ELDER ABUSE AND CAREGIVER BURNOUT
SCOPE

• Aging Population and the Demand for Caregiving
• Elder abuse in Singapore
• Elder Abuse as a ‘Sentinel Event’ of care breakdown
• Challenges to Elder Abuse Management
AGING POPULATION AND THE DEMAND FOR CAREGIVING
SINGAPORE IS AN AGEING SOCIETY

PROPORTION OF SINGAPOREANS AGED 65 AND ABOVE INCREASES WITH THE YEARS

<table>
<thead>
<tr>
<th>Year</th>
<th>1970</th>
<th>2015</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio</td>
<td>1/31</td>
<td>1/8</td>
<td>1/4</td>
</tr>
<tr>
<td>Absolute Numbers</td>
<td>440,000</td>
<td>900,000</td>
<td></td>
</tr>
</tbody>
</table>

Source: MOH & Report on Ageing Population
OF THE 900000 SENIORS ABOVE AGE 65 IN 2030...

87% Healthy and Independent

3% need assistive device

8% need walking aid

1% mobile with assistance

1% bedridden

• Prevalence of Dementia in ≥60 = 10% (Subramaniam et al 2015)

• Median duration of severe disability = 4 years (MOH, 2018)

• 3 in 10 severely disabled for 10 years or more (MOH, 2018)
SHRINKING FAMILY AND SOCIAL ISOLATION

1. Total Fertility Rate is 1.16 (Dept of Statistics, Singapore)

2. Of the older adults 65 years or older, about 20% live alone; 29% live with a friend, a kin or an unrelated person. (Hock et al, National Survey of Senior Citizens 2011. MSF 2013)

3. Prevalence of social Isolation in > 50% (ComSA@Whampoa Community Survey 2014)

4. 1 in 5 households hire a foreign domestic worker to care for the young and/or the old (MOM, 2010)
CAREGIVERS

MANY DEFINITIONS, SOME KEYWORDS:

• Usually unpaid and usually family.
• However, in Singapore, many families hire Foreign Domestic Workers as Caregivers
• Care recipients tend to be dependent in IADL or ADL, or are vulnerable
• Caregiving activities can be instrumental, emotional, financial and informational.
• Not the same as parenting.
• Narrower definitions allow academic studies on the impact while broader definition facilitates more responsive clinical practice (American Psychological Association www.apa.org)
ELDER ABUSE IN SINGAPORE
DEFINITION

“Any action or lack of action by a person or caregiver in a position of trust, which puts the health or wellbeing of an elderly person at risk.”

MSF, 2017

three key elements in EA:
1) a relationship of trust between the older person and the abuser; and
2) act(s) of commission or omission that
3) may harm or actually harm(s) the older person.
PREVALENCE OF ELDER ABUSE

• Self Report:
  • 0.03% reported physical abuse at TTSH ED over 2.5 years from May 1994 (Cham and Seow, 2000)
  • 194, 181, 186 and 170 cases of elder abuse reported to MSF in the years 2004, 2005, 2006 and 2007 respectively (MoS, MCYS Mrs Yu-Foo YS, verbal answers in Parliament (Singapore Parliamentary Debates, Official Report, 83, col. 215 (10 April 2007))

• Active Screening
  • 32 out 448 (7%) possible EA among TOUCH and HMMC home care clients (Ong and Ng, Unpublished 2004)
  • 42 cases of suspected EA over 31 145 (0.13%) elderly patients seen in TTSH A&E over 12 month from Jun 2005 based on active screen (Phua et al, 2008)
  • CFAA Survey in Whampoa 2014 - 3% (ComSA@Whampoa, Unpublished 2014)
HOME CARE PATIENTS OF TOUCH AND HUA MEI MOBILE CLINIC 2001-03 (N=32)

Incidences of types of EA (home care)

- Many cases were victims of more than 1 type, e.g. suffering from both verbal abuse and neglect; physical abuse and psychological abuse
HOME CARE PATIENTS OF TOUCH AND HUA MEI MOBILE CLINIC 2001-03 (N=32)

VICTIMS’ HEALTH PROFILE (HOME CARE)

Comparison of Diagnoses between Victims and the Typical Patients

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Victims of EA, n=32</th>
<th>Usual patients, n=198</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>55.0%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Dementia</td>
<td>28.1%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Depression</td>
<td>18.7%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Fracture</td>
<td>15.6%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>12.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Degenerative bone disease</td>
<td>7.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>COPD/Asthma</td>
<td>5.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>3.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>ESRF</td>
<td>1.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>0.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Others</td>
<td>0.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

OR | 3.1 | 2.7 | 1.6 | 3.9

95% CI | 1.4-6.6 | 1.2-5.8 | 0.7-3.6 | 1.07-14

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Comparison of Functional Status between Victims and Usual Patients

- able to perform 3 or less (out of 6) ADLs
- able to perform 4 or more (out of 6) ADLs

<table>
<thead>
<tr>
<th>OR</th>
<th>2.24</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% CI</td>
<td>1.05 – 4.8</td>
</tr>
</tbody>
</table>
INCIDENCE OF EA DETECTED AT TTSH ED 2005 – 06 (N = 42)

• INCIDENCE OF Types of Abuse detected

• Physical 27
• Neglect 25
• Psychological 6
• Financial 2
• Abandonment 1
• Self-neglect 1
• Sexual 0

• *13 victims had more than one type of suspected mistreatment.

• Phua et al “Epidemiology of suspected elderly mistreatment in Singapore” Singapore Med J 2008; 49 (10) : 765O
INCIDENCE OF EA DETECTED AT TTSH ED 2005 – 06 (N = 42)

• Victims profile

Table II. Comparison of victims of suspected neglect and physical mistreatment.

<table>
<thead>
<tr>
<th>Neglect</th>
<th>Physical mistreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>1</td>
</tr>
<tr>
<td>Walking aid</td>
<td>3</td>
</tr>
<tr>
<td>Wheelchair-bound</td>
<td>0</td>
</tr>
<tr>
<td>Bedbound</td>
<td>21</td>
</tr>
<tr>
<td>Care requirement</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Soro</td>
<td>3</td>
</tr>
<tr>
<td>Maximal</td>
<td>13</td>
</tr>
<tr>
<td>Cognition</td>
<td></td>
</tr>
<tr>
<td>Oriented</td>
<td>3</td>
</tr>
<tr>
<td>Confused</td>
<td>14</td>
</tr>
<tr>
<td>Uncommunicative</td>
<td>7</td>
</tr>
<tr>
<td>Ability to make informed decisions</td>
<td></td>
</tr>
<tr>
<td>All decisions</td>
<td>2</td>
</tr>
<tr>
<td>Some decisions</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>10</td>
</tr>
</tbody>
</table>

Five victims had both suspected neglect and physical mistreatment; they have been counted as one in each category.
Numbers do not add up to the total number of suspected victims as some patients have incomplete data sets.

The mean age of the suspected victims ranged from 65 to 107 years. Their average age was 78.8 years. Most of the suspected victims (80.9%) were older than 70 years of age.

Only ten suspected victims were 70 years of age and below (Fig. 1). Of these suspected victims, 3 were female and 2 male. Suspected male victims were much younger in comparison to suspected female victims (average ages of males and females were respectively 76.5 years and...
ANALYSIS OF TRANS SAFE CENTRE SUBSTANTIATED CASES

• Descriptive analysis of 89 cases referred to TRANS SAFE centre

• Descriptive analysis of 89 cases reported to TRANS SAFE Centre
  • 48.3% were incidence of physical abuse,
  • 31.0% neglect,
  • 12.6% psychological abuse,
  • 8.0% financial abuse and
  • 6.9% abandonment.

• Nearly half of them reported abuse by sons (48.8%), followed by daughter (28.0%), spouse (18.3%) and daughter-in-law (14.6%).
  • Chan, 2011

• 2014 review of 93 cases seen at TRANS Centre between 2009 and 2012,
  • Majority of victims were women (78.5%)
  • mean age of 73 years old,
  • a substantial proportion of whom are frail with cognitively impairment (20%).
    • Chan, Ho and Tan 2014
ELDER ABUSE AS A ‘SENTINEL EVENT’ FOR CARE BREAKDOWN
PERPETRATORS (HOME CARE)

• There were 36 suspect abusers out of the 32 cases of EA.
  • 5 had more than 1 abusers, e.g. a daughter and a son-in-law who left their elderly parent in a neglected state; a victim’s wife and son withheld appropriate medical care.
  • 17 were identified as main caregivers
  • Majority of the abusers were children (18), followed by spouses (8).
  • 3 were FDW. 3 Children-in-law. 2 flat mates. 1 other relative.
  • 4 abusers among the 36 had history of mental illness:
    • A grandson with mental illness,
    • A wife with depression,
    • 2 children who were mentally deficient
  • 1 abuser had a history of alcoholism
• Perpetrators (TTSH ED)

• 23 were family members: 14 sons, 4 daughters, 2 children (?s or d), 3 spouses

• 1 FDW

• 2 NH staff

• 2 flat mates

• 1 family reported to be in crisis

• 6 family reported ‘deviant behavior’ in the victim, “overly demanding, spitting them, being suspicious and critical.”

• The FDW reported having top take care of 2 elderly with 1 having recent change in sleep pattern
• Trans safe centre 2005 report: assessment for cause of EA

<table>
<thead>
<tr>
<th>Assessment of Abuse</th>
<th>No. of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiving Issues</td>
<td>21</td>
<td>37%</td>
</tr>
<tr>
<td>Family Violence</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Strained Relationship</td>
<td>32</td>
<td>56%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>100%</td>
</tr>
</tbody>
</table>
7.2. Results

A caregiver’s negative reaction to caregiving has been identified as the leading factor in predicting depressive symptoms among caregivers. Other factors associated with lower negative reaction to caregiving are greater functional ability of care recipients (higher ADL)

Figure 8. Path Analysis of Caregiver Depressive Symptoms
Source: Malhotra, Malhotra, Matchar, Ostbye, Chan, 2012
COMMON CHALLENGES

It is difficult to establish Elder Mistreatment because:

- Prevalence of cognitive and communication deficit
- Denial and shame prevents admission
- Physical signs of abuse frequently confounded with underlying medical conditions

It is difficult to manage Elder Mistreatment because:

- Most victims will not ‘report’.
- Confirmation is frequently impossible, labeling can be destructive for the professional care relationship
- Abuser is frequently the caregiver
- Multi-disciplinary approach can be difficult to coordinate
- Victims may decline intervention
- Intervention could mean institutionalization
ETHICAL ISSUES

1. Elders with mental capacity but poor judgment, e.g. dementia, chooses to remain in high risk situation, or decline best-interest intervention with/without caregiver (e.g. E, SWG, LKK)

2. Suspicion of abuse by caregiver - risk unclear, unlikely to cause serious morbidity or mortality, may be continuation of habitual interactions in the family - in elders with no capacity. Should they be segregated or not? (e.g. Mdm L)