Society Against Family Violence

People Who Promote Families

SINGAPORE'S RESPONSE

TO FAMILY VIOLENCE:

1997 TO 2007—WHAT COMES NEXT?

ACCESSIBILITY & DISSEMINATION

SOCIETY AGAINST FAMILY VIOLENCE

APRIL 2008

Acknowledgements

This has been a challenging report to research and write. It has been challenging in the breadth to cover and in the efforts to obtain information. It is my desire that this report will help and not inadvertently harm. I am grateful to those who made themselves available for interviews and contributed to my understanding of the systems response to family violence in Singapore. There was so much shared, but the limits of writing prohibited my including everything I would have liked to. For the ideas about development for the future, it is to the credit of those interviewed and those whose previous writings pointed towards implications for future practice. For any important areas missed it is fully my responsibility.

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A note of appreciation to my fellow hobbyist, Magdalene Phang who generously donated her professional skills to cut down on the "ang mohs" sentences with too many words. Thank you!

Suzanne Anderson

Table of Contents

List of Tables

Report Highlights

❖ Most levels used to measure family violence rates have seen a decline when comparing 1998 and 2005 data. (Chapter 1)

❖ Police reports have declined the most, having declined by approximately 50% since its peak in 1999. (Chapter 1)

❖ Prevalence data collection for Singapore is limited. Some criminal justice and social service data is available. Household survey data is needed. (Chapter 1)

❖ Intervention evaluations are needed. (Chapter 3)

❖ Research must be encouraged with access to data and experts. (Chapter 3)

❖ Staff turnover and access to information is affecting competency and quality of services. (Chapter 4)

❖ Case sensitivity needs to be translated into systemic sensitivity. (Chapter 4)

❖ Legislative recognition of non-physical abuse needs to be applied operationally. (Chapter 5)

❖ Personal networking needs to be converted into organization-to-organization networking. (Chapter 6)

❖ Allies in the efforts to combat family violence must be enlisted and supported. (Chapter 7)

❖ Social and cultural attitudes which lock people into suffering abuse must be fought. (Chapter 8)

❖ Public education must find a way to reach through the isolation surrounding many family violence victims. (Chapter 8)

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CHAPTER ONE: INTRODUCTION

The mid 1990's saw a growing call for developments in the response to family violence in Singapore. In 1995, Kanwaljit Soin put forth the Family Violence Bill in Parliament. After two readings it was defeated (Chan, 1996). In 1996 amendments were made to the Women's Charter and in May of 1997, ten years ago the changes to the Women's Charter went into effect (MCYS, 2006c).

The Society Against Family Violence (SAFV) has been engaged in the response to family violence since the beginning. In the early days, it was engaged in the dialogue which would shape the amendments to the Women's Charter and active in developing a public and professional awareness around the issues of family violence. Ten years later, it is time to stand back, reflect, assess the developments which have taken place and ask the questions:

- "What has been accomplished?"
- "What comes next?"

More specifically, SAFV has initiated this research project with the aims to:

- Undertake a study of the current levels of family violence and identify trends over the past ten years since the Women's Charter amendments implemented in 1997.
- Identify gaps in the areas of direct service provision, processes and supportive institutions in the management of family violence.
- Make recommendations on how to improve current services and processes using internationally recognized benchmarks.

The intention of this broad environmental scan is first for SAFV to deliberate and secondly for the broader family violence serving community to consider (SAFV, personal communication, November 2006).

Goals of the response to family violence

In any effort to assess developments of a program or a system and make recommendations for further development there must be a measuring stick. This measurement can be looked at from a couple of perspectives.

1. What level of response is trying to be achieved?
2. What can be learned from others who have developed promising or best practices?

In addressing the first question Shergold's distinction between two levels of response can be utilized. Shergold identifies the first level as a "response to need" and the second as an "intervention to ensure equity of life chances". (1986) In the context of

family violence the "response to need" approach is a system which requires family violence victims to articulate their need and pursue assistance—except in the most severe cases, when the need is clearly visible, in which the State takes initiative to intervene. A response approach based on an "intervention to ensure equity of life chances" is a system which proactively identifies and assists victims (with all appropriate accommodations which do not interfere with justice for the offender) to be free of violence. It is a system which ceaselessly conveys the message that violence, in any form, is not acceptable. It is a system that determines to combat historical and cultural norms which make family violence acceptable. It is a system that sees its job to lift people out of situations of violence, recognizing that permitting violence perpetuates an unhealthy society. This proactive response is articulated in the World Health Organization's principal objective—- "the attainment by all people of the highest possible level of health" (WHO, 2002).

The second approach to measurement is to survey what is been done internationally and assessed as best or promising practices. A comprehensive compendium of approaches to family violence has been developed by the World Health Organization in its 2002 *World Report on Violence and Health.* The *Report* provides recommendations for action on child abuse, partner violence and elder abuse from a review of initiatives worldwide.

While the goals of responding to family violence in Singapore overall are not clearly articulated, it can be surmised from the larger mandates of the main organizations involved that the goals include:

- Fostering strong and stable families, (MCYS, 2006d) and
- Keeping the peace (Singapore Police Force, 2006).

However, goals more specific to the issue of family violence are required. From organizations involved in the campaign against family violence two goals can be identified—an ultimate and intermediate goal.

The ultimate goal: The vision of a violence-free society is articulated in Society Against Family Violence's (SAFV) mission statement:

> "SAFV is a network committed to a lifestyle of transformation towards non-violence both at the individual and community level, through the family. The vision of SAFV is for Singapore to become a violence-free society." (SAFV, 1994)

The intermediate goal—the goal for responding to family violence when it does occur is identified in the second and third beliefs guiding services provided by the organization Promoting Alternatives to Violence (PAVE).

2. Abusers must take responsibility for their violence, and

3. Victims and witnesses much be heard, believed and empowered (Nair, 2000).

Development of the report

The scope of this project is a broad environmental scan spanning the period from October 2006 to May 2007. It is a sampling of what is occurring in the many services supporting families who experience violence. This report includes child abuse and elder abuse in its review. It considers areas of policy and legislation, service programmes, research, public education and networking and supporting initiatives such as training and funding.

Information was collected through interviews and a literature review with a strong emphasis on seeking literature developed in the local context. For details on research sources see Appendix B and C for *Professionals Interviewed* and *Libraries/Resource Centres Consulted*.

The decision was made, when faced with hesitancy on the part of professionals to be interviewed, to write this report using one voice. Issues raised have been included when more than one voice (through interviews and literature) identified the same area of concern.

There is a tension between those interested in the outcomes of this report requesting facts and those being interviewed who would preface their comments (the apparent revelation of facts) with statements such as, "Don't quote me on this." or "I am not telling you it is this way, but this is something you can check out." This environment of timidity to offer opinions with facts for a larger audience to consider and review is discussed further in Chapter 3 on Research.

Limitations of the broad approach include a limit to the depth which can be achieved in each area reviewed. Additionally, materials utilized are limited to English. Finally, there were important resources, both individuals and literature, which were simply inaccessible. In some cases the inaccessibility was due to individuals

who were not available to be interviewed and in other cases it was documents which are in inaccessible storage (ie boxes for moving).

While every effort has been made to ensure the accuracy of the materials covered in this report undoubtedly there are oversights due to the researchers understanding. It is clear after attending over 20 interviews and meetings that there is an uneven knowledge of the system and services by the professionals themselves. Inadvertently, some of this may have carried over to this report. This is a serious concern to the researcher as this report should contribute to gaining clarity, not contribute to further misunderstanding. Some of discrepancies in information were identified, but there is concern for any information which may not have been identified.

Permit one example to illustrate this concern. The question was raised in multiple settings, with a range of professionals, who have numerous years of experience, about the shelter options which exist for a woman who completes a police report late at night, who is not in need of hospitalization, and has no personal resources upon which to rely. Numerous answers reflected the challenge this posed because shelters do not accept night time referrals and the police don't have an official place for the women to stay overnight. These issues were discussed so extensively that it was a great surprise to later find out, in other settings, that shelters do in fact accept referrals after business hours. This is a critical piece of information to providing effective services and yet lack of clear information remains throughout the system.

Trends

A foundational question when assessing the need to respond to family violence is "How large is the problem?" There are generally two ways to answer this question—criminal justice data and household victimization surveys. Locally some data is available and is presented below. Household survey data has not been collected in Singapore. Beginning prior to the amendment of the Women's charter snap shots discussing the extent of the problem had been published.

- In 1994, the Ministry of Home Affairs reported "3,625 family members made police reports that they had been physically hurt by other family members…" This works out to 70 cases per week or 10 cases per day. (Soin, 1996)
- "In the last 2.5 hours as we have been sitting in this House discussing the various bills, one Singaporean – it could be a spouse, a child or an elderly person has been hurt at home by another member of the family and has contacted the police for help." (Soin, 1996)

- From the Ministry of Health in 1994:
    - "3 elderly victims each week,
    - 4 child victims each week, and
    - 13 spouse victims each week

    went to public sector hospitals for treatment of injuries resulting from violence in the home." (Soin, 1996)
- "… we have 2-3 cases each week when family members are injured with dangerous weapons or end up with broken bones or with dislocations etc. as a result of domestic violence. (Soin, 1996)
- Experts think that the actual number of family violence cases is 3-4 times the total number reported and this opinion was expressed by the Director of CID… If this is true, then we could be having 10,000 to 12,000 cases of family violence cases occurring per year…" (Soin, 1996)
- A 2003 study by MCYS on public perceptions of violence raised concerns that family violence is still under-reported based on 8 in 10 respondents indicating their belief that most people would be reluctant to report family violence situations to the police (MCYS, 2006c).

Following is a review of what is known about the situation in Singapore from public data sources.

Domestic Violence

The most common source of data consulted to assess prevalence of family violence in Singapore is the number of Protection Orders issued. Data about orders issued annually is not routinely published by the Family Courts. However, some information is available from several publicly available publications.   The numbers show clearly an increase in applications occurred after the implementation of the Women's Charter 1997 (See Table 1.1). It jumped by approximately 700 cases in 1997 and 1998 over the previous year. The number of protection orders continued to increase by roughly an average of 100 a year until 2002. In 2003, figures from MCYS (2006c) show that clearly applications for Protection Orders began to drop a total drop of almost 800 cases by 2005. This drop bears some attention to assess its causes. Some questions to consider:

- Has family violence prevention had an impact in reducing violence?
- Has public education decreased; thus reporting?
- Did structural changes occur during this time such as the relocation of the Court offices, which have affected availability?

- Have victims tried the effectiveness of the Personal Protection Order (PPO) and decided it did not provide the needed protection?

Drawing on publicly available information the following chart shows data available from cases identified by the hospital and police through to conviction (See Table 1.1).

Table 1.1 Family violence cases, hospital presentation through conviction: 1995 – 2005

Year	Cases identified in hospitals**	Reports lodged with the police	Referrals by police to FSC	PPO Applica-tions	Convic-tions	Sentencing
1995	446	28	*	978	10	Ranged from 2 months to 2 years & 3 strokes of the cane
1996	504	33	*	1,306	6	
1997	617	25	*	2,019	10	
1998	658	2,223	*	2,730	*	*
1999	535	2,360	*	2,822	*	*
2000	537	2,027	*	2,861	*	*
2001	250***	1,452	171	2,974	*	*
2002	443	1,784	*	3,028	*	*
2003	263	1,725	658	2,783	*	*
2004	363	1,290	*	2,522	*	*
2005	297	1,080	*	2,692	*	*

MCYS, 2000; MCYS, 2001b; MCYS, 2004; Ministry of Home Affairs, 2007; Ministry of Health, 2007
*Data not presented in CEDAW Report
**Public sector hospitals
***2001 Hospital data incomplete

While this data is limited it, shows that requests for family services by family violence victims has gone down in all areas (hospital visits, reports lodged with police and Personal Protection Order (PPO) applications) except possibly referrals by police to family service centres (which are only completed if the victim wishes a referral). The most notable trend is that reports lodged with the police and identified hospital cases have gone down by more than half their peak rates which occurred in the late 1990s, shortly after the implementation of the Women's Charter amendment. At the same time files for PPOs has gone down only slightly. By 2005, applications for PPOs are more than double the number of police contacts.

The most notable information is that Indians are clearly over-represented (Malays and Others may also be, however this is less clear) and Chinese are under-represented, in comparison with populations levels, of those seeking services (Table

1.2). Generally, the largest portion of abuse victims seeking services fall into the 30 –
40 year age range (Table 1.3). Taking into consideration that many abuse victims
endure repeated incidents of violence before seeking help (Lim, 2002) it can be
surmised that the abuse begins and is occurring in the victims 20's. This would be in
the earlier years of the relationship.

**Table 1.2 Ethnic group of victims by percentage: comparisons across 1992 –
2005**

Ethnic Group	A & E 1992	A & E 1993/4	Courts 1997	SGH 1998-2000	Courts 2005	General Population
Chinese	59.4	64.2	54.6	66.7	52	77.7
Malay	13.5	16.1	15.6	15.3	20	14.1
Indian	21.9	15.3	26.0	15.3	23	7.1
Other	5.2	4.4	3.8	2.8	5	1.1

Seow et.al., 1994; Subordinate Courts, 1998, 2005; Lim, 2002

**Table 1.3 Age of victims by percentage: comparisons
across 1992 – 2005**

Age range*	A & E 1992	A & E 1993/4	Courts 2005
20-24	11.5	12.4	7.8
25-29	16.7	21.2	11.4
30-34	19.8	29.9	18.7
35-39	21.9	16.1	18.5
40-44	9.4	12.4	15.4
45-49	8.3	0.7	11.4
50-54	1	2.2	6.6
55+	0	2.2	8.9
Missing data	5.2	0	0.8

Seow et.al., 1994; Subordinate Courts, 1998, 2005
*Age range varies by one year (i.e. Courts captures
40-44 & 45-49 and Hospital captures 41-45 & 46-50)
however, the ranges are 5 years for each category

Data, not available, but of particular interest in the local context, is the living
arrangements of family violence victims. Are they living in a home with extended
family, where it would be expected that others know about the abuse? Are they
more likely to be living in a nuclear family arrangement where there is more
isolation?

Another potential source of data not currently publicly available is consolidated
data from the voluntary welfare organizations (VWO's) detailing the level of family
violence cases handled in Counselling & Casework and Information & Referral

activities. In the annual reports where data on family violence cases handled is available it varies greatly from 1% (Fei Yue, 2001) to 18% (Trans Center, 2006).

Child abuse

Data available on child abuse are published annually since 2002 and presented below (Table 1.4). Investigations have fallen by about 25% since a peak in 2003.

Table 1.4 Number of child abuse cases investigated: 2002 – 2005

2002	2003	2004	2005
193	205	170	158

MCYS, 2004b, 2005a, 2006b

Additional data is published but not citable (without permission) in *Protecting Children in Singapore* (2005). Data covered includes numbers of enquiries, types of abuse, age of victims and sources of referrals.

Elder abuse

The number of identified elderly abuse cases per year is 100 (Wong, 2004). There is general agreement that elder abuse is under-recognized and under-reported in Singapore (Gerontological Society of Singapore, 2004; Wong, 2004; Pang, 2000). However, it is believed that a more accurate figure is that there are another 500 cases annually that go unreported for a total of 600 suspected cases (EPT, date unknown).

Another perspective on the number of elderly cases is to look at the number of PPO's issued to the elderly. A review of PPO's issued to the elderly from 2003/4 show that about 2.3% of the applicants were 64 or older. Applying this figure to the number of PPO's issued between 2001 to 2003 shows approximately 65 PPO's issued a year.

Table 1.5 Estimated number of Personnel Protection Order applications for 64 years and older

Year	PPO applications	Applications by elderly (2.3%)
2001	2,974	63
2002	2,944	68
2003	2,783	68

Subordinate Courts in MCYS, 2004

It is thought that about 50% of the perpetrators are the elderly persons own children (EPT, date unknown). A 2005 research project noted that "intergenerational transmission of violence was observed to be a prominent determinant of elder ill treatment in Singapore. As with other types of

abuse the poor are thought to be more vulnerable to abuse and neglect"
(Jayanthi).

Projections of domestic violence, child abuse and elder abuse based on Hong Kong prevalence studies

Hong Kong is the country most similar to Singapore which publishes both service and prevalence data. Table 1.8 provides a comparison of family violence, child abuse and elder abuse rates in Singapore and Hong Kong based on annual reporting and Hong Kong prevalence rates. The figures of most importance are that:

- Reporting rates are much lower than prevalence figures based on household surveys in both countries,
- Singapore's family violence reporting rate is closest to Hong Kong's based on percentage of population reporting, and
- Child and elder abuse reporting rates are lower than Hong Kong's based on percentage of population reporting with child abuse being the lowest.

In conclusion, Singapore needs to develop its own prevalence rates. Even without its own prevalence rates it would appear that services to children and the elderly are in need of focused attention. More data does exist in the local context but it is not available for a comprehensive analysis.

Accomplishments in the last ten years

There are a number of areas which have seen marked improvement over the last 10 years. Reviewing available statistics indicate an increase in the assistance sought by families. Furthermore, those interviewed for this report identified improvements in networking, public awareness and formalizing of the response system through protocol development (Blake, 2003; MCYS, 2006c). Finally, the need for safety planning with victims of family violence was echoed throughout interviews. The following is a review highlighting accomplishments over the last ten years. A timeline of developments can be found in Appendix F.

Increased reporting due to strengthened legislation and protocols

With a growing awareness of the need for a stronger response to family violence at a governmental and societal level came the passage of the amendment to the Women's Charter. The amendments:

- Broadened the definition of what constitutes family violence,
- Broadened the definition of who could legally be identified as a victim of domestic violence,

Table 1.6 Comparison of family violence, child abuse and elder abuse rates in Singapore and Hong Kong based on annual reporting and Hong Kong prevalence rates

	Child abuse reported	Child abuse prevalence	Family violence reported	Family violence prevalence	Elder abuse reported	Elder abuse prevalence
Hong Kong[1] population 6,940,432			4,549 cases[2] 0.07% of total population	Minimum estimate 2%[3] of pop. 138,809 Cases		
Singapore population 4,492,150			2,692 cases[4] 0.06% of total population	Estimated based on HK rates 89,843 cases		
Hong Kong population 65 & older 890,217					528 cases[5] 0.06% of elderly population	Minimum estimate 3.2%[6] of pop. 28,487 cases
Singapore population 65 & older 374,412					100 cases[7] 0.03% of elderly population	Estimated based on HK rates 11,981 cases
Hong Kong population 1 – 14 years 934,200	792 cases[8] 0.08% of 14 & under population	Minimum estimate 4%[9] of pop. 37,368 Cases				
Singapore population 1 – 14 years 700,293	158 cases[10] 0.02% of 14 & under population	Estimated based on HK rates 28,012 Cases				

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[1] Central Intelligence Agency, The World Factbook 2007 – source of population statistics for Singapore & Hong Kong

[2] Hong Kong Social Welfare Department, 2006 – annual estimate based on mid year newly reported battered spouse cases (male & female), includes elderly (January to September 3,412 cases)

[3] University of Hong Kong, 2005 – Household survey, % of respondents physically injured in past 12 months (male & female)

[4] MCYS, 2006c – PPO applications (male, female & other family members), includes elderly

[5] Hong Kong Social Welfare Department, 2005 – Cases reported to Central Information System on Elder Abuse Cases

[6] Chan, P.Y. 2002 – estimated range of prevalence 3.22% to 6.5%

[7] Wong, 2004

[8] Hong Kong Social Welfare Department, 2006 – annual estimate based mid year newly reported child abuse cases (January to September 528 cases)

[9] University of Hong Kong, 2005 – Household survey, % of respondents experiencing severe physical assault (youngest children survey 12 years of age)

[10] MCYS, 2006c – number of child abuse cases investigated

- Introduced ability of third party to apply for a Protection Order on behalf of an incapacitated adult or child, and
- Reduced the weight principle required to issue a Protection Order,
- Added the ability to grant Expedited Orders,
- Introduced penalties for breach of Protection Order,
- Added the mandatory counseling order as a tool for responding to family violence. (MCYS, 2003)

In general this has meant a "greater seriousness in the responses of the legal system" (Blake, 2003) and was the catalyst for improvements in the system responding to family violence (MCYS, 2006c). Support that has been found to be among the most helpful has been the PPO—legal assistance including the involvement and protection by police (Blake, 2003).

The statistics show a "greater willingness by battered women" (Blake, 2003) to report—reflected in an increase in reporting to police and filing of PPO's following the enactment of this legislation. Blake's study of family violence identified a "more enlightened police" force as one of the outcomes of the Amendment to the Women's Charter" (2003). A change in the attitude of the police was echoed in the course of interviews. The police have a training component on family violence in their basic training academy (Singapore Police Force, personal communication, April 2007) which is currently being facilitated by MCYS. This basic training is followed by continuing education of line officers by the regional Family Violence Working Groups (FVWG) (FVDG, 2006).

Beyond the formal passage of legislation has come the development of the *Management of Child Abuse in Singapore: A Manual for Professionals and Service Providers Working with Children* outlining the handling of child abuse cases in 1999 which was revised in 2001and 2003 (MCDS, 2001; MCYS, 2005b). This was followed by the *Integrated Management of Family Violence Cases in Singapore Manual* launched in 2003 (MCYS, 2003). Protocol development has continued with the recent unveiling of the *Family Violence Mandatory Counselling Programme Practice Guide* in March of 2007 (MCYS, 2007a).

Increased communication, understanding and trust resulting from networking
While included second in this discussion for matters of flow, networking was repeatedly identified as the primary improvement over the last ten years as well by Ministry of Community, Youth Development and Sports (MCYS) (2006c). Voluntary welfare organizations reiterated the fact that networking has brought about closer

relationships with the police and other partners. The informal, face-to-face relationships have been beneficial. Service providers are now more aware of individuals in other agencies who they can call upon for assistance in responding or following up on individual cases. These opportunities for dialogue have replaced an inherent sense of suspicion with relationships of trust. With continued communication has come an increased understanding of how to work together for the benefit of family violence victims. Certainly, these lines of communication have assisted in helping individuals move through the system with increased levels of support.

Increased public awareness

After the amendment of the Women's Charter, public education increased to create awareness among victims of violence about resources available to assist them. A review of reports identifying the activities of the FVWG's reflects a continuous schedule of public education events taking place throughout each of the six land divisions.

Voluntary welfare organization's report that increased public education has brought about an awareness that has reached all the way to the heartland of Singapore. The most common ways in which women received information about help that is available included: publicity brochures, the media, and contact with professionals (Blake, 2003). Callers to the helpline of AWARE, both English and Mandarin speaking have been reported to be more articulate in describing what they are experiencing. Other programmes report that victims seeking assistance are more likely now to have taken some steps on their own behalf, such as moving out of the home, before seeking counselling and casework assistance.

Public education about elderly abuse is also gaining momentum through efforts of the Elder Protection Team (EPT).

Innovations and expansion of service delivery

Some of the most prominent innovation in service delivery has been the addition of the Mandatory Counselling Programme (MCYS, 2006c), referrals by the police to family service centres, notification of victim by investigating officers of pending release of the perpetrator (MCYS, 2004b), the more private and protected placement of the office for filing Personal Protection Orders, video links to the Court for the purpose of filing PPO's, just to name a few. A review of Singapore's reports to the United Nations on the Convention on the Elimination of All Forms of Discrimination

Against Women (CEDAW) and Convention on the Rights' of the Child (UNCRC) provide the most comprehensive list of accomplishments.

<u>Awareness of the need for safety planning</u>
While not specifically articulated by those interviewed as an area of improvement safety planning with victims was the most consistently mentioned tool used to help victims of violence. It was identified as a tool by hospitals, police, voluntary welfare organizations, the Courts, MCYS and shelters.

<u>Increased emphasis on research</u>
Published and unpublished research as well as the support for research has also increased. With the inauguration of the Master's of Social Work programme at NUS in 1998 came the requirement to complete a dissertation based on original research. This brought with it an increase in research out of the academic arena. During the same time frame the Singapore Children's Society has published six reports on the public and professionals perceptions of child abuse (Tong, 1996; John, 2000; Chan et.al., 2000, Elliot et.al.; 2002 & 2003; Shum-Cheung, 2006). MCYS has supported research concerning the public perception of family violence, the Mandatory Counselling programme (MCYS, 2006c) as well as supporting spousal abuse research focused on families served by counselling and casework through family service centre's (Blake, 2003). Additionally, MCYS has published a handbook encouraging and providing guidance on social service research (MCYS, 2006c).

Phases of development

Having reviewed the many accomplishments over the last 10 years, the question comes to mind, "Where are we in the stages of developing a system which can meet the standards of best practices?" One macro perspective for charting the path of development is outlined by Dr. Irvin Waller. It provides a framework of development towards effective protection of crime victims which can be used to assess the state of protecting family violence victims (2003).

<u>Stage One—Developing awareness & beginning programmes</u>
In Stage One pilot projects are initiated, meetings and conferences are organized and data on the extent of the problem is collected.

<u>Stage One—Singapore</u>
Certainly meetings, conferences and pilot projects have been held in all areas of family violence—domestic abuse, child and elder abuse. New areas of concern are

addressed each year at the National Family Violence Networking Symposium (MCYS, 2003). However, the need for research to assess the extent of the problem has yet to be accomplished.

Stage Two—Growth of programs & services and establishment of an oversight body
Stage Two sees the replication of pilot projects, the expansion of services, and the development of an oversight organization to oversee "policy, planning, training, research and experimentation." The focus is on improving the services of agencies through the development of guidelines, training, and the evaluation of the quality of work.

Stage Two—Singapore
In the area of family violence pilot projects such as networking in Ang Mo Kio have been replicated with the development the Family Violence Networking System (MCYS, 2003). The Mandatory Counseling Programme which began with 15 agencies providing counseling has expanded to more than 40 (MCYS, 2007b). While generalist services for family violence victims are accessible throughout Singapore, the model of a specialized centre serving family violence victims has yet to be replicated to provide easy accessibility to a higher level of expertise beyond areas north and east of the city.

Furthermore, guidelines and training have been developed and improvements made through the partnership efforts of MCYS and the Social Services Training Institute (SSTI) (Woo, 2007).

Currently, elder abuse specialists are only available through the Trans Centre Elder Protection Team (EPT), though efforts are being made by the team to assist other VWO's in expertise building. However, again, the specialized expertise in this area is primarily available in the east area of the city. With the EPT's completion of its three year pilot phase, the next step will be to develop guidelines and training to allow for replication.

The system responding to child abuse is primarily handled by MCYS and still involves a small number of cases each year. Guidelines for response have been set out in *Manual for the Management of Child Abuse in Singapore* and have been regularly revised (MCYS, 2005b).

14

The area of research has experienced the least development, with only a few ungeneralizable research projects having been completed.

Stage Three—Formalizing the system

Stage Three involves developing policies and legislation formalizing the "principles of protection", continuing research assessing victimization rates and victims experience with the system, and continuous review of progress to determine the next steps of development.

Stage Three—Singapore

General legislation and protocols have been developed formalizing the system of response to child abuse and family violence. While there are some legislative provisions which can assist in helping to protect the elderly there continues to be a need for further developments in this area.

This area of repetition and refinement of research remains one of the frontiers in developing a locally, evidence-based response to family violence, child abuse and elder abuse. Furthermore, the need for a formal system of continuous review to identify areas of future development remains. However, at a grassroots level this report is an effort to fill this gap.

Once again, research activities are the area of least development.

What comes next?

Based on Waller's stages of development, interviews, recommendations in local research and recommendations from international literature the following areas of development have been identified:
- Increase research efforts & dissemination
- Strengthen core services
- Enhance legislative/policy/procedural provisions
- Refine networking patterns
- Broaden awareness & skills of allied professionals
- Expand public awareness & education

They have been organized from the most core activities to broader activities. The need for development in many of these areas was also identified in MCYS's 10 year review. Specifically, the need to further develop the system further; create innovative ways of training as well as a greater network of service providers; public education which further enhances understanding of non-physical forms of violence

and combats the notion that family violence is a 'private affair'; and, the need for more research to assess the effectiveness of the current family violence response system (2006c). These are echoed in Blake's work (not referenced in MCYS's 10 year report) which recommended public education through all stages of life, continuing education of practitioners supported by research, communication and cooperation through networking and use of practice experience of those whose expertise is family violence (2003).

Each of these areas is developed in the chapters which follow. The area of research has been placed first because it is the area which is in need of the most attention. It's placement at the beginning of the list is a necessary step to formalize an evidence-based approach to combating family violence.

Chapter organization

The organization of this report is intended for ease of referencing. Each chapter begins with a text box entitled **Areas for Development** which provides a summary of issues covered in the chapter. These are areas identified as requiring strengthening and further development. The main content of the chapter then provides a discussion of each of the points mentioned in the Areas for Development. At the end of each chapter is second text box, entitled **Additional Areas of Inquiry**. This section outlines areas which time or other limitations did not permit investigating in the development of this report. These areas require more research in order to provide a more complete picture of the current situation. These Additional Areas of Inquiry may provide direction for further research endeavors.

Before considering these six areas of development three case studies have been included as a back drop to discussions. The case studies represent each of the three focus areas of this report—partner abuse, child abuse and elder abuse.

CHAPTER TWO: VOICES OF ISOLATION—

DOMESTIC VIOLENCE, CHILD AND ELDER ABUSE

These are among the most complex cases and point poignantly to where improvements are needed. They are placed here at the beginning of the report to remind us that the most important review of how any system or service functions comes from the voices of those it serves. The first and last stories were provided by the professionals who provided services to these victims. The second story of three sisters was told by the girls themselves. The common thread in these stories is isolation – isolation that locks the protagonists in places of violence; a smothering isolation which prevents teachers, family, and other professionals from being able to help. The names and specifics of these stories have been changed.

The voice of domestic violence

Siti, a 28-year-old mother of four, was admitted to hospital to terminate her fifth pregnancy. Siti's children are 11 months, 2, 4 and 6 years old. Siti's husband is 4 to 6 years older than she. Siti and her husband had agreed to end the pregnancy and her husband had taken time off from work to look after the children.

During her hospital stay, Siti told a nurse that she was having some "trouble". Shortly thereafter, Siti was visited by a medical social worker. Because of the isolation Siti has experienced at home, this was her only chance to seek help.

Siti began to tell a story of extreme isolation. She had no keys to the front door, telephone or identity card. Her husband carried the children's birth certificates and Siti's identity card in a bag with him at all times. Often the only food she had to eat was rice with ketchup. She found about her father's death only a year after he died when a letter arrived notifying her of an inheritance from him. Siti described not being able to show sadness about her situation because her husband became more controlling when she did. At this point the only escape she could see for herself was suicide. It was also revealed that during her time in the hospital, the husband had hit her and she had a swollen leg and lip. The husband would come to take walks with her while she was in the hospital and continue to scold her.

The medical social worker assessed Siti's options for getting to a safe place with her children. First, a designation of CRIB (Chronic Rest in Bed) was arranged so that the woman could avoid having to go for walks with her husband and continue being

scolded. The social worker sought Siti's mother's help. Siti was sure that her mum would not take her back, but it was her only hope. When the social worker went to the mum's home, it turned out that the mum had moved after her husband's death—again, something which Siti did not know. However, a neighbour got in touch with Siti's mum and visited Siti in the hospital. Siti's mum was willing to take in Siti and her children. During this time, the hospital extended Siti's stay from the usual one or two days to four days to provide time to put protections in place.

In consultation with the police, the social worker was told that Siti would need an Expedited Order (EO) for herself and her children before they could get her children, who had also been abused, for her. They had burn marks and they too were not being fed adequately, such as having their milk watered down.

The medical social worker accompanied Siti to Family Court. But Siti did not have the children's birth certificates and did not remember the numbers. Concerned that this would jeopardise Siti's being able to obtain an EO, another social worker called a contact at the Family Court requesting special attention for this case. Siti managed to obtain an EO for herself and the children against her husband. However, when the police were later contacted, they said they could not go in to take the children—a different message than was first understood by the medical social workers who had helped Siti apply for the EO, on the advice of the police, so that she could get her children out.

This turn of events left the medical social workers worried that they may have put Siti in more danger by trying to get her into the system for protection. If Siti returns to the home she shares with her husband, will she be abused more severely—punished for seeking help? (Medical Social Worker, personal communication, March 2007)

The voices of child abuse

Three sisters, Stella, Marcia and Raphael, who, at age 23, 20 and 19, are the oldest of five children, are now living in a shelter, working and going to school. They are away from their parents, who abused them, and away from their youngest sister, whom they have cared for since she was born. They are bright girls with a desire for a meaningful life and are willing to work hard and follow the rules. Raphael leads in telling the story and Stella is eager to fill in the parts she has lived first hand. Stella, the eldest, is now responsible, in many ways, for her two younger sisters. Stella, easing the pain and tension with humor, is rebuked by middle sister Marcia, who doesn't think humour is appropriate for what they have been through. Marcia, self-described

Any (written, verbal, reference, etc.) use of these materials must be approved in writing by the author prior to use.

as usually silent, is powerfully articulate in recounting the details of their lives. Raphael focuses and drives the conversation to make sure it doesn't get derailed by unimportant stories. The sisters, each unique, dependent on each other, honouring each other's differences, are bound together by the pain they have lived, by the future they dream of.

Before they came to the shelter they had been living two lives—one at home and one at school. The seven member family lived in a 2-room flat. Every day was the same for the sisters. They started at 4:00 a.m. cooking for the day, cleaning the house, the clothing, and taking care of their youngest sister (8 years old) feeding, dressing her, and packing her bag for school. By three years old Stella's mom would show her friends that Stella was trained to cook for the family. Each day the sisters left for school, took the prescribed school bus, came home and continued to work on their chores, tutor their younger brother and sister, and then their homework, if there was time. They ate after their parents, brother and little sister. Finally, at the end of the day they were allowed to sleep after their parents have gone to sleep, somewhere around 11 or midnight. They slept on mats in the hall with their mother while their father and brother sleep in the one bedroom of their home. Day after the day the pattern remained the same.

Every aspect of their lives was controlled. What buses they took, what co-curricular activities (CCA) could be attended, what clothes they wore, how long their hair could be, how to sit, when to speak, even how to go to the toilet. Their parents kept their identity cards—all their certificates, all important documents locked away. The parents kept all the money the girls earned when Stella started to work. If they came home late they are quizzed about where they had been. If they came home early they were quizzed about why they were early. When they are late they are asked if they are out being prostitutes—said in a Hindi term which carries a much more vulgar meaning.

They could not go to the library or spend a single night away from home. If the date or time of a CCA changed they could not go. When their class went on a class trip they could not go. They could not take jobs that are paid in cash because the parents couldn't be sure that the girls were not keeping some of the money for themselves. They are given no money except what is provided on their EZ Link cards to get to and from school. The father checks what buses the EZ Link card has been used on when he tops them up. If there has been any deviation it is cause for

another beating. The sisters had no private space in their home, and the only personal belongings they had were their school books.

Their father was king of the home. He dictated what was acceptable in their home based on culture, custom and religion. As long as the girls can remember they have been hit, belittled and denigrated and it was explained that it was his right because of culture, custom and religion. In the beginning their father beat their mother too, but when she stopped fighting back he turned on the girls. He seems to always need someone to fight with. When he and his wife begin to fight they turn on the girls. The mother turns the girls on each other by telling each of the girls' negative things about their sisters.

The sisters' lives are filled with messages about how to be proper ladies ready for marriage. They are regularly reminded how lucky they are that their parents have given them so much because one day they will belong to their husband's family and will be of no value to their mother and father. The parents' warnings include threats that the sisters might just be killed, cut up and dropped in the river that runs behind their home.

They see their mother, whom they love, as someone who has no values of her own. She values only what her husband says. And they don't want to become that kind of women and wives.

As they get older they heard stories of their classmates' families, their parents care and consideration, their lives at home and begin to realize that their home was very different. They never told anyone and no-one asked or even seemed to notice. The only people who may have had any idea of what is happening in the girls' home were their cousins because they are living through the same thing. But no-one talked about it. The sisters themselves never spoke to each other about it until about a year before they left. Even then they didn't dare speak badly about their parents, they just told each other that they didn't like being hit and beat.

One night, tired of the beatings they left and spent the night at McDonald's with no money. In their own words, reflecting back, it seemed a very naïve attempt to leave. They just wanted the beatings to stop. Their parents called the girls on their hand phone and begged them to come home. Their parents cried and apologized and asked questions about what was upsetting the girls. The girls love their parents and want nothing more than to live peacefully with them at home. They believed that

finally their parents realized that they needed to talk about what was happening at home and for it to change. When they got home things did change. For a couple of days the beatings stopped and things were calm. And then it started again. But it was different. The hitting stopped but the denigrating, belittling, critical comments came on ceaselessly. In their own words, it may not sound like much to others, but when that is all you hear every day it is painful.

Stella was liked by her parents because she was their first child. Marcia, the second sister, they hated because they had wanted a boy. Raphael, the third sister, they have always hated because she has challenged them and would not remain quiet. The fourth child was their long awaited and cherished boy, who they have always treated differently. He eats with his parents, receives more timely and more expensive medical care, and shares the bedroom with the father. The fifth child, the fourth sister, was born 15 years after Stella. It was their parents' last try at having another son. When the mom found out it was going to be a girl she came to the older sisters and asked permission to have the child. She asked permission because it would be the older sisters who would care for the fifth child. The sisters' prepared her bottles, fed her, washed her dirty nappies, stayed up with her at night when she was sick and cared for her as if she was their own. In their own words, the sisters tried their best to give her the childhood that they didn't have. They tried to convince their parents to allow her to attend CCA's in primary school before they are mandatory, a privilege the older girls never enjoyed. The fourth girl was cute and she was treated by the parents as a cute child to enjoy and pass back to the older sister's when the girl needed care.

During November of 2006, the youngest sister was given some chocolates by her Uncle. Something she rarely got. Thinking they were given to her to eat, she took them to school and shared them with her friends. The young girl didn't know that the chocolates were meant for her dance teacher. Her parents asked about them before the girl went to class. When she told her parents what she had done with them, her parents beat her quite harshly. The older girls were use to seeing each other beaten. They had seen it their entire lives. But they had never seen and couldn't bear to see their little eight year old sister beaten. It was at that point, in their own minds, they decided they had to find a way out.

Raphael had cut out a notice from the newspaper giving numbers for people who had been abused to call. They called the number and were transferred to an FSC in their area and set an appointment to meet with a social worker. They found the

social worker compassionate and eager to help them but unsure what to do with "such an unusual case." The social worker encouraged the girls to finish their "O" level exams while she looked into what could be done to help them.

Meanwhile, Stella, the eldest daughter, started working for a tuition centre which was not in an area of the city the father approved of, but the daughter thought it was a good programme. She worked there on a regular schedule, but because the centre was new it did not continue programmes through the school break. Because Stella would be verbally abused again if she tried to explain why she wasn't paid for a month she sought out another job that would allow her to work one month and would enable her to bring in the same amount of money. The only job she could find that would take her for a month was working as a promoter for an international fragrance company on Orchard Road. Another job her father would not approve of. Through a series of incidents her father found out that she was working on Orchard Road and Stella found out that her parents knew. She couldn't go home. It was too dangerous. It was time to get out. The parents had also been threatening to take care of her by marrying her off soon (a discussion that had begun sometime prior without any input from the Stella).

She went to the police post to make a report. When she realized that the police were going to ask her to make the report at a public desk where everyone else could hear, she let other people go in front of her hoping to find some privacy when the other people were gone. As she was being interviewed by the police officer she came to understand that she was going to have to identify an incident, a story she could remember that had a date and a time. In her own words, it was a confusing thing to do when her whole life had been filled with beatings, and the specific dates and times of all the times it had happened blend into a lifetime of beatings. She picked the chocolate story—the story of her sister being beaten for having shared the chocolates, from her Uncle, with her school friends. During the course of the interview the police officer took a call and speaking in Mandarin (apparently assuming Stella, who was sitting in front of him, could not understand) spoke openly about her case. Finally, Stella was so tired of it; she told him she could understand what he was saying. This was also the beginning of being questioned repeatedly, "Where are the bruises?" Stella was further confused when the officer signed a name to the report, different than what was on his name badge. In the course of reporting she told the police officer that she had the whole fight and others recorded on an MP3 player in the house, but was told by the police the recording was of no use.

Stella then went to spend the night at a friend's house, while the report was forwarded to an investigating officer. The next day the investigating officer called the sisters home and spoke to the girls' parents and revealed details of Stella's report, such as the information about the MP3 recording. The parents began to ask Stella's sisters if they knew anything. Marcia and Raphael denied knowing anything, but they realized that things were getting more complicated and felt increasingly worried for their sister and themselves. That night Stella feeling that she could not impose on her friend another night was able to find a place in a women's shelter.

The next day, instead of going to take their exams, the sisters went to meet up with Stella. They came with their fourth sister and then all went to MCYS to make a report. They met with a social worker and believing that now they would finally get help, they told the whole story. The worker who took their story was encouraging, took what they said seriously and told them that they had such courage to try and get help. The girls finally had some hope that something could really be done. Then a more senior worker came in and told the sisters that they must go to Court and get an Expedited Order, but they must first have a police report to cover all of the girls, not just the report Stella has made two days before about the beating of the youngest sister.

The four girls went to the police and completed the report and then went to the court. At court only Stella was able to complete the report and see the judge. They sat in the Court seats for hours tired and worn out from what they had been through over the last couple of days. Finally, they were able to leave the court with an Expedited Order for all the girls against the parents.

Then they went back to MCYS to seek a place in a shelter. The youngest sister was interviewed and when her parents came to the office she was returned to them. One of the comments made by the staff later about the father was that, "He didn't look like a bad man."

The parents signed paper work releasing the older three girls saying they were beyond parental control. The parents release authorized MCYS to place them in one of two shelters. They went to the first shelter with an MCYS representative and found that it was full and the second shelter had no policy that allowed for girls of Marcia and Raphael's ages. The shelter director made an exception because the older sister had stayed there the night before and separating the girls was not in their best interest. While the sisters were being driven by a cab driver with the worker from

MCYS, the worker took a phone call speaking in Mandarin complaining about how her job was keeping her out late (apparently thinking that the girls would not understand her) and told the cab driver's the details of the sisters story. He was so sorry for what they had been through that the cab driver offered $50 to the sisters to help them out. The sisters were embarrassed that their story was being spread to strangers.

As they reflect on their experience of going through the system there are several thoughts that come to mind. More than anything they wished they had been treated like they were human. More than once they were faced with comments like, "Doesn't that happen in all Indian families?" carrying the unspoken message, "What's the big deal?" They are tired of hearing that the case is so unusual that professionals don't know how to help them. They are offended by the professionals who "spoke behind their back" making insensitive remarks in a language the girls were not expected to understand, but did. They were frustrated by being asked repeatedly "Where are the bruises?" and professionals not recognizing the impact of being verbally belittled and denigrated continuously. They feel betrayed by the investigating officer who revealed details of their report to the parents without first investigating the sisters' claims. They also felt that continually assumptions and comments were made based on the sisters cultural and the professionals' cultural and individual context—comments such as, "Chinese parents don't ever hug their kids, but they still love them." after listening to the sister's story of physical and verbal abuse.

Five months later and the sisters are still in the shelter. After three months the shelter must gain approval for an extension. They have received a Mandatory Counselling Order while their parents did not. They live strictly within the rules of the home knowing that an exception has been made for the younger sisters to stay there. They work to pay for living. The oldest is making arrangements to begin art school in August of 2007. Meanwhile they have not seen their youngest sister in five months. They know she too will be abused. Their parents have changed their phone numbers and have abandoned the three older sisters. They wonder who is taking care of the house, doing their chores now and who is caring for the youngest sister. More than anything, the sisters want visitation rights to see their sister on a regular basis. They know it is an unusual request, but since they have cared for her, and raised her, they don't want to be entirely cut off from her. (Anonymous, personal communication, April 2007).

The voice of elder abuse

A probationer shared with his probation officer a concern about his grandmother. He has visited his maternal aunt's house and found his grandmother lying on a thin dirty mattress in front of the common bathroom. The home was a 4-room HDB flat. The probation officer was concerned about the probationers' report and visited the aunt's home with the boy to see for herself. She too found the grandmother lying on the thin dirty mattress in the hallway, while the remainder of the family had proper beds in the bedrooms of the flat. The probation officer reported her findings to Trans Centre. The Trans Centre's social workers tried numerous times to reach the aunt and her husband. They tried to call the home multiple times, at different times of the day, even into the evening, and each time they were told that the aunt and her husband were not at home.

The social workers brought the case to a case conference of the Elder Protection Team (EPT). One of the Team's doctors was able to check hospital records of a geriatric clinic and find that the grandmother was a patient of theirs and had not been back for her routine check-up. More importantly, the grandmother had some ongoing health problems which left untreated could be life threatening. The hospital clinic then contacted the family to inquire about the grandmother. They asked the family to bring her into the clinic within the next two days so that they could give her a check-up and any needed care. They told the family that if there was a concern of payment for the medical check-up that the hospital would handle it. The family did not bring in the grandmother over the next two days.

The next step for the Team was to try and gain access to the home and check on the grandmother. They scheduled to go to the grandmother's home one evening at about 10 p.m. The time was when neighbors would be at home and hopefully the family, not wanting to attract the attention of their neighbors, would allow the Team members entry into the home. The Team that went to the home included two social workers from Trans Centre, the reporting Probation Officer and a doctor specializing in geriatrics. The Police were also alerted as to the meeting the Team had planned. When the team arrived at the home the family did open their door but were reluctant to unlock the gate. After much discussion and persuasion the family did grant admittance to the Team. They found the grandmother in the same location as had been reported. However it appeared that the grandmother and the mattress had been cleaned up some. It appeared that because of the families growing awareness of others concern for the grandmother's welfare they had tried to improve their care. The doctor found the grandmother to have some health

concerns and deemed her in need of transport by ambulance and admission to the hospital.

The family would not take responsibility for sending the grandmother by ambulance and would not accompany her. The social workers worked for an hour calling other family members as directed by the immediate family to try and obtain a decision to transport the grandmother and willingness to accept responsibility for payment. When the social workers were not able to obtain this permission from other family members the guardian family relented and gave permission to transport. However, the family did not accompany the grandmother to the hospital. The EPT did accompany the grandmother, and stayed with her until the early hours of the next morning when admission to the hospital was complete.

Throughout the next couple days it became clear that there were several family groups who came to visit the grandmother in the hospital. Through case planning it was decided that another family group, different than the one the grandmother had been staying with would take the grandmother and care for her upon her release from the hospital.

This family had fewer resources and lived in a smaller flat than the original guardian family. They did however; provide her with a proper bed and other needed arrangements. The social workers also approached a local foundation to obtain financial support for this family to take care of the grandmother. (Elderly Protection Team, personal communication, February 2007)

CHAPTER THREE: INCREASE RESEARCH EFFORTS & DISSEMINATION

Areas of Development

- Collect prevalence data

- Expand and integrate registry

- Disseminate and create accessibility to data and research
    - Foster professional reciprocity for data collection and data dissemination
    - Develop guide to "collections"
    - Develop "premier collection" of local literature
    - Reassess standards of confidentiality
    - Create access to non-English materials

- Encourage and support new research
    - Encourage a "culture of openness" related to research
    - Develop annotated bibliography organized by topic

- Develop research agenda

"Knowledge is power. Information is power. The secreting or hoarding of knowledge or information may be an act of tyranny camouflaged as humility." —Robin Morgan

A comparison of the statistics and research publicly available in Singapore and other developed countries such as Hong Kong, Britain or the United States reveals a dearth of information locally available.

Dr. Waller (2003), in his outline of development, identifies the need for research at every stage. While a foundation of research has been established, there are gaps to fill. To do this, several things, including dissemination and accessibility to information and primarily a culture of openness to research, need to be developed. Additionally, creating a research agenda and developing research tools will encourage further initiatives and, thus, the development of targeted and local evidence-based services.

Collect prevalence data

What are the actual levels of domestic violence, child abuse and elder abuse in Singapore? This basic question – *How big is the problem?* – is repeatedly asked (Chen, 2002; SAGE, 2004; WHO, 2002; WHO & PATH, 2005). A more specific question which immediately follows is – *Who is most at risk?* It is critical for policy makers and others to consider the levels of expenditures necessary to respond to the problem. First, it must be acknowledged that much has been developed locally without prevalence data, but the programmatic response will be more focused and refined when family violence prevalence data is available.

Generally, there are two sources of prevalence data to track victimisation rates – criminal justice and victim survey data. Victim survey data is seen as the most accurate, though still affected by under-reporting, source of actual prevalence data. Victim survey data is collected through a household survey. The experience of other countries and organisations that have already completed a household victimisation surveys can serve as a guide for local data collection. Models of collection exist in many countries including the United States (The National Crime Victim Survey (NCVS), BJS, 2007), Britain (The British Crime Survey, Crown, 2007), Hong Kong (UN International Crime Victim Survey: Victimisation in Hong Kong, University of Hong Kong, 2006), and from the United Nations (The International Crime Victimisation Survey, ICVS). The ICVS has been conducted regionally in China, India, Indonesia, Japan and the Philippines (ICVS, 2000). More specifically, an International Survey of Violence Against Women has been conducted in Hong Kong and the Philippines (Heuni, 2007). Singapore already has the capacity to conduct household surveys as shown by The General Household Survey in 2005.

Collect reporting/criminal justice data

Collecting data from organisations to which victims report is the second prong of collecting prevalence data. This data, compared with those of household surveys, would begin to provide a picture of the gap between potential need and actual accessing of services. Data from agencies responding to family violence outside the criminal justice system – such as social service agencies – would give a more complete picture of the entry points that victims use when seeking help.

Police. Currently, in Singapore there is limited publicly available data from the police on the number of family violence cases which come to their attention. More detailed data on cases (spousal violence, abuse of other kin, child abuse, elderly abuse, referrals to family service centres and more) is supplied to and reviewed by

the Family Violence Dialogue Group (FVDG) routinely and the Family Violence Working Groups (FVWG) as requested.

Additional data from police contact with such cases can be useful. For example, data collected in the United States includes reporting rates by offence, victim demographics, whether the offender had a weapon, person who reported to police, offence location, victim injury and number of victims (BJS, 2005).

Courts. Similar to the police there is no routinely, publicly available data from the courts on the number of PPO, EO and DEO applications and Mandatory Counseling orders.

Data is routinely supplied by the courts to the FVDG for review. The court has also published three studies which have provided snapshots of its response to family violence (Subordinate Courts, 1998, 2001 & 2004). The studies include information by race, age, educational level as well as the nature of the violence. This data can be used to build a profile of risk markers of family violence victims and perpetrators.

Additional data can be a resource for planning and responding. For example, data collected in the United States includes prior criminal history, criminal justice status at time of arrest, pre-trial release, amount of bail, time from arrest to pre-trial release and adjudication, and sentence imposed (BJS, 2005).

Hospitals. Routine data from hospitals throughout Singapore is not currently available. Several studies have been published covering public sector hospitals (Seow et.al., 1995; Cham & Seow, 1997; Lim, 2002; & Foo & Seow, 2005). These studies, similar to those of the courts, have begun to put a face on the violence – who is most at risk and what kind of violence is happening. Medical social work departments of public sector hospitals do have reporting requirements specifically about family violence cases. But it appears that reports compiling the data are not being generated for use.

There are some limits to the public sector hospitals data. Ministry of Health statistics are supplied by the medical social workers and will not be reflective of every family violence case entering the hospital for several reasons. Doctors may forget to refer, patients may decline referral, or the patient doesn't find his way to the medical social work department. Furthermore, the statistical record asks for reclassification of cases as being family violence-related after counseling with the medical social

worker. It is unclear how hospitals are completing this, however. Conceivably if a case does not come to meet with the social worker, then he cannot confirm the classification, thus further reducing the number of family violence cases identified.

Government social services. Data on the number of child abuse cases which were investigated is available in MCYS' annual statistical report (MCYS, 2004a, 2005a, 2006a). A snapshot report of child abuse cases *Protecting Children in Singapore* was published in 2005 (MCYS).

Private social services. A brief review of annual reports from family service centres shows a wide variance in reporting categories. Some reports separate family violence and others don't. NCSS, in its role with the family service centres, maintains a category for data on number of family violence cases. However, this data is not routinely publicly published.

Expand and integrate registry

An integrated, accessible registry of family violence cases could assist in the tracking of prevalence levels of cases seeking help across agencies. Furthermore, it would allow for research and understanding of inter-generational violence and the targeting of services appropriately.

Currently, a Child Abuse Register exists, which assists the police and hospitals to identify suspected cases of child abuse (MCYS, 2005b). Functionally, a family violence registry exists in the record of active PPO's. The Golden Life Workgroup has also recommended the collection of elder abuse records (SAGE, 2004).

Disseminate and create accessibility to data and research

There is a growing foundation of literature on the local context available. Research began to emerge in the late 1980's and early 1990's, but a great portion is unpublished and not widely available. As family violence social services are a more recent development, this unpublished literature is the critical foundation for future work. However, the unpublished work can be difficult to access and independent researchers face a host of challenges in accessing it. A critical step in encouraging future research or refine past efforts is to make what has been done more easily available.

In general, there were a number of hurdles to accessing unpublished social service materials while researching for this paper.

- The scope of academic exercises catalogued and stored in the National University of Singapore's (NUS) library system has been cut in the last couple of years as well as in the faculties due to space constraints.
- Academic exercises not in the NUS library collection are maintained in multiple locations and are not electronically searchable. Furthermore, there is no public information directing researchers to the decentralised repositories. Additionally, access for study is severely restricted.
- Many social service collections in Singapore require professional membership, fees and/or individual application and approval for use.
- A number of restrictions exists on publications ranging from requiring written permission from the author for any referencing to the designation of some publications as read-only (no photocopying or note-taking permitted).
- Statistics and documents restricted in one setting are publicly accessible and referencing (within copyright laws) is allowed without written permission in another context.

A number of steps can be taken to encourage and open the environment of inquiry and increase access to the already growing body of literature.

<u>Foster professional reciprocity for data collection and data dissemination</u>
A basic expectation and often motivating factor of those who contribute to research is access to the completed research report. Furthermore, in some countries, there is an expectation that government-funded studies will include a public report.

A number people interviewed reported that they either did not know how the information they were supplying was being utilised or were not included in dissemination of the final report to which they had contributed data. For example,
- Limited dissemination of the mandatory counselling programme research based on data input from family service centres,
- Data collection of family violence cases seen by hospital social workers not compiled and distributed to those supplying data,
- Limited dissemination of spousal abuse study funded by MCYS, and
- Those contributing to thesis research have been told that final reports are confidential and that the student cannot provide the agency supporting the research with a copy.

Critical to developing a positive environment for data collection and research is having access to the compiled data. Furthermore, the open access for review, input, consultation and critique can assist in the development of improved services.

Develop guide to "collections"

While there is some redundancy between resource collections (see Appendix C, Libraries/Resource Centres), it is not enough to safely limit oneself to a few of the collections if a comprehensive search is desired. Additionally, some publications may be held in multiple locations but have restricted usage in one collection and not in another. Visiting multiple collections is a requirement for a broad review of literature.

One interim approach is to develop a guide to "collections" of unpublished social service literature. This would include all the collections listed in Appendix C and, at least, the Singapore Children's Society Resource Centre, the NUS Law Faculty, the NUS Medicine Faculty and other institutions of higher learning in Singapore.

Develop "premier collection" of local literature

A longer-term solution to access of social service literature would be the development of a "premier" collection. In line with the increased recognition of the inter-generational transmission of violence, it would be beneficial if one resource centre includes materials on child and elder abuse. Keeping with the growing accessibility of information digitally, the family violence collection should be searchable online and full text publications available digitally as much as possible.

Currently, the MCYS Resource Centre and the SSTI Resource Centre have the strongest foundation on which to develop this comprehensive resource.

Reassess standards of confidentiality

Real or not, "the environment of confidentiality" is created and sustained by the maze of limitations and lack of limitations on materials. They include materials labelled:

- Reading only: no note-taking or photocopying,
- Statistics provided in one document labelled with restrictions of use, but available without restrictions in other settings, and
- Labels restricting use of some unpublished academic exercises, while others do not have similar limitations.

If an environment of confidentiality exists on materials which fall inside the known "out-of-bounds markers" (Chia, 2005), researchers will be functioning in an environment which potentially limits the questions they feel are acceptable to ask.

Furthermore, if on a societal level family violence is managed largely within the confidential realm how can the barriers of silence and secrecy be broken down at the individual, family, neighbor and friend levels.

Conducting a household survey on family violence provides data and at the same time it sends a message to society. A message that tells citizens it is okay to talk about these things; the government wants to know what hurtful things are happening to people; and in that way combats the code of silence that keeps individuals suffering in silence.

Create access to non-English materials

A limitation of this report is its lack of access to non-English materials. Though interviewees have reported that there is not much available in another language, there are some materials locally and potentially more from the. These materials could be made available through the centralised resource centre recommended earlier.

Encourage and support new research

Encourage a "culture of openness" related to research

In the last year, MCYS has published a resource for social service researchers (2006) in an effort to encourage more research among individuals/organisations. However, the subject of research must also be willing to share. In the development of this report, several requested interviews were functionally denied by seasoned professionals from both the programmatic and academic arenas.

The awareness that so much information is confidential and off-limits "trains" people into "not knowing", not asking for more information than they need or told they need. This is counter to the skills needed by social workers, who must constantly be self-reflective, practice- and agency-reflective, and referral-gathering in their approach to practice.

Develop annotated bibliography organized by topic

Another tool which could be developed to encourage and assist researchers is an annotated bibliography of local materials similar to the publication developed by the National Library in conjunction with the National Year of the Family (1994). The bibliography could be based on the references of this reports and literature listed in Appendix G and could serve as the foundation for developing a research agenda.

Develop research agenda

The most academically rigorous, publicly available and widely disseminated research is on the public and professional perceptions of child abuse (physical, sexual, emotional and neglect). The knowledge base has been developed by the Singapore Children's Society through its six research monographs published since 1996 (detailed in Chapter 1).

On the other hand, a step backwards in the development of the local research base was taken in early 2000 when the NUS Social Work Faculty discontinued its requirement of a dissertation on original research as a partial requirement for the completion of its master's programme.

Developing an agenda would help mark the path for future research. As a first step, a review of the existing research needs to be completed to identify what needs to be studied in the future.

Given the current silence of victims in the local context, the next best source of hearing their voice are the workers who work long and most intensely with those who have suffered the worst. In the local context, that would be the voice of the shelter workers, who, in some ways, appear to be as quiet as the victims themselves, which is true in many other countries.

Drawing from the research completed and their accompanying recommendations for further enquiry, the following list takes shape.

- Explore and compare elder and child abuse (Jayanthi, 2005).
- Gather the experience of people who have been through the system (perhaps cases handled by EPT) (Lim, 2005).
- Collect practice wisdom gathered from professionals who have worked with elderly abuse victims (Lim, 2005).
- The Golden Life Workgroup recommended a research agenda to include modification and use of established screening tools from the World Health Organisation.
- Research on the incidence and prevalence, risk factors, profiles of victim/perpetrators, intervention effectiveness, and the effectiveness of legislation (SAGE, 2004).
- Similarly, Blake recommends that "skill development of core service providers should be supported by research, documentation and evaluation of

programmes, monitoring the client population and differences in treatment programmes as well as the longitudinal evaluation of interventions" (2003).

- Within the scope of completed research, a voice which needs to be heard is the voice of victims. " '…the most successful programmes in changing behaviour (Gondolf in Bong 2000) are those with movement ties.' They tend to be more responsive to the needs of those whom they serve and also present an uncompromised commitment that has an impact." (Bong 2000)

These recommendations are just the beginning of the development of a comprehensive research agenda.

Research is foundational to strategically targeting the future developments in services responding to the needs of family violence victims. To further these efforts, it is necessary to foster a culture of reflection and sharing, and tools to aid future researchers.

Additional Areas of Inquiry

- What are the barriers to publishing comprehensive criminal justice and social service data?

- What will it take to conduct a household prevalence survey?

- Analysis of data collected to assess its accuracy?

- What options exist for making academic exercises more accessible?

- Explore how a "culture of openness" can be developed.

- What can be done to fill in or reclaim the academic research base lost by the change in Social Work academic requirements?

CHAPTER FOUR: STRENGTHEN CORE SERVICES

Areas of Development

- Develop consistency in application of definitions
  - Family violence
  - Child abuse
  - Elder abuse

- Strengthen the system responding to family violence
  - Help lines
  - Hospitals
  - Police
  - Courts
  - Child Protective Services
  - Elderly Protection Team
  - Shelters
  - Counseling & Casework

- Strengthen the supports to the system
  - Training & education
  - Systems/processes
  - Social work profession
  - Funding

This chapter addresses the issues and concerns which surfaced during interviews and review of local research. It is beyond the scope of this report to analyse every detail of the system in place to respond to the varied needs of family violence victims. The manuals documenting the system are numerous and any complete analysis would likely exceed the volumes used to document it.

Definitions

Defining abuse has been a continual challenge, varying among countries, research projects and responding professionals (WHO, 2002). Singapore has developed working definitions for family violence and child abuse in the legislative codes but is still lacking a legal definition for elder abuse.

Family violence

The definition of family violence is set out in the Women's Charter and reads:

> *"Family violence"* under **Section 64** is defined as:
>
> (a)   wilfully or knowingly placing, or attempting to place, a family member in fear of hurt;
>
> (b)   causing hurt to a family member by such act which is known or ought to have been known would result in hurt;
>
> (c)   wrongfully confining or restraining a family member against his will; or
>
> (d)   causing continual harassment with intent to cause or knowing that it is likely to cause anguish to a family member
>
> but does not include any force lawfully used in self-defence, or by way of correction towards a child below 21 years old. (MCDS, 2003)

This definition includes physical (including threat and restraint) abuse, neglect and psychological abuse. Other definitions of family violence include other areas of abuse such as sexual, economic and social (Domestic Violence Advocacy Service, et. al, 2001).

Child abuse

"Child abuse" is defined in the Children and Young Persons Act and reads:

> (2)   For the purposes of this Act, a person ill-treats a child or young person if that person, being a person who has the custody, charge or care of the child or young person —
>
> > (a) subjects the child or young person to physical or sexual abuse;
> >
> > (b) wilfully or unreasonably does, or causes the child or young person to do, any act which endangers or is likely to endanger the safety of the child or young person or which causes or is likely to cause the child or young person —
> >
> > > (i) any unnecessary physical pain, suffering or injury;
> > >
> > > (ii) any emotional injury; or
> > >
> > > (iii) any injury to his health or development; or
> >
> > (c) wilfully or unreasonably neglects, abandons or exposes the child or young person with full intention of abandoning the child or young person or in circumstances that are likely to

endanger the safety of the child or young person or to cause
the child or young person —

> (i) any unnecessary physical pain, suffering or injury;
>
> (ii) any emotional injury; or
>
> (iii) any injury to his health or development (CYPA, 2001).

While psychological abuse is covered in this definition, it is hard to take action on psychological abuse when physical discipline is still acceptable.

<u>Elder abuse</u>

While elder abuse is covered in the Women's Charter's definition of family violence, the Golden Life Workgroup has recommended that a definition specific to elder abuse be adopted. The definition currently provided in the elder abuse publications in Singapore is:

> "…any action or inaction perpetrated by a person in a position of trust, which jeopardises the health or well-being of an elderly person. It includes the infliction of physical, emotional or psychological or sexual harm on an elderly person. Elder abuse can also take the form of financial exploitation, abandonment, neglect and medication abuse by the caregiver." (MCYS, 2004d)

It has also been suggested that neglect include the concept of "abandonment in institutions" (Jayanthi, 2005).

While common definitions have been accepted for determining the scope of abuse to be addressed, there are concerns that these definitions are interpreted and applied differently by different parts of the system (Tan, 2006). For example, the family courts may very clearly outline the four types of abuse included in the PPO and brief victims that if any of these occur, the PPO holder can call the police and have the abuser arrested. However, when the police are called they may not interpret the definition in the same manner. Thus PPO holders may leave the Court with one set of expectations but be met with a different reality when the police are called. This confusion about operational definitions was highlighted in a study of doctors and lawyers (Fung & Chow, 1998).

Barriers to help-seeking

A discussion of barriers to seeking help by family violence victims is relevant to a review of the system and needs to be considered in the development of public

awareness programmes. For further discussion on public awareness see Chapter Eight.

Blake, in a study of family violence victims receiving assistance through counselling and case work services, identified the following barriers to obtaining services:
- Lack of awareness of what help is available,
- Shame/embarrassment,
- Fear for personal safety,
- Fear of retributive or punishing from abuser, and
- Fear of being blamed by the extended family (2003).

A 2003 Public Perceptions study by MCYS identified "preference for personal mediation, high value placed on having 'face', and the lack of confidence in counselling efforts to change abusers" as additional barriers to service (MCYS, 2006c).

Most often women turn to informal sources of support:
- Being listened to,
- Receiving advice, and
- Getting financial help before turning to formal support systems (Blake, 2003).

Locally based research has identified the following issues and barriers to responding to elder abuse faced by care providers:
- Lack of clear definitions,
- Lack of knowledge about elder abuse,
- Lack of resources,
- Dependency of elderly people,
- Fear of the response of the elderly person's family,
- Lack of legislation or protocol to identify and report, as well as
- Concerns that reporting would not improve the elders' situation (Chow, 2004; Chen, 2002; Lim, 2005).

This concern about whether reporting would make a positive difference for the abused older person is a theme repeated internationally (Canadian Task Force on Periodic Health Examination 1994 in Gerontological Society of Singapore 2004).

On the other side of the discussion are the barriers to services by those who are abused:

- Lack of understanding of the terms or what constitutes elder abuse and neglect
- Dependency on the family,
- Fear of losing face,
- Health complications including cognitive limitations,
- Thinking they may be the cause of the abuse,
- Being unaware of what intervention involves,
- Concern that an intervention could have negative outcomes or possible consequences to the abuser,
- Don't see the abuse as wilful,
- View the abuse as a result of misunderstandings or unresolved problems, and
- Pervasive opinion that elder abuse is a private matter to be handled at home (Lim 2005, Jayanthi 2005).

The system responding to family violence

After personal options for coping with abuse at home are exhausted, victims of family violence turn to the formal system. By the time that happens, the victims have often dealt with six to seven episodes of violence (Lim, 2002). Three quarters of Singaporeans indicated that they knew where to find help in cases of family violence. The majority of those indicated they would contact the police (MCYS, 2006c). For those studied who had entered the system, they view help as being available from the police, hospital, courts and MCYS (Blake, 2003).

However, a willingness to seek help in person from the police, hospital, courts or social services requires the victim to overcome the barriers of wanting to handle it privately and the fear of losing face, and the accompanying shame and humiliation. In many countries these obstacles are addressed by having help lines which people can call anonymously to seek help.

Help lines

Currently, there are three such options in place for family violence victims: AWARE's Helpline, FSC 800 line and the Child Protection 800 line. The AWARE line is staffed during the evening hours. The FSC 800 line is available during business hours as is the Child Protection 800 line. AWARE is currently working with a couple of the shelters to provide a process of screening and referral that will serve as a single point of access to several shelters.

The first observation is that none of the help lines provides a 24-hour in-person response, which is commonly found in other countries (Domestic Violence Advocacy Service, 2001; Bennett et.al, 2004). Each time inquiries were made about providing a 24-hour service, the response indicated that the social service programmes are not interested in staffing it. Logic tells us that much of the abuse which occurs happens at home, in the evening when families are together. In the middle of the night when a victim is scared, they are more likely to seek help. In the light of day, they will often decide it wasn't so bad and try to move on.

There were some concerns expressed that the Child Abuse hotline is "cold" – often it rings a long time before it is answered. In an unplanned set of circumstances, the researcher needed to call the helpline to assist a colleague. The information provided was not very clear and the child protection worker directed the caller to look at the legislation on the Internet in response to questions trying to clarify what "obliged to report" meant. The helpline must be staffed with people directly skilled to answer questions from professionals and victims trying to understand the laws and the process if a report is made.

Hospitals

Many, if not all, local hospitals have a medical social work office. At Singapore General Hospital, a social worker is attached to the accident and emergency (A&E) department and a domestic violence team has been formed. Unfortunately, social workers are only formally available during regular business hours. However, through personal arrangement, social workers have made themselves available after work hours. This is an area where consideration can be given to the need for a 24-hour service to be established formally (systemically), instead of on a case-by-case basis.

A protocol is in place such that all identified family violence cases will be referred to the social work department. Patients referred to the medical social work office, generally must find their own way, which may contribute to attrition, in addition to the fact that the patient/victim may have already been in A&E for 2 to 3 hours. In some cases, arrangements are made for an escort to the social work department or for the social worker to meet the patient in A&E. Social workers, when needed, provide support outside the hospital, such as going to a family member's home in an effort to identify social support or accompany a patient to family court (see Domestic Violence story in Chapter 2).

While the hospital has developed relationships with the police in the nearby post, patients can come from anywhere on the island. This raises difficulties in coordinating support for victims (i.e. police escort to collect belongings). This need for strengthened networking is echoed in research covering hospitals and voluntary welfare organisations handling child abuse (Tan, 2006).

Police

The Singapore Police Force have developed policies, procedures and training which are in place to respond to family violence victims. The training is focused on the law and operational procedure (SPF, personal communication, April 2007). This would indicate that an enhancement would be to train officers on the dynamics of family violence so that they would not respond based on prevalent social myths. Police officers continue to receive training through initiatives of the FVWG's. With the routine rotation of officers between divisions and short-term officers serving National Service, there is a need for continuous basic training.

Recent additions to the police SOP is charging "recalcitrant" (defined as having two prior convictions for breaching PPOs) offenders within 48 hours of arrest without bail and the investigating officers' notifying the victim (or his social worker) at least one hour prior to the release of the perpetrator (SPF, personal communication, April 2007; MCYS, 2003). The intent is to help the victim avoid unnecessary contact with the perpetrator. One hour is a short period of time. As this is a new initiative, future evaluation as to whether an hour is sufficient notice time will be valuable.

The police have traditionally been viewed as the first point of contact for victims but current data does not bear this out with the police contacts at half the level of family court contacts.

Another area mentioned is the experience that the police do not respond to psychological abuse with the assertiveness that the law allows. There is a sense that the police are looking for injuries or bruises before taking action even when a PPO is in force. In some other countries, the police are empowered to provide a protection order at the scene of the crime (Domestic Violence Advocacy Service, 2001).

The sensitivity of the system is such that unless there is a serious threat (criminal intimidation), a broken bone or a PPO, the police do not take immediate action to protect the victim, such as arresting the perpetrator. Taking this comparison to an extreme situation, a woman without any visible injuries could report to the police that

her husband held a knife and threatened to kill her and receive immediate action. On the other hand, a woman covered with bruises and swollen (without a fracture) limbs would not get immediate response in terms of arresting the perpetrator.

Courts

Many innovations in responding to family violence over the last 10 years have occurred in the family court as was discussed in Chapter One. There was a balance of comments in interviews, some reporting that the courts system is sensitive in its practice and others identifying some gaps. The overall sense from conversations is that there can be uneven experiences, some victims finding a compassionate, helpful system; while others finding them selves struggling with barriers to getting through the process.

While the office where applications for PPO's are filed is a calm, quiet place away from the busy traffic of the courts, the initial application process takes place in an open area where conceivably others can listen to the conversation and watch the person applying. While there is no requirement for a police report, some victims have been asked for one. There is also a sense that victims need to have the right language to describe why they are applying for a PPO.

When the court moved to its current location, separate waiting areas for victims and perpetrators were designed in the building layout. However, due to traffic flow, they are not functionally working in the way they were designed. In some cases it was reported that lawyers for the perpetrator and husbands have badgered the women applying for a PPO, leaving the women feeling quite confused. It appears that if a victim articulates their concern about seeing the perpetrator or if a befriender accompanying the victim requests a separate waiting area, the court effectively accommodates the request. Furthermore, the court is willing to arrange for a staggered departure from the building, so that the victim does not inadvertently run into her abuser. There is concern that there may be those who are less articulate about their concerns or not accompanied by someone aware of this protection who may not receive the same support. This protection should not be provided on request, but should be part of the systematic services offered, unless declined.

Child Protective Services

Currently, the scope of child abuse cases is quite small. Several areas of future development were raised. In 2003, a compulsory education law went into effect. This is in line with the UNCRC, which calls for children to have the right to

development. A system has been put in place to follow up on children who are not enrolled. This follow-up has been reported to stop at the point of applying the law to parents who, after follow-up, still don't ensure their children are in school.

Internationally, there is a growing awareness of the prevalence of child abuse in homes experiencing family violence. In the United States, the Greenbook Initiative seeks to bring family violence and child protection service providers together to protect multiple victims in the home. The initiative seeks to protect children when their mothers are being abused, without further victimizing the mother, and address how communities can protect women and children while holding perpetrators accountable (Schecter and Edleson, 1999).

Locally, a doctoral study completed recently investigates how growing up with violence in the home affects teenagers (Sudha, 2007). A sidebar to this study pointed to the insensitivity experienced by the study participants from teachers, police and other professionals. PAVE has, for a number of years, been addressing this concern by running groups for children who have witnessed violence. A possible further development would be the establishment of a group for children with parents who are violent, suffering from mental illness and addiction (Pang, personal communication, February 2007) as well as further investigation into how to meet the needs of abused parents and their children.

Elder Protection Team (EPT)

The EPT was established at Trans Centre as a pilot project in 2003 to develop the capacity to respond to elderly abuse victims. For social worker,s this required learning about new concerns around the health and cognitive issues that the elderly face. A multi-disciplinary consultation committee was established to provide support and expertise to the social workers. Committee members included a lawyer, a medical social worker with expertise in geriatrics, doctors with geriatrics expertise and representatives from MCYS. The team directly handles cases that Trans Centre serves and provides both case consultation and in-person support to social workers handling elder abuse cases in other voluntary welfare organisations.

Currently, a case management manual outlining a protocol for responding to elder abuse has not been developed. However, references to elder abuse are included in the family violence protocol (MCYS, 2004c). The Golden Life Workgroup has recommended that a response to elder abuse and an Elder Protection Unit be built on the existing child and family systems (SAGE, 2004).

As policies and protocols are established, it would be beneficial to consider prior research. Prior research recommends taking a partnership approach with the victim in the intervention based on a social work versus legal intervention model (Lim, 2005). Lim identifies the social work model as more responsive to the unique concerns and barriers experienced by the elderly (2005). This is in contract to the recommendations of the Golden Life Workgroup which calls for a much strengthened legal framework for responding to elder abuse.

Shelters

As is true of most shelters around the world, the programmes have limited funding and the staff work intensely with those who have suffered the worst brutality at home.

Shelter workers know that this can be dangerous work – dangerous if the perpetrator locates the victim and tries to come after her. The need for confidentiality of the shelter location has been slow to be understood. Addresses of the shelters have been published in written material, and when the address has been removed, the picture of the building was still included. The lack of understanding of the need for confidentiality reflects either a lack of deep understanding of the danger that the victims are escaping from or is placing the publicity needs of the sponsoring agency above the safety needs of the shelter residents.

There were a number of shelter needs which were raised. Currently, the shelter space which exists is available for three months. This tenure can be extended if housing is still required after that period. A number of programmes around the world have developed transitional shelter housing (Sullivan, 2003). Generally, it is housing which is available from the end of the third month for a year and a half. The residents generally have more of an individual family living arrangement (eg a small flat) and still participate in programmes which help them with job and housing searches, parenting classes and other issues related to getting out of a violent relationship. However, the programming is not as intensive as in the emergency shelter. This is particularly important in the local context, where housing for individuals or single parents can be challenging to find.

Additionally shelter care needs have been identified for:
- Additional space so people are not turned away,
- Family violence victims with mental health concerns,
- Male victims of violence, and

- Shelter space for the elderly.

Several cases were reported in which patients with mental health concerns were admitted to IMH. Their mental health concerns were addressed but the violence issues were not. The patient was then released without involving other case workers who could address the violence issues.

The need for shelter space for the elderly focuses on the need for Category 1 (mobile and cognitively functioning) and Category 2 (less mobile) space to be funded by MCYS or MOH. Often, nursing homes do not want to take an elderly person if there is no sponsor or guarantor.

There is a need for more shelter staff knowledgeable in family violence issues who can provide counselling and casework for the families. Many programmes are being provided by volunteers, who are a valuable resource but would not allow for consistent programming. The Integrated Case Management System is set up for counselling to be provided by the FSC or hospital social worker if the victim is referred from that agency. Functionally it can be quite difficult FSC staff or hospital staff to travel to the various shelters where their clients may be. The clients' needs can be intense during their shelter stay and are best served by someone who is on site. A reluctance to share case notes was identified as one reason why one case worker maintains responsibility for the case. Protocols need to be established to allow for the sharing of case notes. The victim can sign a release and an entire file can be copied and turned over to the next case worker. Each shelter should have a dedicated social worker to provide support to the clients. Furthermore, it is critical to have a person who specialises in the needs of children attached to the shelter, if not full time, then on a part-time basis. In a country as compact and integrated as Singapore, specialists could work and be hired to provide support to multiple shelters at least as a start. Ideally, a shelter could be attached to a specialist centre such as PAVE.

Counselling & Casework

There are generally two types of programmes providing counselling and casework for family violence cases. There are generalist programmes which also service clients who are not dealing with family violence issues and there is a specialist programme, PAVE, whose entirely focus on family violence issues. Within "generalist" agencies, one of the challenges is that expertise can be dependent on the interests of staff. The impression which kept surfacing throughout the interviews for this report is that there is uneven expertise in family violence available to clients approaching VWO's.

The system does not appear to be set up to funnel people to the highest level of family violence expertise. For example, if a victim calls the FSC 800 line, she is automatically forwarded to the FSC in her area. Certainly, if family violence is identified as the issue, the individual FSC will assign the case to its most skilled person. However, the FSC itself could have a very low level of expertise. Thus, one person going to her local FSC may get a much lower level of expert help than someone who lives in an area serviced by a family service centre with family violence expertise.

Upon entering most VWO's, there was very little information visible about family violence on posters or brochures. Clients receive messages of validation that it is okay to raise issues of family violence when they see posters or information addressing these issues. Simply put, if clients see posted information, they realise they are not the only ones being abused. The knowledge that they are not the only ones helps to give courage to clients that it is okay to seek help. This is critical in a culture, with historical beliefs which restrict people from airing family matters in public. Furthermore, most clients must gain entrance through a locked door – an additional barrier for people who are timidly seeking help.

The mandatory counselling programme provided by over 40 VWO's, an increase from 15 in the beginning of the programme (MCYS, 2007b), has been given a big boost with the launch of the *Family Violence Mandatory Counselling Programme Practice Guide* in March 2007. Reflecting on research "…long-term counselling and other rehabilitation measures may ultimately prove more effective than arrest…" (Bong, 2000). However, the research supporting long-term counselling programmes assessed the most effective programs to run for 26 weeks (NIJ, 2003). The mandatory counselling programme provides for eight individual sessions and 10 group sessions. However, this does not provide for the 26 weeks of individual or group counselling support identified in the effective long-term programmes. Without a strong arrest policy, or a rigorous counselling programme in its place, it would appear, based on international research, that one part of the system is in need of strengthening.

Groups have long been seen as one of the most successful ways of addressing the needs of victims and perpetrators as well as addiction issues. Groups have been tried in many different venues in Singapore based on experiences reported in Western countries, starting with the Men's Recovery Group started in launched in 1992 (SAFV, 1994). Both voluntary welfare organisations and Community Addictions Management Program (CAMP) have worked to establish groups for batterers and

addicts respectively and have found difficulties. There continues to be much discussion that groups have not caught on here in the same way. It has been 15 years since group work was introduced in Singapore and it continues to be in its infancy for lack of facilitators and agencies willing to provide this service (Bong, 2000).

Another recent innovation, Project SAVE (Substance Abuse and Violence Elimination Programme), initiated in 2002, is a combined effort of the Family & Juvenile Justice Centre, the Ministry of Community Youth & Sports and CAMP to provide addiction counselling to those with problems co-existing with family violence issues. If a client is assessed to have an addiction, a treatment plan is developed. The treatment plan falls under the mandatory counselling provisions and funding. CAMP's goal is to provide for the entire family system. However, it can be difficult to obtain the involvement of the spouse. CAMP focuses on addiction issues and refers the case back to the FSC's for marital counselling. The addiction issues having been addressed first. However, the concern exists that just as family violence is a specialty area of counselling, so are addiction issues. It is possible that FSC social workers who are not familiar with addiction issues could undermine the work done on addictions in the course of the standard mandatory counselling programme.

CAMP's single location makes it a challenge for people get to. There is a need for expertise in family violence and substance abuse throughout the island.

Blake's research on spousal violence recommends utilising the skills of those concerned with family violence (2003), apparently referring to specialist centres. Family violence and addiction patterns share some similar features – that stereotypical cultural and religious roles for "women" as caretakers often result in behaviour on the part of the victim which enables the abuser or addict. This requires the skill of experienced counsellors trained in both family violence and addiction issues to identify and challenge minimisation and rationalisation behaviours.

Supporting the system

Girding this system of agencies providing services directly to family violence victims are supporting structures such as training, system connections, funding and the social work profession, which also affect the delivery of services.

Training & education

In March of 2007, a new certificate in *Family Violence Mandatory Counselling Programme* was launched by MCYS and SSTI and is aimed at providing strengthened expertise for those providing counselling and casework for family violence victims (Woo, 2007). This initiative is a timely response to the need for more sensitivity from service providers (Blake, 2003) and the need to "sensitis(e) front-line workers" (MCYS, 2006c) identified in earlier reports. The consistency of this new training initiative will presumably address the variances in training content which previously left one person's basic training unlike another person's basic training.

Unfortunately, a review of the training content was not possible in advance of this report. However, one area identified is the need for advocacy training. The agencies which demonstrated the greatest depth of knowledge of the needs of family violence victims described an advocacy approach to working towards the needs of their clients. For example, private places to conduct interviews, separate waiting areas for victims and offenders, and multi-disciplinary involvement in case planning.

Throughout interviews for this report, there seemed to be a repeated concern that many professionals in the system possess a "shallow" level of knowledge about domestic violence. Confidential anecdotes were shared by several interviewees about social workers, who made comments such as, "He doesn't look like an abuser," or "The husband was a really nice man." These statements were used to support a position of leniency in dealing with an alleged perpetrator.

Interviewees reported that in the system, it appears that professionals approach family violence victims' claims from a position of disbelief. For example, doctors, when noting a complaint of domestic violence in their medical cases notes, will write that the patient "alleged" that they were abused. However, in the same interview setting, if the woman says that her husband is not earning enough money, that comment will be included as a basic statement of fact.

Systems/processes

"Some of the difficulties that women came up against (though they seem to have not been overwhelming) were being unfamiliar with the system and the process of getting help is 'lengthy and complex'…" (Blake, 2003). It is the personal reflection of the researcher that there is lack of clarity about the system by most of those working in the system. This reflection is based on the researcher's experience of having worked in other social service systems and with the legal statutes which provided

guidance. Professionals working must be knowledgeable about the system in order for victims to have a sense of confidence in entering and utilising the system.

The following are examples of this lack of clarity encountered during interviews:

- Lack of awareness with the resources and programmes of the shelters,
- Lack of knowledge that the shelters can accept referrals 24 hours a day,
- Inability to quote from memory or reference documents the legal statutes under which child abuse professionals are operating,
- Lack of knowledge about the existing child abuse registry,
- Confusion about which FSC's are under which police post's purview,
- Lack of understanding of the terms of reference of the FVWG and its role in relation to the FVDG,
- Inability to articulate the goals of the organisation in responding to family violence cases, and
- Unclear information provided about what steps are required to obtain a PPO on behalf of the children and then gain access to the children.

In general, there seem to be two hindrances to gaining a comprehensive knowledge about the family violence response system – information dissemination is limited and staff turnover is high.

Limited information dissemination happens at formal and informal levels. The case management guides, *Integrated Management of Family Violence Cases in Singapore Manual*, *Management of Child Abuse in Singapore: A Manual for Professionals and Service Providers Working with Children* and *Family Violence Mandatory Counselling Programme Practice Guide,* are confidential guides with limited distribution, approximately one per agency (MCDS 2001a & 2003; MCYS 2007). This is a guide that should sit on the desk of every social worker who may have to respond to a case of family violence. Workers need easy access to the written guidelines on how to handle cases and not have to rely on word of mouth, which can get distorted over time. Furthermore, based on interviews conducted, professionals in the system see their required sphere of knowledge as very limited and don't appear to have a working knowledge of the other agencies in the system from which their clients may need assistance. They are also hesitant to offer an authoritative, knowledgeable, organised overview of their own agency.

An important but "quietly" mentioned issue, not unique to Singapore, but certainly critical to a comprehensive response to family violence, is the question about

whether the system has the capacity to handle a higher level of need. If reporting becomes mandatory, if the police were required to investigate all claims of violence, if more women required shelter, would the system be overloaded?

Another way to look at the response to family violence, child abuse and elder abuse is to look at each point in the system, determine who maintains responsibility for that "point" and assess the system to see where efforts can be consolidated and where they need to be differentiated. The need for this came up when discussions were being held at a FVWG about training on family violence and the ensuing discussion about whether or not to include elder abuse. This is something which needs to be conducted consistently throughout the city, not just in one land division.
An example of how an analysis could be structured is as follows.

Table 4.1 Family violence, child and elder abuse system responsibilities

Response	Child abuse	Family violence	Elder abuse
Legislation	CYPA	Women's charter CYPA	Maintenance of Parents Act
Public awareness	MCYS	FVWG's/MCYS	MCYS/EPT
Investigation	MCYS	Police	EPT/FSC's
Case management	MCYS	FSC's	FSC's
Counselling	MCYS/Designated FSC's	Designated FSC's/CAMP	FSC's

One need identified to assist professionals working to navigate the system on behalf of their client is the ability to call together an emergency case conference, which would bring together knowledgeable representatives of the police, courts, MCYS and other agencies when needed to clarify options and develop an assistance plan. One approach which has been taken in some states in the United States is to have a "victim ombudsman's or victim advocacy office", which is housed at a high level of the state government. The ombudsman's office is responsible for assisting victims to identify services, networking between victim serving agencies and resolving complaints (South Carolina Office of the Governor, 2007).

Finally, another outstanding systemic issue in need of development is a national level response system for suspected cases of elder abuse (Chen, 2002; SAGE, 2004) which is discussed earlier in the section on the Elderly Protection Team.

Social work profession

The most often-mentioned issue in the social work profession is the high staff turnover. Blake cautions "…complacency as well as changes in personnel in these sectors can effect the level of alertness" (2003). While official statistics could not be identified, off-the-record comments estimate turnover at about 30%. The expertise needed to handle family violence cases requires the skills of a more seasoned and experienced social worker. This can be challenging in places where the turnover of social workers is high. When turnover is high, practice wisdom is lost and the system and, ultimately, abuse victims suffer. An area which is seen to contribute to high turnover is the level of pay for social workers (Tan, 2007).

The need for continued skill development to ensure good practice (Blake, 2003) is being addressed through the new *Family Violence Certificate Programme* mentioned earlier in this chapter (SSTI, 2007).

The need to "guard against complacency" (Blake, 2003) often resulting from burnout; the need for self-care of social workers from vicarious victimisation (Sudha, personal communication, April 2007); effective supervision (SCS, 2006) (beyond case conferencing) in addressing issues of the use of self in clinical settings, have all been identified as areas needing development.

Funding

The funding of social service programmes is a challenge the world over. Furthermore, the skill sets and networking needed for fundraising are very different from the skill sets and networking contacts needed for delivering services. Fundraising is discussed as a significant stressor for social service professionals. In the local context, additional challenges to fundraising efforts has occurred with the public identification of social service agencies under investigation or facing lawsuits for improper handling of donations.

Specific funding concerns mentioned are listed below.
- The 25% required match for creating booklets/videos is challenging to obtain.
- Public funding is not available for child victims of violence groups.
- Funding men's violence groups means re-allocating funds from use to support individual mandatory counselling (though this issue may have been addressed with the launch of the *Mandatory Counseling Practice Guide*).
- Financial support for shelters is limited. For example, a shelter of 40 clients is staffed by two programme staff and three custodial workers, only one of whom

has prior family violence experience. Typical shelter staffing levels are at a minimum of one staff to eight residents while others strive to have levels at 1:4 or 5.

- Low social worker salaries with limited opportunities for advancement.
- Public funding of the EPT ended with the pilot project. Elder abuse cases are time intensive and cannot easily be incorporated into the existing counselling and casework of a VWO.
- Shelter residents are only funded at 50% per person; however, the staff levels are fixed whether the shelter is full or only partially occupied.
- Social service funding seems to be targeted at "current" concerns. Stable core funding for to provide basic services is needed.

While this chapter has addressed the direct service points first and followed up with a discussion of the supports girding the system, the priority of addressing support issues may in fact need to be addressed first. Certainly, recent initiatives such as family violence training and increased salaries for social workers are a start. However, more can be done to strengthen knowledge, create a culture of sharing, and increase the funding for social service programmes and family violence initiatives.

Additional Areas of Inquiry

- What is the average number of years of experience of social workers in family service centres?

- What are the outcomes of family violence cases transferred to the new Community Court?

- Are multi-disciplinary child abuse investigation teams being fully utilised? How can they be maximised?

- What is the minimum level of training in family violence that every police officer receives?

- What is the response time of police to family violence calls?

- How can the law be applied to parents who do comply with the compulsory education law?

Additional Areas of Inquiry (continued)

- How can the psychological abuse category of abuse be more strongly enforced?

- What more than increased salaries and training can be done to retain social workers?

Additional Areas of Inquiry (continued)

CHAPTER FIVE: ENHANCE

LEGISLATIVE/POLICY/PROCEDURAL PROVISIONS

Areas of Development

- Family violence
  - Strengthen response to family violence
  - Provide residency for abused women who are in Singapore on dependant passes who are mothers of Singaporean children
  - Expand family violence protections to cohabitation relationships which are non-familial
  - Implement a law making rape within marriage a crime

- Child abuse
  - Consider strengthening the laws on child discipline
  - Consider the implementation of mandatory reporting

- Elder abuse
  - Develop national elder abuse response system
  - Identify permanent funding for response to elder abuse
  - Implement elder abuse investigation laws

Does law drive culture or culture drive laws? Should laws be passed and then assessed for how implementation is to be achieved? Should laws only be passed when they are clearly enforceable? These are some questions articulated by those concerned about the laws and policies guiding the response to family violence.

Some apparent discrepancies about what the law says about culture and what we identify as important shared by family violence professionals include[1]:

- Animal control response time is faster than child protection services response time.
- Sentences for abusing a maid are more severe than assaulting a spouse.

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[1] These have been listed as mentioned, they have not been researched.

- If a woman reports that her life has been credibly threatened (but has no bruises), her case will receive a more immediate level of response than someone who reports that she has in fact been abused, has bruises and swelling to prove it but has no bone fracture.
- That a perpetrator is guilty of breaching the restrictions of a PPO if he continually psychologically harasses the victim (MCYS, 2003) – a non-physical form of violence – but is not guilty of breaching the PPO if he forces the victim to have sex.
- Compulsory reporting exists for drug users seeking treatment but not for suspected or confirmed cases of child abuse.

Family violence

Strengthen the legal response to family violence

"The approach of the law is that the violent behaviour is not considered any less serious because it arises from a domestic dispute or because the parties involved are husband and wife, rather than strangers." (Chan, 2000)

The short fall of this approach is that the "system" does not shy away from intervening in stranger violence as it historically does in domestic violence cases. This approach does not acknowledge that the violence violates a contractual environment "to love, cherish and protect". This perspective ignores the repetitive nature of family violence and the additional challenges faced by the victims to live in safety. It also ignores the unique and additional barriers faced by victims of domestic violence in seeking help. If a victim lives through six to seven incidents of violence before seeking help (Lim, 2002), then the system should not place the need to keep the family together above the safety of the abused.

Provide residency for abused women who are in Singapore on dependant passes

There are some victims who are especially vulnerable because they are in Singapore on a dependant pass. When they try to leave their husband, who resides here on an employment pass, their husbands may threaten to have their wife's dependant pass revoked. This can leave the women in a fragile position if they do not have a place to return to in their home country after leaving a failed marriage. Additionally, in some cases, the wife may be here on a non-permanent pass but their children are Singapore citizens. If the mother's pass is revoked, the husband can keep the children, while the mother must leave the country. These cases are few in number but are a clear example of a gap in the protection of vulnerable victims.

<u>Expand family violence protection to cohabitation relationships which are non-familial</u>

One of the significant changes to the Women's Charter 10 years ago was the widening of which family members are protected by family violence laws. However, a gap remains in the case of couples who are cohabiting but not married. Also, domestic workers, who live in the home and can be in a particularly vulnerable situation, are not covered.

<u>Implement a law making rape within marriage a crime</u>

Currently, rape within marriage is not a crime but is currently being considered by the Ministry of Home Affairs. However, the exceptions included in the draft language effectively limit its application, and thus efficacy. AWARE, in its position paper is asking for broader application. The proposed amendment is viewed as a token amendment which does not provide sufficient response to women raped in the context of marriage (AWARE, 2006).

Child abuse

<u>Consider strengthening the laws on child discipline</u>

"An area of social policy and the family still in need of addressing is corporal punishment. As long corporal punishment continues to be sanctioned and used in public institutions and the home, children in Singapore are not fully protected. Studies have not shown that corporal punishment is any more effective than other forms of punishment" (Tan & Kalyani, 2002). Hitting a child is the most common form of discipline as reported by women residing at the shelters (Wilcock, personal communication, November 2006).

The ineffectiveness of corporal punishment is supported by studies of the Singapore Children's Society, which summarised reports of disciplining approaches by parents from the view of the parents and the children. Both sides agreed views that the most effective method of discipline was "explaining" (Shum-Cheung, 2006).

<u>Mandatory reporting</u>

There is an ongoing debate internationally on the benefits of mandatory reporting (WHO, 2002). Locally, more than 80% of doctor's and lawyers in a Singapore study felt it is necessary and should apply to at least social workers, medical professionals and police (Fung & Chow, 1998). This is supported by a study of the general public in which 63% felt there was a need for a mandatory reporting law (Tan et.al, 1995 in Fung & Chow, 1998).

Elder abuse

Develop national elder abuse response system

Among the recommendations developed by the Golden Life Workgroup was the establishment of an Elder Protection Service and an accompanying "standard protocol for elder abuse intervention with standard definitions and procedural flowcharts for reporting and processing". Furthermore, the workgroup recommends further legislative protections be enacted in the areas of banking secrecy, establishing mandatory reporting ... and guardianship. (SAGE, 2004)

Implement elder abuse investigation laws

One of the challenges faced by the Elderly Protection Team has been gaining access to elderly people for the investigation of cases, which were most commonly reported by neighbours and family members. The team has used a variety of innovative ways to investigate cases. If the police are asked to respond to a report of elder abuse from the Elderly Protection Team, the team must substantiate a "cause of concern". A law that would assist with access for investigation and removal purposes would assist the team to follow up on reported cases.

In a society which has, as one of its core values, the protection of the family and filial piety towards the elders of the family, these values are undermined if there is no system in place to provide protection for the elderly.

Changes in the last 10 years resulted in more requests for services. However, prevalence estimates point towards a larger population of abuse victims still in need of the protection stronger laws can provide.

Additional Areas of Inquiry

- Should reporting of abuse of vulnerable populations (children, elderly, disabled, etc) be mandatory? If so, who should it be mandatory for?

- How can the police response be made more sensitive so victims with injuries (not fractures) receive a higher level of, more expedited and supported response?

- Do injuries covered by the Women's Charter need to be expanded to include social & economic abuse?

CHAPTER SIX: REFINE NETWORKING PATTERNS

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Areas of Development

- Refine and detail
  - Clarify and detail terms of reference for each networking group
  - Define information flow between networking groups

- Develop common goal of networking
  - "No wrong door"
  - Shift from case to system responsiveness

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Networking activities between agencies should be guided by the vision of making services accessible, provided by professionals sensitive to the unique concerns of those in battering relationships working in programs with good standards of practice (Blake, 2003).

Before any discussion of further development in the area of networking, it is important to revisit the accomplishments of the past 10 years to recognise that, over and over gain, people interviewed identified networking as one of the key improvements in that period. Networking has built understanding between individuals and organisations providing different services to the same clientele. Networking initiatives have built trust and opened doors to communication about assistance for specific cases. At the same time, it is acknowledged that there is still room for refinement.

Refine and detail networking groups

There are a number of networking groups which either specifically focus on family violence or potentially could include family violence as a regular concern for review. However, it is unclear how these groups relate to each other and how information flows.

Current formal networks

Several networking groups related to family violence meet regularly. They include:

Family Violence Dialogue Group (FVDG), jointly chaired by MCYS and the Singapore Police Force. The FVDG includes representatives from family court, the Ministry of Health, the Ministry of Education, the Singapore Prisons Service, the National Council of Social Services and voluntary welfare organisations. The purpose of the group is to address policy issues related to the response to family violence. The group focuses on strategic planning, assessing work processes between agencies, coordinating public education events and making recommendations for improvements (MCYS, 2006).

Six Family Violence Working Groups (FVWG) attached to each of the Police Land Divisions. These groups are chaired by voluntary welfare organisations. Participants include MCYS, VWOs and the police. Meetings are held quarterly. The group brings together regional community efforts to raise awareness and improve the delivery of services, as well as identify service delivery concerns in need of review by the FVDG (MCYS, 2006).

Shelters Network chaired by MCYS. Participants include the three crisis shelters and the three sheltered homes for the elderly.

The *Mandatory Counselling Network* chaired by MCYS. Participants include VWOs conducting mandatory counselling, crisis shelters, the courts and NCSS. Meetings are held two times a year to share information about new initiatives and research.

The *Child Protection Network* chaired by MCYS. Participants include the police, MCYS and CID. Meetings are held on an ad hoc basis.

Police and FSC Networking chaired by the police and meets annually. Includes family violence topics.

Another network which could potentially bring organisations together on elder abuse issues is the *Eldercare Network* sessions hosted regularly by NCSS (SAGE, 2004).

Define information flow between network groups

While a great diversity of networks exists to address the various facets of the system responding to family violence, it is unclear how these networks communicate with each other. The clearest line of communication is between the FVWGs and the FVDG. The dialogue group focuses on policy matters, while the FVWGs focus on programmes within their area. However, there seem to be a number of issues

common to the working groups which could be systematised at the dialogue group level. These issues include what statistics will be provided for review or the content of trainings provided by the working group members to the police.

With police personnel shifting routinely from one division to another as part of their career path, it is critical to provide consistent training at the working group level. If the training is different from one location to another, the officers can more easily dismiss it as being less important. Thus, training information should be consistent.

One of the strengths of the working group is the ability to conduct case conferences for complex situations. However, there seems to be a significant amount of transition of working group participants and some lack of familiarity with the procedures of the *Integrated Management of Family Violence Cases in Singapore Manual*. This results in the sharing of misinformation and requires the continuous re-education of the working group member of the groups "Terms of Reference".

An enhancement of the case conferences at the working group meetings would be the ability to activate an emergency multi-disciplinary team meeting when a serious case presents at the hospital or shelter and decisions need to be made within hours.

Another refinement is to reconsider the views represented at each of the network groups. Certainly, there is much professional expertise represented. However, a realistic assessment of what depth each person has working with the clientele is of concern to determine whether there is enough first-hand experience represented and how more can be obtained.

Unfortunately, almost universally, shelters are poorly funded and the staff is overloaded. At the same time, they are a great repository of first-hand information on family violence victims. Shelter staff has vast experience working with the severest cases of family violence seeking help. What groups do shelter representatives need to be added to? How can they be provided with enough resources to be able to participate? Most notably, the shelters do not appear to be directly represented on the FVDG and are only present on some of the FVWGs.

Refine and detail networking groups

What are the goals of networking in general? What are the goals of each specific networking group? What is the group's scope of responsibility? It is not entirely clear

that even members of the committees know why they are on the committees and what they are trying to accomplish.

The answer to the first question would be similar to most networking groups:
- To share information so that each and every part of the system can provide accurate information to a client about what services are available in other parts of the system;
- To collaborate where shared resources can accomplish more;
- To identify gaps within a system where a client must deal with more than one agency to meet his needs;
- To identify areas of redundancy which could result in the inefficient use of resources;
- To develop relationships and accompanying trust, to collaboratively work more effectively towards meeting the needs of the clients, and
- To strengthen a system so that clients accessing the system can receive the same level of support and resources no matter which "door" they enter by.

It is this last area that should be the driving force behind the networking system – that those seeking services should find "no wrong door" or find the same level of skilled service no matter through which door they enter (OVC, 2000).

"No wrong door"

Blake noted when researching spousal abuse victims that "the diverse network of services is not always help-seeking friendly" (2003). A concrete example of this reality is discussed in Chapter One – in the case where many people in the system did not realise that shelters accept clients on a 24-hour basis.

Currently, efforts are underway with the shelters and AWARE to create an effective referral network. At this time, it is only in the beginning stages and does not incorporate all the shelters. In the child abuse story in Chapter 3, the clients were driven from one shelter to another by taxi. For reasons of resources and dignity, it seems that the availability of space should be determined before a client is taken to a shelter.

Shift from case to systems responsiveness

While formal networks are in place, the strongest networks appear to be the informal networks. Relationships built and name cards collected through the formal networks allow for a phone call to be placed from one agency to another to open a ***more sensitive door*** for a particular client or obtain ***insider information*** about a particular

situation. For example, the courts are reported to be quite responsive when requests are made for a safe waiting area for a victim or the ability to file for a PPO without a police report. On the other hand, there were reports of victims not having a separate place to wait and of administrative staff requesting a police report with an indication that it was required. Currently, the ability to provide higher levels of case sensitivity can be activated upon request or if staff becomes aware of the need. These sensitive systems need to be put in place for every person who comes into the system. The question remains: How many people haven't entered the system because they were unaware of how the system can protect them throughout the process? And how many have been too timid or unaware to ask for the level of support they desired?

The same challenges exist in strengthening core services are also resident in working to strengthen the networking system: turnover and access to information. With high turnover, there is a loss of experience and knowledge. Ways to sustain expertise must be explored. With limited access to information, there is a lack of information or sharing of misinformation. Continuous, consistent training and easy access to information must be a priority.

Additional Areas of Inquiry

- What, if any, activities are currently redundantly occurring across networking groups?

- Are any key stake holders missing from networking groups?

- How can the strength of the networks be harnessed to create a consistency in the level of service family violence victims will receive no matter through which door they enter?

CHAPTER SEVEN: BROADEN AWARENESS & SKILLS OF ALLIED PROFESSIONALS

Areas for Development

- Identify allied professionals

- Develop educational tools

- Develop training programmes

- Provide intervention support

- Mandate education/training for licensing and accreditation

- Expand network of allied professionals

After strengthening core services and ensuring a consistent response through legislation, policy and procedure, the circle of expertise and capability of linking family violence victims to services must be broadened to allied professionals. Allied professionals are those whose primary focus is broader than family violence, but whose position may naturally bring them into contact with or awareness of families experiencing violence. They need to be educated and trained to recognise abuse (Lim, 2005) and to have tools for responding.

Some of the conditions working against involvement by allied professionals:
- Lack of time;
- Lack of access to information;
- Lack of knowledge of how to get information support;
- Not knowing how to initiate an intervention response, and
- Fear of becoming involved or having to take responsibility for having activated an intervention response.

Identify allied professionals

A systematic and integrated approach to working with allied professionals will be to first identify who they are, across all areas of family violence. This can be done at a

professional level or at an organizational level. A beginning list can be drawn from interviews and research already completed (see Table 7.1).

The next step will be to prioritise those groups which come into contact with all forms of family violence and provide educational resources and training which address all forms of family violence and the reporting system for each.

Table 7.1 Allied professional

Spousal violence	Child abuse	Elder abuse
Criminal justice professionals (law enforcement, legal, judges, probation & corrections; including Syariah Court) *NUS Faculty of Law*		
Medical profession (hospital, poly clinics, neighbourhood general practitioners; including nursing and dentistry) *Ministry of Health* *NUS Faculty of Medicine*		
Public & private mental health professionals *Singapore Association of Social Workers* *Singapore Psychological Society* *Singapore Association of Counselling* *NUS Faculty of Social Work*		
Clergy/spiritual leaders *Coordinating bodies and educational institutions for major denominations*		
Teachers (childcare centres, public & private schools, ECA leaders, tuition centres) *Ministry of Education*		
		Eldercare programmes facilities (hospitals specialising in geriatrics, elderly day care, rehabilitation, home nursing, nursing homes)[1]
		Financial officers (bankers, insurance officers, lawyers, and CPF/HDB officers)[2]

[1]Jayanthi, 2005; [2]SAGE, 2004

Develop educational tools

Written materials must be developed to focus and support training programmes. Educational materials must be developed as a reference tool and cover "detection, management and prevention" (SAGE, 2004). These materials could also address myths or concerns related to family violence and its reporting. Some educational tools have already been developed by the Ministry of Health for medical

professionals (2000) and by the Ministry of Education for teachers (2004a). They can be used as a basis for developing additional materials.

Develop training programmes

Professional training programmes need to be developed for inclusion in basic academic training (Kingston and Penhale, 1995 in Gerontological Society of Singapore 2004) as well as continuing education programmes, especially where licensing requires continuing education hours. Academic programmes could be included in the basic curriculum and continuing education programmes for all of the professionals groups listed in Table 7.1 (Fung & Chow, 1998).

Because allied professionals address many other areas, in most cases, it cannot be expected that they can be experts on family violence. As such, the goal of educating professionals will be awareness and comfort and confidence in accessing a response system that assists or takes over suspected cases of family violence. The basic content of education would cover detection, management and prevention topics based on the education tools (mentioned previously) which can later be used as references by the professional groups.

Provide intervention support

Because allied professionals have competing demands, it is essential that they be provided with expert and efficient support to facilitate the reporting of suspected family violence cases. Support needs to combat the conditions which would work against a professional taking the time or interest in getting involved. This support can be provided at several levels.

For one, 24-hour access to a resource can provide comprehensive information, guidance and activate an on-site response immediately. The hotline needs to be answered reliably by staff knowledgeable about the legal, policy and procedural issues related to reporting family violence.

The next level of support would be to provide an expedited response by those who are legally authorised to investigate cases of family violence (Chen, 2002) to assist those who may become aware of possible cases.

Currently, based on the interviews conducted for this study, if a teacher reports a suspected case of child abuse, the first guidance the teacher receives is to take the child for a medical exam. Potentially, a situation could exist where a teacher, with

minimal knowledge of family violence, takes the child for a medical exam by a doctor with minimal knowledge of family violence issues. At that point, an investigation has been initiated and the child and the investigation need to be shepherded by someone who has an expertise in child abuse. This person would ensure that the child is not further traumatised by being asked inappropriate questions (or being asked the same questions repeatedly), that the medical exam was completed to meet the needs of a child abuse investigation and that appropriate follow-up is completed in a timely manner.

A third level of support would be to assign social workers to allied professional programmes where they don't currently exist (Chen, 2002). In this way, the social worker develops an expertise in the clientele of the programme he is working for and the programme staff develops a relationship and trust with a social worker who can assist with interventions.

Mandate education/training for licensing and accreditation

Family violence education needs to be considered a basic issue of safety, with the same level of importance as fire escapes, fire extinguishers and the proper handling of food. Addressing family violence issues should be a matter of policy and legislation upon which licensing and accreditation of child and elder care facilities are contingent. Similarly, minimum education requirements can be stipulated for licensing and accreditation.

Allied professionals must be considered just that, allies in the effort to provide safety to each man, women and child, whether young or old. Their involvement can only be facilitated by addressing their concerns and responding to their needs for support in responding to suspected cases of family violence.

Build network of allied professionals

Through discussions with service providers a list of additional professionals who could help in efforts to address family violence began to develop. Some of the organisations mentioned include:

- Ministry of Education – To collaborate cases of children who are being abused by not being taken to school in accordance with mandatory schooling laws.
- Checkpoint authority – To collaborate in cases where families may be taking abused children across to neighbouring countries and consider protection for

mothers of Singaporean children whose presence in Singapore is dependent on the husband's support.

- Housing Development Board – To collaborate with those providing shelter to violence victims to address the needs for more accessible housing.
- Community development committees – To collaborate to meet the financial needs for violence victims who are trying to support themselves independently.
- Institute of Mental Health – To collaborate on case planning to ensure the dual issues faced by patients are holistically addressed.
- Ministry of Health – To collaborate around finding shelter space for the elderly in more ambulatory categories.

"It takes a village to raise a child" and it takes the efforts of the full community to reach into the isolated places to assist victims of violence.

Additional Areas of Inquiry

- Is family violence covered in academic health care, nursing, elder care or social work courses?

- What professional groups have continuing education programmes of which family violence could be a part?

- Outside of the NUS, are there other educational institutions that can be approached about including family violence information?

- What other allied professionals have not already been identified?

CHAPTER EIGHT: EXPAND PUBLIC AWARENESS & EDUCATION

Areas for Development

- Address societal attitudes which enable violence

- Consider local research results on barriers to services, reluctance to seek help, public and professional perceptions when developing the content of public awareness campaigns

- Establish an annual family violence awareness event (week or month)

- Provide tools for VWO and allied professionals to participate in the annual awareness event

- Provide educational prevention at all life stages, about all forms of abuse

- Consider electronic resources for providing helpline support (ie text messaging, e-mail, chat forums, on-line counseling) including children's awareness websites with games and activities

- Target public groups on issues related to prevention and assistance (ie family caregivers of the elderly and employers of family violence victims)

- Routinely utilise segmented media

Much has been accomplished in the area of public awareness over the last 10 years. A number of VWOs interviewed highlighted that those seeking help have a stronger sense of having been wronged by being abused, are able to describe how they have been hurt, have taken first steps on their own (for example, having moved out on their own) and are more willing to talk about their situation. The sense is that this awareness has filtered to the heartland and is directly attributed to the media and community education programmes.

Still, it is acknowledged that more needs to be done. There are still attitudes held by the public as well as family violence professionals which can be obstacles to seeking help or providing sensitive unbiased help. Moreover, there are ways to further increase the level of public education.

Societal attitudes which shape perceptions of family violence

"From my research and that of others, social problems, such as family violence continue to exist because the social arrangements that produce these problems remain unchanged." (Liang, 1998)

The response to family violence must navigate the critical concerns of safeguarding the institution of the family and maintaining a culturally harmonious society. Basic attitudes about the place of the family unit in society, the roles of women in the family, and stereotypes of cultural norms can trap victims in violent relationships. These attitudes can inhibit family and friends from providing help that will identify the victims' safety as paramount as well as limit the effectiveness of professionals in providing culturally competent services. Furthermore, messages about how family violence is conceptualized are conveyed in the language used within the system which responds to family violence. Efforts to change the "social arrangements" most naturally come from within the system that responds to the problem spreading awareness to the larger society (Liang, 1998).

Family as the building block of society

"Keep the family together, but not at **any** cost."

—Dr Anamah Tan

The hesitation to strengthen the legal response to include the "full force of the law" was voiced when Parliament debated the Family Violence Bill in 1995.

We should not hastily and mindlessly apply the full and coercive force of the law when this may not be the best course of action in the interest of the family (Wong Kan Seng, in Narayanan, 2000).

Each time the police and the criminal justice system respond to situations of reported violence, they are balancing the needs of the abused against the National priority of sustaining the family as the building block of society.

Among social workers, there is a concern about doing anything that would break up the family. Some of this is based on the myth that too much help to an abused person (or other family member) will more likely lead him to abandon the family. The reality is that the person abused most often still loves the abuser (spouse or parents) and will do anything possible to keep the relationship; they simply want to stop being hurt.

The pivotal question to this debate of whether to hold the family together is: Can society be healthy and strong if there is unaddressed violence in the home? People can be changed at a neurologically by violence. Children who experience violence their entire lives do not know what a healthy home environment is. How can they be the builders of healthy families and a larger healthy society in the future if they don't understand or have not experienced what they are trying to create?

Stereotypes of the roles of women

The role of women is at the heart of maintaining the institution of the family. Narayanan in his doctoral research on the police response to family violence highlights that "the 'State's priority lies in safeguarding the institution of the family" even if it requires women to do with less. Prime Minister Goh Chok Tong (1993) states:

> In a largely patriarchal society, minor areas where women are not
> accorded the same treatment should be expected so long as the
> welfare of women and the family is protected (Narayanan, 2000).

"There are societal rewards for being married and having children. If these break down then the woman has failed. This pressure can keep women in abuse situations." (Wilcock, personal communication, November 2006). For battered women involved in counselling and casework, seeking help was delayed by the societal expectations of the women in the marriage – that she is to be a happy, loving mother, tolerant wife and the need for the family to remain together in the best interests of the children (Blake, 2003).

Unfortunately, the informal help often had the effect of delaying the battered woman's access to formal services with advice such as:
- Tolerate the abuse,
- The need to be concerned about the children,
- Value the family being together, or
- Warnings that the marriage could break up (Blake, 2003)

Furthermore, these societal messages feed into the typical messages batterers send to women they attack – that if the wife was prettier, kept the house better, was a better cook, took better care of the children, she would not have to be "disciplined". Women need to be told that while they are important and critical to the institution of the family, they do not, for any reason, deserve to be physically or emotionally abused.

Finally, when women come forward to report abuse, they are violating the basic societal rules of maintaining the culture of "family secrets", ie "not washing one's dirty linen in public". However, if they remain silent, the entire weight of maintaining the façade of a healthy family and healthy society rests on the victims, abused in the secret shadows of the family home.

Cultural stereotypes
Historically and currently, the out-of-bound markers for public dialogue have built a fence around addressing cultural issues in any way that would undermine racial harmony (Chia, 2005). However, we are ignoring "the elephant in the room" if we remain silent on the role of culture in family violence.

There are a number of concerns expressed in the literature and discussions on how culture skews the system. Syahirah discusses the assumption that when there is a call about violence, it is assumed a Malay family is involved (2002). This results in the expectation of child abuse in the Malay community and hence, child abuse is a Malay problem (2002). Narayanan tells us that the response to a violence call is shaped by the individual's "understanding of class, race & sexuality", which can result in more sympathy for one race over another (for example, Indian women are seen as having a strong will to stay in even a very bad marriage). And predominantly male police officers work to support the institution of family in a hetero-patriarchal society (2000).

The story of the three sisters presented in Chapter Two highlights the belief that abuse is common within the Indian community. The unspoken message received through comments made to the sisters was that if you were Indian, abuse was expected in life. One of the sisters said it so eloquently, "What does it matter if I am Indian? I am human. Treat me as a human."

The stance taken on family violence must be firm without variation, applicable to all people and to all forms of violence. There must be a message nationally that

violence and abuse will not be tolerated, that abuse/violence will be taken seriously whether it is the first time or it has been happening for a life. Incidents of abuse must then be followed up with the full strength of the law and comprehensive services which encourage equity for all classes, cultural groups and gender.

Also, the attitude that the elderly are a burden exists and can have the effect of "encouraging caregivers to take advantage of the elder's vulnerabilities and the older person to keep quiet about the advantages taken" (Jayanthi, 2005).

<u>Messages that language conveys</u>
There are a couple of terms used within the response system to family violence which can send confusing messages to those seeking services—the language of "**empowering** victims and perpetrators" and the provision of "**mandatory** counseling" for victims and offenders. Both terms place the victim and perpetrator on equal footing. There must be an acknowledgement there is a power differential in the relationship and one person has hurt another.

In the experience of victims of domestic violence, they are powerless, the perpetrator is powerful. One concern for victims is that after repeated abuse, they come to a place of learned helplessness (Amirthalingam, 2003) because of the power of the abuser. Clearly, the message for professionals is that the abuser needs to exercise more power over himself to end his violent behaviour. However, any chance of leading a perpetrator to believe that he needs to be empowered instead of taking responsibility for his behaviour is a dangerous one.

Judicial monitoring of counselling orders has been identified as one of the factors in more successful outcomes for batterers (NIJ, 2003). However, when this term is applied to both the perpetrator and the victim, it sounds like the victim is being punished. (Wilcock, personal communication, November 2006)

Utilise research in developing awareness programs
A number of research studies on public perception, barriers to service and reluctance to seek help can be called upon when developing the content of public awareness campaigns. A few examples:

- A 2003 study by MCYS on public perceptions of family violence "…signalled a strong reluctance to seek help for family violence and suggested that more should be done to help these families…" (MCYS, 2006)

- The same study showed an adherence to myths of family violence… (MCYS, 2006).
- A study of the Malay community showed a lack of awareness on the part of young people about elder abuse (Iryanee, 2001).
- An elder abuse study noted that seniors reported not being aware of how to get help if they were abused, and a lack of understanding of the full scope of abuse (Lim, 2005).

These studies point to a need to educate the community about the nature of abuse, how to get help as well as focus on dispelling the myths still held about abuse.

Establish annual family violence awareness event

Public awareness of family violence must be conducted routinely. One approach which has been used in other arenas is to have a day, week or month set aside every year to focus on the concerns of family violence victims. This has been done in an informal way in Singapore with some agencies recognising Nov 25, the International Eliminating Violence Against Women Day. This can be institutionalised locally by designating a set time each year to promote public awareness of family violence issues.

There are varying opinions on who should initiate public education efforts. Some VWOs see family violence as a small part of their work, 10% at most, and feel that their efforts need to be focused on the areas for which they receive more requests. Areas such as family violence, which are important, but affect fewer people, need to be championed at the national level. This issue focuses again on the question of the benefits and drawbacks of centralisation and decentralisation.

Create resources to support annual awareness event

One approach to coordinating an annual awareness event is the development of tool kit for organisations which want to participate in a "National Family Violence Awareness Week". This approach has been used by the Office for Victims of Crime in the US Department of Justice for the commemoration of National Crime Victims Rights Week (OVC, 2007). Each year, a new theme is identified with an accompanying logo. A kit which contains clip art of the logo, statistical information and quotes can be used in speeches and written material, as ideas for activities which can be coordinated to commemorate the week.

The selection of an annual theme and logo could be done as a competition (MCYS, 2006c). This approach multiplies the educational effect by engaging different groups in society in the development, utilisation and recipients of the materials message.

Provide educational prevention

Educational prevention efforts need to be continued through all life stages (Blake, 2003). Universally, there is a need for education about what abuse is. The public and professionals seem clear that when there are bruises or greater injury, abuse has occurred. However, they are not as clear when it comes to abuse which has no physical evidence (Chen, 2002). The second piece of education is how to get to get help if abuse is occurring (Lim, 2005).

Currently, education efforts around family violence issues are happening in primary and secondary schools, and polytechnics. There is some concern that there may be a gap in the education that JC and university students are receiving. This is a critical age range for public education as young people begin to date and establish relationship patterns. Additionally, voluntary welfare organisations have indicated that violence often begins in the courtship period.

While the adult population is certainly the target of most general awareness campaigns, it would seem that marriage preparation would be a critical time to also develop some awareness. AWARE's helpline staff find that most of the call they receive are from women 40 years and older. There is a need to reach the 25-40-year-olds, who may be dealing with the abuse alone. Young people are idealistic about marriage as they plan their weddings. However, simply including information in an appendix and making a brief reference could be a foundational window for awareness and later help-seeking. A reference list of when to seek help that includes abusive behaviours would provide the opening or validation for an abused person to seek help.

Develop on-line support resources

In this era of explosive use of digital resources, efforts to respond to family violence need to consider how these tools can be used in its efforts. In conducting research for this paper on the Internet, information in Singapore that addresses family violence was difficult to find. It tended to be listed under headings for "family", "relationships" or "women". One site has been established as the repository for family violence information (fcd.ecitizen.gov.sg/FamilyNCommunitySupport/StopFamilyViolence/) (MCYS, 2006c). This website also has awareness activities for children. Child and

elder abuse were more often mentioned. The utility of the Internet is that many doors can lead to one site. Family violence should be a "key term/category" on all relevant electronic information sites. This makes it easier for people to find information that they need. It also provides validation to victims that there is help and that it is okay to seek help.

Electronic resources for helpline support can be used to respond to enquiries by text messaging and e-mail and people could begin to access help in anonymous ways, through chat forums or online counselling (SCS, 2006).

Furthermore, websites geared towards children to create awareness about family violence, drugs, the environment and other concerns could include games and activities (SCS, 2006). Topics could range from what to do if you are abused, if a parent or other family member is being abused to preventative issues such as healthy relationships and education on how to properly care for aging parents (Ministry of Home Affairs, 1989).

While some people who are abused are isolated at home without access to computers, for those who do have access, it can be a way to access information and support without the same risk of having a book or flyer around the home which could be more easily found by the abuser.

Routine use of segmented television, radio and newspapers

A brief word must be said about using traditional media resources. Isolation is a key pattern of abuse – most often isolation at home. Tools which can transcend the threshold of the home must routinely be used. These are particularly important in homes which do not have Internet connectivity. The use of television, radio and newspapers across all segments of the population must be used.

Target public groups on issues related to prevention and assistance

A concern has been expressed about the need for education of employers. Often if the woman is harassed by her husband at work, she will lose her job. Losing financial support further traps the women in the violent situation.

The need to educate caregivers and the elderly has also been identified. Education and support resources need to be provided for caregivers so that they have the skills and support to take care of difficult situations that can come with caring for an older person without resorting to violence or, more often, neglect. Additionally, Lim

recommends the use of elderly volunteers, who would have credibility with their peers, to befriend and educate other elderly persons (2005).

Public awareness is critical to combating myths which inadvertently support the perpetuation of family violence, giving direction those in need to available resources. Public awareness activities must be consistent, multi-faceted and reach into or through the isolation experienced by many abuse victims.

Additional Areas of Inquiry

- What organisation(s) can take the lead in developing a annual nationwide awareness event about family violence?

- What changes societal attitudes and behaviours? Public education? Laws?

- How can public awareness be provided across all life stages especially at the time of marriage before patterns and cycles of behaviour are set?

CHAPTER NINE: CONCLUSION

In the last 10 years, much has been accomplished. These accomplishments are reflected in the statistics that show a large increase in requests for service after the amendment to the Women's Charter compared to request levels previously. Public awareness has increased, service innovations have continued to be launched, every agency in the system is aware of the need to assist victims with safety planning and more local research information is available today than it was in the past.

Police reports, hospital visits, applications for PPOs and child abuse investigations have all gone down. It would be comforting to believe that family violence has gone down through all the efforts of the last 10 years. However, looking realistically at what is known about prevalence, we can be certain there are still many family violence victims who have not requested services. The declining statistics must be reviewed critically and efforts renewed to reach further—to identify and assist those living with violence.

Learning informs the growth processes of victim-serving systems in other countries as research highlighted at each stage of development showed – especially, research which comprehensively paints a portrait of who is at risk of being victims of family violence. This is the area which has had the least amount of development in Singapore and needs to be addressed in order to continue development based on evidence. The ability to evaluate effectively requires an environment open to sharing and feedback. Research is the first pillar of development. (See Table 9.1)

The other areas of development identified build on the knowledge base of research. Strengthening the supporting system is the second pillar of development. While maintaining an emphasis on research, a parallel development of strengthening supporting systems must take place: Retain our knowledge base by retaining social workers, develop skills and knowledge through training, and provide adequate funding.

Built on the foundations of these two pillars – research and strengthening the supporting system – a building of core services with "no wrong door" providing equal and even access to quality services for all those seeking them can be designed. With the design in place, the metaphorical "family violence service building" can be strengthened and solidified through strengthening legislation, policy and procedural

Table 9.1 The family violence service building
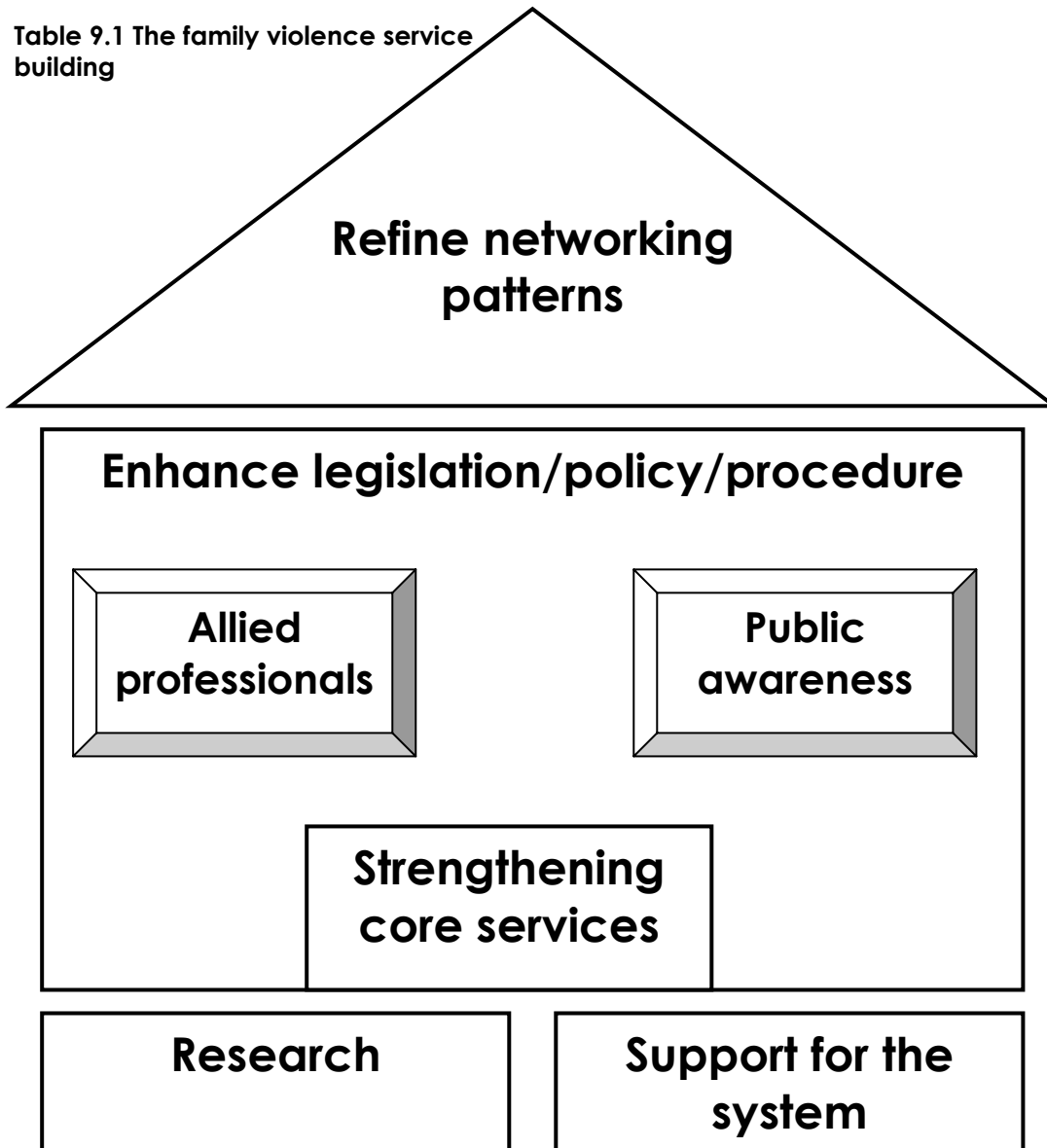
provisions. Currently, in many places in the system, good services can be ensured through personal networking and contacts. It is time to make changes systemically to ensure that each person receives sensitive services automatically and not through special requests or based on the perceptions of service providers.

In tandem with the building – strengthening through legislation – a roof is needed. The roof is the refined networking that is not as contingent on individual relationships but is based on a clearer understanding of terms of reference, purpose, scope and information flow between networking groups so that information flows through, around and over the system – each part of the building included.

Once, the "family service building" is designed (based on research and supporting resources), built (legislation and policies enacted) and roofed (networking refined), it is time to invite our close friends over to visit – broadening the awareness and skills of allied professionals. Allied professionals need to be routinely trained and educated on how to direct family violence victims into the building – the system. As much as possible, they need to be aware of the layout of the building (how the agencies work together), where the front door is (the process of entering the system) and know how the system works (so they can encourage family violence victims by preparing them for what reporting will entail).

Finally, an "open house" must be held for everyone – creating public awareness of the system and how it can help family violence victims.

The Future

There are a number of initiatives already in developmental stages – the next Family Violence Networking Group Symposium focusing on the issues of men who are battered, increased pay for social workers, training certification for Mandatory Counselling Programme Counsellors and local testing of a domestic violence assessment instrument by the Singapore Prison Bureau, to name a few.

As development continues there are more "voices" which need to be added to the voices of this report, voices of experience and insight: the academic community; Syariah Court; Muslim community, NCSS/SSTI and, most importantly, the voices of family violence victims themselves – the voices of those who are the real experts on what help is needed. We must remember the voices of Siti, Stella, Marcia, Raphael and grandmother – voices of courage, voices of wisdom, voices which can lead us down a path of protecting many others – if we choose to ask and we choose to listen.

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Appendices

Appendix A   SAFV Letter of Introduction

Appendix B   Professionals Interviewed

Appendix C   Libraries/Resource Centres Consulted

Appendix D   Sample Interview Questions

Appendix E   Abbreviations

Appendix F   Timeline Organisations, Policies, Legislation and Publications

Appendix G   Additional Singapore Family Violence Publication Research Resources

Appendix H   Research Terms

Appendix I   Singapore Programme Listing

Appendix A   SAFV Letter of Introduction

Society Against Family Violence

c/o 545 Orchard Road #16-04 Far East Shopping Centre Singapore 238882 Tel (65) 8235 3341 Fax (65) 8235 7176

November 2006

RESEARCH ON THE MANAGEMENT OF FAMILY VIOLENCE IN SINGAPORE

This year marks the 10th year following the amendments to the Women's Charter with respect to family violence. With this change came others with regards to how family violence cases are to be managed by the various government agencies and Voluntary Welfare Organizations.

The Society Against Family Violence has initiated a research project with the aims to:

- Undertake a study of the current levels of family violence and identify trends over the past ten years since the Women's Charter was amended in 1996.
- Identify gaps in the areas of direct service provision, processes and supportive institutions in the management of family violence in Singapore
- Make recommendations on how to improve current services and processes using internationally recognized benchmarks.

Let me stress that this research sets out to conduct a broad environmental scan as opposed to scrutinizing the work of any one particular organization. The recommendations it generates is firstly, for SAFV to deliberate and secondly, for the community to consider

The Society has appointed Ms Suzanne Anderson, a qualified community crisis worker who also holds a Masters degree in Social Work (NUS). She is fairly acquainted with the family violence scene in Singapore, having lived here for a number of years and yet is able to maintain a neutral research stance.

This letter serves to introduce this project and Ms Anderson to you and your agency. I do hope that you can render to her and the Society any possible assistance.

I may also be reached at Tel 6235 3341 or email benny@familyworks.com.sg if you have any suggestions or questions pertaining to this research.

Yours sincerely

Benny Bong
President

Appendix B   Professionals Consulted/Meetings Attended

Association of Women for Action & Research, Deeksha Vasundhra, Social Worker & Manager

Ang Mo Kio Family Violence Working Group Meeting, 27 March 2007

Bedok Family Violence Working Group Meeting, 8 March 2007

Community Addictions Management Program, Addiction Medicine Department, Institute of Mental Health, Elizabeth Pang, Principal Psychologist, Head Allied Health

Faculty of Law, National University of Singapore, Chan Wing Cheong, Association Professor

Family & Juvenile Justice Centre, Subordinate Courts, Ronald TS Lim, Senior Counsellor and Patricia Chua, Social Worker

Family Violence Dialogue Group Working Meeting, 30 October 2006

Family Works, Benny Bong, Executive Director

Fei Yue Family Service Centre, Seah Kheng Yeow, Deputy Director

Lakeside Family Service Centre, Jenny Bong, Executive Director and Edwin Quek, Assistant Director

Mandatory Counselling Programme Networking Meeting, 16 March 2007

Ministry of Community, Youth & Sports, Corinne Koh, Deputy Director, Rehabilitation, Protection and Residential Services Division and Marie Yeo, Assistant Director/ Programme Development, Family and Child Protection and Welfare Branch

Promoting Alterntatives to Violence, Soh Siew Fong, Head, Casework Services & Senior Social Worker

Singapore Children's Society, Koh Wah Khoon, Director

Society Against Family Violence, Esther Tzer-Wong, Past President

Singapore Anglican Community Services, St. George's Place, Kerry Wilcock, Centre Head

Trans Centre Family Service Centre, Yee-Chow Choy Yin, Executive Director and Cynthia Teo Miew Foong, Senior Counsellor

Singapore General Hospital, Crystal Lim, Principal Medical Social Worker, Medical Social Services

United National Committee on the Elimination of Discrimination Against Women, Dr, Anamah Tan, Advocate & Solicitor, Ann Tan & Associates

Singapore Police Force, Jenny Lim, Assistant Superintendent of Police, and Eric Neo, Assistant Operations Officer, Community Involvement Division

Singapore Indian Development Association, Rajiv Vasudev, Director, Family Services

Appendix C   Libraries/Resource Collections Consulted

Association of Women for Action & Research Resource (AWARE) Center

Faculty of Psychology, National University of Singapore

Faculty of Social Work, National University of Singapore

Faculty of Sociology, National University of Singapore

Ministry of Community Youth & Sports (MCYS) Resource Centre

National Centre for Social Services (NCSS) , Social Services Training (SSTI) Institute
Resource Centre

National Library Board

National University of Singapore Library

Straits Times Interactive

Appendix D   Sample Interview Questions

1. What services and programmes are currently in place to service family violence victims (including child and elder abuse)?
2. What are plans for future development?
3. Are there services or support that victims ask for, that cannot be provided? If so, what?
4. What challenges or barriers do victims face going through the system?
5. What have been the key improvements in the last 10 years?
6. What has been the moving force behind those improvements?
7. What are gaps in the services available to families experiencing violence?
8. How can those gaps be filled?
9. Who is in the best position to fill those gaps?
10. What are the best practices, external benchmarks, guides against which programmes/services are assessed?
11. What research has your organization completed or are planning for the future?
12. What additional support services/initiatives are needed to enhance the response to family violence? (i.e. networking, research, training & education, funding, public education, systems/processes, social work profession, allied professionals, and national priorities)

Appendix E: Abbreviations

AMK	Ang Mo Kio
AWARE	Association of Women in Action and Research
CAMP	Community Addictions Management Programme
CAPT	Child Abuse Protection Team
CEDAW	Convention on the Elimination of Discrimination Against Women
CGO	Mandatory Counselling Order
CYPA	Children and Young Persons Act
DEO	Domestic Exclusion Orders
DEVAW	Declaration on the Elimination of Violence Against Women
EO	Expedited Orders
IMH	Institute of Mental Health
MCDS	Ministry of Community Development and Sports
MCP	Mandatory Counselling Program
MCYS	Ministry of Community, Youth & Sports
MOE	Ministry of Education
MOH	Ministry of Health
MR	Men in Recovery
NCD	National Council of Women
NCSS	National Council of Social Services
PAVE	Promoting Alternatives to Violence
PPO	Personal Protection Orders
SAFV	Society Against Family Violence
SAVE	Substance Abuse and Violence Elimination
SAWL	Singapore Association of Women Lawyers
SCWO	Singapore Council of Women's Organizations
SGC	Singapore Children's Society
SWD	Social Welfare Department
UNCRC	United National Convention on the Rights of the Child

Appendix F   Timeline Organizations, Policies, Legislation and Publications

Year	Child abuse	Domestic violence	Elder abuse
1927	Children's Ordinance enacted "to afford children protection against cruelty"		
1949	CYPA enacted.		
1961		Women's Charter enacted.	
1975	SWD called on the public to report child abuse cases.	NCW established.	
1980		SCWO established.	
1981	Women's Charter amended incorporating sections 68, 69, & 70 to protect spouses and their children from family violence		
1983		Good Shepherd Sisters open Bethany – a "halfway house" for battered wives & their children	
1985		AWARE formed.	
1986		SCWO established Task Force on the Prevention of Violence Against Women	
1988		Book *Men, Women and Violence* jointly published by AWARE and SAWL	
1989	Task Force on the Prevention of Violence changes its name to Task Force for the Prevention of Family Violence.		
1991	SCWO registers the Task Force separately as SAFV		
		Integrated Management of Family Violence Cases in Singapore Manual launched.	
		AWARE started Helpline for women in need of advice and help.	
		SAFV launched first MR group	
1992		AWARE initiates first abused women's support group.	

Year	Child abuse	Domestic violence	Elder abuse
1993	CYPA amended imposing stiffer penalties on child abusers.		
1994		Inter-Ministry Work Group on Spousal Violence formed.	
		Rape Management Committee expanded and changed its name to Women and Family Violence Committee	
		Networking pilot introduced in AMK.	
1995	Singapore became a signatory to the UNCRC.	Parliament debated the Family Violence Bill which was ultimately rejected.	
		Singapore became a signatory to CEDAW.	
1996	CAPT was established by MCDS.	Women's Charter amended	
		Medical referral service was established between the Family Court and 8 hospitals.	
		Family Violence Networking System was established nationwide.	
1997	MCYS forms the Inter-Ministry Working Group on the Management of Child Abuse.	Women's Charter implemented adding a section "Protection of the Family"	
1998	The Child Abuse Register was introduced.		
1999	*Manual on the Management of Child Abuse in Singapore* launched by MCYS.	PAVE launched.	
2000	*Responding to child abuse and Neglect: Guidelines for the Recognition and Management of Child Abuse and Neglect* launched by MOH.		
2001	CYPA amended and includes emotional & psychological cruelty as forms of abuse.		
	Revised *Manual on the Management of Child Abuse in Singapore* launched by MCYS.		

Year	Child abuse	Domestic violence	Elder abuse
2002	*National Standards for the Protection of Child* launched by MCYS.	Project SAVE initiated to refer family violence perpetrators with addiction issues to CAMP at IMH.	Golden Life Workgroup convened.
	The Family and Juvenile Justice Centre was formed.		
2003	Subordinate Courts and MCYS published *Rebuilding Lives, Restoring Relationships*	Networkz – Agencies Uniting Against Family Violence newsletter launched.	Elder Protection Team established
	Revised *Manual on the Management of Child Abuse in Singapore* launched by MCYS.	Police guideline requiring Investigating Officers to notify family violence victim or their social worker before the perpetrator's release.	
	Compulsory Education Bill (2000) implemented.	Launch of Integrated Management of Family Violence Cases Manual	
2004	MCDS, MOE and NCSS publish *Children at risk: A handbook for teachers.*	Singapore becomes a signatory to DEFAW through its membership in ASEAN	Goldenlife Workgroup report submitted.
2007		Family Violence MCP Practice Guide launched	
		The Community Court was launched…	
		Launch of Family Violence Training Certification Programme	
Future			Goldenlife Workgroup training manual for professionals
			Goldenlife Workgroup public education manual for the public
			Shadow report from AWARE

(Sim 1998/9, MCYS 2005, SAFV DATE, SCS 2005, SAGE 2002, AWARE & SAWL 1998, SAGE 2004; MCYS 2007)

Appendix G   Additional Singapore Family Violence Research Resources

Asia Pacific Forum on Women, Law and Development. (2006). *Negotiating culture: intersections of culture and violence against women in Asia Pacific*. Thailand: Asia Pacific Forum on Women, Law and Development.

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Appendix H   Research Terms

These research terms are provided as a resource for future researchers.

Abuse at home
Abuse children
Abuse of older persons
Abuse wives
Abused elderly
Battered wives
Battering
Child abuse
Children and Young Persons Act
Child emotional abuse
Child maltreatment
Child mistreatment
Child neglect
Domestic assault
Domestic Exclusionary Order
Elder abuse
Elder maltreatment
Elder mistreatment
Elder neglect
Expedited Order
Family violence
Maintenance of Parents Act
Mandatory Counseling Programme
Mandatory Counselling Order
Marital rape
Partner violence
Personal protection order
Personal Protection Order
Spousal battering
Spousal violence
Wife abuse
Wife assault(s)
Wife battering
Wife beating
Woman abuse
Women's Charter

Appendix I   Singapore Programme Listing

Adapted from a programme listing published at the 25-26 May 2006 Support for Victims of Crime in the Asian Region Symposium.

Organisation	Services	Contact Details
ADT Services 26 Ang Mo Kio Industrial Park 2, Level 3 SG 569507	**ADT ALERT Community Programme**—Donates, installs and monitors electronic security systems in the homes of victims of domestic violence and the elderly.	1800-881 1111 6389 8990 fax www.adt.com.sg
Agape Counselling & Training Centre 8 Lorong 11 Geylang SG 388700	1. Provides **counselling services** for a range of problems (e.g. marriage and family life, drug abuse, emotional problems, communication skills, self-growth, etc) 2. **Runs training courses** for schools, churches and other groups on topics like basic counselling skills, parenting skills and boy-girl relationships 3. Runs **therapy groups for offenders** (e.g. residents in halfway houses, prisons, youths on probation for drug offences)	Ms Edyth Banks admin@eagapecentre.org 6842 2922 6844 5152 fax www.eagapecentre.org
ALife: Pregnancy Assistance & Counselling Centre Blk 308 #01-165 Shunfu Road SG 570308	Provides free **counselling**, advice and **practice assistance** (e.g. child care arrangement, financial help) to women in pregnancy crisis	6258 8816 6258 4339 fax www.alife.org.sg/en_index.php
Andrew & Grace Home 116 Lorong J Telok Kurau SG 425946	Provide **residential care** programmes for girls (aged 12-18) who faces issues like teenage pregnancy, substance abuse, physical/sexual abuse, anti-social behaviour and beyond parental control order.	info@aghome.org 6348 5674 6348 5081 fax www.aghome.org/

Organisation	Services	Contact Details
AWARE (Association of Women for Action and Research) AWARE Centre Blk 5 Dover Crescent #01-22 SG 130005	1. **Helpline** for women in distress. 2. **Befrienders** to provide support, help and information to women in violent and abusive relationships (e.g. accompanying women to hospitals, police stations, courts). 3. **Legal clinic** provides free legal advice every month. 4. Provides face-to-face professional **counselling** to help individuals, couples and families in the areas of marital and family discord, domestic violence, single parenthood, separation, divorce, self-esteem and other areas.	Ms Deeksha Vasundhra helpline@aware.org.sg 1800-774 5935 (Helpline, Mon-Fri, 4pm-10pm) 6779 7137 6777 0318 fax www.aware.org.sg
AWWA Family Service Centre Blk 107 Towner Road #01-356 SG 321107	1. Provides **information and referrals** to suitable agencies 2. Provides **Casework** management and **counselling** to individuals and families who have difficulties in the following areas (marital, family, parenting, family violence, financial, interpersonal, schools, teens, elderly 3. Provides school-based counselling for students	Mr Dzulhisham Bin Kamaron 6291 1712 6291 6639 www.awwa.org.sg/fsc/ awwafsc@awwa.org.sg
Beyond Social Services Blk 26, #01-52 Jalan Klinik SG 160026	1. **Olive Support Group** for women afflicted by family violence.	Mr Gerard Ee 6375 2940 6274 0633 fax www.beyond.org.sg mail@beyond.org.sg
Boys' Town Singapore 622 Upper Bukit Timah Road SG 678117	1. Provides guidance, counselling, shelter, education, vocational training for orphans, the poor, neglected, or those facing difficulties. 2. **Boarding Home** for those 11-18 and diverse backgrounds (single-parents to intact families), but faces difficulties stemming from negative peer pressure, lack of supervision and care, poor parenting skills and family crisis.	Brother Dominic Kiong 6769 1618 6762 7846 fax www.boystown.org.sg btdir@boystowm.org.sg
Care Corner Singapore Blk 62B, #02-143 Lor 4 Toa Payoh SG 310062	**Kids Line Programme** to help children who are witnesses of violence in the home. Related topics such as divorce and violence will be covered to help these children manage their feelings and cope with their present situation.	1800-3535 800 (Hotline Counselling, operates daily, 10am-10pm) 6353 1180 6354 1180 fax www.carecorner.org.sg feedback@carecorner.org.sg

Organisation	Services	Contact Details
Children's Aid Society 503 Clementi Road SG 599488	Provides a **home** for children (generally 4-12, but will consider other ages) who requires care or protection because their parents or family members are unable to. Children return to their families on weekends, and each child is assigned a caseworker who will formulate an **Individual Care Plan**, which specifies actions that need to be taken to address the risks and needs of the child and the timeline for doing so. The progress of the child is assessed every 3 months so that the child can be discharged to return home as soon as possible.	Mr Lim Weng Kee 6466 5758 or 6467 3095 64620729 fax www.childrensaidsocie ty.org.sg cashome@singnet.com .sg
City Harvest Community Services Association 8 Temasek Boulevard Suntec Tower Three #08-04 SG 038988	1. **Cyberspace Counselling** for troubled youths 2. **SANA-PAL Programme** to help youths who dropped out of school prematurely 3. Provides **Casework** management, crisis counselling & tuition programmes.	Ms. Ho Yeow Sun 6835 9916 6835 9915 fax www.chcsa.org.sg info@chcsa.org.sg
Covenant Family Service Centre Blk 613,#01-432 Hougang Avenue 8 SG 530613	1. **Kidsline**—a groupwork programme for children who have witnessed violence in their families so as to enhance their level of functioning in the home and reduce the likelihood of being involved in violence in the future. 2. **Rainbow Programme**—to provide support to children from single-parent families. Programme aims to raise awareness on death and divorce issues and helps children to explore their social network especially during times of confusion and unhappiness. 3. **Parentline**—to help parents who have difficulties managing their children or relating to their spouse. 4.	Mrs Florence Lim 6282 8558 6283 6361 fax www.covenantfsc.mws .org.sg admin@covenant.mws. org.sg
Darul Ihsan Orphanage **(For Boys)** No. 5 Mattar Road SG 387713 **(For Girls)** 23 Wan Tho Ave SG 347552	Operates two Muslim orphanages for school-going children. It also runs an external aid scheme where orphans not staying at the orphanage receive monthly financial assistance.	6747 7556 6741 1609 fax www.mtfa.org/darulihs an_org/index.html 62852973 (For Girls)

Organisation	Services	Contact Details
Eagles Mediation & Counselling Services 31 Boon Tat Street #02-01 Eagles Center SG 069625	1. Provides **mediation services** for parties in conflict to reach a mutually acceptable solution. ($300 for 3-4 sessions for private cases. Subsidies available for those who have financial difficulties.) 2. Provides **counselling services** ($100 per session, each lasting from 1hr-1.5hr)	6788 8220 6788 8218 www.emcc.org.sg emcc@eagles.org.sg
Fei Yue Community Services (Headquarters) Blk 604 Choa Chu Kang Street 62 #01-53 SG 680604	1. **Brave Kids**—a programme for children (aged 7-11) who have witnessed family violence or distressing conflicts. 2. **Children of Divorce Recovery Group**—a programme for children (aged 9-12) whose parents have gone or are going through divorce. 3. **In-Touch Series (with Anger)**—an emotional management package for youths during their pre-teens years to teach them how to manage and express their emotions in healthy ways. 4.	Mr. Leng Chin Fai 6563 1106 6416 2182 fax www.fycs.org admin@fycs.org
Galilee Centre Blk 641 Ang Mo Kio Avenue 4 #01-800 SG 560641	Provides **educational support** for children from various disadvantaged backgrounds (e.g. financially poor families, single-parent households, dysfunctional families due to drug or substance abuse, or mental disability, or are victims of violence).	6454 0528 6454 3167 fax web.singnet.com.sg/~ij hcc1/galileeindex.html ijgalilee@pacific.net.sg
Good News Pasir Ris Family Service Centre Blk 534, #01-266 Pasir Ris Drive 1 SG 510534	**Counselling, casework & referrals** for individuals or families with special concerns or difficulties such as family violence, marital or interpersonal conflicts, children or youths' behavioural problems and parenting concerns.	1800-838 0100 (Helpline) 6581 3467 www.goodnews.org.sg /prfsc/ prfsc@pacific.net.sg
Handicaps Welfare Association 16, Whampoa Drive SG 327725	1. **Counselling** services for people with disabilities 2. **Caregiving Support Group** 3. **Financial Support** through subsidies, food ration and distribution, and various Funds (e.g. Traffic Accident Fund, Taxi Subsidy Scheme) 4. Free **Medical Consultation** every 3 months.	6254 3006 6253 7375 fax www.hwa.org.sg/hwa. html hwa@hwa.org.sg
Hearty Care Centre 72 Geylang Bahru #01-3010 / 3024 SG 330072	1. **KIDS (Kids-In-Difficult-Situations) Programme**—in line with the Subordinate Court, a programme to help kids in distressing situations like witnessing family violence or whose parents are undergoing divorce. 2. Free **Legal Advice** by lawyers from Law Society of Singapore every 3rd Thursday of the month from 6:30pm-9pm.	6295 4622 / 6296 4227 6387 7887 fax www.sbws.org.sg/ (under Family Service Centre) htycare@singnet.com.s g

Organisation	Services	Contact Details
Hearty Care Centre 72 Geylang Bahru #01-3010 / 3024 SG 330072	Free **Legal Advice** by lawyers from Law Society of Singapore every 3rd Thursday of the month from 6:30pm-9pm.	6295 4622 / 6296 4227 6387 7887 fax www.sbws.org.sg/ (under Family Service Centre) htycare@singnet.com.sg
HELP FSC Blk 570, #01-3317 Ang Mo Kio Ave 3 SG 560570	**Rainbow**—a peer support programme for children and adults who have experienced death, divorce, separation and abandonment. 4 components of the programme: 1. Rainbows - peer support for children between the ages of 6 - 12 years 2. Spectrum - peer support programme specifically developed for teenagers 3. Kaleidoscope - young adults who grew up in single-parent families 4. PRISM - for single parents	Ms Theresa 64575188 64575343 fax www.helpfsc.org.sg theresa@helpfsc.org.sg
Jamiyah Singapore **Headquarters** 31 Lorong 12 Geylang SG 399006 **Jamiyah Counselling Centre** 2nd Level Tristar Complex 970 Geylang Road SG 423492	1. Free **legal advice**, every Wednesday, 6.00pm to 7.00pm and Saturday, 3.00pm to 5.00pm at HQ Level 4. 2. Provides **counselling services** in the areas of personal, matrimonial, parent children relationship problems and advice on general matters	Mdm Napsiah Rakisan 67431211, ext. 28 (Legal advice) 6743 1211 6745 0610 info@jamiyah.org.sg 64780475
Lakeside FSC 516, #01-73 Jurong West Street 52 SG 640516	1. Provides **mandatory counselling** for perpetrators and victims of domestic violence 2. **Guidance Programme** for youth caught committing petty offences with referral from MCYS 3. **Streetwise Programme** for youths referred by CID for involvement in street-corner gangs	Ms Jenny Bong 6567 1908 6565 6435 fax www.lakeside.org.sg lfcjw@pacific.net.sg

Organisation	Services	Contact Details
Loving Heart Multi-Service Centre Blk 210, #01-389 Jurong East St 21 SG 600210	1. Provides **video link-up with the Family Court** to enable victims of domestic violence to apply for **Personal Protection Order (PPO), Maintenance Enforcement Order** and others related services. Conducted every Tuesday, from 9:30am-3:30pm. 2. Acts as a **Community Mediation Centre**. 3. Provides **free legal advice** every 1st Wednesday of the month, 7:30pm-9pm. 4. **Project Contact (Supervised Access)** is a long-term supervised access programme to build, encourage & strengthen the bond between the non-custodial parent and child after the custody and access orders are made. 5. Provides **counselling** services.	6897 4766 6897 5845 fax www.thkms.org.sg/LovingHeart.htm lhmsc@singtel.com.sg
Loving Heart Multi-Service Centre Blk 210, #01-389 Jurong East St 21 SG 600210	1. Provides **video link-up with the Family Court** to enable victims of domestic violence to apply for **Personal Protection Order (PPO), Maintenance Enforcement Order** and others related services. Conducted every Tuesday, from 9:30am-3:30pm. 2. Acts as a **Community Mediation Centre**. 3. Provides **free legal advice** every 1st Wednesday of the month, 7:30pm-9pm. 4. Provides **counselling** services.	6897 4766 6897 5845 fax www.thkms.org.sg/LovingHeart.htm lhmsc@singtel.com.sg
MacPherson Moral Family Service Centre Blk.91, Paya Lebar Way #01-3023, SG 370091	1. **Mandatory counselling** for victims and perpetrators of family violence so as to learn ways of managing life issues without using violence 2. Provides **financial assistance** 3. Provides **free legal advice** 4. **Devise safety plan** for victims and family members 5. Provides **referrals** to community resources, crisis shelters, clinics and hospitals.	Kuak Keian Meng 6741 4255 6741 6989 fax www.thkms.org.sg mmfsc@thkms.org.sg
Malay Youth Literary Association (4PM) Blk 606, #01-716 Bedok Reservoir Rd SG 470606	Provides **counselling** and **casework** management for students and walk-in clients. Also provides **information and referrals**.	Ms Sa'adah Tuman 6242 6288 6242 0610 fax www.4pm.org.sg secretariat@4pm.org.sg

Organisation	Services	Contact Details
Marymount Centre, Rose Villa 790 Thomson Road SG 298142	Provides **shelter, counselling and support services** (e.g. ante and post-natal care) for women and girls of any age and race who are in **pregnancy crisis.**	6253 6556 6251 7763 fax www.marymountctr.org.sg/rose.htm rosevilla@marymountctr.org.sg
MCYS, Family & Child Protection & Welfare Branch 512 Thomson Rd #09-00 MCYS Building SG 298136	To report a case of suspected child abuse, neglect or abandonment.	1800-258 6378 (Child Protection Service Hotline, operates on Monday to Friday, 8.30am-5pm and Saturday, 8.30am-1pm) 6354 8260 www.mcys.gov.sg
Moral Family Service Centre (Bukit Panjang) Blk 139, Petir Road #01-448 SG 670139	Receives referrals from Neighbourhood Police Posts and Family Court. Provides **casework** and **counselling** services to victims, perpetrators and family members of family violence cases	Ms Tan Chia Nee 6767 1740 6767 2771 fax www.thkms.org.sg mfscbp@thkms.org.sg
Muhammadiyah Welfare Home 716 Mountbatten Road, SG 437736	1. Provides **shelter** to abandoned children and those in need of care and protection due to neglect or abuse. 2. Programmes include **casework** and **counselling**, schooling classes, in-house computer literacy programme, Qu'ran recitation, etc.	Mr Hamzah Abdul Rahman 6344 7551, 9862 9646 63482661 fax www.muhammadiyah.org.sg/mwhome.htm mwhome@singnet.com.sg
National Council of Social Services (NCSS) 170 Ghim Moh Rd #01-02 NCSS Centre SG 279621	Coordinates and leads the social service sector in Singapore. Its website also has a **search portal** that allows users to find relevant agencies and help according to their needs.	6210 2500 6467 1705 fax www.ncss.org.sg/ncss/index.asp ncss_webmaster@ncss.gov.sg https://www.ncssapp.org.sg/ictsweb/ams/DirDirect/I_DIRECTORY_srch.jsp (search portal)
National FSC (Family Service Centre) Helpline	**A toll-free telephone number that links the caller to their nearest FSC.** FSCs are neighbourhood-based social service agencies that provide professional services, advice and support to help families manage their responsibilities and challenges. The services provided by FSCs include casework and counselling, information and referral, family life education, and outreach programmes for children, youths, adults and the elderly	1800-838-0100 (Operates in English, Mandarin, Malay and Tamil)

Organisation	Services	Contact Details
Pertapis **Children's Home** 993-B Kovan Road (off Yio Chu Kang Road) SG 545676 **Centre for Women & Girls**　　91, Kovan Road (off Yio Chu Kang Road) SG 540000	1.　An **approved Home (children aged 4-16) and School** for those who are beyond parental control, or in moral danger or being exploited by adults. Cases admitted include children who are 'beyond parental control' and children who are admitted for 'care and protection', to children who parents or families are unable to take care of them for various reasons (e.g. both parents in jail). 2.　An **approved Institution for female Offenders** 3.　A **place of safety** for youths (aged 12-21) who are victims of emotional, physical & sexual abuse. Emphasize **Life Skills Acquisition**—including Conflict Resolution through peer mediation, Health and Wellness Programme, English Programme, Creative Arts, Home Economics, ARENA (Programme for Anger Management), "It's My Life—Sexuality Programme", Smoking Cessation Programme, "Being and Becoming" and Positive Parenting Programme.	63830914 (Children's Home) 6284 4707 (Centre for Women & Girls) 6289 4508 fax www.pertapis.org.sg/general/HomesCentresWomen.aspx enquiry@pertapis.org.sg
PPIS-Jurong Family Service Centre Blk 520, #01-195 Jurong West St 52 SG 640520	Runs **mandatory counselling** programme for couples experiencing family violence.	6561 3462 6560 5852 fax www.ppisjurongfsc.com ppis_jurongfsc@pacific.net.sg
Promoting Alternatives to Violence (PAVE) Blk 211, #01-1446 Ang Mo Kio Ave 3 SG 560211	1.　Victims of family violence may apply for **Personal Protection Order** (PPO) at PAVE through video conferencing facilities. 2.　**Casework and counselling services** for victims, perpetrators and witnesses of violence on a one-to-one basis, whether on voluntary or mandatory (court mandate) grounds. 3.　 **Group Work Services for women** who experience violence — a 10 week programme that uses an empowerment model to work with women who experience violence. Apart from safety and protection, the programme also looks at gender and socialization issues and seeks alternative ways of problem-solving.	6555 0390 6552 5290 fax www.pavecentre.org.sg admin@pavecentre.org.sg

Organisation	Services	Contact Details
Renewal Self-Development Centre 110 Highland Rd SG 549190	1. Renewal Centre as a **Residential Training Centre** for ex-offenders, recovering addicts, juvenile delinquents 2. **Sheltered homes** for the destitute and the poor 3. Provides **counselling** and **life-skill training**, and youth outreach programmes to out-of-school youths 4. Runs motivational counselling workshops 5. Distribute food rations to the poor.	Mr Gideon Pang 6288 0708 6288 1358 fax self_dev@pacific.net.sg
Samaritans of Singapore (SOS) 10 Cantonment Close, #01-01 SG 080010	1. Provides **24-hr hotline** to anyone who is despairing, distressed or suicidal. 2. **Face-to-face sessions** (8:30am-7pm) are available upon appointment 3. Runs **Suicide Survivors' Support Group**	1800-2214444 6220 7758 fax www.samaritans.org.sg
Serangoon Moral FSC Blk 238, #01-47 Serangoon Ave 2 SG 550238	1. **Counsels** victims and family members 2. Provides **information** to clients and **referrals** for further assistance to appropriate agencies	Mr Donny Wong 6284 7123 6284 5221 fax www.serangoonmoralfsc.org.sg smfsc@singnet.com.sg
Shan You Counselling Centre Blk 5 Upper Boon Keng Road #02-15 SG 380005	1. Provides **mandatory counselling** arranged by MCYS for (a) parents of beyond parental control probationers and cases of (b) domestic violence and (c) abortion counselling. 2. Also provides individual and group **counselling** for children, youths, couples, families, and the elderly who require support for physical, emotional, behavioural or social difficulties	Mr Zenon Teh 6741 9293 6741 9352 fax www.shanyou.org.sg shanyou@shanyou.org.sg
Singapore Association of Women Lawyers SCWO Centre 96 Waterloo Street SG 187967	Provides free legal counselling	info@sawl.org.sg www.sawl.org.sg

Organisation	Services	Contact Details
Singapore Children's Society 298 Tiong Bahru Road, #09-05 Central Plaza SG 168730 **Convalescent Home** 420 Keramat Road (off Admiralty Road) SG 758859	1. Runs the **Sunbeam Place** & **Convalescent Home**—both are Children's Home gazetted as a Place of Safety for abused and neglected children (aged 2-16) in need of protection or whose parents are unable to provide proper care. Programmes at the home include enrichment classes, character education & counselling. 2. Runs the **Vulnerable Witness Support Programme** provide adequate support to vulnerable witnesses who have to testify in criminal cases. Venerable persons refer to victims or witness under the age of 16 years old, or individuals with an intellectual capacity under the age of 16. 3. Runs **Tinkle Friend Helpline for** children aged 7 to 12 years old to provide support, advice & information to lonely and distressed children, especially in situations when their parents or main caregivers are unavailable. 4. Runs **Project Ladder** for families of criminal offenders who may be struggling in isolation as a result of the stigma associated with the incarceration of their loved ones. Video conferencing is used to allow children and families of inmates maintain frequent contact. These sessions provide social workers with an in-road to engage the families, especially children, & assess if they are coping well with the situation. 5. Provides **Beyond Parental Control (BPC) Statutory Supervision**—consists of 4 to 8 pre-complaint counselling sessions & a 6 month diversional rehabilitative programme. 6. Provides **Guidance Programme**—a 6 month counselling & rehabilitative programme for first-time youth offenders of petty offences. 7. Provides volunteer families and parent-couples to act as **befrienders** to juvenile delinquents in partnership with the Juvenile Court.	1800-274 4788 (Tinkle Friend) 6273 2010 info@childrensociety.org.sg 6273 2013 fax www.childrensociety.org.sg 62573172 (Convalescent Home)
Singapore Council of Women's Organisations SCWO Centre 96 Waterloo Street SG 187967	Runs **The Star Shelter**—a secular crisis shelter, providing temporary refuge for victims (including children) of family violence. Criteria for admission: 1. Must be a victim of violence and in need of protection as assessed by the staff of the Shelter. 2. A referral is needed from one of the	Mdm Eleanor Wong 6837 0611 6837 0081 fax www.scwo.org.sg counsel@scwo.org.sg

Organisation	Services	Contact Details
	following: The Family Courts, FSCs, or other social service agencies, the Police, MCYS, a hospital or other agency. In emergency cases, the Matron-in-Charge will decide on admittance.	
The Star Shelter 96 Waterloo Street SG 187967	Provides **temporary refuge** for victims of family violence and others in need of protection, regardless of race, language or religion. Criteria for admission: 1. Must be a victim of violence and in need of protection as assessed by the staff of the Shelter. 2. A referral is needed from one of the following: The Family Courts, FSCs, or other social service agencies, the Police, MCYS, a hospital or other agency. In emergency cases, the Matron-in-Charge will decide on admittance.	Mdm Eleanor Wong 6837-0611 counsel@scwo.org.sg
Singapore Police Force New Phoenix Park 28 Irrawaddy Road SG 329560	1. Call 999 in case of emergencies. 2. SMS Crime Alerts service for subscribers participating in this service.	999 (Police Emergency Number) 6353 0000 6259 6648 fax www.spf.gov.sg
Society Against Family Violence 545 Orchard Road, Far East Shopping Centre #05-12 SG 238882	1. Provides support for victims of family violence. 2. Assists MCYS with its **Mandatory Counselling** Scheme for family violence cases; usually 8 sessions (individual or group) in duration.	Mr Benny Bong 6235 3341 6235 7176 fax benny@familyworks.com.sg www.familyworks.com.sg
St George's Place	Crisis Shelter Centre. Housing is available for up to 50 persons. Accommodation with bedrooms which are available for single women, mothers and families and, where appropriate, husbands and wives.	6296-5398 www.sacs.org.sg sgp_dir@pacific.net.sg
Tg Pagar FSC 1 North Bridge Rd #03-33 High Street Centre SG 179094	**Project Cherub** provides counselling, support services and runs support groups for pregnant women. Also provides financial assistance and provisions (e.g. baby products like diapers and strollers).	Ms Geraldine Yang 1800-6868623 (Helpline) 6337 3120 6333 5141 www.thkms.org.sg/TPFSC.htm tpfsc@thkms.org.sg

Organisation	Services	Contact Details
The Haven (Salvation Army) 350 Pasir Panjang Road SG 118692	A **residential home** for abandoned, abused and neglected children, mostly referred by MCYS. Programmes include **individualized care plans** & **life skills training**.	6775 0366 6779 3225 fax www.salvationarmy.org .sg social_services@smm.s alvationarmy.org
The SBL Vision Family Service Centre Blk 946, #01-338 Tampines Ave 4 SG 520946	1. Provides **counselling** on Family Violence issues, Parenting issues, Marital issues, Financial issues and Interpersonal Issues 2. Provides **information and referrals**.	6544 2263 6544 2253 fax www.sblvisionfsc.org.sg sbl@sblvisionfsc.org.sg
The Singapore Action Group of Elders (SAGE) 19 Toa Payoh West SG 318876	Provides face-to-face **counselling, information and referral and a helpline service** for those 50 years and above to tackle issues like **Elder Abuse** and **Elder Suicide**.	1800-353 8633 (Helpline, operates from 9am-7 pm on weekdays & 9am-1pm on Saturdays) 63537159 63537148 fax www.sage.org.sg sagecc_reception@sa ge.org.sg
The Tent (Teenagers Experience New Truth) 1034 Upper Serangoon Road SG 534797	A **shelter home** for teenage girls (11-19 yrs) who : o come from broken and dysfunctional families. o are abused and in need of care and protection. o exhibit behavioural problems. o are in need of crisis shelter. Programmes include time and anger management, and individualised care plans using psychodynamic and cognitive-behavioural approaches.	6283 7696 or 6283 7695 6284 3988 fax www.thetent.org.sg enquiry@thetent.org.sg
Touchline (Touch Youth Services)	For youths between 12 to 19 with struggles, depression and in need of a listening ear.	1800-3772252 (10 am to 10 pm daily)
Trans Centre **Bedok Branch** Blk 411, #01-106, Bedok North Ave 2 SG 460411 **Bukit Timah Branch** Blk 1, #01-143 Toh Yi Drive SG 591501	1. **SAFE (Stop Abuse in Families) Programme**—allows victims of family violence to apply for a Personal Protection Order (PPO) to the Family Court through video link-up at a Trans Centre. 2. Provides **counselling** for victims of family violence 3. **Children's Groupwork** to provide emotional and social support for children who experience violence to enhance coping. 4. Provides information and referrals. 5. **Guidance Programme**—a 6 month programme that provides counselling for parents and youths who have committed petty offences.	Ms Lynette Stephen 6449 0762 6449 8135 fax www.transcentre.org.s g/ transbd@pacific.net.sg 6466 2287 6469 2790 fax transbt@singnet.com.s g

Organisation	Services	Contact Details
Transient Workers Count Too (TWC2) 5001 Beach Rd #06-54 Golden Mile Complex SG 199588	1. Help foreign domestic workers to get out quickly of a dangerous or untenable situation (e.g. when she is abused, or is not paid for months on end). 2. Assessments of cases, and provide referrals to Ministry of Manpower for action. 3. Also help foreign domestic workers to get to a shelter.	6247 7001 www.twc2.org.sg centre@twc2.org.sg
Tzu Chi Foundation 9 Elias Road SG 519937	Provides regular home visits for lonely elderly	6582 9958 6582 9952 fax www.tzuchi.org.sg info@tzuchi.org.sg
Youthlines (Youth Challenge)	For young people with interpersonal, family, stress, anxiety, depression and sex related problems	6336 3434 (operates from 8:30am to 6pm, Mon-Fri)