For discussion
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LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES

An Update on Support for Vulnerable Elders

PURPOSE

At its meeting held on 13 May 2002, Members discussed the Administration's strategies and programmes/services to provide support for vulnerable elders vide Paper No. CB(2)1791/01-02(08). This paper updates Members on recent developments.

UPDATED STATISTICS

2. With the joint efforts of both government and non-governmental organizations (NGOs) in providing different services/programmes for suicide prevention and intervention, the elderly suicide rate has decreased. According to the statistics provided by the Coroner's Court, in 2002, the number of elderly suicide deaths (aged 60 and above) has dropped by 11% as compared with 2001. A total of 241 elders were reported to have died of suicide in 2002 while the figure in 2001 was 270.

3. With the guidance and support of the Working Group on Suicide, the Administration has completed a review on the Centralized Statistical Information

System (CSIS) for Suicide Death and Attempted Suicide Cases in 2002. In order to extend the scope of the statistical information and facilitate data analyses, the Administration has developed a more sophisticated system and put in place a new Central Suicide Information System with effect from 1 January 2003. In 2002, the following involving elders aged 60 and above were recorded in the CSIS: 157 reports of suicide deaths and 185 reports of attempted suicide cases. The sex and age of the elderly cases are tabulated at Annex I.

4. Since we have yet to set up an elder abuse registry to collect information on elder abuse cases, currently the overall statistics known to all related service units are not available. Nevertheless, from April 2001 to end of April 2003, a total of 161 elder abuse cases were handled by two NGOs under the two three-year Pilot Projects on Prevention and Handling of Elder Abuse.

PROGRESS ON GENERAL PREVENTION STRATEGIES

5. In order to reduce the vulnerability of elders to abuse and suicide, continuous efforts have been made to enable them to remain active and productive, enhance their resilience and improve their quality of life. In this connection, following the re-engineering of community support services for elders since April 2003, District Elderly Community Centres (DECCs) have strengthened their services on prevention, support and remedy of elder abuse and elder suicide which include educational and developmental groups/activities/programmes, outreaching to hard-to-reach elders, brief counselling for individual elders and their carers, carer support service, intensive counselling and case management for more complicated cases such as crisis management, suspected elder abuse or neglect, depression, suicide, etc. Besides, Neighbourhood Elderly Community Centres (NECs) provide a range of comprehensive services including educational programmes, outreaching, social networking, counselling services and carer support service, etc. Moreover, the newly

formed Integrated Home Care Services Teams (totally 141 teams with 138 being upgraded from previous Home Help Teams) have included carer support service as part and parcel of their service components since April 2003 which helps to prevent elder abuse and elder suicide by relieving the pressure on the carers of elders.

6. In support of the enhanced functions of the community support services, the Department of Health has strengthened its professional support to DECCs and NECs. A seminar on health promotion was organised by the Elderly Health Services (EHS) on 7 April 2003 for staff of the welfare sector so as to facilitate intersectoral collaboration and sharing of experience in promoting the health of elders. To enable DECCs and NECs to identify high risk elders and develop intervention programmes that are tailored to the elders' needs, a computer based risk-assessment tool has been developed by EHS and is currently being piloted at several NECs and DECCs. Professional support to carers is also enhanced through the production of various health education resources. For example, a video/VCD on the effective techniques of communication with elders has been produced, and a resource book written by clinical psychologists will also be published to enable carers to better understand the psychosocial needs of elders.

7. To sustain the momentum of promoting the sense of worthiness among elders, the Social Welfare Department has allocated a recurrent funding of $4.1 million through redeployment of resources to implement the Opportunities for the Elderly Project on a regular basis since April 2003 after implementing the project for four years under the funding support of the Lotteries Fund.

8. The Healthy Ageing Campaign under the Elderly Commission has also continued to promote public awareness on the importance of healthy ageing. Under the Community Partnership Scheme, a total of 52 projects have been supported so far at a total sum of $9.1 million. The projects would serve a total of about 200,000 participants. Besides, the Arts Promotion Programme for Elders has also been

launched since early 2003 with funding support of $1.8 million from the Hong Kong Jockey Club Charities Trust (HKJCCT) to promote arts to elders in the community.

SPECIAL PROJECTS/PROGRAMMES ON ELDERLY SUICIDE AND ELDER ABUSE

Live Life – Joint Project on Prevention of Elderly Suicide

9. This three-year project implemented by SWD, the Hong Kong Council of Social Service and the Hong Kong Psychogeriatric Association since mid 2001 has been carried out smoothly except that the Asia Pacific Regional Conference on Prevention of Elderly Suicide, originally scheduled for May 2003, has been postponed to March 2004 owing to the outbreak of SARS.

10. A total of 46 district-based Community Education Programmes on elderly suicide prevention were conducted from March to December 2002 with subsidies amounting to $0.75 million. The participants generally found the programmes/activities useful in enhancing their understanding of elder suicide and facilitating early identification of suicidal risks among elders. Besides, 13 episodes of radio programmes on promoting healthy ageing and prevention of elderly suicide have been broadcast by the Radio Television Hong Kong since 8 May 2002. A total of 95 calls in need of support and counselling were received and handled during and after the broadcasting of the programmes. In view of the satisfactory response from the public, a CD for these 13 programmes has been produced for distribution to agencies operating elderly service as well as the medical sector.

11. Under the operation of the three-tier Coordinated Model, a territory-wide hotline for elders is provided and 413 calls to the hotline have been handled from 28 December 2001 to 31 March 2003. During the same period, a total of 32 elders in

Sha Tin and Tai Po districts have received intensive counselling from social service units and 58 elders have attended psycho-geriatric treatment at the Life Clinic at the Prince of Wales Hospital.

Elderly Suicide Prevention Programme (ESPP)

12. The ESPP has been launched by the Hospital Authority (HA) since October 2002 with estimated annual expenditure of about $24 million. Five Elderly Suicide Prevention Teams have been set up at Castle Peak Hospital, Kwai Chung Hospital, Pamela Youde Nethersole Hospital, North District Hospital and Kowloon Hospital in 2002-03, and two more teams at Queen Mary Hospital and United Christian Hospital will be set up in 2003-04. To facilitate the implementation of the programme, HA has set up five Regional Committees to develop networks within the region and strengthen regional coordination for the project. The Regional Committee is composed of members from the heath and welfare sectors, including HA, SWD and NGOs. In 2002-03, the fast track clinics operated under the programme recorded a total of about 1,063 attendances.

Pilot Projects on Prevention and Handling of Elder Abuse

13. The Haven of Hope Christian Service and Caritas – Hong Kong continues to provide community education, volunteer training and direct services including hotline, outreaching services, counselling services and support groups, etc. under two three-year pilot projects on prevention and handling of elder abuse implemented since April 2001. From April 2001 to end of April 2003, a total of 161 elder abuse cases were handled (the nature of these cases is tabulated at Annex II) and 145 group sessions were conducted. Besides, 511 community education programmes were organized and over 36 sets of resource/training materials have also been developed for the reference of the public as well as helping professionals. Moreover, 709 trained

volunteers have participated in visiting services/programmes.

14. The major difficulty encountered by the two NGOs in operating the project lay in the elders' resistance to social workers' intervention. Apart from the 161 elder abuse cases mentioned in paragraph 13 above, 101 elders are suspected to be suffering from elder abuse but they are reluctant to accept the workers' further exploration into their situation and assistance because they feel shameful about the problem and fear that their relationship problem with their family members will be further aggravated after being made known to outsiders. Nevertheless, the two NGOs will make further effort to motivate them to receive service.

15. To make good use of and sustain the experience acquired in the projects, the two NGOs, apart from conducting training programmes, have developed different resource/training materials including newsletter articles, training kits, etc. for sharing knowledge and skills in addressing the problem of elder abuse with the helping professionals. They have also participated in a working group set up by the Family Life Education Resource Centre of SWD to assist in producing family life education resources on elder abuse. Moreover, they will explore the possibility of developing operational model for providing integrated services relating to elder abuse in DECC.

Project on Elder Abuse Research and Protocol (EARP)

16. This two-year project, named EARP, has been implemented by the Hong Kong Christian Service (HKCS) since February 2002 with a view to conducting a research and setting up an infra-structure to combat elder abuse. With the multi-professional advice and support provided by the Core Support Group comprising representatives from government departments, NGOs and Hospital Authority, HKCS has carried out different tasks as scheduled and the progress of the EARP in different aspects is delineated in the following paragraphs.

Research

17. To facilitate understanding of the phenomenon of elder abuse in Hong Kong, a research was conducted with the objectives to devise a social definition of elder abuse, investigate the prevalence of elder abuse in Hong Kong and collect data to identify the profile of known elder abuse cases. The research activities included literature review, focus group discussions, territory-wide telephone survey, face-to-face interviews and case studies. HKCS is now refining the research report based on the views of members of the Working Group on Elder Abuse (WGEA) and Lotteries Fund Advisory Committee (LFAC). The major findings and recommendations of the research are listed below:

(a) Social Definition

18. A total of 25 focus group sessions were organized under the categories of helping professionals, service providers, elders, carers and other related parties. Based on the focus group discussions, 18 situations were listed in a questionnaire adopted for collecting the views of the general public through a territory-wide telephone survey in which 3,248 telephone interviews were completed successfully. The respondents were invited to rate on a five-point scale - ‘absolutely’, ‘somewhat’, ‘not sure’, ‘no’ to ‘no opinion’, whether the following 18 situations should be considered as elder abuse:

(i) Injuring the body of an older person
(ii) Sexual assault
(iii) Abandoning an older person
(iv) Often shouting at or intimidating an older person
(v) Often gossiping about or humiliating an older person
(vi) Intruding into the privacy or injuring the self-esteem of an older person

(vii) Stopping an older person from contacting grandchildren/family members/friends

(viii) Cheating an older person out of money

(ix) Restricting an older person of the freedom of activities or access to some places

(x) Asking an older person to stay outside of home everyday

(xi) Coercing an older person to do something that he is unwilling to do

(xii) Taking the properties and belongings of an older person without his consent

(xiii) Not providing necessary medical care or health aids e.g. hearing aids

(xiv) Not paying attention to an older person for a long time or sons/daughters who live separately do not visit in long time

(xv) Sons/daughters/grandchildren do not provide basic living expenses to an older person

(xvi) Lack of care provided for the daily life of an elder person

(xvii) Sons/daughters/grandchildren do not provide suitable living places

(xviii) An old person's self-negligence and giving up on himself/herself

19. If the percentages of the responses of 'absolutely' and 'somewhat' are combined, the first 17 items were regarded by over 50% of the respondents as 'absolutely' or 'somewhat' elder abuse (Annex III). Nevertheless, where the provision of care is concerned i.e. items (xiv) – (xvii), a smaller percentage (55.6% - 63.6%) of the respondents would regard such as 'absolutely' or 'somewhat' elder abuse. On the other hand, there was general hesitation in regarding the situation of self-neglect i.e.'an old person's self-negligence or giving up on himself/herself' as elder abuse. Only 10% and 30.2% of the respondents gave the responses of 'absolutely' and 'somewhat' while 42.1% of the respondents answered 'no' and the remaining 17.7% answered 'not sure' and 'no opinion'.

20. It is impossible to use an exhaustive list of specific situations to canvass

the opinion of the general public on the meaning of elder abuse. Also taking into account the concern of some members of the WGEA and LFAC that too broad a definition of elder abuse without further qualification may create labeling effect which is not in the best interest of the elders, as well as the overseas experience and related professionals' views, HKCS has clustered the first 17 items into six types of elder abuse, namely, psychological abuse, physical abuse, sexual abuse, financial abuse, abandonment and neglect, but excluded 'self-neglect' in the social definition. Based on this, HKCS has further developed a working definition of elder abuse in the multi-disciplinary protocol mentioned in paragraphs 24 and 25 below. In this working definition, certain conditions are set (e.g. abandonment refers to those acts without justifiable reasons) and clear indicators (e.g. unexplained multiple bruises on different parts of the body, dehydration) are listed. The purpose is to help frontline workers to identify suspected elder abuse cases that warrant investigation and intervention. (For details, please refer to extracts from the draft protocol at Annex IV).

(b) Prevalence of Elder Abuse

21. HKCS has commissioned the Social Sciences Research Centre of the University of Hong Kong to conduct face-to-face interviews with 507 respondents aged 60 and above with the aim to understand their experience and perception towards elder abuse. According to the findings as shown in Annex V, out of 18 situations, 'sons or daughters who live separately seldom visit you' (item 1) is the one with the highest percentage (6.7%) of respondents reporting to have such experience in the previous year, while none of the respondents reported having experienced 'Your hearing aid is withheld. / You are not accompanied to the doctors or given any medicine when you are sick' (item 15), 'You are sexually assaulted' (item 16) and 'You are prohibited from staying at home in day time. And you are only allowed to be home late in the day.' (item 17) and 'You are prohibited from going outside. / Your freedom of activities at home is restricted.' (item 18).

(c) Characteristics of Victims and Abusers

22. A total of 20 elder abuse cases involving 22 victims (4 of them are couples) were studied with the aim to understand the experience/characteristics of the victims/abusers, abusive behaviour and the intervention rendered by the professionals. Psychological and physical abuse are found to be the more common types of abuse among these cases. Financial abuse, sexual abuse and neglect are also identified. Most of the abusers are the sons and daughters-in-law of the abused. Some of the abusers are dependent on the victims either financially or in daily living and the abusers are usually the ones whom the victims care very much about. Many of the victims feel shameful to reveal their situation and show hesitation to change their relationship with the abusers. The abusers' uncooperative attitude is another common problem faced by social workers in the helping process.

(d) Recommendations

23. Regarding measures to combat elder abuse, HKCS has recommended to adopt a family approach in understanding and tackling elder abuse cases instead of focusing on either the victims or the abusers. Multi-level and multi-disciplinary intervention is also advocated to protect the interest of the elders. Besides, HKCS has pointed out the importance of community education and empowerment of the elders as means to promote public awareness of elder abuse, encourage the reporting of suspected elder abuse cases, motivate the elders and their family members to seek help as early as possible, and educate the elders to protect themselves. Other researches to enhance the understanding of elder abuse in institutions, abuse of mentally incapacitated elder persons, etc. are also recommended.

Multi-professional Protocol and Elder Abuse Registry

24. HKCS has developed a multi-disciplinary protocol and designed the data input form for the computerized registry after consulting concerned government departments, social service agencies and related professionals. The protocol covers the working definition of elder abuse, physical, behavioural and environmental indicators of elder abuse, best practice and guidelines/procedures for related disciplines in handling different types of elder abuse cases, information on the elder abuse registry and a list of community services available for elders and their carers. Upon the advice of members of the WGEA, HKCS has strengthened the guidelines on institutional abuse and multi-disciplinary case conference (MDCC) on suspected elder abuse cases. While guidelines on identification of elder abuse and handling of suspected elder abuse cases by frontline workers in relevant sectors such as welfare units, HA (including Accident and Emergency Department and Community Geriatric Assessment Team) and the Police are provided in different chapters, there is an additional chapter on the procedures of handling suspected elder abuse incidents occurring in organizations such as residential care homes for the elderly, home care services units and hospitals. In this chapter, the reporting mechanism and workflow are stipulated with specification that the related monitoring bodies (e.g. Licensing Office of Residential Care Homes for the Elderly and Service Performance Section of SWD, Public Complaint Management Officer of HA) should also be alerted of such incidents. The procedures for arranging MDCC are also set out in the protocol. However, as there are diversified views as to whether MDCC should be conducted for every suspected elder abuse case, the arrangement of MDCC will be further examined with the experience gained in the pilot run of the protocol mentioned in paragraph 25 below. In the pilot run, the participating units are requested to conduct a MDCC for each suspected elder abuse case.

25. To ensure the applicability of the protocol, a six-month pilot run has been conducted since end of January 2003 with the participation of 64 units from welfare

sector, hospitals, clinics, police stations and housing estate offices in Sham Shui Po, Kwai Tsing and Tsuen Wan districts. The protocol will be further refined upon the completion of the pilot run to improve their user friendliness and to better suit the needs of the frontline professionals.

26. The data input form for the elder abuse registry designed by HKCS has been endorsed by the WGEA. Action is underway to select a tenderer for the development of the computerized programme of the elder abuse registry. The whole system which is named "Central Information System on Elder Abuse Cases" will be transferred to SWD for administration after being developed, probably at the end of 2003. It is expected to start operation in 2004. The information captured by the system will include the types of abuse, general characteristics of the victims and abusers (e.g. age, sex, source of income/occupation), relationship between the victims and abusers, etc.

27. Around the end of 2003, relevant training programmes for various professionals will be arranged to share the research findings and prepare for full implementation of the protocol.

OTHER RELATED PROJECTS/PROGRAMMES

The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP)

28. The Administration has supported a three-year grant of $12 million under the Chief Executive's Community Project List for the University of Hong Kong to set up the CSRP. The CSRP has commenced operation since 1 October 2002 under which a surveillance and monitoring system will be set up while evidence-based researches on various forms of suicide will be conducted. The CSRP is now

preparing working proposals on prevalence study of suicide risk among the general population (including the elders) in Hong Kong.

29. With the support from the Administration, the CSRP has also received a three-year funding support (October 2002 - September 2005) of $10 million from HKJCCT for the production of resources (including the e-learning web-site, audio-visual kits and training manuals) and training programmes/seminars to frontline professionals and the general public. One of the topics of the training audiovisual aids is on working with suicidal elders.

Suicide Crisis Intervention Centre (SCIC)

30. With a grant of $10.6 million from the Lotteries Fund, the SCIC, formerly known as Suicidal Crisis Centre, has been operated by the Samaritan Befrienders Hong Kong (SBHK) on a three-year pilot project basis since March 2002 to provide round-the-clock outreaching and intensive crisis intervention services to persons who are in crisis situation and at high/moderate suicidal risks, including the elders. Upon full operation in September 2002, the SCIC receives referrals from welfare units, medical settings and the Police. As at end of March 2003, a total of 350 cases in need of intensive counselling were handled, of which 12 cases (3%) were persons aged 60 or above.

Life Education Centre (LEC)

31. The SBHK has also set up a LEC (formerly known as Suicide Prevention Education and Resource Centre) on a three-year pilot basis in May 2002. The LEC aims at promoting life education to the general public and training up community gatekeepers to take an effective suicide watch in the community. As at end of March

2003, the LEC has arranged 45 talks/mass programmes for 15,287 participants to promote positive life value among them and enhance their awareness on suicidal problem. Among these, about 500 elders attended two programmes particularly targeted at elders. Besides, a total of 28 life ambassadors have been trained to watch out for persons with suicidal risk in the community and carry out mass programmes in promoting people's resilience. Although there is no elder trained as life ambassador, the life ambassadors will serve elders with suicidal risk by paying friendly visits or conducting mass programmes for them. Together with the SBHK's hotline and the SCIC, a three-pronged approach has been adopted to tackle the problem of suicide.

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SUPPORT FOR FAMILIES

32. Some of the achievements made under the three-pronged approach to provide a continuum of preventive, supportive and specialized services at primary, secondary and tertiary levels to prevent family problems (including elder suicide and elder abuse) and to deal with these problems when they arise are reported below.

Publicity and Community Education

33. To enhance public awareness on the importance of prevention and seeking timely and early assistance, and to instill the concept of family care as a source of support in meeting life challenges, a publicity campaign entitled "Strengthening Families and Combating Violence" under the steer of a Working Group convened by SWD and comprising the representatives from Information Services Department and NGOs has been launched since August 2002. Focusing on the four themes, namely, elder abuse, child abuse, spouse battering, sexual violence, and a general theme on 'strengthening families and combating violence', territory-wide slogan and poster competitions were organized. Selected messages and artwork of the winning entries of the two competitions, as well as information on the related services units are used

in the production of publicity materials such as plywood boards, banners and posters which are widely displayed at the roadsides, public housing estates, market places, ferry pier, MTR, KCR and LRT stations with the assistance of Lands Department, Housing Department and Food and Environmental Hygiene Department, etc. The winning entries of the slogan and the poster competitions, together with the winners' remarks, were also compiled for the publication of an 'Award Book' for distribution to the concerned government departments, NGOs and the public in April 2003.

34. To encourage victims of elder abuse to seek assistance, the Working Group has commissioned a production company to produce a Television Announcement of Public Interest (TVAPI) on elder abuse. The TVAPI has been broadcast in the TV channels since 13 January 2003. Besides, in joined-venture with Metro Broadcast, a series of radio programmes adhering to the themes of 'Strengthening Families and Combating Violence' have been produced. Representatives of the two pilot projects on 'Prevention and Handling of Elder Abuse' and 'Joint Project on Prevention of Elderly Suicide', together with the concerned staff of SWD, attended the radio series of 「家庭事務所」in Metro Finance on 17 January 2003 and 14 March 2003 respectively to introduce the services and recent development on elder abuse and elderly suicide.

35. Aiming at promoting 'peer counselling' in the community through people who have successfully overcome their adversity, the activity on "In Search of Resilient Family Ambassadors" has been launched in December 2002. As the victims of elder abuse are not ready to share their experience with others, only one nomination in this group has been received. Further effort will be made to identify suitable cases who are ready to share with others their positive experience in overcoming adversity.

Improved Accessibility to Services

36. To facilitate the needy in seeking early assistance to prevent deterioration of their emotional/family problems or suicidal attempts, the Family Crisis Support Centre (FCSC) and the SBHK have enhanced their hotline services with the provision of additional funding or through deployment of staff. Besides, SWD is lining up the dedicated suicide prevention agencies to devise plans in strengthening volunteers training in support of the hotline services.

37. To promote the service users' accessibility to services, the 15 pilot Integrated Family Service Centres (IFSCs) and some of the family services centres have also extended their service hours to make services available in weekday evenings, Saturday afternoons/evenings or Sundays. Besides, the medical social services units operated by SWD at six major hospitals with Accident and Emergency Departments namely Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Tuen Mun Hospital, Princess Margaret Hospital and Prince of Wales Hospital have also extended their service hours to 8:00 p.m. (on weekdays) and 3:00 p.m. (on Saturdays) starting from 1 April 2003.

Temporary Shelters

38. Temporary accommodation is available for elders capable of self-care and at risk of abuse or in crisis situations either at the FCSC or the four refuge centers for women. From March 2002 to March 2003, a total of 39 elders aged 60 or above, including eight victims of abuse, have been admitted to the FCSC. On the other hand, 18 abused elders have stayed in the refuge centres for women in 2002-03. Apart from these shelters, designated residential care homes for elders including homes for the aged, care-and-attention homes and nursing homes also provide a total of 145 emergency placements for the needy elders, including those being victims of abuse.

TRAINING FOR PROFESSIONALS AND NON-PROFESSIONALS

39. SWD has organized various training programmes relating to elder suicide and elder abuse for the professionals and non-professionals in 2002-03. A package of focused training was provided for 345 social workers to enhance their assessment and intervention skills in handling suicide cases. Besides, the detection of elders with suicidal tendency is one of the subjects covered in the Multi-skilled Training Course for Care Staff Working with the Elders. Moreover, a similar topic is incorporated into the training content of the Health Worker Training Course with a view to equipping the health workers in residential care homes for the elderly with relevant knowledge and skills in detecting and handling elders with depression and suicidal tendency. SWD has also invited local and overseas trainers to conduct a total of 11 training programmes which were attended by over 400 professionals and 400 non-professionals (including personal care workers and home helpers) respectively in handling and prevention of abuse and neglect of elders.

40. Apart from the training programmes provided by SWD, training was also made available to concerned parties under different projects. For instance, under the Joint Project on Prevention of Elderly Suicide, the psychogeriatric specialist has provided training to social workers and general physicians on the identification of suicidal risk and related management. As at the end of March 2003, 97 counselors/social workers and 750 general practitioners were trained. Training of general practitioners is particularly important in the early recognition of suicide-related conditions for vulnerable elders as pointed out in previous studies. In view that home helpers are often in contact with single/vulnerable elders, training for home helpers has been organized to facilitate early identification of the elders with suicidal risk. Up to March 2003, a total of 254 home helpers have been trained. Besides, 27 training sessions were also arranged for 1,295 volunteers. Moreover, under the

Elderly Suicide Prevention Programme, HA organized 52 educational programmes for general practitioners and health care workers and around 3,142 participants attended the talks on depression and elderly suicide in 2002-03. On the other hand, the two NGOs operating the Pilot Projects on Prevention and Handling of Elder Abuse have also provided training and resources on different topics relating to elder abuse to frontline professionals as mentioned in paragraph 15 above.

WAY FORWARD

41. While different community services are in place to provide support for the elders and their carers, the pilot projects targeted at elder suicide and elder abuse have served to supplement these existing community services by their focused activities on prevention and intervention. Moreover, with the valuable experiences gained and the infra-structure developed or being developed (e.g. information system to capture relevant statistics, multi-disciplinary protocol), we should be able to make further improvement in combating elder suicide and elder abuse by integrating what have been acquired in the projects with the existing services/mechanisms.

ADVICE SOUGHT

42. Members are invited to note the progress made on the programmes/services provided by different parties in line with the strategies of prevention, early identification and intervention.

Health, Welfare and Food Bureau / Social Welfare Department /
Department of Health / Hospital Authority
July 2003

Annex I

Central Suicide Information System (CSIS)
(January to December 2002)

Reports of Suicide Deaths and Attempted Suicide Cases
Involving Elderly Persons

Age	**Sex**	**No. of Suicide Death**	**No. of Attempted Suicide**	Total
60 - 64	**M**	22	22	44 (12.9%)
	F	12	13	25 (7.3%)
65 - 69	**M**	17	15	32 (9.4%)
	F	5	23	28 (8.2%)
70 - 74	**M**	20	17	37 (10.8%)
	F	18	18	36 (10.5%)
75 - 79	**M**	19	12	31 (9%)
	F	9	19	28 (8.2%)
80 –84	**M**	10	8	18 (5.3%)
	F	10	8	18 (5.3%)
85 or above	**M**	7	14	21 (6.1%)
	F	8	16	24 (7%)
Subtotal	**M**	**95**	**88**	**183 (53.5%)**
	F	**62**	**97**	**159 (46.5)**
Total		**157**	**185**	**342 (100%)**

The figures are based on reports made by government departments and service agencies including Social Welfare Department, Hospital Authority, Department of Health, Hong Kong Police Force and NGOs. Cases not reported by any of the departments / agencies are not recorded by the CSIS. Besides, duplicate entries of cases for 2002 are possible as the mechanism for eliminating duplicate entries was not yet in place then. With improvement made in the reporting mechanism and the computerized system, all double-counting of cases will be eliminated in the CSIS starting from 1 January 2003.

Elder Abuse Cases
Handled by Haven of Hope Christian Service and Caritas – Hong Kong
from April 2001 to April 2003

1. Type of Abuse

Type	No. of Case
Physical abuse	35 (21.7 %)
Psychological abuse	92 (57.1%)
Sexual abuse	6 (3.7 %)
Financial abuse	12 (7.5%)
Neglect	16 (9.9%)
Total :	161 (100%)

2. Sex of Victims

Sex	No. of Case
Male	47 (29.2%)
Female	114 (70.8%)
Total :	161 (100%)

3. Age of Victims

Age	No. of Case
60-64	8 (5%)
65-69	32 (19.9%)
70-74	32 (19.9%)
75-79	31 (19.3%)
80-84	34 (21.1%)
85-89	13 (8.0%)
90 and above	11 (6.8%)
Total :	161 (100%)

4. Sex of Abusers

Sex	No. of Case
Male	84 (52.2%)
Female	77 (47.8%)
Total :	161 (100%)

5. Age of Abusers

Age	No. of Case
Under 16	3 (1.9%)
16-29	6 (3.7%)
30-44	68 (42.2%)
45-59	37 (23%)
60-69	13 (8.1%)
70-79	27 (16.8%)
80 and above	7 (4.3%)
Total :	161 (100%)

6. Abusers' Relationship with Victims

Relationship	No. of Case
Spouse	38 (23.6%)
Parents	0 (0%)
Children	79 (49.1%)
Grandchildren	5 (3.1%)
In-law	36 (22.4%)
Relatives/Friends/Neighbours	1 (0.6%)
Unrelated	1 (0.6%)
Maids	0 (0%)
Others	1 * (0.6%)
Total :	161 (100%)

*Mistress of victim's husband

Annex III

Research on the Phenomenon of Elder Abuse in Hong Kong conducted by Hong Kong Christian Service
Percentage of Respondents Regarding the Situations as "Absolutely" or "Somewhat" as Elder Abuse

	Absolutely (%)	Somewhat (%)	Total (%)
i. Injuring the body of an older person	77.6	19.0	96.6
ii. Sexual assault	77.4	16.6	94.0
iii. Abandoning an older person	63.0	29.8	92.8
iv. Often shouting at or intimidating an older person	48.1	43.9	92.0
v. Often gossiping about or humiliating an older person	42.7	45.9	88.6
vi. Intruding into the privacy or injuring the self-esteem of an older person	33.9	47.6	81.5
vii. Stopping an older person from contacting grandchildren / family members / friends	39.3	42.1	81.4
viii. Cheating an older person out of money	44.1	36.1	80.2
ix. Restricting an older person of the freedom of activities or access to some places	33.6	45.3	78.9
x. Asking an older person to stay outside of home everyday	39.8	38.4	78.2
xi. Coercing an older person to do something that he is unwilling to do	34.3	41.7	76.0
xii. Taking the properties and belongings of an older person without his consent	32.9	38.1	71.0
xiii. Not providing necessary medical cares or health aids e.g. hearing aids	28.3	40.7	69.0
xiv. Not paying attention to an older person for a long time or sons / daughters who live separately do not visit in long time	24.6	39.0	63.6
xv. Sons / daughters / grandchildren do not provide basic living expenses to an older person	22.5	37.2	59.7
xvi. Lack of care provided for the daily life of an older person	19.1	39.5	58.6
xvii. Sons / daughters / grandchildren do not provide suitable living places	20.3	35.3	55.6
xviii. An old person's self-negligence or giving up on him/herself	10.0	30.2	40.2

Annex IV

Extracts from Protocol on Handling Elder Abuse Cases Drafted by Hong Kong Christian Service (to be refined upon completion of pilot run)

Chapter Four: Basic Knowledge on Elder Abuse

1. Definition of elder abuse

Everybody has the right to survival, freedom and personal safety. Anybody, including the elders, should not be treated with cruelty, inhumanity and insult. Based on the above beliefs, elder abuse is defined as follows:

> **Elder abuse refers to the commission or omission of any act that endangers the welfare or safety of the elders. The abusive act itself constitutes elder abuse, regardless of whether the elders considered themselves being abused. Elder abuse can occur within families, institutions or the community. An elder abuse act may occur once, repeatedly within a short period or for a long duration. On the other hand, acts that may cause harm to the elders, though not being committed intentionally, may constitute elder abuse. Abusers may be known or unknown to the elders.**

In this protocol elders are defined as persons aged 60 or above. <u>Cases covered in this protocol are confined to those involving elders and abusers being known to each other</u>.

The definition stated above does not have any legal binding, nor legal implications. It only serves as a reference for handling elder abuse cases.

2. Types of Elder Abuse

The Project on Elder Abuse Research and Protocol (EARP) has classified elder abuse into the following 6 categories, by drawing reference to overseas literature on elder abuse and the study on the problem of elder abuse in Hong Kong

conducted from April to August in 2002.

2.1 Physical abuse

Physical abuse is a physical injury or suffering to an elder, where there is a definite knowledge or a reasonable suspicion that the injury has been inflicted non-accidentally or knowingly not prevented;

2.2 Psychological abuse

Psychological abuse is the pattern of behaviour and attitudes towards an elder that endangers or impairs the elder's psychological health. It includes acts of spurning, scolding, isolating, terrorizing for a long duration, intruding into the elder's privacy and unnecessarily restricting the freedom of movement and access of the elder;

2.3 Neglect

Neglect is severe or persistent lack of attention to an elder's basic needs (such as adequate food, clothing, shelter, medical, nursing care) that endangers or impairs the elder's health or safety. Neglect also includes the lack of provision of medicine and auxiliary equipment according to medical advice, which causes physical harm to the elder.

If a formal service provider (e.g. District Elderly Community Centre, Integrated Home Care Services Team, etc.) fails to perform its caring responsibility and causes harm to the elder, it can also be considered as neglect;

2.4 Financial Abuse

Finance Abuse is any act which involves depriving an elder of his/her properties, or not acting in an elder's interests, including getting an elder's money, property or asset without his/her knowledge or consent (e.g. property, public housing tenancy, etc.);

2.5 Abandonment

Abandonment is the act of abandoning an elder without justifiable reasons committed by a carer or guardian, which endangers or impairs the elder physically or psychologically. For example, a family member purposefully leaves an elder suffering from senile dementia at a strange place, so that the elder cannot return home by himself/herself;

2.6 Sexual Abuse

Sexual abuse is the act of sexual assault on an elder (including exposure of sexual organ to an elder, indecent assault and rape).

4. Indicators of Elder Abuse

When elders are abused, they usually exhibit unusual behaviour, such as apprehension, withdrawal, in low mood, depression, becoming passive, or being absent from activities in which they used to participate. If workers encounter such situations, they should take the initiative to attend to the elders, and assess whether the elders have been abused.

The following is a list of indicators of elder abuse, including physical and behavioural indicators of the elders, bahvioural indicators of the abusers, and environmental indicators, to assist the workers in assessing whether the elders have been abused or not.

The following indicators are not evidence of elder abuse. However, if one, or especially more than one indicator appear, the concerned departmental/ unit staff should be alerted and should examine the possibility of elder abuse, and make a comprehensive assessment of the situation of the elders (including family background, supportive network, etc.) Besides, this list of indicators is not exhaustive and the same indicators may be identified under different categories of abuse. Hence, the list is for reference only.

4.1 **Indicators of Physical Abuse**

4.1.1 Physical Indicators of the Elder

a) Bruises

i. unexplained bruises on several surfaces of the body (e.g. trunk, limbs, etc.)

ii. bruises on the face, which do not appear to be caused by accidents

iii. bruises in cluster or patterns reflecting an object such as cane, belt, clothes hanger, hands or feet, etc.

iv. bruises on several surfaces of the body, which are of different colours, indicating injuries inflicted at different time points, or being in various stages of healing

v. repeated bruises over time

b) Fracture

i. sudden swollen or tender limbs caused by fractures or dislocation

of joints

ii. multiple injuries, in various stages of healing

iii. clinically unexplained fractures

c) Laceration

i. unexplained lacerations

ii. multiple scars of different ages

d) Internal Injuries

i. unexplained internal injuries

ii. unexplained swollen parts in brain

e) Burns/Scalds

i. cigars/cigarette/joss-stick burns, unlikely caused by accident

ii. burns/scalds around mouth caused by forced feeding of hot liquids/food

iii. burns/scalds at any part of the body

4.1.2 Behavioural Indicators of the Elder

a) unwilling to receive medical examination

b) unwilling to disclose information relating to the injury

c) repeatedly attribute the injury to own carelessness

d) delays in receiving medical treatment of the injury

e) seeks medical service from different doctors unusually

f) attempts suicide

4.1.3 Behavioural Indicators of the Abuser

a) seeks medical service for the elder from different doctors unusually

b) unwilling to disclose information relating to the injury of the elder

c) answers questions relating to the elder's injury purposefully and promptly for the elder

d) avoids or delays the arrangement of the elder to receive necessary medical treatment of the injury

4.1.4 Environmental Indicators

a) unusual restraint equipment kept in the living place of the elder, indicating that the elder may have received unnecessary and harmful restraints

4.2 **Indicators of Psychological Abuse**

4.2.1 Behavioural Indicators of the Elder

a) extremely passive
b) attempts suicide
c) depression
d) always extreme apprehension
e) afraid of the carer
f) avoid contacts with others
g) emotionally disturbed
h) hysteria

4.2.2 Behavioural Indicators of the Abuser

a) locks the elder at home
b) does not allow the elder to return home
c) extremely nagging and apathetic towards the elder
d) frequently scolds, spurs, blames and insults the elder
e) deprives the elder of privacy (e.g. force the elder to take bath together with others)
f) refrains the elder from participating in any activities/ family activities

4.2.3 Environmental Indicators

a) the elder is isolated at home, and is deprived of any facilities (e.g. depriving the elder of telephone, radio, etc.) for keep in touch with the outside world
b) the relationship of the elder and the carer is obviously distant or persistently poor

4.3 **Indicators of Neglect**

4.3.1 Physical Indicators of the Elder

a) serious loss of weight
b) dehydration
c) malnutrition
d) bed sores
e) frequent illness

4.3.2 Behavioural Indicators of the Elder

a) frequent dirtiness
b) wandering around for prolonged period without being accompanied
c) irregular pattern of taking meals
d) poor appetite being ignored

4.3.3 Behavioural Indicators of the Abuser

a) not providing elder with basic necessities
b) not providing elder with necessary medication / medical care
c) not providing elder with the necessary aids (e.g. glasses, sticks, denture, etc.)

4.3.4 Environmental Indicators

a) necessary safety measures or equipment not provided in the living place of the elder (e.g. handrail)
b) no basic facilities (e.g. fan, lamp, etc.) provided in the living place
c) unnecessary stuff gathered, blocking the exit in the living place

4.4 Indicators of Financial Abuse

4.4.1 Behavioural Indicators of the Elder

a) disclosing loss of money/ assets/ properties belonging to him/ her
b) inadequate resources to cover daily basic necessities (e.g. food, clothing, etc.),even though he/ she should be financially sufficient;
c) sudden transfer of bank accounts, properties, etc. to others.

4.4.2 Behavioural Indicators of the Abuser

a) demands or coerces the elder to open joint accounts
b) takes away the seal or identity documents of the elder
c) takes away the bank statements of the elder, so that he/ she does not know the movement of his/ her accounts
d) promises to take care of the elder suddenly and transfer all the assets of the elder to his/ her own account (or requests to transfer all the elder’s assets to his/her account)
e) demands or coerces the elder to hand over all his/ her personal documents such as identity card, passport, seal etc. to the abuser;
f) steals money, social security allowance and pension cheque of the elder

g) forges the signature on the elder's pension cheque or legal documents on behalf of the elder without his/her consent
h) inappropriate use of authorization documents or the rights/ responsibilities of trustees, e.g. coercing the elder to sign the above documents so as to control the property of the elder

4.4.3 Environmental Indicators

a) unusual transactions of the elder's bank accounts
b) sudden loss of personal valuable assets of the elder
c) the elder never receives bank statements;
d) the elder opens joint accounts suddenly;
e) the elder continuously isolated, and not allowed to contact any relatives or friends

4.5 Indicators of Abandonment

4.5.1 Behavioural Indicators of the Elder

a) wandering on streets, parks or malls by himself/ herself frequently
b) being dirty frequently

4.5.2 Behavioural Indicators of the Abuser

a) purposefully abandons the elder at hospitals or residential care homes for the elderly
b) purposefully abandons the elder at public places (e.g. parks, malls, etc.)
c) never contacts the elder, or fails to visit the elder for a long period of time

4.5.3 Environmental Indicators

a) nobody visits or makes arrangement for discharge after the elder's admission to a hospital

4.6 Indicators of Sexual Abuse

4.6.1 Physical Indicators of the Elder

a) bruises on chest/ genitalia
b) unexplainable sexual diseases
c) unexplainable urinary inflammations

d) unexplainable bleeding in external genitalia, vaginal or anal area, etc.

4.6.2 Behavioural Indicators of the Elder

a) drastic change in sexual attitude / sexual behaviour
b) excessive masturbation
c) appears to be very frightened upon contact with the suspected abuser

4.6.3 Environmental Indicators

a) torn, stained or bloody underclothing

Annex V

Research on the Phenomenon of Elder Abuse in Hong Kong conducted by Hong Kong Christian Service

Percentage of Respondents Encountering 18 Types of Situations

	Situations*	% encountered	
		Ever after 60	Last Year
1	Sons or daughters who live separately seldom visit you.	15.2%	6.7%
2	Somebody who are expected to take care of you do not supply your basic needs.	7.4%	2.8%
3	Home members always neglect you or treat you as if you are transparent.	5.4%	3.7%
4	Somebody gossip about, criticize, or look down on you.	3.4%	1.4%
5	You are condemned or threatened frequently.	2.2%	1.2%
6	You neglect your own body or daily diet.	2.0%	1.0%
7	Your privacy is intruded on. / Your self-esteem is damaged.	1.4%	0.6%
8	Your money or properties are taken without your consent.	1.2%	0.4%
9	Somebody cheat you out of money, properties or housing.	1.0%	0.2%
10	You are pushed over frequently.	0.8%	0.4%
11	You are prohibited from getting in touch with your grandchildren, family members or friends.	0.4%	0.2%
12	You are hit.	0.4%	0.2%
13	You are forced to do something against your will.	0.4%	0.2%
14	You are abandoned in hospitals, streets, or elderly hostels. / Someone breaks off relationship with you.	0.2%	0.2%
15	Your hearing aid is withheld. / You are not accompanied to the doctors or given any medicine when you are sick.	0.2%	0.0%
16	You are sexually assaulted.	0.2%	0.0%
17	You are prohibited from staying at home in daytime. And you are allowed to home late in the day.	0.0%	0.0%
18	You are prohibited from going outside. / Your freedom of activities at home is restricted.	0.0%	0.0%

* Extracted from the survey on elders' life experience conducted by Hong Kong Christian Service in 2002.