult children who committed such acts.

Abusive and negligence situations emerged when the expectations of both the caregivers and older persons could not be met sufficiently. The spouse or the adult children expected some form of an independent lifestyle from the older individuals who were able but for some reasons were relying on them for all forms of social support. On the other hand, some older persons believed that the families had an obligation towards them. As a result, both the elderly and their spouses or adult children failed to understand the difficulties each one faced. In addition, both tolerance and intolerance to spousal mistreatment since young, marital dissatisfaction,
long-standing conflicts and estrangements between family members were few of the reasons cited by some of the older adults in this sample for the abuse and/or neglect they have undergone now in their old age. This further caused a misfit in the expectations and thus gave rise to elder maltreatment.

4.5 Health Status

The majority of the sample was non-ambulant as they were wheelchair bound and thus required assistance all the time (see Table 4.1).

### TABLE 4.1 Mobility Status of Older Persons by Gender and Age Group

<table>
<thead>
<tr>
<th>Mobility Status</th>
<th>Male Elderly</th>
<th>Female Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulant</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Semi-ambulant</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Non-ambulant</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>

#### Mobility Status of the Male Elderly by Age Group

<table>
<thead>
<tr>
<th>Mobility Status</th>
<th>50-59</th>
<th>60-74</th>
<th>75-84</th>
<th>85 &amp; above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulant</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-ambulant</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Non-ambulant</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Mobility Status of the Female Elderly by Age Group

<table>
<thead>
<tr>
<th>Mobility Status</th>
<th>50-59</th>
<th>60-74</th>
<th>75-84</th>
<th>85 &amp; above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulant</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-ambulant</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Non-ambulant</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

1. The ambulant category consists of older people who are physically independent
2. The semi-ambulant category consists of older people who are able to move about with some help, like walking aides.
3. The non-ambulant category consists of older people who are not able to move at all and needing help at all times such as those in wheelchairs.
Examining the mobility status across gender showed that more aged females were ambulant than the older males and only six females reported to be non-ambulant in contrast to eight older males. Thus the majority of the older adults who had suffered from some form of ill treatment, either currently or historically were non-ambulant. Interestingly, it was also this same category of elderly who reported living alone in their homes or in institutions as families were unable to provide the adequate care and thus to prevent further mistreatment, sent their parents to the institutions.

Although the respondents in this sample fall under the young-old category, a sizeable number of them were reported to be suffering from dementia, Alzheimer's disease due to senility, stroke and a host of other factors. Upon investigation, it was found that such demented older adults manifested some form of aggressive behavior such as verbal outbursts or even physical threats, and/or violence that thus contributed to the risk of their being abused and/or neglected by their caregivers as an attempt to control such provocative behavior, which could be discerned by the quotes below.

"I would yell at her if she has done something deliberately, out of spite. A few times, she peed in the room on purpose. I became very angry and I would yell at her, 'you've done nothing to help me and now you've dirtied the place and give me extra work to do'...I would also hit her on the leg with my hand. She knows what is right and wrong but she is a vengeful sort of person. When I get angry at her, she wouldn't dare repeat what she has done. There's no point in trying to reason with her. You've to be strict with her...I know I ought not to treat her in this way but it is a much more effective way to deal with her, instead of trying to reason with her...she wouldn't dare repeat the offence"

(Daughter-in-law, primary caregiver no.5, homemaker)

"My father quarrel with my brother, quarrel with my mother. I also get angry lah! He like create trouble like that. My father always make my brother things spoil. If they quarrel, very serious lah...they punch each
other. Yah, I think he better stay in a Home. This year February, I never see him…he went out of the house."

(Male, primary caregiver no. 1, working)

Abuse and/or neglect occurred primarily due to the older individual's worsening health status especially when demands of coping and adjustment to the needs of the older person far exceeded the capacity of the caregiver. Indeed it was found that such mistreatment had profound effects on the victims to the extent of some even attempting suicide to free themselves from social isolation, as evident in the quote below.

"I attempted suicide twice but could not bring myself to do it at the last moment. I am unable to control my bowels. But I get scared when I peep over the ledge and I do not have the strength to climb over. I worry about loneliness…I look forward to being liberated from this life. If I find a suitable place, I would jump. No matter how filial one's children are, prolonged illness can make it difficult. They've been supporting me financially during these last four years. No matter how filial one's children are, 4 years is a long time..."

(Older Male no. 8, in his 70s, retired, divorced and living alone)

"I have seen young people very loving and filial towards their parents. It is just my ill fate I do not blame the society. They [referring to the family members] I would be a burden to them, in terms of ill health. My second daughter-in-law has even thrown out some of my belongings."

(Female elderly No. 4, in her 80s, residing in a Home)

"There is nothing much to think now. It's better to die soon, what for to stay well? It's useless to stay any longer."

(Male elderly No. 5, in his 80s, residing in a Home)

My findings showed that health and mobility status of an older person act as important determinants of elder abuse and neglect. The probability of experiencing
elder abuse and neglect was greater when the elderly were not able to perform the activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Failing health might even reduce the older person's ability to seek help and to defend himself or herself and thus cause him or her to suffer in silence the sufferings inflicted.

In sum, this chapter has discussed findings for the determinants of elder abuse and neglect at the individual-level. An older person's gender and chronological age were found to be less important when it comes to assessing the probability of experiencing elder abuse and neglect. On the other hand, an older person's work, income, marital, and health status were important determinants of elder mistreatment in Singapore society.

Taking into consideration the difference between abuse and neglect, respondents were asked to define what the term elder abuse and neglect meant to them. Out of the twenty-seven older adults, only two of them were able to comprehend what the term elder abuse and neglect meant and provided an insight.

"Abuse is a cruel thing. Why abuse a person? Talk to them nicely...you get a place for yourself, but don't you ever abuse. That's what I think abuse is. But I didn't know all this till I cam here. Abuse is cruel. When you have a mouth, talk it out. Why do you abuse? I think this is a sin. That is a horrible thing. Neglect means you don't care for the person. I mean why should you unless there's something, which you hate the person, then you neglect them. I consider myself abused. Neglected- no because they took care of me very well."

(Older female, No.4, in her 80s, residing in an Old Folks Home)

“Abuse is when you're taken advantage of."

(Older female, No.6, in her 60s, residing alone).
Likewise, the quotes below reflect the caregivers' perceptions of elder abuse and neglect.

"Abuse means scolding somebody unreasonably, physically can see wounds. Neglect would be totally don't care about the older people's welfare, health problems. I think my parents are abused- being scolded for whatever reason. This is what I understand."

(Secondary Caregiver, No.2, working)

"Well, abuse is not giving her the meals of the day and also forcing her to do tasks which are not within her capacity."

(Primary caregiver, No.5, homemaker)

The varying definitions provided by both the caregivers and the older adults portray the multi-dimensional nature of the term. It is paramount to highlight that older adults in general and in Singapore were more prone to suffer from some form of neglect than abuse.

There were at least four cases of self-mistreatment\(^1\) reported in this study. Self-abuse and/or neglect is the most controversial form of elder mistreatment as there is an absence of an "abuser" and it entails issues of the individual's right to

---

\(^1\) Self-mistreatment, otherwise, known as the "Diogenes syndrome," referring to the fourth-century Greek philosopher, who reportedly admired lack of shame, outspokenness, and contempt for social organization (Clark, Mankikar, and Gray, 1975). Besides, various pseudonyms such as 'social breakdown syndrome', 'social breakdown in elderly', 'direct or indirect self-destructive behavior', 'passive suicide' and 'gross self-neglect' have been sporadically used in the literature (O'Brien et al, 1999).

The National Association of Adult Protective Service Administrators define self-mistreatment as, "the result of an adult's inability, due to physical and/or mental impairments or diminishing capacity to perform essential self-care tasks including: providing essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs" (Duke, 1991:24).
independence and self-determination. Therefore, it would be best to broadly classify self-mistreatment as violence against older adults. The four individuals were considered as self-mistreatment cases due to their unhealthy and squalid living environments, poor grooming and eating habits and engaging in acts that threatened their health and safety. This group of elderly either isolated themselves from their families, or they chose to live too far away for their families to be of assistance. A few were simply abandoned by their families or had no one to take care of them, as they were never married. For these elderly, their siblings whom had been their sole support could no longer offer care-giving assistance as they, too, had became old and needed some form of help. The inability to care for oneself due to increasing severity of physical and mental impairments such as depression and stroke was a contributory factor for self-abuse and/or neglect to occur, to the extent of even driving a few to attempt suicide or to harbor suicidal thoughts.

The purpose of identifying individual-level determinants of elder abuse and neglect and the number of reported cases of abuse and neglect is to shed light on the determinants of mistreatment, especially in Singapore, which is best explained by the process of powerlessness. A similar pattern was noted among some of the older respondents in this study as undergoing a process of powerlessness. For this elderly sample, work, marital, health, mobility status has created a situation of vulnerability and loneliness. This triggered abusive or negligent behavior on the part of the caregiver to control the 'powerless older victim.' How the family and society at large are held responsible for the process of powerlessness to emerge will be discussed in the next chapters. In order to remedy the effects of powerlessness, necessary intervention strategies will need to be implemented to empower older adults.
"I believe that we should realize that poverty doesn't only consist in being hungry for bread, but rather it is a tremendous hunger for human dignity. We need to love and to be somebody for someone else. This is where we make our mistake and shove people aside. Not only have we denied the poor a piece of bread, but by thinking that they have no worth and leaving them abandoned in the streets, we have denied them the human dignity that is rightfully theirs as children of God."

---Mother Teresa
This chapter will analyze how at the familial level, determinants such as living arrangements, social support, intergenerational transfers and relationships and cultural values and expectations about ageing influenced the probability of experiencing elder abuse and neglect.

### 5.1 Living Arrangements

Table 3.1 illustrates that out of the 25 older individuals, nine males and ten females were either living alone or in an institution, whereas those residing with a spouse and children were relatively lower in number. The main reasons cited for living alone were the inability of family members to care for the elderly due to the older person's poor health, intra-family conflicts and if the elderly was single, there would be no immediate family members to look after the needs of the older person. A high proportion of elderly were institutionalized because the caregivers lacked the necessary care-giving skills, were reluctant to assume the care-giving role, or were too stressed or burdened to look after an ailing elderly parent/parent-in-law. It was due to such reasons that the caregivers intentionally and unintentionally in some cases abused and/or neglected the older people. Institutionalization was thus seen as the ultimate resort by the families in order to prevent further abuse or neglect.

Although a substantial number of older adults claimed to be neglected, only a few reported that they had no contact with their family upon their admission to these institutions. These elderly felt that the families saw the institutions as 'dumping grounds' where they could leave the elderly to spend the rest of their twilight years in isolation, as highlighted by the quotes below.
"My sons don't really come to see me. Even if they every month to pay the fees, they didn't come in to visit me...I don't know what's going on with the family out there. It's better to die soon, what for to stay here? It's useless to stay any longer."

(Older male no.5, in his 80s, residing in an Old Folks' Home)

"All my possessions—my rings, watches, expensive ties were carried away by my son. He has never come back to visit me since. My eldest daughter asked me where I was going to go to and when I was discharged now that I no longer have a home. That is why I stay here now. There is no telephone here. They have even kept my I/C[identity card]. I cannot rent a flat if I do not have my I/C. They say you've to be escorted at all times outside the Home. It is almost like imprisonment. Do they want me to die in the Home? How can that be so? I can already walk, and now I am healthy."

(Older male no.6, in his 80s, residing in an Old Folks Home)

"When I was staying with my son, I had no freedom. They found fault with almost everything I did. I was not allowed to use their kitchen for fear of 'dirtying' it. I wait till they left for work then I would do my cooking, washing. Here in this Home, I need not be afraid of anything. I'm happy as long as the government provide a shelter for me."

(Older female no.4, in her 80s, residing in an Old Folks Home)

Both abuse and neglect occurred concurrently for these elderly residing in the institutions. Having suffered some form of abuse at the hands of their loved ones, the elderly were totally neglected when they were admitted to the institutions by their families in the form of not visiting them or even failing to pay the monthly admission fees. This study specifically saw significant numbers of such elderly residing in the institutions. The living arrangements of the older persons shed light on how and why older people were treated in an abusive or negligent manner. Lack of privacy and overcrowded or shared living spaces gave rise to greater intrafamily rifts and thus was found to be a potent predictor of elder abuse and neglect in Singapore.
5.2 Family Relationships

Poor family relationships have been found to be associated with a history of abuse. Elder abuse and neglect is viewed as a cycle of abuse, in which parents and children (or spouses) ill treated one another throughout their lifetimes (Jones, Holstege and Holstege, 1997). My thesis also shows that the intergenerational transmission of violence has an impact on the way the older person gets treated by his or her family. This is an important finding as very little research, to date, has been able to prove the effects of trans-generational violence on the probability of experiencing elder abuse and neglect. In order to examine the extent to which trans-generational violence influences the way an older individual gets treated, a series of questions were posed to the caregivers to explore their feelings towards the older members in their families. The quote, below, highlights the difference in the way an older parent treated and regarded his or her own children when they were young, and how he or she is being treated and regarded now, from the perspective of the adult child.

"Not very close..I very seldom talk to him, young also like that. Close to my mother. My sister not very close to my father. My father talk to my mother, only close to her. The three of us cannot get along with him…the way he talk. He scold us when we were young."

(Male, primary caregiver no. 1, working)

During the fieldwork, a unique case emerged whereby an older person's second son had actually filed a Personal Protection Order (PPO) against the father for attempting to inflict violence on him. Upon hearing both the older man and his spouse accounts, I
was able to conclude that intergenerational violence was the prime cause for neglecting the older man now, as evident by the quote below.

"He has a very violent and abusive nature. He would get easily angered and irritated with the slightest unimportant trivial issues. He would be rather stubborn and prideful with his actions and would not apologize or feel sorry for what happens. The children have always been very frustrated and hurt by his temperament. He had very poor relationship with his second son because he had always insulted his son for being jobless at his young age and not educated well enough in society. The son would complain that the father has never done much for him or for the family as he and his siblings had always been taking jobs to support themselves."

(Older woman no.3, her account of her husband who assumed himself to be abused and neglected by the son)

Thus I would argue that intergenerational transmission of violence does affect the way an older individual is treated in old age as this pattern was observed in at least two male elderly. None of the older females mentioned being abused or neglected because they ill-treated their children or spouse when they were younger. The 'traditional gender role theory' (Parsons, 1954; Parsons and Bales, 1955) may best explain the gender difference observed here. According to the functionalist theory, tasks within the family are allocated mainly on the basis of gender. Women generally are obliged to perform the socioemotional functions necessary for running the family unit while the men's primary roles are assumed to be instrumental- providing economic support to the family via men's occupation and involvement in the public sphere. Leaving the women to manage the household, the men as the main breadwinners of the family devote large portion of their lives to support the family, at the expense of devoting minimum or even no time for the children. This cause a gap between the children and their fathers and the gap widens gradually to the extent that
each party fails to understand and communicate well with one another, thus resulting in intra-family conflicts.

As for the women, family nurturance in the form of socioemotional support has always been regarded to be paramount for the smooth functioning of the family. Hence, it was less likely for the women to report abuse or neglect on the basis of their not taking care of the children. Poor familial ties emerged as a result of lack of contact, care and concern the father had for his children when they were young that thus prompted the perpetrators such as their adult children now to neglect or even abuse their father as he got older. The children saw this as a form of retaliation for what had been done to them in their childhood days. The situation would be further exacerbated if the older male resided with the children, had poor health, no resources at his disposal and was therefore fully dependent on his adult children for all his needs. All these coupled with a history of poor family ties and trans-generational violence increased the likelihood of elder abuse and neglect, especially for the older males from this sample.

Family care-giving to ageing parents, particularly by adult children, has become a family developmental task in later life (Zarit and Reid, 1994). It was well observed in this sample that families underwent "generational inversion" (Steinmetz, 1988b:258) in which elderly individuals became dependent upon their families for financial, emotional, physical and/or emotional support, thus leading to severe stress on the part of the caregiver. An abusive or negligence situation emerged when there was an asynchronization between the familial generational role performed by the adult children and other individual life transitions, as experienced by both the ageing parent
and the adult children simultaneously. These life transitions could include care-giving for children and entry or exit from the workforce for an adult child, as well as a loss of spouse or deterioration in health status for the older person (Schiamberg and Gans, 2000). The performance of multiple tasks therefore caused strain and conflicts between the various family members due to additional role obligations, as exemplified by the quote below.

"I didn't need my parents support then and they think they don't have to give me anything. Now their old age, my brother has to look after them. My brother, eldest son, is the 'apple of my parents eyes'. My brother stayed with my parents...when my father rich, everything given to my brother. All my father's wealth. Now my father is old, don't have any money. Now I'm unhappy because my brother doesn't treat them very well. Once, I saw my father have bruises on his arm. My father and my mum get a lot of scoldings"

(Male, secondary caregiver no.2, married and working)

Besides that, role reversal could also be seen as a likely cause for abuse and/or neglect to occur. Role reversal should not only encompass the dynamics in which an adult child becomes the main form of emotional and material support for the parents but it should as well incorporate the obligations to one's spouse. Providing the necessary social support by assuming a new role could be simultaneously rewarding and painful, depending largely on the part of the current relationship, level of communication, shared values and each individual's perception of the new role. A misfit occurs when there is a role loss or the demands or expectations of a new role could not be met, thus giving rise to strained relationships that may cause abuse and/or neglect, which was the case for the sample in this study as well.

5.3 Intergenerational Transfers and Relationships
In this thesis, intergenerational transfers and relationships could be regarded as a key factor as that determined the extent to which an older person could be ill treated. In that respect, intergenerational transfers would thus focus on the transfers that circulate between living generations, namely *inter vivo* transfers. Questions were posed to both the older people and their caregivers to examine the types of transfers that took place.

This thesis would accord equal attention as well to understand the intergenerational relationships that exist between the elderly and their families, largely due to the fact that intergenerational transfers are contingent on intergenerational relationships. Moreover, the older person's relationship and interaction with other family members may cause either intergenerational cohesion or conflict. Therefore, a discussion on intergenerational relationships needs to a large extent to encompass the type of living arrangements of the elderly, the social support they receive and the transfers that occur.

Elder abuse and neglect especially, occurs in contexts when a misfit occurs in the flow of exchanges and when one party fails to receive or provide the necessary exchanges for a smooth flow. This was true for my group of sample as the majority of the older respondents reported that their family members no longer consulted them on any decisions that they made, rarely included them for family gatherings, and even if they did, it was only during festive occasions. Even taking care of the older person's needs was done on the basis of compulsion and not on grounds of love and affection. Poor health and unstable frame of mind such as dementia, stroke, and senility further inhibited the older person to perform their activities of daily living and instrumental
activities of daily living independently. This resulted in additional supervision and care. It also caused financial and emotional strains for the caregivers as the older victims did not possess the financial capacity such as savings to ease the economic burdens of their caregivers and thus resulting in a misfit in transfers. Besides, a misfit in transfers occurred because the family members exploited the vulnerability of the older individuals such as forcing the older persons to will their wealth to them and in turn abandoning or neglecting the aging parents by not providing the necessary care for them.

These findings thereupon, assist in an understanding of the intergenerational relationships in such families over the lifecourse as part of the interpersonal interaction between them and the older victims. In this respect, it would be desirable to regard family care-giving as a 'generational event' and understand it via the lens of the lifecourse perspective as proposed by the 'applied ecological framework' (Schiamberg and Gans, 1997a, 1997b). Worthy of attention here in examining the intergenerational relations between an aging parent and his or her adult children would be the conflict between two norms: (1) the norm of reciprocity - the expectation that a relationship should have equitable levels of profit and loss, and (2) the norm of solidarity - family members should be given as much help as they need, without expecting a return or one's investment of resources and time in the relationship.

5.4 Relationship between the Norms of Reciprocity and Solidarity in the Care-giving Context

In order to have a better understanding of the complex dynamics of family relationships, it is vital to note the connection within the three kinds of ties that bind
family members to one another- namely the norms of reciprocity, solidarity and role obligations. In almost all intimate family relationships, the norm of reciprocity is practiced whereby we expect to maximize rewards and resources and minimize punishments and count on family members to repay acts of kindness and assistance in one form or the other. Due to the intimate characteristics of family relationships, we may accept at times unequal exchanges or tolerate imbalances for a longer period of time. The norm of solidarity is also based on the intimate characteristics of family relationships, whereby when a family member needs assistance that cannot be repaid, we believe that we should provide that assistance and do not want the recipient to experience guilt as a result of being overbenefitted. Thirdly, family members are also bound together by role rights and obligations that may be reciprocal or complementary.

Elder abuse and neglect in this thesis could be best understood by analyzing the interplay of the norms of reciprocity, solidarity and role obligations. Hareven (1996) suggested that generational supports in old age are part of a lifecourse continuum of reciprocal relations between generations. Early in the lifecourse, generational assistance was extended from parents to children, while in the later phases, the adult children would care for their aging parents, which rest on the basis of role obligations to one another.

Although in most cases, adult children operate exclusively in the solidarity mode, care-giving for older adults with incapacitating chronic diseases that at times prevent them to function independently would cause a rift to the solidarity behavior. The situation would be further aggravated when only one family member is identified as
the primary caregiver for the impaired older person and he or she has to provide most of the day-to-day assistance and also holds the most power and make decisions for and behalf of the older person. In most families, the primary caregiver would be predominantly the eldest son or the daughter-in-law. Normative tensions and conflicts arise due to the increasing dependency of the older person on that primary caregiver. Issues of equity emanate when concerns about caring for an aging parent must be balanced with responsibilities for one's own family of procreation. Such a conflict would inevitably lead to an explicit concern about the limits of one's responsibility, which was vividly echoed by the caregivers interviewed in this study. The quotes below set the stage for a discussion of the tensions experienced by the caregivers.

"The thing is that she has many other children…I can't take in the fact that she has other children and yet I've to do all that there is to look after her. Oh, I've to look after my own mother too. So many sacrifices I've made. When I am out, I have to watch the time. When it's time, I would have to rush home. And on many occasions, I had to prepare all three meals before leaving home. It is very inconvenient…When it's time to go I have to rush back home. I can't go out in peace and comfort."

(Daughter-in-law, primary caregiver no.5, Homemaker)

"My mum made the most sacrifices. Never have good night sleeps for three to four years. I don't think we (daughters and sons) have the capability to take care of him…my mother rejected another living arrangement for him. She has a hope for him to walk...that's her love. No relatives support. My dad or mum's relatives want him to stay at a 'Home' rather than in this house. My grandmother will come during Chinese New Year and scold and talk nonsense."

(Female, primary caregiver no.3 in her 20s- looking after a handicapped father)

These comments demonstrate that the adult children whom were the primary caregivers experienced more intense normative conflict concerning the level of caregiving that they could and should provide to the impaired older persons. They
recognized the imbalance and expressed a preference to operate on the basis of the norm of solidarity. At the same time, they also faced a dilemma whether such feelings of solidarity could accompany them through a longer period of time and questioned whether it was fair for them to expect an indefinite commitment on the basis of family solidarity and obligations. The caregivers felt that they too at one point of their time expected some form of reciprocal exchanges to take place, either coming from the older individual himself or herself or from a wider social support network such as from other adult children or relatives. When this failed to happen, abuse and/or neglect occurred as a result of helplessness on the part of the caregiver.

On the other hand, the perspectives of the older victims shed light on what is known as 'intergenerational reciprocity'. Antonucci (2001:430) proposed the term "support bank" to explain this term. He suggested that parents make deposits in the support bank in their early years when they would provide care for their young children, in anticipation of future withdrawal. In other words, parents expected their children to "pay off" at a later part in the lifecourse by means of caring for them in old age. This is synonymous with the "old-age hypothesis" whereby it posits that the aging parents rely on transfers especially monetary, from their adult children for old age security. This deep-rooted belief in children's support for one's old age is in line with the widespread Confucian culture in Singapore that promotes filial piety, as exemplified by the quote below.

"The system of family support is still the most enduring. Pension plans or CPF-type plans support the family to look after the elderly, to lighten the loaf, but cannot replace the family. We should remember this…and our policies should be aimed at keeping the family ties strong." (Straits Times, 19/01/05)
The comments voiced by Labor Chief Lim Boon Heng, on the limitations of pension plans in providing financial security for retirement, also stressed the irreplaceable nature of family support needed to look after the elderly in Singapore. As proposed by the norm of reciprocity, the quotes below imply that older individuals expected some basic form of care to be provided to them as they age.

"My daughter said that I didn't take care good of them when they were young. But how does one person take care of a family with a child? We used to live in an attap house in a rural area. ...I could not really take care of them. We would make do with cheap food like long beans and 'kampong fish'. On payday, I would buy more and cook for the family."

(Older male no.8, in his 70s, divorced and living alone)

"Now my son say the most he can provide for the bills is $60 and all the rest I've to source myself. My son's burden is very heavy, so he asked me to rent this place out. He has two kids and a wife and he drives a taxi. He cannot provide for me now."

(Older male no.9, in his 60s, widowed and living alone)

"The children won't care about me, they have their own husbands and wife and children to take care of. And I am not the type to ask things from them...It is pointless to raise children in Singapore. In Singapore, it really depends on one's luck whether your children will take care of you."

(Older male no.10, in his 80s, widowed and living in an Old Folks Home currently)

"Initially my son was okay. Then one morning, he shocked me by asking me to leave. He accused me of not loving him when he was young and had neglected him. He was a very naughty boy and so I ignored him. I didn't beat him or anything like that. After his marriage, I took care of his household. Whenever he scolded me it was like a father scolding a daughter. He told me to get out and to never come back...If old people have no money, it's difficult to command their respect. They despise you. If we are wealthy, they will try to curry favour...they are afraid I would be a burden to them, in terms of ill-health."

(Older female no.4, in her 80s, divorced and living in an Old Folks Home currently)

"Respect lost for me when my husband died...I lost a hand like that. They were wonderful, lovely sons, took care of me very well but it was all because of the money- my husband's share of the will was not given
in my hand although it was under my name…then they started abusing me."

(Older female in her 70s, widowed and living in an Old Folks Home currently)

Due to multiple reasons, however, the norm of reciprocity had failed to bring about a fair exchange of resources and that eventually had a toll on the intergenerational relations between the aging parent and their adult children, as observed in this thesis.

5.5 Cultural Values and Expectations about Ageing

One of the primary concerns of my fieldwork was to explore the way the older persons were treated and regarded in the Singapore society. In order to address that, I examined the kinds of values older people and their families, in general, hold about ageing. According to Durkheim (1964/1893:30) and Weber (1969/1921:50), values are regarded as "mediating links between the structural and individual levels and as having been transmitted and preserved in successive generations through one or more of society's institutions." Hence, the types of values different individuals possess portray the types of social attitudes and social behavior they display towards an older person.

Our value systems are embedded within a larger entity called 'culture'. Culture is defined as "a shared perspective, a set of ideas such as our truths, values, goals and rules that people develop and learn in a social interaction" (Charon, 1999:95). Culture is regarded as a set of values and which is reflected in what we as social beings do. The goals, decisions and actions we pursue reveal our values (Charon, 1999). The value system western cultures emphasize differs significantly vis-à-vis
eastern cultures and societies. Western societies accord importance to values such as individualism and independence whereas eastern societies, in general, attribute greater prominence to family/kinship ties, dependence and filial obligations.

The philosophical and ethical foundations of the Chinese pattern of social relationships are attributed primarily to the teachings of Confucius and his followers. Confucius' (551-479 B.C) teachings rested on the notion that the family is the basic entity of life and the individual is defined via his/her place in the family and through the contributions he/she makes towards the maintenance and advancement of the family. In eastern cultures, within the context of the family, the position of the elderly members is clearly governed by two principles- 'filial piety' and 'respect for elders' which were expected to be learnt in childhood. This is illustrated by the quote below:

In the cultural context of the Chinese society… [filial piety] (xiao) has been one of the cornerstones of Chinese society for thousands of years and is still highly valued. The philosophical ideas of [filial piety] include not only respect for the older generation but also responsibility of children to take care of their parents (Zheng, 2002:18).

Similarly, Indian families in Singapore nurture the development of the self through the realization of various role-bound obligations, in the form of reverence for the elders and elderly in the family (Mehta et al., 1992).

In recognition of the significance of filial piety in Singapore, civic and moral education programs were implemented in schools. Nevertheless, the government has promptly predicted the problems that were bound to surface with the advent of modernization and urbanization, as reported by the Committee on the Problem of the Aged in Singapore (1984:15):
When they are due for retirement in 2010 and thereafter, they cannot be sure that their sons and daughters, who then would have families of their own, will take care of them in times of need. This is so, because, being born in the 1960s and 1970s, their bonds with Asian family-oriented moral values of filial piety and respect and reverence for the elderly are weak and would have been eroded by the influence of Western values like individualism and materialism. The care providers will probably be out working full-time. In any case, with successful family planning, there will be fewer sons and daughters to be care providers in the home...the young must now be educated to make up for their small number with greater qualitative care.

In recognition of such anticipated problems, the State and its relevant Ministries have devised the 'Many Helping Hands' approach whereby it was suggested that long term care for the elderly be borne by the families and community in the form of informal support networks, with the State keeping its formal support mechanisms to a minimum.

Both the Chinese and Indian cultures, regard the "worth" or the "face" of the family as a primary value and the worth of an individual is viewed in terms of his or her "place" in the family. "Place" would be defined as the status, role and functions the individual holds in the family. During the fieldwork, I noticed significant changes being attributed to the "place" of the older people in the family and the community. That could highlight the possibility of why elder mistreatment could have occurred. In a society like Singapore that stresses rapid scientific and technological advancements, the elderly community lags behind the younger generation. Moreover in the social sphere, families are now being expected to provide care for a longer duration due to an increasing life expectancy of the older person. Even if an elderly is in reasonably good health, he or she might nonetheless require some amount of continuous financial support (however modest) from the younger generation at any one point of time.
With less room for appreciation to what the older person has to offer and more responsibilities shifting to the younger generation for elder care, the distance between the generations inevitably increases. The situation is made even worse when the older generation clings to attitudes, beliefs and values that are different from those of the younger generation. This is often accompanied by a communication breakdown due to language or dialect barriers.

The validation of the place of the elderly in the family affects every aspect of the ties between the generations. When the older individual is no longer able to contribute for the economic good of the family or in circumstances where the contributions are no longer important, what validated the place of the older person in his or her family was much more contingent upon the feelings and attitudes of the younger generation and on the older people's own sense of worth. The prime reason for harboring negative attitudes towards older people as commonly cited by the elderly respondents and the caregivers themselves, was the older person's economic and physical dependence on the caregivers that caused most of the caregivers to dislike and thus mistreat them. The quote below illustrates the caregivers' perspectives on the elderly.

“My father can do toileting. My mum needs a bit support…If you die, I'm going to throw you into a dustbin told my elder brother. I was so angry and scolded him. Very inhumane. I'm a very emotional person. I can't stand him. I just feel like punching him if I see him. He told my mum a dog. Told his daughter off that he's humiliating them [his own parents]."

*(Secondary caregiver, No.2, commenting on the remarks passed by his elder brother whom is the primary caregiver).*

Traditional familism like the notions of filial piety and one's duty towards one's parents' still exist as an ideology among many Singaporeans. However modernization
and changes in the living arrangements and lifestyle patterns have rendered it difficult for today's cohort of generation to adhere to the traditional familism values, as exhibited by the comments of a caregiver below.

"I think that between two generations, there are many differences in values and beliefs. Because individualism is a big part of the value system of the younger generation now. It is quite unlikely that anyone would sacrifice oneself. They would prefer to do whatever they please and lead their own life."

(Daughter-in-law, primary caregiver, No. 5, homemaker)

Family or caregiver stress occurred as a result of the discrepancy between ideal familial attitudes and actual care-giving behavior. Inevitably, this resulted in emotional distress and in unwanted outbursts of verbal abuse. As for some other families, there were deliberate attempts by the adult children to pass derogatory remarks about their elderly parents and mistreat them as from their perspective, their aged parents were seen as a liability and a hindrance. As for some others, they tried to cut-off from their parents to protect themselves from financial, psychological, or physical obligations. The relatively high numbers of abused and/or neglected elderly residing in institutions upon the time of the interviews clearly attest to the fact that the elderly were seen as a burden by their adult children. The social worker reported that most of the families rarely visited the older person upon their admission for fear that if the children visited them, the elderly would want to return back home.

In the context of family care-giving, this thesis has attempted to show that within the microsystem, elder abuse and neglect occurred as a result of the strains incurred in the intergenerational relations over the lifecourse- in terms of poor family ties, a history and pattern of violent interactions within the family, excessive dependency of the older person on the perpetrator and vice-versa, misfit and imbalance in the
transfers that took place, and a lack of reciprocity and solidarity that triggered caregiver stress and normative conflicts and a transgression in cultural values. Inevitably, such risk factors not only serve to be important determinants of elder abuse and neglect, they also affect the mesosystem and exosystem (as exemplified in the 'applied ecological model' in Figure 2.1) of both the ageing parent and the adult children whereby lack of financial resources, formal support mechanisms and social isolation cause the care-giving task to be further arduous.

In conclusion, this thesis puts forth an argument that living arrangements, social support, intergenerational transfers and relationships and cultural values and expectations about ageing act as essential determinants of elder abuse and neglect. The 'intergenerational contract'- as closely bounded together by the norms of reciprocity, solidarity and role obligations signifies the interdependency from one generation to the other. As being the case, a fully supportive family, in this sense, is expected to provide the elderly with meaningful familial roles, emotional or expressive support manifested through respectful, loving and/or caring relationships and material support by way of food, clothing and shelter (Gore, 1992). A weakening of the family support system was noticed for the sample in this thesis, whereby the elders first lost their meaningful familial role, ascribed to them, either as the breadwinner or as "parent surrogates for the grandchildren" (Gore, 1992:269). Gradually, the elderly person felt socially and psychologically being alienated from family activities and interactions due to reasons such as dependency and family conflicts. A failure to provide the necessary material support for the elderly was the final phase in the breakdown of the family support system that thus triggered abusive and negligence actions to be committed by the families.
Hence, to combat elder abuse and neglect in Singapore, the most viable way would be to increase the options for an equitable and effective support of the older person through traditional family support together with formal support so as to ensure that the family is not overstretched beyond its capacity. How this could be attained would be discussed in the concluding chapter of this thesis.
CHAPTER 6- ENVIRONMENTAL-LEVEL DETERMINANTS OF ELDER ABUSE AND NEGLECT

"The misery of a child is interesting to a mother, the misery of a young man is interesting to a young woman, the misery of an old man is interesting to nobody."

---Victor Hugo
Ageism and sexism have also been found to influence the vulnerability of older persons...older persons may be prone to abuse during period of changes in values, which may weaken intergenerational ties and in the course of changes in family size that affect the care taking capacity of the family...ageism is a means by which human rights of the older persons are denied or violated. Negative stereotypes and denigration of older individuals can translate into lack of societal concerns for older persons (UN Secretary-General Report, January 2002, paragraph 15).

In recognition of the 1999 International Year of Older Persons, the United Nations Principles for older people was formulated by the Charter of the United Nations to ensure that priority attention will be given to improve the situation of older people. One of its core principles is to ascertain that older individuals live in dignity and security and be free of exploitation, physical and mental abuse. In addition, the UN also outlines that the dignity of older people should be ensured through a fair treatment of them regardless of age, gender, racial or ethnic background, disability or other status and be valued independently of their economic contribution.

Despite such proactive measures to stem out discriminatory practices against the elderly, there are still several negative societal attitudes harbored against the older generation and that significantly contribute to elder ill treatment, at the macro level. Such negative attitudes and perceptions of ageing create an opportunity that paves the path for the maltreatment of the older persons. Among these negative attitudes were ageism, attitudes towards the disabled and greed that were clearly observed in this sample and which were observed to be one of the chief reasons for elder abuse and neglect in Singapore.

6.1 Ageism
Myths and stereotypes about ageing are numerous and at times contribute towards a deep-rooted prejudice against the elderly. This prejudice is defined as ageism whereby it is:

A process of systematic stereotyping of and discrimination against people because they are old…Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills…Ageism allows the younger generation to see older people as different from themselves, thus they subtly cease to identify with their elders as human beings (Butler and Lewis, 1973:42).

In a fast advancing society, older people are often seen as not contributing substantially to the economy and instead regarded as a burden. The situation becomes worse if the elderly is impaired. Majority of the respondents from this sample, regardless of gender, was found to be living alone or in an institution. Upon further investigation, it was made clear that due to the older person's economic and physical dependence, the families could no longer provide the necessary care and in order to prevent any further neglect and abuse, admitted their elderly parents to these institutions.

One of the dangers of stereotyping is when the victims come to believe the myths and thus act accordingly. A similar situation was observed for this sample of elderly victims. In other words, harboring negative attitudes towards the elderly may actually cause an older person to act in a negative or powerless way or in a manner that reinforces the myths and stereotypes about ageing, as exemplified by the quote below.

According to one of my interpreters in this research, an elderly woman in her seventies and residing in a sheltered home voiced her sorrows as such,

"She would not expect the government or anyone to search for her son or to force him to visit her. She would not want to bear the pain to see
her own son been charged to Court on the case of neglecting her. She does not want to be seen as a burden for her son. She mentioned that she just got to accept the fact he had no intentions to take care of her and that he might be more concerned about his own life, work, family and children…She doesn't blame the son for abandoning her."

In many occasions, it was observed that the love the older individuals had for their children, coupled with the feelings of being powerless and useless in the family and society at large, made the elderly dismiss any kinds of abusive and negligence treatment as something trivial and unavoidable in old age as they, too by that time, had internalized society's negative stereotypes and acted accordingly. In extreme situations, a few of the elderly respondents had suicidal thoughts and some others even attempted suicide to escape from psychiatric disorders such as depression (as precipitated by the events of one's life), social isolation and economic desperation.

6.2 Attitudes towards the Disabled

Negative attitudes towards the disabled play a pivotal role in elder mistreatment and it further reinforces negative perceptions about the ageing process. As exemplified in Table 3.1, majority of the respondents, regardless of gender, was wheelchair bound, thus requiring some form of assistance in their day-to-day activities. Not only were such older people seen as a drain to the society due they being unproductive and not contributing to the economy, they were also viewed as undesirable as highlighted by the quote below.

'If I don't have the grill bar, I can drop. Body weight…one leg only, how can take it? Sometimes she [referring to the spouse] angry, she will say send to welfare home…but she won't. One person working, she tired lah! After work have to do housework. I burden to her. Sometimes she thinking I am useless. No earn money, so useless.
People must work if not have money. Lifelong I cannot earn money. If I work, I can talk back to her. Now I can't. So useless lah!"

(Older Male No. 1, in his 60s, wheelchair bound, residing with his spouse and two teenage children)

It could be inferred from this quote that the disabled themselves internalized the fact they were dependent on others. It was such a self-image as portrayed by many such elderly whom were interviewed in this study, that facilitated feelings of vulnerability, helplessness, hopelessness and that eventually translated into depression and suicidal thoughts, as explained by the process of powerlessness.

6.3 Greed

Another major societal attitude that was evident in elder mistreatment and that often perpetuated in the form of financial abuse/neglect was 'human greed'. More than often, it was primarily the person who was in a position of trust whom committed such abusive or negligence acts.

"Respect lost when my husband died… [like as though] I lost my hand. They were lovely wonderful sons, took care of me very well, but it was all a camouflage, all well planned to get the money. They even abused me after taking my money…why do I want the money? After me, the money will go to my sons..I can't see money now [because of the deception experienced at the hands of her loved ones]."

(Older Female in her 70s, widowed and living in an Old Folks' Home currently)

In this thesis, financial abuse was more commonly reported by the older females than the male elderly. Commonly, women of that cohort were generally considered to be dependent on their spouses when they got married and on their children upon the demise of their spouses. Preconceived notions that women, in general, were always
dependent on someone for their entire lives and especially as one ages, made them more vulnerable to elder abuse and neglect. Such feelings of vulnerability and loneliness allowed some caregivers to expropriate an older person's property or wealth and rationalize such grim actions on the basis of old age dependency. Moreover, the perpetrators of financial abuse justified their actions in exerting control over the assets and wealth on the basis that such property rightfully belonged to them. The older victims who suffered the abuse mentioned that such preemptive steps were undertaken to prevent the inheritance from being exhausted to pay for medical or long-term expenses, similar to what other studies have found (Dessin, 2002).

In a nutshell, negative values about ageing and perceptions of ageing serve to act as important determinants of elder abuse and neglect, as society at large still views old age as a phase characterized with dependency, powerlessness and vulnerability as best summed in the words of an older female.

"I think they don't understand our ways. They think we are talking rubbish. They can't come to our level. So the only thing, we older people must go on. Whatever they say, we must agree. That's the only way we can get along if living together. If not find we have to find our own way."

(Older Female in her 70s, widowed and living in an Old Folks' Home currently)

Being a non-welfare State, the Singapore government follows closely the Confucian ideology that promotes an attitude that care for the aged should be viewed as a personal responsibility, shared by the families and community at large. The State's role would be to provide the basic social infrastructure in which these responsibilities could be realized. In doing so, "the Asian cultural ethos of communal
reciprocity as a public good is harnessed as a way of positive response to the societal challenge of an ageing society” (Mehta and Vasoo, 2001:200).

In recent times, this notion of communal reciprocity has become the subject of much controversy with aberration like elder abuse and neglect becoming more common in our society. Firstly, elder abuse and neglect that used to be a taboo subject is now gaining recognition both at the local and global levels. Secondly, the preconceived notion that mistreatment towards the dependent and the infirm is a Western dereliction has to be dismissed on the ground that such situations are also occurring in the Asian society where respect for the aged has always been regarded in high esteem. In the words of Mr. Chan Soo Sen, then Minister of State in the MCDS (now addressed as MCYS),

"Ill-treatment of one's aged parents is regarded as so shameful it is never admitted or talked about…But it might be realistic to acknowledge that a modernizing society conflicted about its indeterminate ethos will see aberrations like elder abuse becoming more common. The law, which gave aged parents the right to sue their children for support, was a shot across the bow, in case Singaporeans had not noticed the familial deterioration. Now with the MCDS report, the focus should be on designing an institutional framework to cope with cases of physical and emotional abuse, willful neglect and abandonment. More research need also be done on the causal link between the abused and insensitive caregivers." (Straits Times, February 13, 2004)

Just like any other Asian country, the Singapore society too is undergoing a rapid transition to keep pace with the other advancing countries. Problems emerge when a society that has all along given importance to familial wellbeing, shifts its emphasis to material wellbeing and success and thus fosters an alienation to everything that ceases
to be productive. Not only the cultural values that long shaped the society's functioning have changed, the position and social standing of the older person have also changed- from one that demands respect and authority as the head of the household to that of dependent and helpless entity, as portrayed from the words of a reader to the Forum page of the Straits Times (10/03/04).

"The child grows in the strength and protection of its parents. In the autumn of the parents' lives, it is the child who now must assume the position of the protector."

The State has put in place certain mechanisms to ensure that modernization and urbanization do not completely erode our long-held Asian traditions. Legal provisions such as the Penal Code in criminal law, the Maintenance of Parents' Act and the Women's Charter in civil law and the Mental Disorders and Treatment Act are modified and enhanced to deal with certain aspects of elder abuse and neglect. The recent case of sentencing a man to twenty months imprisonment for his violent streaks and verbal intimidation to his elderly parents for the past three years exhibits the State's intolerance to such cruelty incurred upon the aged in Singapore (Straits Times, 07/04/05).

In conclusion, this chapter has attempted to display that the cultural attitudes towards the aged should be considered as an important determinant of elder abuse and

---

1 Although there are no specific laws addressing elder abuse and neglect in Singapore, some provisions have been made to the existing Penal Code in criminal law, Women's Charter and the Maintenance of Parents Act in civil law and in the Mental disorders and Treatment Act. For more information on how these provisions could be applied to cases of elder abuse and neglect, do refer to manual prepared by the Golden Life Workgroup on Elder Abuse Prevention on "Say NO! to Elder Abuse- Report for the Ministry of Community Development, Youth and Sports." (August 2004).
neglect, as highlighted by the applied ecological model (Schiamberg and Gans, 1997a, 1997b, 2000) in chapter two. At the macro level, it was found that the probability of experiencing elder ill treatment was higher when the younger generation held negative, ageist attitudes towards the older generation, especially to those with disabilities. The situation worsened when the elderly began to internalize such negative perceptions of ageing by adhering to the role(s) ascribed to them as older persons, and eventually succumbed to abusive and negligent actions. In some extreme situations, the older individuals even resorted to ending their lives from such agony. It was such cultural differences in attitudes towards ageing and the aged that created the context for the plausibility of elder mistreatment in Singapore.
CHAPTER 7- COMMUNITY PROFESSIONALS AND THEIR PERSPECTIVES ON ELDER ABUSE AND NEGLECT.

"Some people no matter how old they get, never lose their beauty- they merely move it from their faces into their hearts."

---Martin Buxbaum
Using the applied ecological model (Schiamberg and Gans, 1997a, 1997b, 2000) as a framework, previous chapters have examined older adults and their caregivers' perceptions of elder abuse and neglect at the individual, familial and environmental levels. This chapter will attempt to explore the definition and determinants of elder abuse and neglect from the perspectives of the frontline service providers. The barriers that deter effective identification and intervention for elder mistreatment situations and the possible strategies envisioned or even implemented for a better elder care management by such professionals will be discussed as well.

Elder abuse and neglect is often associated with a positivist view of mistreatment which promoted its understanding as "an approximation of a disease entity, that is, one which is subject to discovery, identification, description, analysis and treatment" (McCalum, 1994:25; Beaulieu and Belanger, 1995:4). The applied ecological framework (Schiamberg and Gans, 1997a, 1997b, 2000) as illustrated in Figure 2.1 adopted the integrated approach whereby not only does it support the individual explanations of elder mistreatment but as well foresees the need to develop community based preventive and intervention strategies for professionals to deal with the complexity of the problem at different levels, as espoused by McCalum (1994) and Beaulieu and Belanger (1995). Often it is the practitioners working in the community who are the crucial people to detect and report abusive and/or negligence behaviors and actions that they encounter. Hence, consolidating their perspectives on elder abuse and neglect are paramount for the formulation and improvement of existing intervention and preventive strategies. Community professionals may view older people whom have been ill treated by their caregivers from a medical, legal or social perspective. Even within each perspective, there are "subviews" (Anderson,
This thesis highlights the different perspectives of professionals interviewed as that would emphasize the multi-level and multi-dimensional nature of elder abuse and neglect.

7.1 Definitions of elder abuse and neglect

Thirteen service providers were interviewed, ranging from social workers, doctors, lawyer, and government officials, and their perspectives on elder abuse and neglect were collated. As the prime focus of this research was to examine the determinants of elder abuse and neglect, service providers had to define what elder abuse and neglect meant to them from their occupational perspectives. An array of responses was obtained, as reflected by the quotes below.

"The context of either a physical injury or psychological manipulation, financial manipulation is in a context of a relationship between that person and a carer either a family member or a professional carer in terms of a staff."

(Psychogeriatrician at Changi General Hospital)

"Emotional abuse and financial neglect"

(Advocate)

"It is an act on the part of any family members which causes harm to the elderly. Ours is in the context of family..in defining what is abuse and neglect, of course there is some literature from the West. We fall back on and some definitions. The five main forms and MCYS came up with a book. We align ourselves with that."

(Centre Director of MCYS TRANS Centre in Bedok)

"A situation when the older person is under harm or not given resources to allow adequate care. We see patients as a joint visit. As a social worker, I'm able to socially diagnose that this is abuse and neglect. We do approach the perpetrator and we have to assess why the
perpetrator does it, because talking to them may cause more harm to the elderly."

(Social Worker, Hua Mei Mobile Clinic at Alexandra Hospital)

"When an elderly is not treated as they should by people whom they have entrusted their trust, their care to, then I think we can consider it elder abuse. Usually, we just see, come back and digest the case. If someone says that there is elder abuse, we put it as a suspect case of elder abuse. If all of us agree that it is not, we put it aside. If anyone feels that this elderly is not treated appropriately by the caregiver, who is supposed to take care of the elderly, if treatment is not proper, like it is not proper to tie the elderly to the bed, we call it as suspected case of elder abuse and then we scrutinize the case."

(Doctor, Hua Mei Mobile Clinic at Alexandra Hospital)

The various definitions from the service providers, the elderly victims and the caregivers suggest the complexities inherent in the definition of elder abuse and neglect and thus highlight the multi-dimensional nature of the term.

**7.2 Determinants of elder abuse and neglect**

Service providers also singled out a wide ranging of possible causes of elder abuse and neglect, some of which were also cited from their occupational viewpoints. Two medical social workers operating in different hospitals regarded financial struggles as encountered by the families and together with the older person's failing health as the prime reason for most of the abuse and neglect cases that they have worked on.

For social workers operating in a non-hospital background, social isolation of the older individual and the consequences of it were viewed to be major factors for elder mistreatment cases that they have handled to date. Despite the different occupational backgrounds, almost all service providers attributed care-giving issues- such as care-giving stress and burdens, lack of knowledge on resources for care-giving to be the
most essential reason for mistreating older people in Singapore. This is highlighted below by the comments from three such professionals.

"We believe that they did not intentionally set up to hurt the elderly but due to a lack of knowledge and being overwhelmed by the stress of looking after, lack of resources especially financial resources, they may not provide good care and they get frustrated and take it out on the elderly. While they started with no intention to hurt the elderly, but they may not know what they are doing which may bring a lot of harm."

(Centre Director of MCYS TRANS Centre in Bedok)

“People who abuse the elderly tend to be thinking of themselves at that point in time rather than thinking of what I think of that person. It's just that 'why me', 'why is this happening to me'. Most of the time, it's caregiver stress- it's the way they cope with the stress and of all persons they blame this old person. They blame this old person for bringing this hardship upon themselves. When elder abuse takes place, the abuser at the moment is thinking of themselves a lot."

(Doctor, Hua Mei Mobile Clinic at Alexandra Hospital)

"The other aspect that I see is the caregivers who are also very stressed, the stress looking after patients with dementia. Sometimes they would admit that they are so angry that they hit the elderly. When they are stressed out and they are clinically depressed and also if they have other problems like marital problems or problems with their children, unfortunately tolerance is quite limited with the elderly."

(Psychogeriatrician at Changi General Hospital)

As a result of the different causes for the abuse and neglect of older persons, service providers continually face formidable challenges when handling cases of maltreatment. The lack of openness in reporting abusive and/or negligence behaviors by both the elderly victims and their families for fear of 'losing face', or to protect the alleged perpetrator from any legal prosecution tends to trivialize the issue and this hinders any possible intervention from the service providers.
Service providers were also constantly faced with the task of ensuring that whatever strategies they have undertaken should not undermine or pose a menace to family life since in most cases, the elderly reside with the same family. From the words of the Centre Director of MCYS TRANS Centre (which specializes in family violence),

"Even with the law we need to give the soft approach to balance it. We need to do counseling, repair work…at the end of the day, we just can't come in, use the law, pull the elderly out, persecute them and the next time put the elderly back. So I believe we need to balance the two. We've to be creative in how we approach. We still have to go in and work with the family…so the work is complex."

Hence service providers strongly asserted that to effectively tackle this complex issue of elder mistreatment, strategies should be formulated at multiple levels and be closely linked to one another.

**7.3 Types of preventive and intervention strategies adopted**

The various intervention strategies that community professionals have adopted are again largely influenced by their occupational experience. For instance, a doctor by profession, noted that,

“"The first step is to manage any injuries. Then identify the factors and issues specific to the case and decide whether the risk of repeat abuse is high. Then work with families to see how they can relate to the elderly person better.""

(Head and Senior Consultant at the department of Geriatric Medicine at Alexandra Hospital)
An advocate, on the other hand, viewed abuse and neglect cases from a legal perspective and the measures that she has undertaken has a legal viewpoint to it.

"Personally, I would try mediation where the children and parents sit down and work things out."

On the other hand, a medical social worker operating in a Chronic Sick Unit at a private hospital, related a different style that he has adopted in such cases,

“Our priority is nursing care and medical support. We get the family members to come and speak to us …they would sometimes just say that they completely wash their hands off their elderly parents. Then we have to take the full responsibility. That happens quite often. Very common especially for siblings, simply for the reason that siblings are not legally liable for patients. For us if families really wash their hands off, we've to look after them…care for the patients in all ways, like food, nursing, medical support, since this is a place that patients require high level of nursing. To be honest…we're struggling, it's hard to counsel patients and family members. To the extent that I can get a family to come to the office, that's successful. That means they recognize that they've a problem, thus they need help and they come to us. What is scary is when people don't come to us, they move away, change address. What is important is that they maintain a contact with us, with the hospital."

Thus the intervention strategies that different professionals have applied to address abuse and neglect of older persons were largely contingent on the sort of perspectives these professionals had about elder mistreatment and which were in turn shaped by the nature of their profession. Nonetheless, almost all service providers voiced the importance of adopting and adhering to a collaborative team effort when managing elder mistreatment cases, as the integration of the different expertise's different approaches would be able to address varying elements of elder abuse and neglect at various levels much more effectively.
At the policy level, MCYS takes the lead with regard to dealing and managing family violence cases and recently elder abuse has also been subsumed under the larger subset of family violence. The setting up of the Elder Protection Team (EPT) in September 2003 to manage elder abuse cases is a major milestone for elder abuse and neglect prevention in Singapore. This team comprises a multi-disciplinary group of expertise with knowledge in geriatrics, social work, psychology, gero-counselling and psychiatry. The TRANS Centre conducts social investigation into an alleged elder abuse case and presents the findings to the EPT for discussion and decision on the intervention plan. TRANS Centre will then implement and review the plans periodically. The Family Violence Dialogue Group was also set up to facilitate the sharing of information amongst the agencies so as to strengthen the services and programs for family violence at the policy level.

In addition, the National Family Violence Networking System was established to link the police, the prison department, the Court, MCYS, Ministry of Health (MOH), National Council of Social Services (NCSS), hospitals and social service agencies to create various channels of assistance for both the victims and their perpetrators. Although the system may be in place, one of the issues faced by professionals in elder abuse work and which was raised by one of the Deputy Directors at the Rehabilitation and Protection Division at MCYS was, the extent to which an older person is allowed to exercise self-determination. A refusal of services may create a conflict between the client's right to self-determination and his or her right to safety and mistreatment-free life (Harbinson, 1995). Practitioners are always faced with the challenge of ensuring to what extent draconian measures, if any, could be taken against the will of an older person, if deemed necessary for his or her safety. Ultimately any effort exercised has
to respect the older individual's decision and at the same time ensure the safety of the individual from the environment that he or she resides in.

### 7.4 Barriers of prevention and intervention of elder abuse and neglect

During the course of the interviews, service providers expressed concerns about the obstacles they faced as that deterred effective identification and intervention into elder mistreatment situations. At the policy level, one of the Deputy Directors of Elderly Services Division at MCYS commented that,

"We don't have much groundwork evidence on what the situation was before. Nobody really have a sense of what's going on at present. We just have a feel of what's happening in the ground. I know the struggles of the service providers but I don't have the specifics. With this study, we know what are the specifics that are lacking and make recommendations at the public education level."

To curb this problem, the MCYS has taken the necessary steps ascertaining that the different agencies dealing with elder abuse and neglect cases coalesce together to decide on sound decisions concerning elder abuse and neglect management. The recent establishment of the EPT certainly would help in addressing the concern raised on the lack of contact and information exchange by the Ministry and social service agencies at the ground level.

The predominant reason as conveyed by most professionals as a barrier for effective intervention is the reluctance of the elderly victims and/or their families to render their full cooperation upon any detection of abuse and/or neglect situation. Service providers commented that they have faced numerous challenges attempting to handle family members whom have been resistant and whom have related different
stories. The situation becomes worse when the elderly victims try to conceal the truth and prefer to suffer in silence. In certain cases, cognitive impairment of the older individual such as dementia or stroke simply rules out the possibility of any intervention as the older victim is in no proper state to convey what has happened to him or her.

In summary, service providers raised concerns over issues such as the lack of public awareness on what elder abuse and neglect means and what to do in such situations, the Asian mindset of not wanting to wash one's dirty linen in public, the older person's total reliance on the family for all his or her needs and wants. These were some of the notable barriers that deter any effective strategies with regard to elder maltreatment and to date, which most of the service providers are grappling with.

7.5 Possible strategies to combat elder abuse and neglect

Lloyd and Emery (1993) stressed the importance of preventive programs pitched in three levels: primary intervention, prevention of negative relationship interaction, directed at all individuals and families; secondary intervention, interventions which target high risk groups; and tertiary intervention, treatment of individuals in abusive situations. Using these terms, at the primary level of intervention, a couple of the service providers urged the importance of having public education programs as that would foster awareness on issues concerning elder mistreatment such as the need to perceive the perpetrator as someone who is in need of help. In that aspect, professionals would see the necessity to develop a higher index of suspicion with
lower threshold for labeling. In other words, practitioners should be encouraged to "focus more on the consequences of the ill-treatment incurred to the victim and the context in which they emerge, rather than labeling that behavior with its implied moral judgments" (Lithwick et.al, 1999:106). In fact, it was the consequences of such abusive or negligence behavior that actually provided the justification for intervention.

"I actually think that if we have enough of a network...to get people from the different sectors- the police, those in frontline cooperating to detect the people early so that we can protect them, that makes a whole lot of difference. The reason why I say a network is because not one agency can do it. If you have a physical injury, the police, the A &E [Accident and Emergency] would be involved, the social council, the counseling, FSC, home-help services would be involved...we need this awareness at all levels and easy access. Literally coordinated system."

(Psychogeriatrician at Changi General Hospital)

At the secondary level, professionals urged the need to initiate a comprehensive training program for all frontline service providers where information related to elder abuse and neglect cases could be exchanged. This would in turn gear up the competency of the expertise themselves to better handle even more complex cases. Training family caregivers and volunteers was another suggestion made.

At the tertiary level, developing long-term services for treating the abusers was widely discussed by the various professionals. Exchanging of information pertaining to elder abuse and neglect with the international community was regarded to be vital as not only does it contribute to the existing body of literature but would also allow professionals to test the feasibility of certain intervention or preventive strategies applied in Singapore. It was recommended as well that any progressive work done at the public educational level should not only begin early but also target the near elderly
(those aged between 50-59) whom are about to retire. Educating older people through such outreach programs like on managing their finances, about dementia and its consequences, providing information on the types of social service agencies would allow the older generation to be more aware of the kinds of problems that they might encounter in their later years. Ultimately, promoting a positive image of ageing and the aged in our society should be one of the primary steps that should be undertaken so that the problem of elder abuse and neglect could be checked at the infancy stage itself.

In sum, having looked at the community professionals' perspectives on elder abuse and neglect, it is important that they come to fully understand their role as an advocate for the elderly victim and for his or her surrounding system. Professionals should be well equipped to understand the wishes of the affected victims and alleged perpetrators. Practitioners should be given ample scope as well to be flexible and creative in developing interventions for each specific situation in this complex and diverse area of elder mistreatment. Professionals could also be encouraged to adopt a "competency approach to the victim (and possibly the perpetrator as well), that include an assessment of their strengths and weaknesses" (Lithwick et.al, 1999:97). In addition, service providers should also explore and identify the specific fears, concerns and reasons for refusal of services offered and develop intervention strategies that would be more successfully accepted (Lithwick et.al, 1999).

As suggested by the applied ecological model (Schiamberg and Gans, 1997a, 1997b, 2000), successful intervention should consist of multiple interventions and directed at all levels of the environment and not only at the elderly victims or the adult
children (if they were the perpetrators) alone. This is because the model argued that risk factors exist in all levels of the ecological context of human development. Thus any community-based efforts in Singapore should be both practical and eclectic and directed at the individuals, families and the community at large.
CHAPTER 8- CONCLUSION

"Old age is not a disease-it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses."

---Maggie Kuhn
This thesis has discussed how a small sample of diverse individuals who were victims of abuse and/or neglect, and their caregivers of whom some were the perpetrators defined elder abuse and neglect. It used an applied ecological framework of Schiamberg and Gans (1997a, 1997b, 2000) that provides a systematic setting for studying the contextual interactions between the individual, familial and environmental risk factors and how that eventually leads to elder mistreatment in the context of family care-giving. Through this model, this thesis has attempted to show how intergenerational relationships between the ageing parent and the adult child frame the character and quality of life for the older person. The problem of elder abuse and neglect is particularly vicious as it is not only destructive to the victim, but is a "malignancy in the community as it violates the union between the generations" (Neikrug, 2004:46).

8.1 Summary of Main Findings

Except two, all the older adults could not comprehend what the terms elder abuse and neglect means. It was others who decided that they were suffering from abuse and/or neglect. Although older adults could relate the sufferings they had undergone, they could not claim with confidence that they were abused and/or neglected. Lack of education, dependency on the family, failure to lose face in the community, health complications could be attributed as possible reasons for the older individuals’ failure or reluctance to define abuse and/or neglect.

Most of the caregivers were able to define elder abuse and neglect and some of who were the alleged perpetrators were fully conscious of their abusive and/or
negligence behavior and actions. Although all the different types of abuse were observed, neglect via abandonment in institutions was the most common. Work, income, marital and health status were the most important determinants associated with the probability of experiencing elder abuse and neglect at the individual level. Cognitive and mental impairment coupled with financial constraints upon retirement caused older people to be more dependent on their family. For a married older person, the dependency was on the spouse whilst widowed elderly were dependent on adult children.

At the familial level, elder abuse and neglect was found to be more common in families with poor family ties, few reciprocal patterns, and imbalances in the intergenerational transfers across generations. Negative perceptions and attitudes about ageing and the erosion of cultural ethos like filial piety and veneration for the aged especially to those with disabilities, were found to be important determinants of elder abuse and neglect at the environmental level.

The majority of respondents and caregivers expressed their dissatisfaction about the lack of and unaffordable eldercare services. This, itself, acted as a contributory factor for some of the abusive and/or negligence situations observed. Intergenerational transmission of violence was observed to be a prominent determinant of elder ill treatment in Singapore. Self-neglect such as suicide attempts due to social isolation and depression was observed among three older males and one female elderly.
Based on the findings, **Figure 8.1** exemplifies a model that illustrates how elder abuse and neglect emerges as a result of the interaction and interdependence within the different systems and risk factors in Singapore. This model is similar to Schiamberg and Gans (1997a, 1997b, 2000) applied ecological model, but contains some variations with regard to how the different determinants are presented in the different systems. In contrast to the applied ecological model, the emergence of self-mistreatment, as evident in this sample is an addition to this model.
FIGURE 8.1 An Applied Ecological Model of Elder Abuse and Neglect in Singapore (revised)

MULTIPLE PREVENTION & INTERVENTION STRATEGIES

MACRO SYSTEM
Public policy, cultural norms, attitudes towards the aged, construction of gender & cultural role identities as caregiver, son.

EXO SYSTEM
Lack of resources and information, policies in health and social service systems.

MESO SYSTEM
Formal & informal support systems, intergenerational transmission of violence, multigenerational demands, living arrangements, norms of reciprocity and solidarity, role obligations.

MICRO SYSTEM
Work, income, health, and marital status, social isolation, stress and dependency, personality traits.

ELDER ABUSE AND NEGLECT
Powerlessness, vulnerability, self-mistreatment, loss of control & identity.

MULTIPLE PREVENTION & INTERVENTION STRATEGIES
8.2 Discussion

The results, to date, have indicated that a state of powerlessness emerged in contexts especially when the older person was dependent on his or her family for his or her daily needs and wants. Irrespective of gender, it was the poor older individuals who were more vulnerable to abuse and/or neglect, as reflected in this thesis. This notion of dependency was closely associated with old age, which was more than often seen as a period of declining health and financially dependent status for this group of older adults.

Cognitive and mental impairment was regarded to be an important determinant of elder abuse and neglect as such a condition reduced the older person's ability to seek help and defend oneself. Almost all the elderly suggested that medical expenses be made more affordable as that would certainly ease the burdens faced by most care-receiving elderly and care-giving families. Financial and health concerns were seen as two main priorities for both the elderly and their caregivers. Nonetheless socioemotional support does assume great prominence for care-receiving older adults, as evident by the large number of cases reported to be neglected. "Abandoning" the elderly in institutions and not paying any visits was a common scenario observed in this sample. The reasons may vary, but the main purpose of admitting the older individuals to such institutions was the incapacity of the caregivers to care for the older people physically, emotionally and financially. Most of the family members failed to visit their elderly parents for fear of having to bear the admission fees. Albeit enduring much suffering and rejection from those they loved, the older people residing in these institutions, only longed for some amount of attention, love and
concern from their families and which they firmly asserted would be ample to sustain them for their remaining years. Failure to obtain such support had serious repercussions on the physical and mental wellbeing of some of the abused and/or neglected elderly in the form of social isolation and depression, and which in turn, created more problems for both the older people living alone and/or in an institution.

Caring for a loved one is a demanding task that affects the caregivers emotionally and psychologically. It could also be a drain on the purse if the older person is in ill health and totally dependent on the caregiver for all his or her needs and wants. Many of the caregivers themselves undergo abuse due to their unrealistic expectations of themselves, and the unwillingness of the State to recognize the difficulty of the situation in which they were placed. In some cases, that itself poses enormous strain on potential caregivers. Hence, it is the abusing caregiver who is normally placed in a position of great vulnerability by a government and society unwilling to play a role in caring for the older adults. Coupled with declining socioeconomic status of the elderly and shrinking family size and space, financial obligations, emotional disturbances and lifestyle changes of the caregivers would be regarded as the biggest causes of strain caregivers’ experience. This was exactly what that was reported by at least 42 percent of the caregivers surveyed in 2004 by Touch Caregivers Centre on more than 80 caregivers in Singapore (Straits Times, 27/04/05). Dr Philip Yap (a consultant in dementia and palliative care at Alexandra Hospital) commented that "whether an older person is cared for at home or in a facility, it is first and foremost important that the older person is not seen or made to feel like a burden who has worn out his/her usefulness and is therefore unwelcome in society" (Straits Times, 27/04/05).
A major reason for elder mistreatment is the belief of the older person that he or she is a liability to his or her family and society at large. This belief translates into a state of powerlessness and encourages the caregiver to take advantage of the older person's vulnerability and resort to ill-treating them. Unable or unwilling to seek help to defend oneself, the older person succumbs to such mistreatment as evident by the cases reported in this thesis. Hence, caregivers and family members' mindset about ageing and the association of dependency with old age has to certainly give way to make room for empowering the older adults, as vividly illustrated in the words of Dr Yap.

"It is the person and his individuality that matters most, not his cognitive deficits. Providing for the core psychological needs of the person- these include love, attachment, comfort, identity, occupation and inclusion" (Straits Times, 27/04/05).

This could only be achieved by encouraging senior citizens to stay involved and engaged in other activities by means of recognizing their worth and presence in the family and society as they retire from work.

**8.3 Directions for Future Research**

One cannot generalize from this small study done. However it would seem appropriate for future research to explore and compare at greater depth the issue of elder abuse and neglect with child abuse. This is because findings have shown the influencing nature of the intergenerational transmission of violence on elder mistreatment for this group of sample. By attempting to look at the parallels between child and elder abuse and neglect, that would enable researchers to understand how
reciprocal relationships and the child rearing practices between the parent and the child over the years affects the way an older person gets treated and regarded now.

More focus group discussions could be forthcoming that explores the various perceptions of elder abuse and neglect from the perspectives of the younger generation. In that way, the society and the service providers could have a clearer conception of how elder abuse and neglect is construed by different people of different ages and belonging to different cohorts. More than often, what one person sees, as elder mistreatment may not be perceived the same by another person. Thus collating the various views from various people and making comparisons vis-à-vis the elderly population would certainly provide meaningful information to service providers on how they could tailor their programs apt for both the affected elderly victims and their alleged perpetrators.

In conclusion, using the ethnographic and life-story interviewing methods, this thesis has attempted to provide an overall situation of elder abuse and neglect in Singapore through the voices of the elderly victims and their caregivers themselves. Abuse and neglect of older people is not a new phenomenon. What is new is the attempt, since the end of the 1970s, to find out why it happens. It was until recently, in the 1990s, that the Singapore society has become more overtly aware of the existence of elder abuse and neglect. Although a vast majority of older beings are cared for and tended with love and affection at home, a considerable amount of violence towards the elderly does take place within the family. A host of reasons have been explored in this thesis to explain such mistreatment, bearing in mind the complexities inherent in seeking an explanation for elder ill treatment. Today, about
50,000 Singaporeans are aged 80 and above. As the population ages rapidly, this number will expand (ST, 25/04/05). To what extent elder mistreatment will persist with a rising ageing population is a cause for concern at present and in the future. Kosberg (1988:49) offers a summary of elder abuse and neglect whereby he stated that:

Elder abuse will continue as long as ageism and violence exist…elder abuse results from the dynamic interaction between personal, families, social and cultural values, priorities and goals. Therefore attention must be given to those factors which, although not causing abuse, contribute to its likelihood-poverty and unemployment, lack of community resources, intra-family cycles of abuse and personal hedonism.

At least in the Singapore context, as families are still expected to offer the frontline provision of care for older people, substantial number of intervention and preventive modalities could be implemented to ease the tensions and burdens of caregivers, as more than often it is the failure to gain any satisfaction or reward from care-giving activities that is predominately the key to abusive and negligence behavior and actions. The key to successful intervention to the problem of elder abuse and neglect within the context of family care-giving lies in addressing the genuine concerns raised by both the older adults and their caregivers in this thesis. At the turn of the new millennium, every society is aspiring to age gracefully, and what such affected older people appeal for is just a decent amount of dignity and identity to be accorded to them as basic human beings. That would essential be a pioneering step to prevent or otherwise reduce elder abuse and neglect in Singapore.
Bibliography


MacLean, M.J., ed. 1995. *Abuse and neglect of older Canadians: Strategies for*


Sanchez, Y. 1999. "Elder Mistreatment in Mexican American Communities: The


**News Sources**


Tan, Judith. "Grey matters: To 100 and Beyond. This is the life!" *The Straits Times*, April 27 2005. P.18-19.


**Electronic Sources**


2004, from


Appendix 1

Interview guide for older people

PRINCIPAL INVESTIGATOR: N.JAYANTHI.
INTERVIEW INTERPRETER:

The objective of this interview is to give a 'voice' to your side of the story, an opportunity to air your opinions about how and why you are treated and regarded in a particular manner. Your responses will help to contribute to a better understanding of elder care management in Singapore.

BACKGROUND DATA

1. Name : ________________________________
2. Year of birth/Age : ________________________________
3. Gender : ________________________________
4. Race : ________________________________
5. Religion : ________________________________
6. Education level : ________________________________
7. Income level ($0-$499, $500-999, $1000-1499, $1500 and above) : ________________________________
8. Place of Residence : ________________________________
9. Type of housing & Ownership : ________________________________
10. Socioeconomic Status [employed, unemployed (retired, no working experience or retrenched)]: ________________________________

FAMILY BACKGROUND

1. Marital Status : ________________________________
2. Number of Children(if any) : ________________________________
3. Residence of children : ________________________________

QUESTIONS DETERMINING THE INDIVIDUAL-LEVEL CHARACTERISTICS

1. Could you describe what you normally do from morning till the night?

3. How did you feel about retiring? How did your family members treat you after you had retired?

4. Do you have savings of your own? If no, who then takes care of your financial needs?

5. What problems did you encounter upon retirement? [loss of power at home, poor health, no respect given, no income etc]. Why?

6. What kinds of expenses do you have now? Who manages these expenses?

7. Do you have any illness(es)? If yes, how long have you been suffering from the illness(es)?

8. How often do you visit the doctor or vice-versa?

QUESTIONS DETERMINING THE FAMILY DYNAMICS AND INTERGENERATIONAL RELATIONSHIPS

1. What is your preferred living arrangement? Why?

2. Are you able to take care of your activities of daily living (ADL) and instrumental activities of daily living (IADL)?

3. If no is the answer to the above question, who then takes care of all your needs? [that is, who is your main caregiver?]

4. How do you perceive the caretaker's treatment? [that is, how does the person treat you?]

5. How do you feel about the caretaker's behavior towards you? Why do you think he/she treats you in that manner?

6. How often do your children, grandchildren or relatives (if any) visit you?

7. Do they help/support you? In what ways?

8. Do you have any family gatherings? If no, why?
9. Does your family consult you during any decision-making process at home? If yes/no, why?

10. Do you have any worries?

11. With whom do you confide in when you are upset? Why?

12. With whom do you spend most of your time?

13. What sort of attitudes do you think the younger generation holds about older people today?

14. How much respect do you think your family has for you? What could be the possible reasons?

15. How do you feel about getting older?

16. What is your family or caregiver's expectations of you, as you grow older? Are you able to meet up with their expectations?

17. What do you think of how your family views you and/or other older people?

QUESTIONS DETERMINING THE SIGNS AND SYMPTOMS SUSPICIOUS OF ABUSE OR NEGLECT

1. Have you ever been shoved, shaken or hit by the caregiver? On what occasions?

2. Have you ever been left alone at home or left locked in a room? Why?

3. Have there been any instances where you were deprived of proper medication, food?

4. Has your money, property taken or signed to someone else?

5. Do you feel that you are being ignored or made to feel like a burden in the family? Why do you think so?
6. From your perspective, what do you think abuse is? What about neglect?

**QUESTIONS DETERMINING THE SOCIETAL PERCEPTIONS OF AGEING**

1. What do you think of how the society views you and/or older people? [e.g. as a resource or a liability/burden]

2. What are the society's expectations of you, as you grow older? Are you able to meet up with their expectations? Why?

3. Do you think the society could be one of the reasons for what you are going through now? Why do you think so?

4. What do you think the State and other age-care services can do to improve your situation? [that is, do you have any suggestions?]

Thank you.
Appendix 2

Interview guide for the caregivers of older people

PRINCIPAL INVESTIGATOR: N.JAYANTHI.
INTERVIEW INTERPRETER:

The objective of this interview is to give a 'voice' to your side of the story, an opportunity to air your opinions about how and why you treat and regard the older person in a particular manner. Your responses will help to contribute to a better understanding of elder care management in Singapore.

BACKGROUND DATA

11. Name : ________________________________
12. Year of birth/Age : ________________________________
13. Gender : ________________________________
14. Race : ________________________________
15. Religion : ________________________________
16. Education level : ________________________________
17. Income level ($0-$499, $500-999, $1000-1499, $1500 and above) :

18. Place of Residence : ________________________________
19. Type of housing & Ownership : ________________________________
20. Socioeconomic Status [employed, unemployed (retired, no working experience or retrenched)]. : ________________________________

FAMILY BACKGROUND

4. Marital Status : ________________________________
5. Number of Children(if any) : ________________________________
6. Residence of children : ________________________________

7. Could you describe what you normally do at home from morning till the night?

8. What are your role(s) in the family?
9. What kinds of expenses do you have? How are you managing these expenses?

10. What is the older person's medical condition? What kind of care does he/she require?

11. How long have you been taking care of the older person? Was it your own decision or were you asked to do so by someone else?

12. How do you feel towards the older person? Why?

13. What are your expectations of the older person, as he/she grows older? Why?

14. Does the older person help you in any ways? If yes, how?

15. What are the kinds of difficulties you encounter having to take care of the older person?

16. How do you manage these difficulties? [that is, what kinds of coping strategies do you use?]

17. If given a choice, would you want to take care of the older person? Why?

18. Do you consider it your duty and responsibility to take care of the older person? Why?

19. What are the needs of the older person? How do you meet those needs?

20. Have you ever thought of other alternative living arrangements for the elderly? Why?

21. Are you looking after any other people, besides the older person?

22. Are there any sacrifices that you have made over the years, having been the caregiver for the older person? What are they?

23. Do you receive any support for taking care of the older person?
a. From who and what?

b. Are there other siblings who help?

24. What other responsibilities do you have outside the home?

25. Have there been times where you felt so frustrated that you had yelled, threatened verbally or hit the older person? What were the circumstances?

26. From your perspective, what do you think abuse is? What about neglect?

27. What do you think how the society views older people in Singapore?

28. What kinds of assistance or intervention strategies you think that the State and other age-care services can provide for caregivers like you?

Thank you.
Appendix 3

Interview Guide for Service Providers

These were the general questions asked from each service provider whom had experienced and managed elder abuse and/or neglect cases in Singapore. The questions asked differed slightly for service providers with different occupational backgrounds.

**LIST OF QUESTIONS**

1. Could you briefly discuss about your profession, that is, the nature of your job?

2. (A) How did you get to know the elderly whom have been abused and/or neglected?

   (B) What kind of identification markers do you use to determine whether an elderly is abused and/or neglected?

3. From your years of experience, how would you define elder abuse and neglect? How would you, as a team, come to a consensus in terms of defining what is abuse and neglect?

4. Do the elderly themselves claim that they have been abused or neglected or is it wholly your self-perception?
5. What does your team see as the possible causes of elder abuse and neglect in Singapore?

6. Who are the abusers/perpetrators predominantly?

7. What criteria do you use to differentiate a confirmed case of abuse and/or neglect with that from a suspected case? [that is, how do you decide which is a confirmed case of abuse and which is a suspected case of abuse?]

8. Once you make a decision that such an act is abuse or neglect, what would predominantly be your team's next step? What are some of the obstacles that you and your team have faced when it comes to handling cases of elder abuse and neglect?

9. In those families that you see some sort of elder abuse and neglect, how do these families see the elderly- do they see them as a resource or a liability and what kind of values do they hold of older persons?

10. Have you come across families that have experienced any history of family violence- the perpetrators/ victims when they were young which has been therefore a contributing factor for elder abuse and neglect?

11. (A) Do you think elder abuse and neglect is being under-reported and under-recognized in Singapore, as what local literature has claimed?
11. (B) Do you think elder abuse and neglect is becoming a serious issue in Singapore? Why?

12. In what other areas do we need to focus our attention on so that we can better address this problem of elder abuse and neglect in Singapore, at the individual, family and societal levels?

13. On behalf of your team of professionals, do you have any particular initiatives to be put to work or have put to work to protect abused and/or neglected elderly?

Thank You.
Appendix 4
访问乐龄人士的指导
(Interview Guide for Older people in Chinese)

侦查员：N. Jayanthi
采访兼翻译员：

此访问的宗旨是让您说出您自己的故事，并以此机会提出自己的看法——例如您怎样与为什么那么被对待。您的回应可让我们更懂得新加坡关怀乐龄人士的管理政策。

个人资料

1) 姓名：
2) 出生日期/年龄：
3) 性别：
4) 种族：
5) 宗教：
6) 教育程度：
7) 收入（$0-499, $500-999, $1000-1499, $1500 或以上）：
8) 地址：
9) 住家的类型与拥有权：
10) 就业状况 [就业，失业（退休，无就业经验或被裁退）]

家庭背景

1) 婚姻状况：
2) 子女的数目（若有）：
3) 子女的住处：

用以确定个人特征之问题

1) 请形容您从早到晚的日常生活习惯与活动。
2) 您几岁退休呢？为什么？
3) 退休后，您有什么感想？您觉得家人会因此改变对待您的态度吗?
4) 您有个人储蓄吗？若无储蓄，是谁提供您的生活费用？
5) 退休后，您有遇到什么困难吗？若有，请举例子（例如在家中失去地位身体欠佳，不被尊重，无收入等等）。为什么呢？

6) 您现在的费用包括了什么？谁来承担您那些费用呢？

7) 您有什么病症吗？如有，已多久了？

8) 您多久看病一次？

用以确认家人和世代之间的联系之问题

1) 您想要怎样的居住安排？为什么？

2) 您可承担您自己的生活起居吗？

3) 若否，谁照顾您的饮食起居？（或者谁是您主要的看护人？）

4) 您的看护人如何对待您？

5) 对于他对待您的态度，您感觉如何？您认为他为什么那么对您呢？

6) 您有亲属吗？若有，他们多久会来探望您？

7) 他们是否有帮助您？在哪方面呢？

8) 您有跟家人一起聚会吗？若无，为什么？

9) 当需要作出重大决定时，他们会请求您的意见吗？为什么？

10) 您有什么牵挂吗？

11) 您通常向谁诉苦？为什么？

12) 您大多数的时间是跟谁在一起呢？

13) 您觉得现在年轻一代如何看待年长？

14) 您觉得您的家人还尊敬您吗？可能是什么原因呢？

15) 您对步入晚年有何憧憬？

16) 当您的年纪越来越大时，您的家人与看护人对您有什么期望？您认为您可以办到吗？

17) 您认为您的家人对您与/或其他乐龄人士有什么看法？
用以确认乐龄人士或许被虐待或被忽略的征兆之问题

1) 您曾被看护人推倒，大力摇晃或打吗？在什么情况之下呢？
2) 您曾有独自一个人在家中或被反锁在房里吗？为什么？
3) 您的家人或看护人曾有刻意的不让您服药或饮食吗？
4) 您的财产是否已转到别人名下？
5) 您会觉得自己被忽略或被认为是家中的负担吗？您为什么会这么想呢？
6) 从您的角度去看，您认为什么是虐待？什么是忽略呢？

用以确认社会对年长的看法之问题

1) 您觉得现在的社会是怎么看待您与/或其他上了年纪的人呢？(是财富还是一种负担？)
2) 当您的年纪越来越大时，社会对您有什么期望？认为您可以办到吗？为什么？
3) 对于您现在的境况，您觉得这是不是社会所造成的呢？为什么您会这么想呢？
4) 您觉得政府与其它的关怀年长的服务社在哪些方面改善您现在的境况？(有何提议？)

谢谢。
Appendix 5
访问乐龄人士之看护人的指导
(Interview Guide for the Caregivers in Chinese)

调查员：N. Jayanthi
采访兼翻译员：

此访问的宗旨是让您说出您自己的故事，并以此机会提出自己的看法——例如您怎样对待与为何那么对待您所看护的乐龄人士。您的回应可让我们更懂得新加坡关怀乐龄人士的管理政策。

个人资料
1) 姓名：
2) 出生日期/年龄：
3) 性别：
4) 种族：
5) 宗教：
6) 教育程度：
7) 收入（$0-499, $500-999, $1000-1499, $1500或以上）：
8) 地址：
9) 住家的类型与拥有权：
10) 就业状况 [就业，失业（退休，无就业经验或被裁退）]：

家庭背景
1) 婚姻状况：
2) 子女的数目（若有）：
3) 子女的住处：

4) 请形容您从早到晚的日常生活习惯与活动。
5) 您在家中扮演什么角色？
6) 您的费用包括了什么？您怎么分配您的收入？
7) 您所照顾的老年人，他的身体状况如何？他需要怎样的关怀与照顾？
8) 您照顾他已经多久了？您是自愿的吗？还是别人交托给您的？

9) 您对他有什么感受？为什么？

10) 当他的年纪越来越大时，您对他的有什么期望呢？为什么？

11) 他在家里有帮上忙吗？若有，请举例子。

12) 您在照顾他时有遇到什么困难呢？

13) 您是怎么应付那些困难呢？

14) 若您可选择，您还会照顾他吗？为什么？

15) 您认为照顾他是您的职责吗？为什么呢？

16) 这老人家有什么需要？那您怎么照顾到这一点呢？

17) 您曾想过改变他居住的安排吗？为什么？

18) 除了他以外，您还有照顾别人吗？

19) 在当这老年人之看护人的这些年里，您曾为他而牺牲过吗？在哪方面？

20) 在照顾他的当儿，您有得到外来的帮助吗？
   a) 是谁给予帮助？在哪方面呢？
   b) 您的兄弟姐妹有帮忙吗？

21) 您还有什么家庭以外的负担？

22) 您曾有感到无奈而对他大声喊叫，口头威胁或动手吗？在什么情况下呢？

23) 从您的角度去看，什么是虐待？什么是忽略呢？

24) 在新加坡，您觉得现在的社会怎么看待乐龄人士？

25) 您觉得政府与其它的关怀年长的服务社可在哪方面给予看护人一些协助呢？
Appendix 6

Participant Information Sheet (PIS) and Informed Consent Form (CF) for Participants with referrals from Age-care Services

Name of Principal Investigator : Jayanthi d/o Nagalingam
Designation/Department : Masters student (Research)/Sociology

TITLE OF STUDY: Elder Abuse and Neglect in Singapore

Participant Information Sheet

1. Purpose of Research:
a. This is an academic based research and this thesis seeks to examine the determinants, and definition of elder abuse and neglect in Singapore.

2. Research Procedures:
a. You will only be interviewed once for a minimum of an hour or a maximum of two hours. The Principal Investigator will start recruiting potential participants from beginning of September 2004. The Principal Investigator will obtain both verbal and written informed consent before each interview commences. The potential participant will be recruited via referrals from age-care services who have contact with the participant and whom will then with the participant's permission, refer him or her to the Principal Investigator. As a participant, you are encouraged to answer a series of questions asked from the interview guide.

b. Approximately 20 participants will be involved in this research.
3. **Who can Participate:**
   
a. Elderly aged 60 and above, either gender, from any of the four ethnic groups, whom have been subjected to some form of abuse and/or neglect are eligible to participate.

   b. This research will exclude those elderly whom are terminally ill and whom are not able to respond in any way.

4. **Possible Risks and Discomforts:**
   
a. One of the possible discomforts would be the emotional and mental stress that you may encounter upon relating your painful experiences. When such discomforts occur at any point of the interview, you have the full privilege to say so and the Principal Investigator will stop the entire interview session.

5. **Possible benefits:**
   
a. No monetary assistance/handouts will be given to you for your participation in this research. You will be presented with some foodstuffs (preferably a packet/tin of biscuits) as a token of appreciation for your participation.

6. **Confidentiality:**
   
a. All data collected, including your name, will remain completely confidential. You will be ensured and made aware of your right to anonymity, confidentiality and privacy. You have the full freedom to withdraw at any time. Permission will be sought from you for recording the interviews, even before each interview begins. All transcriptions will be kept under lock and key, and will only be accessible to
the Principal Investigator. All tapes will be erased at the end of the whole research. Data may be used in scientific and academic reports/studies in a manner that does not reveal your identity.

7. **Contacts for Questions or Problems:**

a. If you have any questions about the research before, during, or after the interview is completed, please direct the questions to the Principal Investigator:

   Name: N.Jayanthi       Tel No: 97412417.

Or to the Principal Investigator's Supervisor:

   Name: Dr Angelique Chan     Tel No: 6874 5027.

8. **Withdrawal from Research:**

a. Your participation in this research is entirely voluntary. Your refusal to participate or your intention to discontinue participation in this research at any point of time will involve no penalty or loss of benefits to which you are otherwise entitled to in the Home/Centre/Organization that you are currently residing. If you decide to take part in this research and later wish to discontinue, you could do so at any time, without giving a reason.

b. Your participation in this research can be terminated by the Principal Investigator without regard to your consent in certain unforeseen circumstances only.
9. **Reimbursements/ Costs involved in Study:**

a. No reimbursements or anticipated prorated payment (payment for time, transport) will be paid to you as a result of your participation in this research.
Consent form

"This study has been explained to me in __________________ (language) on ____________ (date) by _______________________________ (name of Translator)."

I have completely read and understood the above "Participant Information Sheet." I have become sufficiently familiar with it to give my informed consent. I understand that I will be given a copy of the participant information sheet and consent form.

____________________________________________________
Name of Participant or Guardian giving Consent
Signature/Date

____________________________________________________
Name of Principal Investigator obtaining Consent
Signature/Date

____________________________________________________
Name of Independent Witness
Signature/Date
Appendix 7
Acknowledgement Letter

This is to acknowledge that I have received Ms Jayanthi d/o Nagalingam's, a Masters (research) student at the Department of Sociology at the National University of Singapore letter on request for interviews for her academic thesis entitled "Elder Abuse and Neglect in Singapore". I am clearly aware of the objectives of her research and I am, therefore pleased to render my support for her research by allowing her to interview the elderly residents or the social worker/counselor in my Home/Centre/Organization. I am assured that Ms Jayanthi's research will adhere to the highest possible standards of conduct. I hope that our participation in this research will make a concerted contribution to our Nation's aim to be a caring society.

Thank you.

Sincerely

Name/Date : __________________________________________
Home/Centre/Organization: __________________________________________
Appendix 8

FIGURE 3.1 Framework of Age-Care Services

SPECTRUM OF AGE-CARE SERVICES IN SINGAPORE

MINISTRY OF HEALTH (MOH)

MINISTRY OF COMMUNITY DEVELOPMENT YOUTH AND SPORTS (MCYS)

Elderly Division

Policy

Family & Child Protection & Welfare Branch

Networks with the Police, Hospitals & all Service-Providers.

Case-Management Services

Social Daycare Centres for Senior Citizens

SHELTERED HOMES FOR THE AGED

Case-Management Services

Working at the Ground level

Day Rehabilitation Centres (including Senior Citizens Health Care Centres)

Day Care Centres for Senior Citizens with Dementia

Home Nursing/Medical Services

Nursing Homes

Home Help Services

Medical Social Workers

4 Geriatric Hospitals

Alexandra Hospital

Tan Tock Seng Hospital

Ang Mo Kio Community Hospital

Changi General Hospital

Voluntary Welfare Organizations (VWOs)

Tsao Foundation

SAGE

Hua Mei Mobile Clinic