Exploratory Study of Neglect Among Elderly In Hong Kong

A Family Perspective

A Study Commissioned by
The Central Policy Unit
Hong Kong SAR Government
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The Consultant Team
Asia Pacific Institute of Ageing Studies
Lingnan University

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List of abbreviations

CSSA Comprehensive Social Security Assistance
DCU Day Care Unit for the Elderly
D/E Day Care Centre for the Elderly
DECC District Elderly Community Center
DVO Domestic Violence Ordinance
EHCCS Enhanced Home and Community Care Services
IHC Integrated Home Care
LTA Leave Travel Allowance
NCEA National Center on Elder Abuse
NEC Neighborhood Elderly Center
NGO Non-governmental Organization
RCHE Residential Care Homes for the Elderly
SE Social Center for the Elderly
SWD Social Welfare Department
WHO World Health Organization
### Consultant Team

**Principal Investigator**  
Professor Chan Cheung Ming, Alfred

**Co-Investigator**  
Ms Tang Pui Yee, Phoebe  
Mr Chung Yan Yi, Eddy

**Research Support**  
Ms Lau Wing No, Helen  
Ms Tang Chi Yan, Sandy  
Ms Chan Hui Yan, Fanny  
Ms Chung Nga Man, Amber  
Ms Li Wing Yin  
Mr Chan Wing Chung, David

**Partnering organization**  
Harmony House Limited

**Advisor**  
Professor Walker, Alan Christopher
Executive Summary

Background
Elder abuse has attracted considerable attention in recent years because of its increasing trend and happenings within the family that clashes head-on with the traditional Chinese values of respecting and caring for the older persons. Elder neglect is common yet seen as a lesser fair of elder abuse. Part of the reason is that neglect is not readily distinguishable from abuse. Yet, the situation often worsens to finally become abusive in nature if preventive actions are not taken. Therefore, the study approached ‘neglect’ as the midway processes between loving relationship and a worsening care to the extreme of abusive behaviors. Such perspective allows subsequent implementation of intervening procedures to help improve the relationship between the older victims and the perpetuators and to rectify problems at early stages.

Aims
Elder neglect, instead of abuse, forms an obvious focus in studying changes before irreversible damages are made to the families over time to examine the family cohesion factors as well as to identify interpersonal or helping relationships among elder parents and adult children, in particular during the time of sickness when an older person requires intensive care. Such occasions reveal the impacts of family dynamic on the vulnerability of elder neglect. It is under this background, Family Council and Central Policy Unit, commissioned the Asia-Pacific Institute of Ageing Studies of Lingnan University to undertake the study, in April 2010, with the following aims:

a. To provide literature review on family neglect in Asian countries, including Mainland China, Taiwan, Hong Kong, Singapore, Japan and India;
b. To identify critical points of elder neglect in Hong Kong and its explanation(s);
and
c. To propose possible interventions.

Methodology
The explanatory model for family life pathway proposed in the study is an eco-system analysis resembling organic functionism (i.e. organic system theory) where individuals are taken as units within a system (e.g. family) where they are trying to adapt to the demand by adjusting themselves to fit in with the roles and functions expected of them. Successful adaptation means ever better survival for not just the
individual units but the whole system as well (i.e. a state of equilibrium). On the other hand, ill adaptation can mean total failure of the individuals and its system (i.e. family) falling apart, with problems and malfunctions needing assistance and rectifications from the outside. This pathway provides the structure of our explanation.

The study adopted a qualitative in-depth interview approach design. The first part involved using ‘structured questionnaire’ to obtain individual socio-economic data, risk or protective factors, characteristics of significant others and the Chinese cultural elements of care and love or neglect; while the second part focused on significant life events recall with the help of a guideline. The detailed accounts of the experiences from different perspectives (i.e. elders and perpetuators) were audio-taped and summarized in accordance to the developmental stages indicated in the explanatory model of family life pathway. The interviews were processed and broken down into events and behaviors for coding, with reference to different developmental stages of family life stages (e.g. courtship and marriage, extension or subtraction of family in reaction to life circumstances). The codes were compared to find consistencies and differences, to reveal different categories. The categories became saturated and the central focus emerged. Such categories were used to reconstruct the family life pathway leading to elder mistreatment, highlighting the critical points at different family developmental stages that require adaptations.

**Sampling**
The study adopted purposive sampling to identify potential targets (i.e. elders aged 60 years old or above, who live alone or with the family members (i.e. sons or/and daughters or/and in-laws) and his/her family members from ‘caring family’ and ‘neglected family’), being referred by Social Welfare Department, social welfare organizations. A total of 40 neglected families (40 elders plus 22 perpetuators) and 43 caring families (43 happy elders plus 40 caregivers) were included in the study.

**Characteristics**
The elders from neglected and caring families in the sample share similar demographic socio-economic characteristics whereas their financial conditions and family care are found to be different. Elders from the caring families are comparatively well-off, as compared to elders from the neglect families. Family support to older persons in caring family is nurtured by love and care, i.e. most elders are living with the family with their children’s support. On the contrary, half of the elders from neglected family are living alone and relying on government’s provisions
for living. Health problems are not necessarily a risk factor in themselves, as it depends on how members react to them. Health issues could worsen the mistreatment of the elderly because extra burden was put onto the perpetuators, but it could also prompt members to provide more care and concerns, thus drawing the relationship closer. Perpetuators and caregivers are mostly adult children or spouses. Caregivers are generally female, single (separated or divorced) and of higher education attainment. Some are still working and living on the salary earned while some are retired with financial support from their own children; whereas perpetuators are found to be mostly male, working, married, living with two to three persons in a flat of modest size, and earning a salary that provides a source for most family expenses.

Findings
The stories shared have reflected a pattern of cultural and individual factors that leads to similar life events that coincide with developmental stages in the family life pathway. Two types of family life pathways formed the focus of the study: (1) ordinary marriage between mainlanders, who come to Hong Kong as immigrants or refugees in 1940s to 1970s, or between Hong Kongers; and (2) cross-border marriage, as a product of the 1980s and the 1990s, with Hong Kong male residents marrying mainland female residents, and a few of such marriages involve significant age differences. The findings serve to construct the common family life pathway for the two types of family, pinpointing the critical points gradually leading to elder mistreatment.

The elder mistreatment cases in cross-border marriages in the study shared similar characteristics and patterns in resulting shattered family. The time for courtship was relatively short, their union was found being accelerated by popular myths of Hong Kong men (richer, more educated, more sophisticated, etc) as well as that of mainland women (submissive, obedient, gentle, etc). The basis of the marriage was largely functional and material, instead of mutual understanding and affection. The couples were often separated by the border in the first few years of marriage, with the husband from Hong Kong visiting his wife in mainland China during weekends and holidays. The relationships between the two persons were generally amiable at the beginning, as accompanied by the birth of children (usually within one year after marriage). The first common critical point was then revealed at the reunion of family in Hong Kong, when the mainland wife and mainland-born children joined the husband in Hong Kong. It was often found that the expectations that the wives or the husbands were different when they were separated. The relationship was
discounted and instead became filled with blame and suspicion. The wives continued to stay with the husbands as they were the only persons that the wives could rely on in every way especially during their first few years of stay in Hong Kong. The second critical point came when the wives became more established in terms of familiarity with the support system, job market and education opportunities, etc, while the husbands’ capability went downhill. Often the husbands aged, and brought home less or even no money, which led to the foundation of their marriage being challenged again. Life circumstances (such as illnesses, sudden and huge loss of money, etc) were usually found to be the trigger factors of mistreatment and finally resulted in shattered families.

The elder mistreatment cases in among marriages of the husband and wife both coming from mainland China also shared some common traits and patterns that resulted the worsening care to older persons in the family. The couples got married rather in a rush (i.e. little or even nil time for courtship) as well as late in life, as compared to their counterparts at that time (i.e. in their early 30s) for all sort of purposes such as parents’ wills, peer pressure, an escape from poverty and hardship, etc, instead of mutual affection. The separation time for couples between mainland China and Hong Kong was quite long, due to the unstable political and social conditions at that time. This put the family relationship to a critical test, and the relationships between husband and wife and father and children were quite alienated and distant because of the separation. The situation did not seem to improve even the families finally reunited in Hong Kong. However, the wives, though having to live in such an oppressive situation, stayed with the husbands regardless of the situation, observing the Chinese wives’ tradition of absolute obedience to their husbands. Mistreatment between husbands and wives might happen, but the wives often sucked it up. It turned out to affect the children who had to grow up in such an environment. The death of husband was found to be a critical point, where the older mother lost her anchor and needed to move into her married son's household. As an extension of functional spousal relationship between the mother and the father, the relationship between mother and son was no better, as it was also based on calculation and functions. Life circumstances, in particular the deterioration of health, brought extra burden to the family, as rated against the declining level of contribution and depreciating value to the family of the older person as he or she ages. Mistreatments and conflicts within family came along.

**Conclusion**
The study has identified two patterns of marriage, namely 'ordinary marriage' and
‘cross-border marriage’. The reasons behind the union of man and woman in question varied, according to the different social, economic and political backdrop when the marriage took place. The critical points leading to elder mistreatment were similar in both ordinary and cross-border marriage, for example the addition or subtraction of family member and life circumstances such as loss of job, loss of money, health problem, weakened earning ability because of old age or health problem, etc. These require families to adjust balance and adapt, and the capability and underlying forces for positive adjustment, balance and adaptation of individual or family were found to be different in the two identified patterns of marriage. ‘Ordinary marriage’ involved the middle-old and old-old generations now, normally took place between 1940s and 1970s. The marriages were generally stricken by poverty and hardship at the time when traditional thoughts strongly prevailed; their unions, mostly, were out of family pressure and social expectations, with little emphasis on love and mutual understanding. The relationship between husband and wife, parents and children was rather distant, bestowing little threshold and resilience on the family to withstand and overcome life circumstances. ‘Cross-border marriage’ involved mostly the young-old and took place between 1980s and 1990s, a time characterized by economic affluence, increased contact between Hong Kong and mainland China and a more open attitude toward love and marriage due to western influence. As reflected in the cases, the unions were largely out of functions and materials. Having grown up in different social and cultural context of cross-border couples, the reunion of family, implying day-in day-out living together under the same roof, caused challenges. The unfulfilled wants and wrongful expectations accelerated the change of the relationship. The age difference induced a shift of power in the later family life, when husbands retired and lost its earning power while the wives in their prime age, striving for a better future, became the breadwinner of the family. The basis (i.e. functions and materials) of the marriage changes, the relationship between husband and wife would become troubled and alienated, and gradually worsened to become a severely damaged or even an abusive relationship.

In conclusion, elder neglect in normal marriage was due to the lack of love and care from the onset of the man-woman relationship (i.e. courtship and marriage stage) and leading to an alienated family relationship among members of family; whereas the happening of elder neglect in cross-border marriage was due to its functional and materialistic nature of love and care, which infected other members in the family, the shift of power in relation to functions put the weakest link at risk.
Limitations
There are limitations that need to be acknowledged and addressed in the present study. The first limitation has to do with the extent to which the findings can be generalized beyond the cases studied. The number of cases is too limited as well as too homogeneous for broad generalizations. Further empirical studies, however, are needed to replicate the findings in different contexts and surroundings, so to enhance our understanding of elder neglect among different groups of elders for more well defined indicators of the mistreatment. The second limitation is the definition of elder neglect. It is well predicted that the consultant team approached elder neglect as a midway process to elder abuse shall arouse social debates as the approach connotes different beliefs and perspectives behind. This, however, will be taken as the beginning of a long process on the elimination of elder mistreatment in Hong Kong.

Policy Recommendations
Family is an organic system, like the human body. It senses heat and cold, when the stimulus exceeds a certain threshold, the body transmits signals that the brain interprets as pain. The ‘pain’ is the critical point in the family life pathway. If one ignores the pain, the pain will worsen and become chronic or even incurable if it is not being taken good care of at its onset. Precisely, small problems happened along the pathway, and gradually transform into big troubles that shatter the family and might cause regrets for life. Therefore, the policy recommendations have taken on a public health approach to the developmental pathways of family life, to encourage successful adaptations and to increase the threshold of family to come head-on to overcome the challenges along the pathways. They are divided into three levels (1) Primary, focusing on early prevention; (2) Secondary, focusing on timely intervention and; (3) Tertiary, focusing on rehabilitation. Suggested key actions are indicated below.

1. Primary level: Focusing on early prevention
   - To review existing policies working against family cohesion or reducing family responsibility to care;
   - To strengthen family life and community education for filial care;
   - To promote a positive image and instill respect and care for the older persons among the public; and
   - To introduce dating and marriage life education and filial care education in formal curriculum at an early age.
2. Secondary level: Focusing on timely intervention
   - To commission further studies to develop instruments for early detection of elder neglect;
   - To encourage family members to have frequent interactions and show love and concerns;
   - To help build neighborhood and friendship networks for older persons; and
   - To encourage intergenerational interactions.

3. Tertiary level: Focusing on rehabilitation upon intervention
   - To support training of mediators or counselors for neglectful/unhappy marriage relationships;
   - To make affordable marriage/family counseling/mediating services available in accessible locations to elders such as social centers for the elderly; and
   - To promote help-seeking mentalities of elders for marriage counseling services among unhappy couples.
行政摘要

背景
随着社会及家庭结构改变，中国传统文化中的「敬老」及「护老」价值被受冲击，虐老个案频生，并有持续上升之趋势，成为近来被受关注的社会议题。相对于「虐老」，社会对「长者疏忽照顾」较少关注，主要的原因是其定义及行为指标较含糊，性质上不易被察觉，故此常被概括为「虐老」行为的一种。「长者疏忽照顾」的性质虽较轻微，但亦隐含著严重虐老行为的危急。在缺乏预防工作的前提下，「疏忽照顾」将恶化并演化成虐老悲剧。本研究将「长者疏忽照顾」定义为长者于家庭关系由被爱变成被痛恨的重要历程之一。顾问小组以了解关系演变的原因及过程作为研究的切入点，希望有助于早发现家庭危机，及时介入及处理受虐者与施虐者之关系，避免问题持续恶化。

研究目的
「长者疏忽照顾」是一个相当值得研究的课题。因此，家庭议会联同中央政策组於二零零零年四月，邀请岭南大学亚太老年学研究中心成立研究团队策划是次研究，透过访问回顾家庭成员的相处，检视长者与成年子女/媳婿之间的扶助关系，重点着眼於依赖深入照料的患病长者成为家庭负担，从中了解负担/需求的增加如何促成紧张的家庭关系而最终导致疏忽照顾产生。研究目的如下：

1) 回顾中国、台湾、香港、新加坡、日本及印度等亚太地区就长者疏忽照顾的文献；
2) 檢视促成长者疏忽照顾的关键点及其成因;及
3) 提出相关的改善建议及措施。

研究方法
是次研究将「家庭生命演变的过程」理解为一个有机及有组织的生命系统，而每個人則是個別系統(家庭)的其中一名组织成员。基于每个系统的不同及功能不同，每名成员的角色及能力都会根据不同程度的需求及目的而作出调节和改变。是次研究将采取上述理论，如能成功适应其中变化者，不仅能够保障成员之间的相处之道，更有助维持整个家庭系统的和谐；反之，则是引起连结个人及整个系统的动盪，有损系统和谐的问题将随之而来，並需要外界的协助及诱导重回正轨。

研究主要以「结构式问卷」作为质性面谈的指引：问卷第一部份针对受访者之社会及经济条件，其次则是了解其他家庭成员的特点及他們对中國傳統「敬親」、「養親」、「安親」的态度，从中分析导致家庭關係改变的保护或危機因素；问卷第二
部份為回顧家庭生命歷程，分別與「關愛」及「虐老」家庭的事主及其家庭成員
回顧共同生活點滴，透過分享生活細節從不同角度了解各人對關係改變的觀點與
感受，並從中比較兩種家庭的相同及相異之處。有關長者及相關家庭成員的訪問
內容會被錄音，訪問程序及內容會根據「家庭生命演變過程」的不同階段將個別
事件及行為作總括，並用識別編號劃分作歸類。透過找出這些編號的相同及相異
之處，將可建構成為一個有豐富特質及重點類別，而這些類別將會用作重建一個
有「長者疏忽照顧」潛在危機的家庭，並在每一個家庭演變階段中找出引發疏忽
照顧的關鍵及應作的相應調節。

抽樣方法
是項研究採用「立意抽樣」模式識別由社會福利署及其他福利機構轉介之 60 歲
或以上獨居或與家人同住的長者，及其來自「關愛」或「疏忽照顧」家庭的其他
重要成員(包括配偶、子女、媳婦及兄弟姐妹)。研究合共接觸了 40 個「疏忽照
顧」(包括 40 名長者及 22 名施虐者)和 43 個「關愛」家庭(43 名長者與及 40 名
照顧者)。

樣本特徵
分析指出來自「疏忽照顧」和「關愛」家庭的長者擁有類似的社會及經濟條件，
唯獨財務狀況和家庭支援方面則有明顯差別。大部份「關愛家庭」的長者相對較
富裕，與家人同住及生活於愛與關懷的支援下；相反，約有一半「疏忽照顧」的事
主為獨居長者，主要依靠政府援助金為生。其次，健康問題不一定是風險因素，
它可以是構成額外負擔及關係破裂的導火線，又或是凝聚家庭力量的因素，契機
則視乎家庭成員如何反應及處理。大部份照顧者及施虐者是長者的成年子女或配
偶。照顧者一般是教育程度較高的單身女性(包括分居或離婚者)，部份仍有工
作，部份已退休並由子女供養；施虐者則普遍為有工作的已婚男性，並與兩至三
名家庭成員同住，是家庭經濟支柱負責家庭開支。

結果
透過訪問回顧受訪者的敘事，足以反映文化及個人因素有一定的發展模式，發展
成相類似的「家庭生活經歷過程」。「一般婚姻」及「跨境婚姻」這兩類型的婚姻
為是次研究重點：「一般婚姻」指香港人與香港人結婚，或是與於 40 年代至 70
年代之間以移民或難民身份居港的內地人結婚；「跨境婚姻」則是 80 至 90 年
代的產物，大部份是香港男性居民與內地女性結婚，當中大部份有很大年齡差距，
具「老夫少妻」的特徵。

是次研究發現很多「跨境婚姻」個案有相同特性，更與虐老及破碎家庭的產生有
一定關係。「跨境婚姻」一般只有短暫的戀愛時間，中港文化、社會、經濟的差
異導致誤解及暇想，例如「香港男士有經濟實力、學識淵博、彬彬有禮」及「國
內女性溫婉、和順、服從性高」等充斥社會，在「各取所需」的前提下（男士急
娶妻，女士速脫貧），促成「跨境婚姻」的出現。普遍「跨境」夫婦婚後即分開
生活，部份居於香港的丈夫只偶爾回內地探望家人，因忙於照顧初生子女及家庭，
這階段的夫婦關係屬良好。而家庭關係演變的第一個轉換點通常出現於家庭團聚，
當夫婦團聚後發現當初的暇想與現實不乎，彼此因無法達到預期結果而漸生怨懟
及懷疑。雖然心生不滿，但初來港的妻子基於沒有經濟基礎及友儕的支援，往往
都不會反抗。第二個轉換點是當來港妻子已有經濟能力及社交支援足以與丈夫討
價還價，如丈夫年事漸長，失去工作及經濟能力、健康衰退及突如其來的經濟問題
便會成為家庭關係破裂、疏忽照顧、虐待的導火線。

對於「一般婚姻」的家庭，相類似的特徵及模式亦出現促成「長者疏忽照顧」家
庭的產生。這些婚姻的夫妻的平均結婚年齡是在30歲左右，屬遲婚一族，且缺
乏或甚至沒有談戀愛的階段。相對於互相了解的戀愛婚姻，「一般婚姻」的原
因是以「功能性」居多例如符合家庭期望、同業壓力及改善經濟狀況等等。在當年特
殊的社會及政治環境下，部份「一般婚姻」的夫婦及子女均經歷分隔兩地的階段，
長期欠缺溝通的因素促成了夫婦關係冷漠及父母子女關係疏離。傳統「嫁雞隨雞」
觀念的影響下，部份妻子順從受到不合理對待仍會逆來順受及服從丈夫，可是夫
婦關係疏離及不融洽的家庭環境將直接影響下一代成長，子女在缺乏關懷、愛護、
關心和良好教育的家庭下成長，只會把疏離關係繼續延伸。另一個家庭關係轉變
的關鍵出現於當丈夫離世，年老的母親頓失依靠並需要已婚的子女照顧，突如其
來的家庭負擔促成了母親與其他家庭成員之間的磨擦。成長於「功能性」家庭的
子女往往以計算付出來衡量家庭角色的重要性，年老的母親因失去其「功能」而
被子女、媳婿、孫兒遺棄、疏忽照顧，甚至虐待。

結論
然而，基於「一般婚姻」及「跨境婚姻」產生的年代背景及組織家庭的原因相異，
故導致疏忽照顧及虛老的關鍵均不同。「一般婚姻」發生於40至70年代，於經
濟環境困難及較保守文化思想懸孕下，傳統「成家立室」的觀念強化當年大眾對
婚姻渴求，為滿足此等保守文化的期望，一些缺乏感情及互愛基礎的婚姻應運而
生。針對當年的困徑，不少夫婦為口奔節，以致管教子女及與子女相處的時間相
對較少，年月累積的疏離感逐漸成為家庭成員「各自為政」和「互不關心」的關
鍵。隨著伴侶離世、子女成長及自組家庭等原因，均削弱原已不穩健的家庭網絡，
使長者年老無依，飽受疏忽照顧以致忍氣吞聲而終老。

相反，「跨境婚姻」出現於較富裕的80至90年代，中港接觸頻繁、中西文化交
匯造就了開放的戀愛及婚姻觀，「各取所需」的大環境促成了大眾熱於計算的特
質，「婚姻」逐漸被物質化，大部份跨境婚姻的結合都是建基雙方對結婚的「需
求」，而這種態度更進一步主導整個家庭。生活於不同年代及文化環境下的夫婦
及家庭成員，經歷長期分開而一旦團聚，突如其來的適應是對彼此關係的重大挑戰，當彼此發現理想與現實不乎更會加速關係的改變。其次，正值盛年的「少妻」對婚姻或個人生活仍充要求及發展潛力，夫婦年齡的差異是日後權力轉移的關鍵。當「功能性」成為考量家庭成員價值的時候，互相計算下有能力的一方將逐漸操控家庭的決策權。

總括而言，疏忽照顧或虐老個案於「一般婚姻」出現的關鍵在於「缺乏感情基礎」導致冷漠關係籠罩整個家庭；而「跨境婚姻」的關鍵就是較現代的「功能性」及「物質化」的核心價值於夫婦及子女間蔓延，權力轉移使家庭關係變得「強弱懸殊」，最終較弱的一方成為被疏忽照顧對象。

研究局限性
基於是次研究論題性質較敏感，研究團隊於搜集資料及分析上遇到一定困難及限制：首先，研究只成功接觸了 83 個「疏忽照顧」及「關愛」家庭，因此，分析內容只能反映樣本的特色及其相似相異之處；故日後必需擴大樣本資料，並重覆地就樣本作仔細及多角度分析，才足以全面及整體地反映香港「疏忽照顧/虐老」的問題。

其次，針對長者「疏忽照顧」的定義，是次研究團隊將「疏忽照顧」視為一對夫婦關係由好變壞而引起的家庭關係改變，是日後步入「虐老」的一個引言。因著社會對「家庭關係變化」的視點及取向不一，是次的定義及研究乃具爭議性，不過，針對相關議題的討論將會成為長遠消除「虐老」問題的第一步。

政策建議
「家庭」是一個生命體，是一個能感受冷熱的有機系統，每當刺激超過一定程度，身體發出的信號會被大腦詮釋為「疼痛」，而這個「疼痛」正是「家庭生命經歷」演變的關鍵。如果「疼痛」在當初未被察覺，「它」將會惡化甚至成為不治之慢性症狀。準確而言，成長經歷過程中總有「小問題」出現，如久久不治，問題只會越滾越大成為一發不可收拾的「大問題」，最終導致家庭碎裂甚至於造成終身遺憾。

因此，是次政策建議主要引用公共衛生的方向為框架，就「家庭生活經歷」的發展上，倡議鼓勵個人的生活適應技巧及增強整體家庭的抗疫能力，足以面對及解決各種挑戰。政策建議主要分為三個程度：一）基層程度之及早預防焦點模式；二）二層程度之適時介入焦點模式；及三）三層程度之介入及康復焦點模式。建議的關鍵行動，幷列如下：
1) 基層程度：及早預防焦點模式
   - 重新檢視現行的相關政策是否與「凝聚家庭和諧」及「減輕家庭照顧責任」有所抵觸；
   - 加強與「子女孝養」相關的家庭生活及社區教育；
   - 建立長者積極正面的形象，向公眾灌輸「敬老」及「護老」的觀念；
   - 於早期的正規教育課程中，加入「約會及婚姻生活」和「子女孝養」教育；

2) 二層程度：適時介入焦點模式
   - 委託進一步的研究，以便發展一套「及早識別」疏忽照顧長者的量度工具；
   - 鼓勵家庭成員間的頻密交往和關愛表達；
   - 協助長者建構鄰里及友誼支援網絡；及
   - 鼓勵跨代共融；

3) 三層程度：介入及康復焦點模式
   - 支援「調解員」或「輔導員」就疏忽或不愉快婚姻關係方面的培訓；
   - 促使婚姻/家庭輔導或調解服務設立於方便的服務點，例如長者中心，使服務能夠伸手可達；及
   - 促進有「不愉快」經歷的夫婦接受「婚姻輔導」服務的心態和懂得尋求解決方法。
Chapter 1  Introduction

1.1  Background

Family cohesion or harmony within the Asia confines, and in Chinese societies in particular, has been renowned for its overarching value governing the caring and respectful behaviors to the elders in the family, which is frequently referred to as ‘filial piety’. Hong Kong as a Chinese society, with over 95% of population being ethnic Chinese (Census and Statistics Department, 2006 Population By-census: Hong Kong, China, 2006), is expected to be a showcase of the same. However, figures and the trend revealed in recent years have shown the opposite. Physical abuses of the older persons have been on the rise, and were believed to be underreported, given the conservative nature of Chinese culture. Generally the abusers were the older persons’ closest spouses (67.3%) and blood-tied adult children (17.7%) in 2009 (Social Welfare Department, 2009).

This may lead one to ask: What happened to our society? What happened to our filial virtue? What, where, when, why and how has our love transformed into hatred, absolute obedience into disrespect, care obligation into desertion? As a matter of fact, social changes have impact on individual and family values as well as family structures, thus the social support network and family cohesions are also changing over time. Conflict in the parent-child relationship, especially if it involves caregiving and dependency, could constitute stresses on interpersonal relationships as well as affect the family dynamics. If we were to resurrect the tender loving relationships once observed in families, we will need to find out the reasons behind.

1.2  Aims

Elder neglect, instead of abuse, forms an obvious focus in studying changes in the families over time to examine the family cohesion factors as well as to identify interpersonal or caring relationships between elder parents and adult children, in particular during the time of sickness requiring intensive care for revealing the impacts of family dynamic factors on vulnerability of elder neglect. It is under this background, Family Council and Central Policy Unit, commissioned the study to Asia-Pacific Institute of Ageing Studies of Lingnan University, in April 2010, with the following aims:
d. To provide literature review on family neglect in Asian countries, including Mainland China, Taiwan, Hong Kong, Singapore, Japan and India;
e. To identify critical points of elder neglect in Hong Kong and its explanation(s); and
f. To propose possible interventions.

1.3 Structure of the report

The final report is divided into five main parts. Chapter 1 introduces the background, aims of the study and also the organization of this final report; Chapter 2 reviews relevant literature, mainly on three areas: First, the definition of ‘neglect’; Second, the changes of family structures and functions and how they impact on elder neglect in China and Hong Kong; and finally, the overview of family neglect in Asia countries which include mainland China, Taiwan, Hong Kong, Singapore, Japan and India; Chapter 3 explains the research design, which includes the analytical framework, methodology and its theoretical base, scope and sampling; Chapter 4 discusses the findings, it first uncovers the demographic, socio-economic and health characteristics of our interviewees, then the critical points of elder neglect in Hong Kong and its explanation from cases of neglect interviewed are revealed, and the cases from caring family were analyzed in parallel for both ‘at risk’ and ‘protective’ factors for neglect; and Chapter 5 proposes policy recommendations.
Chapter 2  Literature Review

2.1  Defining ‘Neglect’

Elder abuse has attracted considerable attention in recent years because of the increase in number and its happening within the family. Elder abuse can take the form of financial, physical, and psychological abuses; and similar categories for neglect. Elder neglect is common but rarely treated as a separate issue. Elder neglect is normally seen as a lesser fair of elder abuse in most studies. Part of the reason is that elder neglect is not readily distinguishable from elder abuse given the little consensus on establishing the criteria of evaluating the complex relationship and nature of interaction between potential victims and the care-giver.

2.1.1  ‘Neglect’ as part of ‘Abuse’

There is not a universally agreed definition on ‘elder neglect’. Glendenning (1997) saw it as ‘the refusal or failure of a person’s implied or agreed-upon obligation or duties to provide an elder with necessities, such as food, water, clothing, shelter, personal hygiene, medicine, or safety’. This could mean a family member who is responsible for the care for an older person but fails to do so, by not buying him or her groceries or prescribed medication, can constitute ‘elder neglect’. Or it could be a failure on the part of an in-home service provider who is paid to provide care but does not perform its job. The caregiver may not have started out with a bad intention, but becomes overwhelmed and negligent when faced with the continuous demands of care for a disabled, bedridden person who is incontinent and hooked up to tubes. Glendenning (1997) further differentiated between elder abuse and neglect, while the former refers to an act of commission, while the latter is an act of omission. The mistreatment can be physical, psychological, social in nature, or of miscellaneous types. Willful neglect, deprivation of the elderly’s normal privileges, and exploitation also constitute mistreatment. Psychological neglect is the failure to provide a dependent elderly person with social stimulation while the financial or material neglect refers to the failure to use available resources needed to sustain or restore the health and well-being of the older person.
The National Center on Elder Abuse (NCEA) in the United States classified ‘neglect’ as one of the seven types of elder abuse, which include physical, sexual, emotional or psychological, financial or material exploitation, neglect, abandonment and self-neglect. ‘Neglect’ is defined as the refusal or failure to fulfill any part of a person’s obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g. paid for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care, either intentional or unintentional. Adding to the complexity of neglect is ‘self-neglect’, NCEA excludes a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice. The common manifestation is a refusal or failure to provide oneself with adequate food, clothing, hygiene, medication and safety precautions. Self-neglect cases account for more than half of U.S. reported cases of neglect.

In Devi’s study (2006) on elderly in middle-income group of a district in Tamil Nadu, India, the most common forms of abuse faced by the elderly were neglect, lack of attention, denial of freedom, food and health care. According to Wolf (1989), there are two types of neglect: active and passive neglect. ‘Active neglect’ refers to the refusal or failure to undertake a care giving obligation and it is usually intentional. ‘Passive neglect’ is unintentional refusal or a failure to fulfill care taking obligation. Neglect was experienced in family decision making, support (physical, economic and emotional), economic investment, values differences and life style differences. Neglect was experienced in all groups of people but the elderly of higher socio-economic status was found to experience a lower degree of neglect than the elderly of middle and lower socioeconomic circumstances.

2.1.2 ‘Neglect’ as a midway process to ‘Abuse’

Quinn & Tomita (1986) stresses that neglect can be viewed as being
less serious than abuse with regard to the intent of the caregiver.
Neglect is seen as an act of omission, not doing something, or
withholding goods and services, because of ignorance or stress on the
part of the caregiver. This type of neglect is referred to as passive
neglect. Some observers have therefore concluded that it may not be
deliberate and that supportive services and education for the
caregiver may alleviate the problems. However, neglect can also be
deliberate and malicious in nature, resulting in no less damage to the
elder than outright abuse; in which case the perpetrator clearly knows
that he or she is being neglectful. The idea that neglect may be either
intentional or unintentional was also raised by Pang (2000)\(^1\) and
tangoed with Wolf and Pillemer (1989)’s ideas of ‘active neglect’ and
‘passive neglect’. However, Quinn and Tomita (1997) conceptualized
these ideas into a developmental perspective of the happening of
neglect as an initial stage or the onset of abuse, followed by the
relationship between abuser and abusee being expected to worsen as
time goes by if no induced intervention, either by members of family
or outsider, is in place and can lead to more serious consequences. It
is also important to note that whether the behavior is defined as
abusive or neglectful probably also depends on how frequently the
mistreatment occurs, its duration, severity and consequence, and
above all, the culture context (WHO, 2002).

Having reviewed different definitions of ‘neglect’ and ‘abuse’, the
consultant team concluded that most studies understood ‘neglect’ as
an integral part of ‘abuse’, if they were to be differentiated by traits or
signs. With no crystal clear differences between the two, it is more
promising to adopt Wolf and Pillermer’s (1989) developmental
perspective and to put it as a linear pathway noting the different
stages of an interactive relationship, in order to understand its
occurrence for the purpose of early detection and intervention. It
makes it possible to focus on neglect well before abuses become
visible.

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\(^{1}\) Hazzard Pang (2000) explained ‘intentional neglect’ include refusal of a caregiver to provide basic
needs such as nutrition, an appropriate hygiene standard, and medical care; ‘Unintentional neglect’
arises as a result of ignorance on the part of the caregiver.
Elder neglect is not easily detectable at the initial stage, yet the situation often worsens to become finally abusive in nature if preventive actions are not taken. Therefore, a better understanding of elder neglect is to take neglect as a midway process between loving relationship and a worsening care to the extreme of abusive behaviors. A good reason for appropriating this definition is that subsequent implementation of intervening procedures to help improve the relationship between the elderly and abusers are part of the investigatory process, and to rectify the problems at an early stage. Currently, little research has been carried out to assess the effect of neglect on the elderly.

Figure 1: Linear developmental scheme of family relationship

By framing the development of relationships into the linear developmental scheme (i.e. pathway of interactions over time) as in Figure 1, family relationship starts with tender loving care between two persons (i.e. spouses), and slowly it develops into a taken-for-granted, self-focused concern for career and children – although the shift of focus away from spouse was for the good of the family too. Such new additions or subtractions of member in later years when a member passes away or facing down turns of economy are require good adaptation so that these life crises could be overcome. Neglect, indicates itself at the beginning as a form of taken-for-granted care and assumed unconditional positive support for each other (spouses), then as ambivalence and indifference, will eventually lead to abuses in different forms when relationship between the members turn sour. Elder neglect, instead of abuse, forms a stage on a linear developmental pathway of a loving
relationship to become abusive, and becomes an obvious focus in studying changes in families over time to examine the family cohesion as well as to identify interpersonal and helping relationships among elder husband and wife, elder parents and adult children and elder parents and in-laws in particular during a time of hardship such as sickness, accidents, economic downturn and etc. as it reveals the impacts of such triggering factors on family dynamics and the vulnerability of elder neglect.

2.2 Changes of family structures and functions: Impact on elder neglect in China and Hong Kong

2.2.1 Family structures and functions in ancient China

Traditional Chinese family values, largely influenced by Confucianism, put heavy emphasis on solidarity and its role as an authority or as a governing system for the effective management and maintenance of the extended structure of families. In the old days, extended family was the rule. The ‘ideal family’ consisted of “some five generations living together as one unit, sharing one common purse and one common stove, and under one family head” (Baker, 1979). This belief was reflected in the Chinese household saying of 五代同堂 (‘five-generation family’ or ‘five generation co-residing’) to describe the most flourishing and prosperous structure of an ideal family as well as a common goal to strive for in the extension of family line.

Family was the basis for agrarian economy, where cultivation of crops was the major activity at that time. Instead of companies and enterprise, family was one composite productive unit where production took place. For a family to increase production, the family head must find ways to enhance its capacity, either by the extension of family line via reproduction or land via exploitation or force. Family had to stick together and to discourage its members from leaving in order to remain competitive and provide necessary lifeblood for succession of family life. This earthbound compulsion for traditional Chinese families contributed to the model of family structure – large and extended. As such, strong family solidarity was preserved and exercised. On the other end, individual had to stay with the family as it provided shelter for better living for individuals, given the minimal

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provisions from the state government in imperial China. It is therefore a must for individual to rely on family or kinship support for survival and security in stringent environment in the old days. Politically, rulers used family as the hinge to maintain social stability. For example, if one looks at punishment in ancient China, in serious offences, family members of the criminal, albeit innocent and the criminal himself/herself were punished together. The consideration is that, on one hand, the rulers made the assumption that the mere punishment on the criminal’s own was not sufficient; on the other hand, for deterrent purpose, the practice was thought to increase the mental burden of the criminal so that he would hesitate to violate the law again and all family members to watch each other’s behavior. The central governments in imperial Chinese were often too weak to exert strong centralized authority and control over the entire society. Despite power was disbursed to local governments and interest groups to exercise imperial rules, the state in fact relied mostly upon the internal discipline of the family to keep individuals as law-abiding citizens.

The forms and functions of Chinese families in ancient time traced its roots in the great learning of Confucius, which laid great stress on family solidarity and on family authority system. As reflected in the five cardinal relations or ‘wulun’\(^2\) in Confucianism, they all centered on kinship ties and formed the core of social and moral training for individuals almost from the beginning of a person’s consciousness of social existence. He or she became conditioned to it that his or her standard of satisfaction and deprivation was based upon it. Meritocrats, who staffed the imperial bureaucracy, had to pass civil service examinations in which Confucian classics was the major ingredient. With great respect to scholarship and scholarly success at then time, familism is obviously the state’s as well as the rulers’ preference.

Traditional Chinese family put strong emphasis on family solidarity, which family values are more important than individual values. It is an important social institution, where family members are supposed to unite as one in an extended structure, to care, to nurture and to

\(^2\) The five cardinal relations are (1) ruler and minister; (2) father and son; (3) elder brother and younger brother; (4) husband and wife; and (5) friend and friend.
develop throughout the life course. Elder care was therefore governed by the social system or mechanism, where governments or states put strong emphasis, with reinforcement of the law too, on people’s obedience to seniority and age experience; and a family socialization mechanism where children were taught to respect, care and love under the control of their parents. The two systems worked tightly together to make sure that the state governance (i.e. Emperor’s authority) reached every loyal citizen, and children were made filial to their parents in the same way that subjects were made loyal to their emperors. Thus, it was in the interest of the state governance to ensure filial piety in families (such a process was similar to Marx’s and Weber’s description of ‘hydraulic mode of production’ so evidently present in the early Chinese civilization). The thinking impacted on the value systems that individuals and family operate within, therefore family perspective with the influence of Chinese cultural factors should be taken into account when attempting to dissect how elder neglect happened within the family in Hong Kong. More details on the research framework will be covered in Chapter 3: Research Design.

2.2.2 Family structures and functions in modern Hong Kong

With the influx of mainlanders in early 1940s-1970s due to warfare in mainland China, Hong Kong has the majority of its population being ethnic Chinese and a world-class city with a cultural root of Confucianism. With such a backdrop, it is expected that the family system in Hong Kong would, by principle, follows the Chinese tradition with slight alterations such as less patrilineal, patriarchal and prescriptively virilocal, but still favors big family and remains hierarchically organized, with the prime institutionalized authority being vested in the most senior members of the family (i.e. elder) and etc.

Hong Kong, over the last few decades, has undergone tremendous changes economically, socially and politically. Situation in the southeast corner of China, Hong Kong has transformed from a small fishing village with only a few thousands inhabitants into a cosmopolitan city where 700 million people call home, not to mention Hong Kong’s world-renowned status as the world’s fourth largest
banking and financial center and eighth largest trading economy.

With the introduction of modern growth of industries, urban populations, and foreign influences, especially foreign influences on law, the territory has experienced changes in economic development, political orientation as well as ideological orientation. Family remains the most important institution in the modern Chinese society, and many of the institutions, beliefs and values discussed in previous section are still present in modern Hong Kong. But adding to the complexity is the underlying forces in society, such forces cause changes to family – either it is self-imposed or enforced by others – on its forms, structure and functions. It also determines how an individual interact within and outside the family. The following section shall explain the ‘forces’ at play at different period of time, in an attempt to examine the interaction and adaptation between the forces and the family system and the results of the adaptation or evolution of family and how individuals’ value and behaviors adapt in return.

2.2.2.1 Pre-industrialization period in 1930s

In 1930s, before the outbreak of World War I, Hong Kong, unknown to the West, was basically a small island quietly sat in the southeast corner of China, with only a-few-thousand residents who were mainly fishermen and peasants. Hong Kong, at that time, consisted of mostly farmland, while families were tied to land and worked as a productive unit to cultivate crops for their own consumption and for exchange. Land and soil were important assets for the people at that time, as it was the sole way to survive and sustain family line. There was a strong emotional tie between the peasants and their homelands and population immobility was therefore very normal at that time (Lee, 1976). Family was large in size and extended in structure, which commonly consisted of a descent line of men and their wives and children, miscellaneous groups of relatives, who were either married or unmarried (Wong, 1974). Family solidarity was relatively strong since all family members have to live together and work to improve the
livelihood and wealth of family in the agrarian economic system.

The Industrial Revolution in the mid-to-late 19th century in the West, demanding oriental goods, was the driving force behind European imperialism. Industrialization had dramatically increased European demand for Asian raw materials; and the severe Long Depression in the 1870s provoked a scramble for new markets for European industrial products and financial services in Africa, the Americas, Eastern Europe, and especially in Asia and had led to rise of the ‘New Imperialism’ that advocated formal colonial control of vast overseas territories as political extensions of the mother countries (i.e. colonizer). It was the time when industries such as electric batteries, machinery, cottage industries budded in Hong Kong soil and had marked the onset of Hong Kong’s industrialization and modernization process. The rapid growth of light industries between World War I and the seizure of the Colony by the Japanese in 1941 had impacted a great deal on the traditional economic activity (i.e. cultivation of crops). It released people from the land, and individuals were given another choice instead of relying on blood tie and the land for living.

The traditional extended family type so needed for agrarian economy slowly moved into the nuclear type to adapt to the mobility and economic viability required by modern industries and cities, and waged labor took over the land-tied family relationship to provide for a living.

2.2.2.2 Early industrialization period in 1940s

In the post-World War II period, Hong Kong recorded significant industrial growth, and won the reputation as one of the ‘Four East Asian Tigers’\(^3\). Buttressed by the development of light industry as early as 1910s, the

\(^3\) ‘Four Asian Tigers’ refers to the economies of Taiwan, Singapore, Hong Kong, and South Korea.
manufacturing industries sprung up to produce goods, not only for the European and American markets, but also stretching out to customers in South-East Asia.

The promise and prosperity of Hong Kong economic environment were especially attractive to our neighbors in Mainland China, given the social unrests that took place in the late 40s. Hong Kong experienced its first influx of immigrants, who were refugee capitalists and workers from Mainland China, in the late 40s and early 50s. The population of Hong Kong was slightly over 500,000 in 1945, and the number rose to 1,800,000 in 1947 (Lau, 1982).

The first influx of immigrants experienced in late 1940s bore some common traits. Quite a number of them were refugee capitalists and workers, who came to Hong Kong to seek opportunities and rewards in the rapidly developing city and also for political security. They remained closely in touch with their home towns and families in the North, and deep in the heart, they were very much tied to a traditionalistic Chinese culture and held strong sentiments for their native homes, resulting in the compromise of coming over and settling down for a relative short period of time, but they never saw Hong Kong as their permanent homes (Wong, 1974).

These immigrants were by nature opportunists and would stay only temporary for economic or political reasons. They were hoping to return one day to mainland China, and their family structures remained extended, but were separated in two or more places. A typical scenario of an immigrant family was either a few economically active male living by themselves or just consisting of a couple. The ‘family’ in Hong Kong was actually a branch to maintain the big family tree residing in their homelands. The time of separation impacted on family relationships (i.e. between wife and husband, parents and children, brothers and sisters and etc) and might lead to problems such as extra-marital affairs in
husband and wife, lack of care and love between parent and children or brothers and sisters.

### 2.2.2.3 Industrialization period in 1950s

With economic development continuing to be the main driving force behind family changes, Hong Kong economy was remarked by bustling industrial activities and hustling entrepôt trade. The rapid growth of economy was explicated by the double increase in number of jobs and entrepreneurs. This offered excellent economic opportunities to people at all levels of skills and from different parts of the society. Considered the geographical adjacency and economic development of Hong Kong, it was becoming even more attractive to immigrants to come over and settle down. Draped with unstable political situations such as Civil War between nationalists and communists, Japanese invasion and the Communist take-over, mainland China did not offer a socially and politically favorable condition for the immigrant families to return home. The population in Hong Kong experienced a continuous increase, and the number rose to 1,800,000 in 1947 to 2,424,700 in 1953 (Lau, 1982).

The immigrant families, instead of returning to native homeland to get married like their counterparts in the 1940s, began to take root in Hong Kong, where they built homes and invested in local business and formed the second-generation family. These gave rise to stem family, which was a single-trunk, three-generation family on the paternal side, and consisted of members like parents, their married son and daughter-in-law and grand-children, or the couple and unmarried children, plus their parent(s), with occasionally one or more close relatives living under the same roof’. The stem family took up functions such as economic cooperation, the placement of social status, reproduction, and partially education, protection and ancestor worship (Wong, 1974). The stem family was independent from their original extended family and had a
rather closer relationship with local relatives in Hong Kong. Since the socio-economic structure was developing at a rapid pace, the stem families were not able to develop their typical structural patterns; instead they were highly adaptable to the changes of the surrounding social subsystems.

### 2.2.2.4 Late industrialization period in 1960s

The economy of Hong Kong had undergone tremendous change in merely 60 years, from a self-sufficient agrarian to an industrial economy. Earthbound compulsion towards the ownership of land had been diluted by the development of industrial economy and land had become less important to family because it no longer had to rely on soil and earth for living. The family no longer had to live and work together on the same plot of land. Instead, individual could choose to participate in other economic activities as a result of industrialization and urbanization to sustain one’s daily living. The basis for the existence of extended structure of family had been broken down and dissolved as stem family, which is a result of interaction and adaptation to the changing socio-economic environment over the years.

More and more labor joined the workforce in manufacturing industry, with the total number of laborers reaching 230,000 in 1954, further surged to 500,000 odds in 1965, and 600,000 in 1971 (Hong Kong Government, 1957, 1966, 1972). As the industrial society requires higher geographical and social mobility, the preferred and most prevalent type of family structure was nuclear with a small family size, which consisted of a father, a mother and their own and adopted children in one household dwelling. Driven by multiple social forces, not only did the form of family change vastly, so did its function. Family had turned into an economic consumption unit, as opposed to productive unit in the past, as its members shared a common budget and have their basic living expenses charged to the same account. The
parents tend to leave the responsibilities of teaching and disciplining children to school teachers because they were increasingly engaged in economic and social activities. Personal and property security was taken care of by law and order of the society, and religious and recreational needs were satisfied by the formal, specialized organizations concerned. However, the family still provides child care – but no longer elder care as they were excluded in the nuclear setting – as well as emotional support to its members, and family remained the sole reproductive center for the society. Industrialization, coupled with Westernization, was the major cause for the breakdown of traditional Chinese family system. It accelerated the disintegration of the traditional agrarian economy, despoiled the family function as one productive unit and challenged the traditional structure of the whole family.

Housing provisions is worth noting as a determining factor of the small size of the households too. The government started building a number of settlement blocks (i.e. seven-storey building said to be modeled after the H-block prisons in Ireland, with only common toilets and shower rooms) in the 60s. These were small ‘boxes’, varying from 80 to 150 square feet, for housing the families in large number during the influx; on average each adult was given less than 20 square feet of space and any immediate family members were counted in allocation. Such a policy was to mainly assist cheap and young labor with families to stay near their work place (e.g. Skek Kep Mei, Kwan Tong, and Tsuen Wan), and did not in any way help to sustain the elder respect or care lineage.

2.2.2.5 Post-industrialization period from 1970s and onwards

Hong Kong experienced another influx of immigrants in the late 1970s. The migrants of this second wave were mainly young male mainlanders who made their living by working in the manufacturing industry. Being less attractive in the
eyes of Hong Kong local born women, many of these young mainlanders generally had to find spouses in Mainland China. Soon after the Mainland government opened its door for economic development and after the signing of Sino-British Joint Declaration in 1984, there was a massive relocation of industrial activities from Hong Kong to the Pearl River Delta. Such industrial relocation accentuated the trend of marriage between Hong Kong working-class men and Mainland women (So, 2002). According Census and Statistics Department, the number of Hong Kong males marrying females from the mainland increased generally from 15,776 in 1986 to 28,145 in 2006, which accounted for 44% of all marriages in 2006. There is also a rising trend in recent year of Hong Kong females marrying males from the Mainland (Census and Statistics Department, 2010).

From 1970s onwards, Hong Kong has become a world famous modern capitalistic society. With the need of higher geographical and social mobility, the family has to be small and flexible enough to survive in the ever-changing society. In 1986, the average family size was 3.7 as compared to 4.2 in 1976, and the figure has dropped even further to a record low of 2.9 in 2009, although the population size of Hong Kong as a whole has never stopped to increase. Extended family had literally become an exception rather than the rule. Besides, more and more women are participating in the labor force and to fight for their individual achievement, resulting late marriage and a low birth rate. As a result, the preferred type of family structure remained to be small and nuclear, i.e. mother, father plus 0.9 child, or even non-nuclear family that emerges in recent years such as single-parent, gay/lesbian, grandparent-grandchildren families and etc.

Apart from the change in family shape and size, its functions were also deprived and replaced by government welfare. Social welfare including education, housing, security as well as medical and health care are provided by the local
government, while the family has experienced the process of defunctionalization, as mentioned by Ogburn, and shifted its previous multi-functions such as economic, educational, recreational, religious and protective functions to other institutions and has changed to its present dual-functional form with only affective and reproductive functions (Ogburn, 1989).

With the deprivation of family functions and change of family structure, family solidarity also seems to deteriorate, traditional family values changed to become a more rationalized and individualized values systems. People started to adopt more rationalistic industrialism, with emphasis on cost-and-benefit calculation, individual achievement, functional specificity, etc. These rationalistic values are subversive to the traditional Chinese values which put heavy stress on family solidarity and family interest instead of individual values. As a result, the whole traditional Chinese value system was challenged, and individuals in the family are more conscious about their own development and interest rather than family values and interest. It is believed that the changed mentality forms part of the reason behind the ever-increasing divorce rate⁴ and remarriage rate⁵ in Hong Kong in the last 20 years.

Under such change of family structure and values system, family solidarity seems to lose its importance in the family, and at the same time, the family authority system can no longer be maintained in the typical small and nuclear family in the current society. Elderly who are supposed to be most respected and taken care of has lost their social and family status throughout the years. In a capitalistic and

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⁴ According to Census and Statistics Department, The number of divorces increased substantially from 2,062 in 1981 to 18,403 in 2007 and then slightly decreased to 17,002 in 2009 (Census and Statistics Department, 2010).

⁵ According to Census and Statistics Department, the number of remarriages of either or both parties rose from 3,333 in 1986 to 16,890 in 2006 and then decreased to 15,742 in 2009. They constituted 31% of all marriages in 2009, as compared with 8% in 1986 (Census and Statistics Department, 2010).
individualistic society, individual achievement is more important than traditional values such as filial piety. Therefore, failure to take care of one’s parents, which was the most serious offend in traditional Chinese society, may bestow upon a higher degree of tolerance in the society now. This may explain the occurrence of elder neglect or abuse in today’s Chinese society like Hong Kong and its alike.

2.3 Elder neglect in Asian countries

2.3.1 Mainland China

According to Dong (2007), there are no mandatory reporting laws or national or state definitions of different types of elder abuse and neglect in China. No official definition or statistics of elder neglect or elder abuse can be found in China. Dong (2007) claimed that caregiver neglect was the most common form of abuse, followed by financial exploitation, psychological abuse, physical abuse, sexual abuse, and abandonment. A cross-sectional study was carried out in 2005 in a major urban medical center in Nanjing, China. A total of 412 participants completed the survey and 145 (35%) participants screened positive for elder abuse and neglect (Dong, 2007). However, with its large population, few nationwide surveys about elder abuse and neglect have been conducted and therefore it is still hard to identify the prevalence rate of elder abuse or neglect in China.

China has specific legislation to protect elderly from elder abuse and neglect. Under the Criminal Law of the People’s Republic of China, article 261 states clearly that “Those who have the obligation but refuse to support those who are aged, young, sick, or do not have the ability to live independently, if the case is serious, are to be sentenced to five years or fewer in prison or put under criminal detention or surveillance.” (Criminal Law of the People's Republic of China) The rights and interests of elderly were protected under legislation of different areas such as Criminal Law, Marriage Law, Adoption Law and Labor Law. Since China is becoming an ageing society, more systematic and stable legislation is needed to protect the rights and interests of the elderly. Therefore, in 1996, Chinese government has enacted The
Law on the Protection of the Rights and Interests of older persons of the People’s Republic of China to protect elderly in different aspects. Under the legislation, families are the main support for the elderly to live their lives. Family members have the responsibility to care for the aged. Article 11 states that “A supporter should perform the duty to pay the aged person living expenses, look after him and comfort him mentally and should give consideration to his special requirements.” The law has ensured the legal responsibility of the children to care for their parents, while at the same time provides the elderly with a source of help when elder neglect happens. Under Article 45, it states that “Where an aged person involves in disputes with his family member over the performance of duty to support him or over housing or property issues, he may appeal to the organization to which the family member belongs to the residents committee or villagers committee for mediation, or may directly bring a lawsuit at a people’s court”, Mediation is a preferred way to deal with the family disputes rather than bring the case to the court, and the family members has a chance to make corrections and restore family harmony, “When the disputes mentioned in the preceding paragraph are dealt with by mediation, the erring family member shall be admonished and criticized and ordered to make corrections.” (Law of the People's Republic of China on the Protection of Rights and Interests of the Aged)

Although there are legislations from different areas protecting the elderly from elder neglect or abuse, there is little formal care provision supporting policies or programs introduced by the government to support or to encourage the children to care for their aged parents in China. There seems to be a lack of community support to the family, and therefore, the heavy burden of taking care of the elderly is largely borne by the family.

2.3.2 Taiwan

In Taiwan, no official definition of Elder Abuse or Neglect has been established. According to the Federation for the welfare of the elderly, elder abuse can be in the forms of neglect, physical abuse, psychological or emotional abuse, abandonment, financial abuse and
other abuses such as sexual abuse and social exploitation. From the statistics from the Domestic Violence and Sexual Assault Prevention Committee of the Ministry of Interior in 2009, there were 4482 victims of Domestic Violence aged 65 or above, which may be taken as a reference of the prevalence of elder abuse in Taiwan. However, the number may only account for the physical and psychological abuse cases. Since there is no official statistics about elder abuse or neglect, it is hard to identify the prevalence rate of elder abuse or neglect in Taiwan.

Elderly in Taiwan are generally protected by legislations in different areas like Domestic Violence Prevention Act and Senior Citizens Welfare Act, etc. There is also legislation to protect the elders from elder neglect. According to item 1 of Article 1114, Chapter 5, Part IV of Civil Code, there is mutual obligation for lineal relatives by blood to maintain each other. Also, The Criminal Code subjects children convicted on charges of parent abandonment, for failing to fulfill the obligation to take care of their parents, to prison terms of six months to five years (under article 294 of Chapter 5, Crimes of Abandonment).

However, apart from the legal obligation for the care of elderly, there is limited policy to encourage or support the children to take care of their elder parents. The policy direction of Taiwan government in elderly care is community care. In 2007, the government has passed a 10-year long-term care plan (2007–2016) that was to cost NT$81.7 billion to work with private sectors to support “Ageing in place” in society. Community care centers are established to provide elderly people with care services to reduce the burden of caregivers of the family, while community cooperation was brought into full play to support “Ageing in Place” of the elderly. However, only providing community care is not enough to support family care of elderly, and limited policy can be found to encourage the children to take care of their parents.

2.3.3 Hong Kong

In Hong Kong, according to the Procedural Guideline for Handling Elder Abuse Cases published by Social Welfare Department in 2006,
‘neglect’ is defined as severe or persistent lack of attention to an elder’s basic needs (e.g. adequate food, clothing, shelter, medical treatment, nursing care, etc.) that endangers or impairs the elder’s health and safety, it includes the failure of provision of medicine and aids according to medical advice, which causes physical harm to the elder. If a formal service provider (e.g. Residential Care Homes for the Elderly (RCHEs), Integrated Home Care Services Teams, Hospitals, etc) fails to perform its caring duties and causes harm to an elder, the case can also be considered as neglect.

As officially defined, neglect falls in two categories – ‘intentional’ and ‘unintentional’. Intentional neglect referred to failure or refusal to provide for the basic needs (e.g. food, water, shelter, heat, clothing, hygiene, safety) and abandonment of an elderly person. Unintentional neglect refers to those which happen as a result of lack of experience of care-provider. It should be also noted that ‘abandonment’ is defined as the act of abandoning an elder without justifiable reasons with the effect of endangering the elder physically or psychologically.

In Hong Kong, the Hong Kong Christian Family Service (2002) suggested that the following situations may constitute an act of neglect.

- Not providing necessary medical care or health aids, for example hearing aids
- Sons/daughters/grandchildren not providing basic living expenses to parents/grandparents
- Sons/daughters/grandchildren not providing suitable living places
- Lack of care provided for the daily life of an elderly person
- Not paying attention to an older person for a long time or sons/daughters who live separately not visiting for a long time

According to the statistics published by the Social Welfare Department of Hong Kong in 2008, the total number of elder abuse cases was 647, and only 1 case was classified as the “neglect” or “abandonment” category. The statistics in 2009 showed a similar pattern, in 465 reported abuse cases, none was classified as “neglect” or “abandonment” in the 7 types of abuses (physical abuse,
psychological abuse, neglect, financial abuse, abandonment, sexual abuse and multiple abuse). Most cases are reported by the police, while a small number was reported by District Elderly Community Centers (DECCs) and Neighborhood Elderly Centers (NECs).

In Hong Kong, elderly are protected against abuse by the legislation for criminal offences (including the Crimes Ordinance (Chapter 200), the Offences against the Person Ordinance (Chapter 212) and the Theft Ordinance (Chapter 210)). They may also apply under the Domestic Violence Ordinance (DVO) (Chapter 189) to the court for an injunction order against molestation by their spouses, children or other relatives as specified in the DVO. However, they are not protected against elder neglect since there is no official law concerning the legal responsibility of children for caring their parents. This might also explain the underreported number of elder neglect cases. Since elder neglect is not necessarily an offence against the law, it might be seen as family dispute and is therefore less likely to be reported to the government.

Although there is no official law protecting elderly from neglect, government has implemented tax relief and housing policies to encourage the children to care for their parents. According to the Inland Revenue Ordinance (Section 30 and 30a), a new dependent parent or dependent grandparent allowance is granted for maintaining a dependent parent or grandparent. This tax relief policy encourages the children to care for his parents. Also, the Harmonious Families Priority Scheme provide the applicants with six-month credit waiting time and the choice to live in two near-by flats with their parents for mutual care.

Apart from the taxation and housing policies, the government also organizes programs to encourage care for the elderly. Social Welfare Department provides Carer Support Service to facilitate and support carers to take care of elders in the community through community support service units including District Elderly Community Center (DECC), Neighborhood Elderly Center (NEC), Day Care Centre for the Elderly (D/E) and Day Care Unit for the elderly (DCU), Integrated Home Care (IHC) and Enhanced Home and Community Care Service (EHCCS). The Carer Support Service includes skill training and educational
programs, self-help and mutual support groups, resources corner, counseling and referral service, etc.

2.3.4 Singapore

According to the definition of Ministry of Family and Community Development, neglect refers to the deliberate refusal to provide the elderly person with basic needs i.e. failure to provide food, shelter, clothing, medical care and financial support. In 2008, there were 145 cases of alleged elder abuse involving victims aged 60 and over, according to the report on State of the Elderly in Singapore 2008/09. More than two-thirds of the elderly in Singapore lived with their children and received financial support from their children. Nearly 70% of the elderly living in the community lived in inter-generational households, with their spouse and children (35%) or with their children only (35%). 17% lived only with their spouse and 8% lived alone. Also, in Census 2000, 75 percent of the senior citizens quoted allowances given by children as their main financial support.

In order to protect the elderly from elder neglect, in 1995, Singapore government has enacted The Maintenance of Parents Act to give parents above 60 years old who could not support themselves the legal means to claim maintenance from their children. Those who violate the law will be liable on conviction to a fine not exceeding $5000 or to imprisonment for a term not exceeding 6 months. The law has protected the elderly from elder neglect as they can claim financial maintenance from their children. At the same time, some policies and programs are introduced by the Singapore government to encourage the children to take care of their parents.

For example, tax relief policy has been introduced to support the children to take care of their parents. For the year of assessment 2010, a person can claim $7,000, if he or she is staying with his or her parents or $4,500 if he or she does not stay with them. For handicapped parents, one can claim $11,000 and $8,000 respectively. Also, for a working mother, she can claim $3,000 on one parent or grandparent regardless of whether she has claimed Parent Relief on the same parent. The tax relief policy reduces the financial burden of
the caregiver.

Moreover, the government also creates incentives to encourage citizens to take up residence with, or reside closely to their aged parents or grandparents. Joint Balloting Scheme allows the married children together with their parents apply for adjoining properties and also to have higher priority in the urgent allocation of public housing. Another scheme is the Joint Selection Scheme which allows married children and parents to be allocated to apartments of the same housing estate but not next door to each other. Singapore government has reserved five percent of the flats for allocation to such applications. These incentives encourage the children to care for their parents, so can be seen as a two-prone approach using both encouragement and punishment for elder care.

2.3.5 Japan

‘Elderly abuse’ is defined by categorization of elder abuse in the Japanese Law, Act on Prevention of Elderly Abuse and Support for Attendants of Elderly Persons (Act Number 124 of 2005), effective since April 2006. The five categories include:

- Physical abuse – to cause actual or possible physical injury on elder, or impose restriction on elder’s body and mobility
- Caregiver Neglect – includes causing malnutrition and long term attention lack on elder, or allowing cohabitants to exert abuse on elder
- Psychological Abuse – includes to condemn, threaten and to insult elder verbally, physically or by attitude, refuse to respond the elder and other action that cause psychological and emotion hurt
- Sexual abuse – to exert obscene-doing on elder or to force elder to perform obscene-doing
- Financial Abuse – to reallocate or acquire elder’s personal possession improperly or without elder’s consensus, or to restrict elder’s utilization of his/her personal possession.

(Nakanishi, Hoshishiba, Iwama, Okada, Kato, & Takahashi, 2009)
This law makes it mandatory for a person in household or care service institution to report to municipal authorities when he or she discovers any elder person is abused with health and life in danger. (Tsuno & Homma, 2009)

According to a news report on a survey conducted by the Ministry of Health, Labor and Welfare (Japan) in 2009, 23,404 consultation and warning reports were related to elderly being abused by family member, relative and cohabitants. Up to 66.7% (15,615 cases) were verified as elderly abuse, 4.9% increment compared to previous year. Institutional occurrence was 76 cases, a 8.6% rise compared to the previous fiscal year. Thirty-two fatal cases tying the record high in year 2006, more than half (17 cases) involved murder by caregivers, six due to neglect by family member and five found to be related to domestic violence. (Kyodo News, 2010)

The legitimate foundation of caring responsibility to parent and elderly is prescribed in Japan Civil Code (Chapter 7, Article 877), that family remembers are obligated to support their “impoverished relation” (Garon, 2010) while the relationship included parent and child, siblings, and even up to three-generation level, from great-grandparents to great-grandchildren and in-laws inclusive. (王伟, 2004)

Down to policy level, Japanese government imposed the mandatory Long Term Care Insurance in fiscal year 2000 in order to encourage home-caring of elderly. Insurance is operated by municipalities, which in turn supports nursing care service provision for elderly at home and institutions. Certain nursing service charges are covered by the insurance, of which half of the revenue is contributed from “premium” of individuals aged 40 or above, and the second half from the government. This policy aims to ease family’s financial burden in the course of looking after their frail elder. (Tsuno & Homma, 2009)

The Japanese Government also offers taxation benefit for individual who take care of their cohabited elder parents aged 70 or above, up to 580,000 Japanese Yen taxexable income deduction. (国税庁, 2010)
Women used to make up the vast majority of the family caregiving responsibility, but this traditional practice is being challenged by the growth of female workforce participation owing to various factors like industrialization, globalization, more equal working opportunities and so on. To relief the dilemma, Japanese government has initiated technological research to develop robotics to provide care-service assistance. The innovative technology does not only relief the pressure of household elder-caring, but also financially ease the government expenditure of 2-trillion Japanese Yen on long term care insurance. In May 2008, a 5-year roadmap was announced to speed up “the translation from research and development result into society.” (Tsuno & Homma, 2009)

Local community participated in the approach of neighborhood self-help association, namely “Jichikai 自治会” and “Chonaikai 町内会”, literally “self-governing association”. (Hayashi, 2010) (Cannal Hamamatsu, 2010) These self-funding and governing district associations serve the local community with services that include, but are not limited to, visiting elders who live by themselves. As of September 2010, there are 275,000 associations of this kind across the nation, and 90% of all household participated. (Hayashi, 2010)

Take Okayama City as an example. As of June 2010, the total number of household in the city was 286,564. Among these households, 86.3% (247,162 household) were involved in the 1,663 local “Chonaikai”, averaging 1 association to 149 household serving ratio. (岡山市連合町内会, 2010)

On top of providing direct services, the associations also adopt a credit system to encourage neighborhood involvement, namely “Fureai kippu ふれあい切符”, the “Friendship Ticket”. Individuals gain “credit” through helping elder-neighborhood and the credit can be used either to exchange care services from neighbors when they grow old, or their elder parents who lived in remote areas may “redeem” the credit for neighborhood care services. (Hayashi, 2010) (岡山市連合町内会, 2010)

2.3.6 India

Over years the definition of elder neglect or elder abuse has not yet
been defined in Indian academic or public discourses. (Shah, 1995) (Shankardass, 2004) Shankardass interpreted “elder abuse” with the criteria concerned in academic gerontology as:

- Neglect including isolation, abandonment and social exclusion;
- Violation of human, legal and medical rights; and
- Deprivation of choices, decisions, status, finances and respect.

Few systematic and nationwide surveys about elder abuse were conducted in India. The survey included 400 elders living in Chennai, India, the result reflected an overall prevalence rate of 14% (56 persons out of 400 sampling size) and the elderly experienced at least one kind of mistreatment namely (1)chronic verbal abuse, (2)financial abuse, (3)physical abuse and (4)neglect. Chronic verbal abuse dominated as forty-three were recorded, while the rest included financial abuse (20), physical abuse (17) and neglect (17) without mutual exclusion. (Chokkanathan & Lee, 2005)

In order to protect the elderly from being abused or neglected, Indian government has enacted the Hindu Adoption and Maintenance Act (1956), and Section 20 of the act states that one is obligated to maintain his or her aged or infirm parents. (India Code, Legislative Department) Also, the Muslim Law states similar obligation as the Hindus Laws does, that a child are bound to maintain their parents, no matter if their parents are capable to earn a living, being infirm or not. (Singh, 2008)

Apart from the legislation, Indian government has implemented some policies in order to support the citizens to care for their parents. According to Taxation of Salaried Employees, Pensioners and Senior Citizens, Indian employees may get Leave Travel Allowance (LTA) from employer that serves as a monetary support for the employee and his family’s domestic travel expense during holiday, while “family” covers dependent parents, spouse, children and siblings. (Income Tax Department, Department of Revenue, Ministry of Finance, Government of India 2008) (Legal Service India). The LTA is exempted from taxable income of the individuals, hence both the allowance and tax exemption are in turn encouraging one to spare time for family
travel with parents.

Employees also enjoy tax exemption for medical allowances received from employer, the allowance is not only applicable to the employee but also his parents, spouse, children and siblings. The coverage includes medical expenditure in hospital and dispensaries. This benefit reliefs one’s financial burden when they face the medical need of their dependant elder parents. (Income Tax Department, Department of Revenue, Ministry of Finance, Government of India 2008) (Legal Service India)

The government has also introduced the “Integrated Programme for Older Persons”, which is a scheme that provides financial assistance up to 90 per cent of the project cost to NGOs as on March 31, 2007. The money is used to establish and maintain old age homes, mobile Medicare units, day care centers and to provide non-institutional services to the aged persons. The scheme also works towards other needs of older persons such as strengthening and enhancing the family and generation awareness on related issues and facilitating productive ageing in the society. Under the grant of this scheme, programs such as training of caregivers to the older persons, sensitizing programs for children particularly in Schools and Colleges as well as Awareness Generation Programs for older persons and caregivers like Self-care, preventive health care, disease management, preparation for old age, healthy and productive ageing and intergenerational bonding can be implemented to reinforce intergeneration solidarity in the society.

Elder abuse or neglect is not desirable in our society. Countries in Asia have invariably exercised enforcement on one hand to deter people from abusing or neglecting the elders, and on the other hand tried to promote care and respect to the elders. It is generally recognized that when tender loving care is present in a family, neglect or abuse can be kept to nil or minimum. It is therefore strategic for a government to socialize positive care values to all its citizens especially when they are young, such as in the case of Japan, China, India and Taiwan. Punitive or legal enforcements always come as a necessary deterrent for those who do not conform to such values and behaviors.
Table 1: Overview on the legislations, policies and programs to support family care for elders in Asia Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Legislation about care of parents</th>
<th>Policies to encourage care of parents</th>
<th>Programs to support care of parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>- Criminal Law of the People’s Republic of China (Article 261)</td>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td></td>
<td>- The Law on the Protection of the Rights and Interests of older persons of the People’s Republic of China (Article 10, 11, 45)</td>
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<tr>
<td>Taiwan</td>
<td>- Civil Code (Chapter 5, article 1114, 1115, 1117)</td>
<td>- 10-year long-term care plan</td>
<td>nil</td>
</tr>
<tr>
<td></td>
<td>- Criminal Code (Chapter 5, article 294)</td>
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</tr>
<tr>
<td>Hong Kong</td>
<td>nil</td>
<td>- Inland Revenue Ordinance - Section 30 and 30a (Tax Relief policy)</td>
<td>- Carer Support Service</td>
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<td></td>
<td></td>
<td>Harmonious Families Priority Scheme (Housing Policy)</td>
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<tr>
<td>Singapore</td>
<td>- Maintenance of Parents Act</td>
<td>- Tax Relief policy</td>
<td>nil</td>
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<tr>
<td></td>
<td></td>
<td>- Joint Balloting Scheme / Joint Selection Scheme (Housing policy)</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>- Civil Code (Chapter 7, Article 877)</td>
<td>- Tax Relief policy</td>
<td>- Technological research (develop robotics to provide care-service assistance)</td>
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<tr>
<td>India</td>
<td>- Hindu Adoption and Maintenance Act (Section 20)</td>
<td>- Leave Travel Allowance</td>
<td>- Integrated Programme for Older Persons</td>
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<tr>
<td></td>
<td>- Muslim Law</td>
<td>- Tax exempt from medical allowances</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 3  Research Design

3.1  Research Framework

The theoretical model of elder mistreatment proposed by the National Research Council of the United States (Committee of National Statistics, 2003) (Figure 2) describes the micro processes of the one-on-one process of the mistreatment, or more specifically say, the symbolic interaction leading to the misbehaviors where the victim (the focal subject) and a responsible actor (a trusted other, typically the caregiver) are the center of analytic attention. The model takes into consideration the characteristics of the potential victim of mistreatment (e.g. his or her changing health status, dependency, competencies) and those of the responsible actor (e.g. his or her care burden, stress, financial dependence) as an essential feature of any analysis. In addition, the contextual risk factors, such as those referring to location (type of institution, at home, etc), social relationship (e.g. spousal, adult child caregiver, formal role caregiver like lawyer, nurse, etc), and the broader sociocultural context (defined by race, ethnicity, religion, region, urban/ rural location, and socioeconomic status) are calculated to set different generic levels of risk for the individuals embedded in them.
Figure 2: Theoretical model of elder mistreatment proposed by National Research Council of the United States

Social Embeddedness of Subject (social network)

- Individual Level Factors (Subject)
  1. Social status
  2. Physical health status
  3. Personality characteristics & mental health status
  4. Beliefs & attitudes about ageing, filial piety, family relationship & care-giving obligations

- Status Inequality (gender, age, race, education, socioeconomic dependency)

- Relationship Type (social relationship)

Social Embeddedness of Trusted Other(s) (social network)

- Individual Level Factors (Trusted Other(s))
  1. Social status
  2. Physical health status
  3. Personality characteristics & mental health status
  4. Beliefs & attitudes about ageing, filial piety, family relationship & care-giving obligations

Status Inequality

Power & Exchange Dynamics (Negotiation of care-giving scripts)

Outcomes

- How? e.g. Physical & emotional health / happiness of subject/trusted other(s)
- How? e.g. Physical & emotional health / happiness of subject/trusted other(s)
- How? e.g. Physical & emotional health / happiness of subject/trusted other(s)

- Caring & Love Family (exhibit protective factors)
- Initial Neglect (with care and love) (Exhibit risk factors)
- Total Neglect (Accumulative & vicious cycle effects of risk factors)
The model works well for describing individual (i.e. micro analysis) in behaviors. However, it lacks the interpretative power to dissect behaviors of groups, especially in our case, the entire family systems (i.e. meso analysis) and the societal system where the mistreatment operated within (i.e. macro analysis). Without these, the model has very little predictive power of how an individual defines or perceives a symbol or behavior. The model is also too complicated for a layman to grasp for practical uses. This information is however found in our in-depth interview, especially from the detailed account of victims of mistreatment. We, thereby, come up with a supplementary but simpler model, emphasizing the meso process (i.e. beginning from the union of a man and woman, the formation of family with added (children and the extended family) or deducted (result of divorce, etc) members) with the consideration of macro process.

The model (figure 3) has expanded to incorporate a multi-person-interactional scheme (within the family) and has given fuller consideration of the environmental, cultural, economic and social contexts (influence of the society) in which the micro-process described in figure 2 occur. The model emphasizes on the meso-structure (i.e. family system) within which the risk or gradual process of elder mistreatment is conceptualized as the varying likelihood of a family event or set of family events causing harm to the elder person.

Figure 3: Explanatory model on elder neglect: pathway and family processes
Relationship never turns sour overnight; it is a gradual process under the effects of many factors and challenges of incidents that happened over the course of life. The explanatory model (Figure 3), devised from ground work of reviewing relevant literature and refining by looking at data collected from the field, pointed out three critical turns in relationship, namely Courtship and Marriage, Extension or Shrinking of Family and External Factors Affecting Family, which carries the weight that pushes relationship closer and closer to the edge. The critical turns can be understood as internal and external factors that affect relationships, which require individuals’ or family’s effort and external support to overcome and to adapt, with which the capability of family will thus be enhanced to resist possible predicament and hardship in future. Along this vein, if individual/family fails to adapt to the critical turns, family relationship will follow the neglecting pathway and evolve from loving and caring relationship to neglecting relationship or even in an even worse situation, an abusive one.

3.1.1 Courtship and Marriage

Along the linear development of a love relationship, courtship marks the onset of it, in both types of family. At this stage of the relationship, both man and woman try to please the opposite sex and show affection in order to advance the relations. The stage is characterized by intimacy, closeness and sweetness between the two individuals, which, in run, attains to a level that prompts the two persons to share their lives as husband and wife, to unite as one and to pledge lifetime happiness and to make sacrifices for each other no matter what the circumstances are. The union serves also reproductive purposes, where man and wife are given the legitimate status to produce offspring (also as the epitomes of the love between two persons) and to succeed the life line of families.

The union of two individuals may not necessarily be the result of mutual affection, as explicated in blind marriages and arranged marriages, for which the courting stage between two persons may not have happened at all. This may sound foreign in contemporary society, but such was once quite common in Chinese culture not long ago. Marriages without love and understanding may discount the
capability of family and are more inclined to family problems if nothing is done to bridge the gap. Personality of individual members is found to be an influential predisposing factor that affects the dynamics of families. Problems are more prone to occur if other members of the family fail or refuse to adapt.

3.1.2 Extension or Subtraction of Family: Reacting to Life Circumstances Affecting the Family

Following courtship and marriage which involves mainly man and wife, the stage of extension or subtraction of family in the explanatory model is characterized by ‘changes’ to the two-person relationship. ‘Changes’ may refer to the loss of passion due to distractions (such as personal pursuits, career, extra-marital affairs and etc), addition of new members to the two-person family such as newborns (i.e. sons or daughters), new marriages (i.e. son-in-laws or daughter-in-laws) or downsizing of family due to the death(s) of spouse or children or in-laws) pass away and etc. The ‘changes’ can be viewed as the ‘internal forces’ within the family, driving the family to change, in terms of size, structure and function, in order to adapt to the ‘changes’ and to survive.

Apart from the ‘changes’ that happened within the family structure and hence altered functions and roles of members, family is, in the meantime, interacting with circumstances under the grander socio-economic-cultural ideology and system of society, which in turn influence the family dynamics from individual belief to shared expectations. Using family function as an example to showcase the changes from individual beliefs to shared expectations in caring for the elders, people in the old days put family in a very prominent position, and family members were supposed to take care of each other and together they produce and safeguard the wealth and property of the family, so that every member, especially the older ones, will be well protected and live blissfully from cradle to grave. However, urbanization and industrialization brought along individualism to the society, as well as transformed its cultural system. People began to emphasize more on individual interests, rights and well-being instead of family capability, of which the concept of being
in a family wipes out from obtaining reciprocal care and love to just accommodation, which is much utilitarian. Intergenerational relation is swiftly weakened, putting a heavy burden on society and the government to take care of the elders in need. The example above is more of a long term outcome resulting from the change of macro environment, other ‘life circumstances’ may be more short term or immediate in nature such as economic downturn causing financial problems, health problems causing the loss of ability to work and etc.

Thus good or bad relationship within a family depends not just on members’ interactions or individual’s attitudes or attributes in the relationship but is also affected by the changes in the socio-economic environment via a process where individual reacts to the changes and adapts to the situation as he or she fits in, resulting in a modified mode of attitude and behavior enabling survival in the environment. Taking that harmonious/happy familial relationship as the well adaptation of individuals within the family, then worsening of harmonious relationships between any family members will take sequences of indifference first, then disrespect or mutual disliking, then ignoring or neglect, and finally physical or other forms of abuses (i.e. causing material harms to the person). Family becomes shattered at the end. If one follows this pathway, earlier signs of abuses including neglect could be identified (e.g. when members are indifferent or disliking towards each other) and intervened; likewise members could be educated to either avoid the situations or to re-adapt to a more harmonious interaction types before reaching the abusive stage.

### 3.1.3 Shattered family

The effects made on the family lie on its coping strategies or individuals’ adaptabilities defend against various critical event(s) which may pose(s) significant impacts on relationship among the dependent and other family member(s). Those incidents, incurring specific risk occasion(s), loosen the ties between individuals while family as a whole fails to adapt the abrupt condition; it would get even worse in worn relationship that family capability weakened when incompetently coping with changes happened within the family, unintentionally leading to a neglecting relationship (i.e. dissolving of
care and love) which draws additional tensions on the already deteriorating interrelations. The possible ways to help family (prior to its dependent and the significant other) successfully adapt to the situation are by detecting the underlying risk factors, which are hidden long in the family as quaking its cohesion in particular and undertaking early intervention at the looming of incidents.

3.2 Methodology and its theoretical base

The key answers to finding an explanation for a caring relationship to become a neglecting or abusive one is likely to be uncovered in the process of an in-depth interview where the persons concerned are prompted to reveal their own life stories, noting all the significant events leading to their lives at present.

Thus a life event review focusing on critical pathway events such as courtship and marriage, birth of children, family members reunion or death of a member etc. a method of choice for explicating or reconstructing a life story most representative of a neglecting or abusive experience.

In general, grounded theory (Glaser & Strauss, 1967), a systematic qualitative research methodology, is employed in this research study for overall methodological design and guidelines whereas data sampling, data analysis and theory development are repeated steps to the point of saturation whereas the research phenomenon can be described and explained. Accordingly, categories, codes and coding as well as ‘incidents’ are guiding concepts and units for qualitative analysis (Glaser & Strauss, 1967). Furthermore, Straussian emphasizes a well-defined ‘coding paradigm’, in which preview of literature could enhance some background understanding about the research, stimulate theoretical sensitivity by providing concepts and relationships that are checked out against actual data, stimulate questions for asking the respondents and use as supplementary validation for the findings (Corbin & Strauss, 1990) and looks systematically for ‘causal conditions’, ‘phenomena/context’ and ‘consequences’ in the data (Strauss, 1987) that qualitative in-depth interview with structured guideline and questions, drawing from a preview of theoretical paradigm, were derived for the study.

The study adopts a qualitative in-depth interview design, as guided by an interview guideline constructed based on Strauss’s grounded theory guiding
concepts and the aforementioned reviewed theoretical framework, with two major parts in the interview questionnaire. The first part was a ‘structured questionnaire’ for the obtainment of individual socio-economic data, risk or protective factors, characteristics of significant others and the Chinese cultural elements of care and love or neglect. The second part was based on the guideline constructed with the aforementioned framework. Data collection is through a significant life history or events recall, so that factors or circumstances leading to these events could be grouped and analyzed. For example, detailed accounts of courtship and marriage life were obtained (likewise a life recall from marriage to building a family to include relatives and etc), these accounts were grouped and compared among cases and those obtained from caring families. Theoretically, a life pattern reflecting cultural and individual factors leading to similar life events should emerge; as according to Strauss and Glaser, a total of some 18 to 20 cases should have reached ‘theoretical saturation’, i.e. what should have extracted should have been extracted. In practice, we also found that the respondents were repeating similar experiences in life pathways after the 20th case. It was evident too for two kinds of life pathways: (1) cross-border marriage; and (2) ordinary marriage.

3.3 Scope

The primary targets of the study are persons aged 60 years old or older, which are suspected or known cases of neglect or abused, and also, their counterparts from caring families. Our secondary targets are the persons who are closest to them, most likely to be the perpetrators of neglect or abuse and the care-givers of elders from caring families. They are the adult family members of the elders, as we confine to spouse, offspring and in-laws of the elders of both neglected and caring families. The scope allows the consultant team to capture the interactions and dynamics among different members of the family and maps the development of family relationship. More details are provided in Table 2 below.
Table 2: Scope of the study

<table>
<thead>
<tr>
<th>Target 1</th>
<th>Neglected/Abused elders</th>
<th>Caring Family (40)</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2</td>
<td>Perpetrators/Abusers</td>
<td>Caregivers/family member</td>
<td>40</td>
</tr>
<tr>
<td>Proxy 1</td>
<td>Witness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proxy 2</td>
<td>Other spousal abuser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proxy 3</td>
<td>Witness of spousal abuse/neglect</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above indicates the scope of the study as stated in the project proposal submitted in March 2010 as well as in the inception report in May 2010. The consultant team endeavored toward the set goals and met little obstruction in sorting out cases of target 1, i.e. elders from neglected/abusive families and caring families and target 2, i.e. family member only from caring families, with the support and concerted effort of Social Welfare Department and involved non-governmental organizations.

The consultant team, however, met lukewarm response on the request of target 2 under neglected family (i.e. perpetrators) for reasons such as ‘reluctant to be interviewed’, ‘unwilling to reveal personal experience’ and ‘not available for interview’ and etc as provided by Social Welfare Department and others involved non-governmental organizations. An overview of all agencies and cases contacted for the study, both successful and unsuccessful, is provided in Appendix 1.

In light of this, the consultant team proposed three proxies (i.e. Proxy 1: Family member witnessing the neglect or abuse on elder; Proxy 2: perpetuators/abusers of other spousal neglects or abuses; and Proxy 3: Family member witnessing other spousal neglects or abuses) to supplement the perspective of target 2 (i.e. perpetrators or abusers) from neglected family, whom we found to share similar pattern in their experience of interactions and dynamics with our targeted case (i.e. the relationship between older persons as victim and family members as perpetuators or abusers) as situation worsened. Another reason to confine Proxy 2 and 3 to spouse, who involved in other neglect or abuse cases, is that, out of all recoded cases of abuses in 2009,
67.3% were inflicted by spouse. It is reasonable to believe that a wife or a husband, who had inflicted neglect or abuse earlier in a relationship, has a higher risk to commit the same, or even worse, as relationship develops.

3.4 Sampling

The study adopted purposive (non-probability) sampling to locate potential targets (i.e. elders and his/her family members), against the number set forth, from the households nominated and referred by social welfare department and non-governmental organizations. A guideline indicating the definitions of ‘caring family’ and ‘neglected family’ was given to non-governmental organizations (NGOs) and Social Welfare Department (SWD) to facilitate the screening and selection of appropriate cases for the study. The definitions are extracted from the invitation letter (Appendix 2) as follows:

3.4.1 Caring family

Targets include elders, aged 60 years old or above, who live alone or with the family members (i.e. sons or/and daughters or/and in-laws). Elders from caring family are characterized as positive, optimistic and active.

3.4.2 Neglected family

Targets include elders, aged 60 years old or above, who live alone or with the family members and the family members (i.e. sons or/and daughters or/and in-laws). Elders from neglected family are characterized by being neglected or /and abused.
Chapter 4  Findings

4.1  Profile of interviewees

There was a total of 40 neglected families, in which 40 elders being neglected or abused and 22 perpetrators were interviewed; a total of 43 caring families were involved in the study, which includes 43 happy elders and 40 caregivers. Table 3 below provides more details.

Table 3: Overview on data collected

<table>
<thead>
<tr>
<th></th>
<th>40 Neglected Families involved</th>
<th>43 Caring Families involved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglected/Abused elders</td>
<td>40*</td>
<td>Happy elders</td>
</tr>
<tr>
<td><strong>Target 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrators/Abusers</td>
<td>2*</td>
<td>Family Members</td>
</tr>
<tr>
<td>Proxy 1</td>
<td>Witness</td>
<td>3*</td>
</tr>
<tr>
<td>Proxy 2</td>
<td>Other abuser</td>
<td>16*</td>
</tr>
<tr>
<td>Proxy 3</td>
<td>Witness of abuse/neglect</td>
<td>1*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td>Total</td>
</tr>
</tbody>
</table>

* Please refer to Appendix 3 for the source of referral.

4.1.1  Demographic, socio-economic characteristics of elders from neglected family and caring family

Being female, middle old and low education level were the common risk factors among the victims of neglect uncovered in most literature related to the topic. The demographic status of our interviewees (i.e. elders from neglected and caring family) seemed to have little to say on this, but more as the shared characteristics among them. Whereas financial conditions and family care did make the difference, elders from caring family appeared to be comparatively well-off, i.e. high monthly income, living in privately-owned premises, contrasting to lower monthly income of elders from neglect families, with half of them residing in temporary housing. Family support is another issue; elders from caring family are nurtured by the love and care of the family, i.e. most of them are living with the family and relied on children’s support as the main income source, while half the elders
from neglected family are living alone (part of them are believed to be the result of family neglect or abuse) and rely on government’s provision for living. Health problems, with no doubt, add burden onto the caregiver, but is not necessarily a risk factor because health problem on one hand could worsen the mistreatment on elder since extra burden have been put onto the perpetuators, who are likely to be the caregivers as well, but on the other hand could provide more reasons for care and concern, thereby making a close relationship even closer. For detailed analysis, please refer the paragraphs below and Table 4.

4.1.1.1 Sex

Within our primary target group (i.e. elders from neglected family, who are either the suspects or the victim of family neglect or abuse, and elders from caring family, who surrounded and nurtured by love and care of family), 70% being interviewed are female and only 30% are male. The proportion has reflected the sex profile of cases recorded by Social Welfare Department which showed that female victims generally outweighed male victims since 2006. The male-female proportion of elders from caring family is 70% and 30% as well. Both figures resonate with the legions of literatures on the topic that women were more dependent on men and families, especially in Chinese culture.

4.1.1.2 Age

The average age of interviewees was about 77 years old (76.1 years old of those from neglected family and 77 years old of those from caring family). Coupled with the tendency of growing independence as one grows older, elders, especially women, are at a higher risk of being neglected or abused.
4.1.3 Education level

Most of the elders, from both types of the families, received no formal school or had only attained primary level of education.

4.1.4 Marital status and number of children

The majority of the elders were married, but are mostly widowed due to old age. On average, they have an average of 3.35 (elders from caring families) and 3.37 (elders from neglected families) children.

4.1.5 Occupation, monthly income and its source

Most of the elders (90% from neglected family and 81.4% from caring family) are retired, only one to two elders still engaged in full time or part time employment, while the rest identified themselves as home makers. The monthly income level was especially low for elders from neglected families, with 65% of the interviewees living on a hand-to-mouth existence of HKD1000-3000 every month. The monthly income level for those from caring families spreads evenly on the spectrum. The majority has fallen into the range of HKD1000-5000, with 10% even reaching HKD9000 or more on a monthly basis. The source is mainly children’s support (44.1%) and own savings (29.4%), as compared to government provisions such as Comprehensive Social Security Assistance (CSSA), Old Age Allowance and Disability Allowance (38.2%) and own savings (27.3%) among neglected elders.

4.1.6 Living arrangement, type of housing and flat size

Almost of half of the elders from neglected families (i.e. 45%) live alone, 25% with another member of the family or relatives in temporary housing (52.5%) and other type of housing (22.5%) of size ranging from 200 square feet to 600
As for elders from caring family, over 80% of elders living with family members or relatives, with only 18.6% living alone, in self-owned premises (46.6%) and temporary housing (46.5%) of size ranging from 200 square feet to 600 square feet.

4.1.1.7 Health status

Elders, from both types of the families, suffered from chronic illnesses, over 80% of them reported to have suffered from at least one type of chronic illnesses, while the three most common ones are hypertension, eye disease and diabetes. In terms of magnitude of the illnesses, elders from neglected families suffer more and the illnesses are reported to have negatively influenced their functionality (55%) and daily living (62.5%), in contrast to 34.9% and 20.9% in elders from caring families. Besides, elders from caring families tended to be more optimistic to their own health, with their ratings clustered at ‘fair’ (32.6%) and good (39.5%), with higher energy level (53.5%) with seldom or even none memory and concentration problems (60.5%), whereas elders from neglected families tended to rated low (i.e. ‘bad’ to fair’) and less optimistic on their health.
Table 4: Demographic, socio-economic characteristics and health status of elders from neglected family and caring family

<table>
<thead>
<tr>
<th></th>
<th>Elders from Caring Family</th>
<th>Elders from Neglected Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>(a) Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>27.9</td>
</tr>
<tr>
<td>Female</td>
<td>31</td>
<td>72.1</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>(b) Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 – 64 (Soon-to-be-old)</td>
<td>6</td>
<td>14.0</td>
</tr>
<tr>
<td>65 – 74 (Young-old)</td>
<td>13</td>
<td>30.2</td>
</tr>
<tr>
<td>75 – 84 (Middle-old)</td>
<td>17</td>
<td>39.5</td>
</tr>
<tr>
<td>85 or above (Old-old)</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Average Age</td>
<td>76.14 -</td>
<td>77.0 -</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
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<tr>
<td>(c) Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>11</td>
<td>25.6</td>
</tr>
<tr>
<td>Primary</td>
<td>25</td>
<td>58.1</td>
</tr>
<tr>
<td>Junior Secondary</td>
<td>3</td>
<td>7.0</td>
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<tr>
<td>Senior Secondary</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>Tertiary or above</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>(d) Marital status</td>
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<td></td>
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<tr>
<td>Married</td>
<td>43</td>
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<tr>
<td>Separated</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>(e) Numbers of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 2</td>
<td>13</td>
<td>30.3</td>
</tr>
<tr>
<td>3 – 5</td>
<td>26</td>
<td>60.4</td>
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<tr>
<td>6 or above</td>
<td>4</td>
<td>9.3</td>
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<tr>
<td>Average no. of children</td>
<td>3.23 -</td>
<td>3.25 -</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>(f) Occupation</td>
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<tr>
<td>Retired</td>
<td>35</td>
<td>81.4</td>
</tr>
<tr>
<td>Employed</td>
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<td>2.3</td>
</tr>
<tr>
<td>Part-time Job</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>Home maker</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.3</td>
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<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>(g) Individual monthly income</td>
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<td></td>
</tr>
<tr>
<td>HK$1000 or below</td>
<td>3</td>
<td>7.0</td>
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<tr>
<td>Income Range</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>HK$1001 – 3000</td>
<td>15</td>
<td>34.9%</td>
</tr>
<tr>
<td>HK$3001 – 5000</td>
<td>13</td>
<td>30.2%</td>
</tr>
<tr>
<td>HK$5001 – 7000</td>
<td>3</td>
<td>7.0%</td>
</tr>
<tr>
<td>HK$7001 – 9000</td>
<td>4</td>
<td>9.3%</td>
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<tr>
<td>HK$9001 or above</td>
<td>5</td>
<td>11.7%</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

(h) **Source of income**

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Count</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Wage</td>
<td>2</td>
<td>2.9%</td>
<td>1</td>
</tr>
<tr>
<td>Savings</td>
<td>20</td>
<td>29.4%</td>
<td>15</td>
</tr>
<tr>
<td>Children’s support</td>
<td>30</td>
<td>44.1%</td>
<td>7</td>
</tr>
<tr>
<td>Retirement Protection</td>
<td>10</td>
<td>14.7%</td>
<td>10</td>
</tr>
<tr>
<td>Rental Income</td>
<td>1</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>CSSA</td>
<td>5</td>
<td>7.4%</td>
<td>21</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
<td><strong>100%</strong></td>
<td><strong>55</strong></td>
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(i) **Living arrangement**

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Count</th>
<th>Percentage</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Living alone</td>
<td>8</td>
<td>18.6%</td>
<td>18</td>
</tr>
<tr>
<td>1</td>
<td>15</td>
<td>34.9%</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>14.0%</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>14.0%</td>
<td>4</td>
</tr>
<tr>
<td>4 or above</td>
<td>8</td>
<td>18.6%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>100%</strong></td>
<td><strong>40</strong></td>
</tr>
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</table>

(j) **Type of housing**

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Count</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-own private housing</td>
<td>6</td>
<td>14.0%</td>
<td>2</td>
</tr>
<tr>
<td>Self-own public housing</td>
<td>14</td>
<td>32.6%</td>
<td>7</td>
</tr>
<tr>
<td>Rental public housing</td>
<td>3</td>
<td>7.0%</td>
<td>0</td>
</tr>
<tr>
<td>Temporary housing</td>
<td>20</td>
<td>46.5%</td>
<td>21</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0%</td>
<td>9</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>100%</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

(k) **Flat size**

<table>
<thead>
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<th>Size</th>
<th>Count</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 square feet or below</td>
<td>0</td>
<td>0%</td>
<td>7</td>
</tr>
<tr>
<td>101-200 square feet</td>
<td>2</td>
<td>4.7%</td>
<td>5</td>
</tr>
<tr>
<td>201-400 square feet</td>
<td>20</td>
<td>46.5%</td>
<td>12</td>
</tr>
<tr>
<td>401-600 square feet</td>
<td>13</td>
<td>30.2%</td>
<td>8</td>
</tr>
<tr>
<td>601-800 square feet</td>
<td>7</td>
<td>16.3%</td>
<td>6</td>
</tr>
<tr>
<td>801-1000 square feet</td>
<td>1</td>
<td>2.3%</td>
<td>0</td>
</tr>
<tr>
<td>1001 square feet or above</td>
<td>0</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>100%</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

(l) **Chronic illness**

6 As specified by nine respondents who checked ‘others’ for this items: Housing for senior citizen (老人屋), home for the aged (老人院), sublet (分租房屋), village house (村屋), staff dormitory (員 工宿舍), squatter settlement (鐵皮屋) and cubicle apartment (板間屋).
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>86.0</th>
<th>37</th>
<th>92.5</th>
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</thead>
<tbody>
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<td></td>
<td>No</td>
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<td>6</td>
<td>7.5</td>
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<tr>
<td><strong>Total</strong></td>
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<td>100</td>
<td>40</td>
<td>100</td>
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### (m) Type of chronic illnesses

<table>
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<tbody>
<tr>
<td>Hypertension</td>
<td>23</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Eye disease</td>
<td>9</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Tracheopathy</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Heart disease</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Arthritis</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Stroke</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Nephropathy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Cancer</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64</td>
<td>80</td>
<td>100</td>
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### (n) Influence on functionality by chronic illnesses

<table>
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<th>N/A</th>
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<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>22</td>
<td>5</td>
<td>1</td>
<td>43</td>
</tr>
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<td>23</td>
<td>14</td>
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<td>43</td>
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<tr>
<td><strong>Total</strong></td>
<td>43</td>
<td>40</td>
<td></td>
<td></td>
<td>100</td>
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### (o) Influence on daily living by chronic illnesses

<table>
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</thead>
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<tr>
<td>Yes</td>
<td>9</td>
<td>25</td>
<td>12</td>
<td>3</td>
<td>43</td>
</tr>
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<td>3</td>
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<td><strong>Total</strong></td>
<td>43</td>
<td>40</td>
<td></td>
<td></td>
<td>100</td>
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</table>

### (p) Self-rated health status

<table>
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<tr>
<th>Health Status</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Bad</th>
<th>Very Bad</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>17</td>
<td>14</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>5</td>
<td>14</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>22</td>
<td>28</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>43</td>
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### (q) Self-rated energy level

<table>
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<th>N/A</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday feeling energetic</td>
<td>23</td>
<td>3</td>
<td>17</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Always feeling energetic</td>
<td>14</td>
<td>14</td>
<td>1</td>
<td>2</td>
<td>43</td>
</tr>
<tr>
<td>Sometimes feeling energetic</td>
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<td>14</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Rarely feeling energetic</td>
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<td>0</td>
<td>4</td>
<td>2</td>
<td>43</td>
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<tr>
<td>Missing</td>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>43</td>
</tr>
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<td><strong>Total</strong></td>
<td>43</td>
<td>40</td>
<td></td>
<td></td>
<td>100</td>
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### (r) Mobility

<table>
<thead>
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<th>Yes</th>
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<th>Total</th>
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</thead>
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<tr>
<td>Walk independently</td>
<td>35</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Walk with stick</td>
<td>6</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Walk with wheelchair</td>
<td>2</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>43</td>
<td>40</td>
<td>100</td>
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</tbody>
</table>
### Difficulty in self-care

<table>
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<th>Seldom</th>
<th>Some</th>
<th>Always</th>
<th>Missing</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>38</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>43</td>
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<tr>
<td></td>
<td>88.4</td>
<td>0</td>
<td>9.3</td>
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<td>2.5</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>12</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>47.5</td>
<td>30.0</td>
<td>15.0</td>
<td>5.0</td>
<td>2.5</td>
<td>100</td>
</tr>
</tbody>
</table>

### Body pain

<table>
<thead>
<tr>
<th></th>
<th>Every Day</th>
<th>Always</th>
<th>Sometimes</th>
<th>Rare</th>
<th>Never</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>7</td>
<td>14</td>
<td>7</td>
<td>11</td>
<td>1</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>7.0</td>
<td>16.3</td>
<td>32.6</td>
<td>16.3</td>
<td>25.6</td>
<td>2.3</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>22.5</td>
<td>22.5</td>
<td>22.5</td>
<td>12.5</td>
<td>20.0</td>
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<td>100</td>
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</tbody>
</table>

### Memory and concentration problems

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<th>Sometimes</th>
<th>Frequent</th>
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<tbody>
<tr>
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<td>10</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>37.2</td>
<td>23.3</td>
<td>37.2</td>
<td>2.3</td>
<td>2.3</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>8</td>
<td>22</td>
<td>2</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>17.5</td>
<td>20.0</td>
<td>55.0</td>
<td>5.0</td>
<td>2.5</td>
<td>100</td>
</tr>
</tbody>
</table>

### 4.1.2 Demographic, socio-economic characteristics of perpetuators from neglected family and caregivers from caring family

Caregivers and perpetuators tended to be younger than the elders, and most were members (mostly adult children) or spouses. In our pool of data, caregivers are generally female, single (separated or divorced), of higher education attainment, a few years older than the perpetuators, so some are still working and living on the salary earned while some are retired with financial support from children; whereas perpetuators are mostly male, working, married with a two-to-three family (usually stem family) living together in a flat of modest size, and earning a salary that supports most family expenses. Although literature suggests that there were equal number of men and women being perpetuators, with women more likely to neglect the victims and men were guilty of other types of abuse, the profile in our study is consistent with the report published by Hong Kong Christian Action in 2004.
4.1.2.1 Sex

In our secondary target group (i.e. perpetuators from neglected family and caregivers from caring family), over 90% of the perpetuators interviewed are male, while female perpetuators only account for 8.7%. The situation for caregivers goes the other way round, with 70% of caregivers being female, 30% being male.

4.1.2.2 Age

Over 80% of caregivers are either divorced or separated. Both perpetuators and caregivers are younger than the elders, which is consistent with the research literature and previous studies. The average age of caregivers is 52.3, a few years older than the perpetuators (i.e. 47.3 year old on average).

4.1.2.3 Education level

Compared to caregivers, who generally attained higher education level (i.e. 35% attained senior secondary and 20% researched tertiary or above), the majority of perpetuators interviewed possessed primary (30.4%) to junior secondary level of education (34.8%).

4.1.2.4 Marital status and number of children

Over 85% of caregivers are either separated (77.5%) or divorced (5%), while over half of the perpetuators are married (56.5%). On average, they bear an average of 1.6 (caregivers) and 1.96 (perpetuators) children, as a result of the trend moving toward to nuclear family, while the function to provide care to members is also weakened.

---

7 Due to the difficulties in locating family members (i.e. spouse, offspring and in-laws) of elders from neglected family, the consultant team has extended the scope to include three proxies: (1) family member witnessing the neglect or abuse on elder; (2) perpetuators/abusers of other spousal neglects or abuses; and(3) Family member witnessing other spousal neglects or abuses). For detailed explanation, please refer to Chapter 3: Research Design.
4.1.2.5 Occupation, monthly income and its source

Over half of the perpetuators (52.2%) engaged in full time employment, with 20% being unemployed and 17.4% working on a part time basis. Whereas a quarter of caregivers (37.5%) are still working on a full time basis and 27.5% has retired. The monthly income levels of perpetuators and caregivers are similar, at least HKD7000 per month, with salary (54.3%) and savings (34.3%) as the main sources of income for perpetuators and salary (47.7%) and children’s support (22.7%) for caregivers.

4.1.2.6 Living arrangement, type of housing and flat size

The majority of interviewees, both among caregivers and perpetuators, are living with their family. The household size is generally bigger for perpetuators, 43.5% reported to have lived with three persons in rental public housing (47.8%) and self-owned private housing (26.1%), while caregiver live with 2 other members of the family (32.5%) in rental (40%) or self-owned public housing (32.5%). The flat size occupied by perpetuators ranged from 400 to 600 square feet (65.2%), having to share with two to three other members of the family, which means space that one could occupy is further reduced which may also easily escalate conflict among members.

4.1.2.7 Health status

The interviewed caregivers and perpetuators have little problems with their health and they are quite optimistic with it, part of reasons could be attributed to their ‘young age’ age since they are all in their late 40s to early 50s.
Table 5: Demographic, socio-economic characteristics and health status of caregivers from caring family and perpetuators from neglected family

<table>
<thead>
<tr>
<th></th>
<th>Caregivers from caring family</th>
<th>Perpetuators from neglected family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>(a) Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>70</td>
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<td>Total</td>
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<td>100</td>
</tr>
<tr>
<td>(b) Age</td>
<td></td>
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</tr>
<tr>
<td>Before 30</td>
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</tr>
<tr>
<td>30 – 39</td>
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<td>10</td>
</tr>
<tr>
<td>40 – 49</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>50 – 59</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>60 – 64 (Soon-to-be-old)</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>65 – 74 (Young-old)</td>
<td>7</td>
<td>17.5</td>
</tr>
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<td>85 or above (Old-old)</td>
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<td>10</td>
</tr>
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<td>-</td>
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<td>Junior Secondary</td>
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<tr>
<td>Senior Secondary</td>
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<td>Missing</td>
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<td>5</td>
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<tr>
<td>Total</td>
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<td>100</td>
</tr>
<tr>
<td>(d) Marital status</td>
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<tr>
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<tr>
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<td>5</td>
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<td>Total</td>
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<td>100</td>
</tr>
<tr>
<td>(e) Numbers of children</td>
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<tr>
<td>6 or above</td>
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<td>2.5</td>
</tr>
<tr>
<td>Average no. of children</td>
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<td>-</td>
</tr>
<tr>
<td>Total</td>
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<td>100</td>
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<td>(f) Occupation</td>
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<td>Employed</td>
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<td>37.5</td>
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<tr>
<td>Part-time Job</td>
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(g) **Individual monthly income**

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(h) **Source of income**

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(j) **Type of Housing**

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(k) **Flat size**

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(mental) Memory and concentration problems

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4.2 The construction of family life pathways

As discussed in previous section, the study adopts a qualitative in-depth interview design, as guided by an interview guideline constructed based on Strauss’s grounded theory guiding concepts and the theoretical framework. There were two major parts in the interview questionnaire, with the first one as ‘structured questionnaire’ for the obtainment of individual socio-economic data, risk or protective factors, characteristics of significant others and the Chinese cultural elements of care and love or neglect, for which the previous section has covered; the second part form the core part of the study, it provides guideline for the significant life history or events recall, so the factors or circumstances leading to these events are grouped and analyzed. The detailed account of the experiences from different perspective (i.e. elders and perpetuators or other members from neglect family) are grouped and compared among cases and those obtained from caring families. Theoretically, a life pattern reflecting cultural and individual factors leading to similar life events should emerge.

Having interviewed a total of 83 families, it is becoming evident too for two kinds of family life pathways: (1) ordinary marriage between mainlanders, who come to Hong Kong as immigrants or refugees in 1940s to 1970s, or between Hong Kongers; and (2) cross-border marriage, a product of the 1980s and the 1990s, with Hong Kong male residents marrying mainland female residents, of significant age differences in some cases. The following section is dedicated to the reconstruction of family life pathways for the two, levering on the evidence revealed in the studies. The reconstruction shall follow the developmental stages specified in the explanatory model (Figure 3), namely marriage and courtship and extension and subtraction of family: reacting to life circumstances affecting the family, which are divided into two individual sections (i.e. extension of family and subtraction of family, where life circumstances spread across the family life span and arise anytime) for more refined explication of family development.

4.2.1 Cross-border marriage

Cross-border marriage, as a social phenomenon, emerged since late 1980s, as a result of the frequent contact between the adjacent Hong Kong and mainland China. Over the last two decades, the number of
cross-border marriage increased from 16,451 in 1986 to 28,145 in 2006. However, the number decreased since then to 18,145 in 2009. For those marriage registered in Hong Kong, the number increased from 782 in 1986 to 18,182 in 2006, reflecting 44% of all registered marriages in 2006. Most of the marriages involved male Hong Kong residents marrying female residents in the mainland, with increasing trend from 15,776 in 1986, which reached its peak at 2,8145 in 2006. Although the figure is not as prominent as those of Hong Kong man marrying mainland woman, marriages involving female Hong Kong residents marrying male residents in the mainland has been on the increase too, from 675 in 1986 to 4,194 in 2007 (Census and Statistics Department, Women and Men in Hong Kong (2010 Edition), 2010).

The profile of our interviewed cases somewhat reflected the aforementioned phenomenon. The interviewed elders were evenly distributed in both sexes from age 61 to 80 years old in cross-border family. Except case 103, low education level was found to be common and most of the elders engaged in typical low-paying job such as driver (Case No: 113) and waitress (Case No: 105) in adulthood. For those whose economic conditions were comparatively better, the economic downturn in late 90s was a fundamental turning point in their lives (Case No: 109, 117).

All interviewed elders were retired or not engaged in any paid-job. They were financially dependent on either family support or government’s provision with around $3000 monthly income. Speaking of living arrangement, two divorced elders live alone with very limited supportive network. With regard to health deterioration, all elders in cross-border families reported for at least one kind of chronic illness. Among the cases, two of them (Case No: 106, 117) have to be assisted by walking stick and one elder has to rely on wheelchair after a stroke attack (Case No: 109).

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8 Please refer to Appendix 5.
9 Please refer to Appendix 5.
10 Please refer to Appendix 5.
11 Please refer to Appendix 5.
12 Please refer to Appendix 5.
13 Please refer to Appendix 5.
Out of all the 83 families interviewed, eleven cases were identified as ‘cross-border marriage’, involving a Hong Kong husband and a mainland wife. Seven out of eleven cases were from neglect family (Case No: 103, 105, 106, 109, 113, 117)\textsuperscript{14} within which four were typically ‘old-folk-young-wife’ relationship with the husbands older than his wife by at least 15 years or more. The remaining four were among the caring family (Case No: 227, 232, 234, 237)\textsuperscript{15}. The consultant team found that ‘cross-border marriage’ and ‘old-folk-young-wife marriage’ shared similar characteristics and patterns in resulting in shattered families, in comparison, the four cross-border marriage among caring families are written in parallel with that among neglect families. The following passage is the constructed family life pathway based upon the eleven cases, from courtship and marriage (spouse) to family extension and family subtraction (children and siblings) as an attempt to understand the phenomenon of elder caring in familial settings based on linkages in the intergenerational family solidarity and adaptation with stress situations.

Mistreatment, aggressive behaviors and financial exploitation were the common forms of mistreatment in cross-border family. These mistreatments usually occur in the stage of family extension where family reunion in Hong Kong after long separation. The cases in our study indicated that financial issues within family such as property’s ownership and loan payment were important triggers that worsen the relationship (Case No: 103, 109, 113)\textsuperscript{16}. There is no single factor leading to elder neglect or mistreatment as reflected in the study. Spousal relationship and the personalities of members were determinant that protect the elders or put them at risk. If functional marriage that base on calculation of needs and efforts sustained, the husband and wife in the relationship were mainly brought together by self-interests and this self-centered and individualistic value would be passed onto their children in the later stage of the family life. Without proper care and love, other unfavorable factors such as short courtship and long separation would accelerate the unpleasant

\textsuperscript{14} Please refer to Appendix 5.
\textsuperscript{15} Please refer to Appendix 6.
\textsuperscript{16} Please refer to Appendix 5.
feelings between husband and wife, parents and children, which fundamentally worsen family relationship. Lacking mutual love and respect, critical points such as illness and financial crises occur in the life pathway would become the trigger that caused elder mistreatment. Whereas, if spousal relationship were built upon love instead of calculation, the husband and wife would be more willing to contribute to the family and that resulted respect in each other as well as from the children. A caring and supporting environment would shield elders from mistreatment. Personality is a crucial factor too, as it shapes people's attitude and responses toward the happenings of life circumstances. Mistreatments tend to occur to those with pessimistic outlook of life and weak supportive network, who retreat to a passive position toward family problems and less likely to seek help from others, so relationship gradually wear out because of accumulated unresolved problems. For those who have a more positive attitude toward problems, they would be more independent and possess better problem-solving skills and stand a higher chance to overcome life circumstances.

The crucial factors for maintaining relationships among caring families are mutual love and supportive environment. Early death of husband was commonly found among the cross-border caring cases, and the wives had to shoulder the family responsibilities independently and take up the role of fatherhood. The picture of a tough and optimistic mother sustained family and won children’s mutual respect from time to time. Sustaining mutual love and respect reduce the calculations of give and take within a family. With proper care and education, the sons or daughters were well groomed and resulted in a higher degree of filial piety and he or she also functioned to tighten the harmonious atmosphere when they get married, to reduce the tension between mother and the in-laws or grandchildren. As mother’s health and financial power deteriorate in age, the family controls were mostly took up by her children and the mother were then well-functioned to be the family-carer who look after the whole family. Tough that caring families would still come across similar crises such as financial and health difficulties, mutual love and care urge children take up the responsibility to build up a protective environment for the elder parents. A detailer account and reconstruction of family life pathways
of cross-border family are provided by stages in the following section.

### 4.2.1.1 Courtship and marriage

The reasons behind the union of Hong Kong man and mainland woman were multi-faceted. Due to unfavorable political and economic condition in mainland, poverty was commonplace and people lived and survived through hardship as Ms Chau exclaimed, "I don't even have rice at home, I need to get married to get rid of this hard-time" (Case No: 105). Many women in the mainland therefore believed getting married was the ‘one and the only way-out’ if they managed to find a man of great promise, especially on economic terms as seen in Ms Chau’s case (Case No:105). While the patriarchal tradition and practice prevail, woman had a rather low social status, being seen subsidiary to man, thus they had little access to education, employment and other opportunities that modern woman now enjoy. Given the social norms at that time maintained that the existence of woman could only be meaningful with marriage and baby bearing, coupled with the conservative nature on man-woman relationship, arranged marriage was quite a convenient and common practice. Popular myths, such as Hong Kong men are rich, educated and well-toned, mainland women are gentle and submissive, had also accelerated the union of Hong Kong man and mainland woman. Mainland woman was found to be a catcher when a man chose to remarry. There are three cases (Case No: 113,109, 103) out of seven, with men, who was once widowers, engaged in cross-border relationship in his second marriages as Mr Chow accounted, “My first wife died 20 years after marriage and I need someone to accompany” (Case No: 109). It is quite a common scenario for men with broken hearts being particularly keen on quick

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17 Please refer to Appendix 5.  
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relationship to fill up his emptiness and to rebuild his manhood through the second marriage. Therefore, financially advantaged Hong Kong man can quite easily find a potential wife in mainland even when they are in their 50s, 60s or even 70s, as Mr Wong recalled, “I am getting old, my brother tells me that it costs less to ‘buy’ a wife in China, it is called ‘civilized marriage (文明結婚)’” (Case No: 117)\(^\text{21}\). The basis of these marriages is materialistic, as long as the criteria fit with terms and conditions being beneficial to each other, the two unite as one. The union, by nature, is highly functional, characterized by rather short time for courtship of one year or even less. With little courtship and minimal communication, cross-border marriages in our cases did not build upon care and intimacy, but calculations and functions. The happiness of marriages of this kind is determined by the expectations and the potential returns that the wife had and expected of husband or husband had expected of wife as Mr Fan said, ‘I look for warmth and fulfillment’ (Case No: 103)\(^\text{22}\). Due to the stringent control on mainland immigrants in the 60s, all seven couples from cross-border marriages had experienced time of separation – with husbands continuing to work and live in Hong Kong, the wives to stay in mainland with dependent children (Case No: 105, 106, 109, 117)\(^\text{23}\). The time of separation was typically long in Case 105, 106 and 117\(^\text{24}\). It is observed that the spousal relationship in the early stage of marriage was amiable as both were feeling satisfied with each other’s roles and responsibilities. The relationship was much dependent on husbands’ provisions to wives as Ms. Chin said, “My husband visited me once or twice a year, he brings me money and clothes every time. I am happy” (Case No: 106)\(^\text{25}\). However, long-term separation put relationship at risk. Not only did it leave little time for communication and exchange, lacking spousal intimacy might also leave room

\(^{21}\) Please refer to Appendix 5.
\(^{22}\) Please refer to Appendix 5.
\(^{23}\) Please refer to Appendix 5.
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for the occurrence of extra-marital affairs

The evidences of the caring cases of cross border relationship indicated that the man and woman, similar to those in neglect case, were introduced by relatives or friends to get married in Hong Kong, and then gave birth to their children and settled down in Hong Kong (Case No: 227, 232, 234, 237). Because of their low level of education, they had to engage in low-income jobs after coming to Hong Kong. The couple worked hard every day in exchange for their daily necessities (Case No: 227, 232, 234, 237). With mutual understanding between them, the couples were characterized by working hard and being not afraid of living in harsh environment (Case No: 227, 232, 234, 237). Moreover, they were willing to provide financial support to their children, paid attention to the moral education and growth of their children. In sum, the couples worked together to afford a ‘home’ (Case No: 232, 237). Therefore, when they became very involved in courtship and marriage, they generally oriented themselves towards ‘settling down’. For the psychological preparation of living situations in Hong Kong, they could adapt to the marriage and continue to identify with their husbands in a formal relationship. They were healthy - one who was capable of love and work. In addition, they had healthy resolution of the crisis and could adapt very well to the new environment in Hong Kong in order to promote the psychosocial strength of love and care.

4.2.1.2 Extension of family

The addition of family member, specifically the birth of child, came quite swiftly, usually within a year after marriage. The birth of child brought joy to the entire family and thus became stronger and more cohesive.

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As cross-border immigration policy loosened up in late 80s, many mainland-born children with Hong Kong right of abode and their mainland-born mothers applied for one-way permit for family reunion in Hong Kong. The family reunion was identified as one of the critical points in family life pathways as it usually turned out to have adverse effects on the relationship, given the little time for courtship (i.e. a process of getting to know each other well enough before marriage), accompanied by the birth of child (usually within a year after marriage), the foundation of the marriage is weak and premature. For the following common reasons we identified in our interviewed cases: First, family reunion implied day-in day-out living together under the same roof, which was different from the long-distance relationship that related persons got together once in a while during weekend or holidays or festive time as seen in case 105 and 106\(^{30}\), little problems may become obvious and accumulate over time, then impacted the relationship, and very often both the man and wife did not found the family life as satisfying and as fulfilling as each other had fantasized while they were apart and could not live up to each other expectations as Ms Fan complained, “He (her husband) is a liar, the house isn’t in his name.” (Case No: 103)\(^{31}\). Second, the mainland-born children and mothers usually had a hard time adjusting to the pace, lifestyle and environment in Hong Kong, given the cultural differences and weakened support system (with family and friends in the mainland), adding up emotional burden to the self and the family. Third, with most of the cross-border marriage belonging to the low-income group, usually the husband was the sole breadwinner, the financial burden on him scaled up with new members joining the family in Hong Kong, pushing the family toward the edge. The above was the typical scenario upon reunion of cross-border family. The truths exposed and the wives got the reality checks – in some cases the wife

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30 Please refer to Appendix 5.
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found his husband a drug addict, an alcoholic (Case No: 103)\textsuperscript{32}, a pathological gambler, or worse, already married to another woman (Case No: 103)\textsuperscript{33}. The wives were disappointed and dissatisfied, they sucked it up and continue to live in the oppressive situations, as they understood they had little bargaining power while the husbands with financial strengths remain the authority and the livelihood of the entire family relied on him. Having to grow up in such an environment, the children were likely to be severely affected. They were likely to become rebellious, more prone to violence and substance abuse; When they have grown up, they moved out (if financially allows), and would scarcely returned to the nest, not to mention, to care for their old parents, as seen in the family life pathways in ordinary marriages. In the course of family life pathway, circumstances emerged and required individuals as well as the family to adapt in order to overcome the challenges. Life circumstances, as the consultant team intended to divide from extension (i.e. marriage, birth of child and etc) and subtraction (i.e. divorce, death of family member and etc) for a more refined explication of factors impacting the family, refer to happenings out of individual’s or family’s control such as loss of job (Case No: 117)\textsuperscript{34}, loss of money (Case No: 109, 117)\textsuperscript{35}, debilitating illness (Case No: 109)\textsuperscript{36}, deterioration of health and etc. These could have long-term impact on the family, if not handled well and became critical points along family life pathway. The story continues, as time gone by, especially in the case of old-folk-young-wife relationship, the husbands reached retirement age (Case No: 113)\textsuperscript{37} and coupled with the deterioration of health functions, implying the loss of job (Case No: 117)\textsuperscript{38}, the

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factor combined made an impact on the financial aspect of the family (Case No: 109). The husbands had lost their attractiveness as well as functions in the eyes of the wives/Considering that she was still in her late 40s or early 50s with her own social circle and support network established along the years and a stable job, and possibly an advancement in terms of knowledge and skills too, the wife became more capable to make a better living on her own and the family. The wives no longer relied on the husbands as they used to be, and became, in some cases, the breadwinner of the family. The retired husbands, otherwise, had to rely on the wives. The shift of power caused subtle changes at the beginning, usually signified by the wives’ complaints, blaming the husbands for all the hard time she had been through and attempted to revenge for unsatisfied needs as one of the husbands, Mr. Lee said, “She sells our house and left $20000 to me, our relationship ends.” (Case No: 113) and in another case, the husband pointed out, “She betrayed me soon after my salon close down.” (Case No: 117). The shift of power within the family, brought about by life circumstances, caused old-aged husbands to rely on the wives, and they had to endure all the mistreatments inflicted by the wives. In the male-dominant Chinese culture, the dependent husband fell silent victim and felt shameful to voice out their plights and to seek help from others (Case No: 113, 117). The mistreatments were often uncovered by neighbors and friends.

When parents bear offspring, the assumption is that parents are forever obligated to the care and well-being of the child. The children in return should shoulder the duties of care for the old-aged parents. Following this line of thinking, sons and daughters should be a protective factor shielding older parents from spousal mistreatment. But in reality, it is not necessarily the case. The children’s duties to the parents can

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39 Please refer to Appendix 5.
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41 Please refer to Appendix 5.
vary a lot. Due to the time of separation before family union and long hours at work of fathers even after reunion, fathers did not share the precious moments with children when they grew up as seen in Mr Lee’s situation (Case No: 113)\textsuperscript{42}, which partly explained why their relationship was so distant, and in some cases, the children did not recognize fathers’ contributions and respect the fathers at all. Without proper guidance and parental care, some of the children in cross border families became school dropouts, and were more prone to bad habits such as gambling and drugs. In Case 117\textsuperscript{43}, Mr. Wong felt very sad and shocked when his oldest daughter died because of drugs abuse. Meanwhile, the functional and materialistic values that prevailed in the families extended and continued to erode the Chinese traditions of filial piety; with the children being closer with the mother, they were less likely to support their father even though they were aware of the mistreatments.

Similar to the neglect cases, the caring family cases belonged to the low income group, the wives, on one hand, cared for the children, while managed the household work independently on the other hand. The wives worked as garment workers at home in order to increase family income until the children grew up. Then, they went to work in the factory (Case No: 234)\textsuperscript{44}. Moreover, the other cases also indicated that the wives were willing to work in the factories or engage in business so as to afford their household expenses (Case No: 227, 232, 237)\textsuperscript{45}. They used to focus on moral education and the upbringing of their children, so they had to give up public housing for the fear that their children to grow up in a poor environment in which they would easily be acquainted with undesirable personalities (Case No: 234)\textsuperscript{46}. In addition, an interviewee was having conflict with her husband because she did not agree with

\textsuperscript{42} Please refer to Appendix 5.
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her husband’s ways of educating the children (Case No: 227)\(^{47}\). In general, the children could fully feel the warmth of the family. There were mutual communication, mutual support, care and encouragement between husband and wife. Their life was very harmonious (Case No: 232, 234, 237)\(^{48}\). It emerges clearly from the above that formal care giving is often an intergenerational family issue. During the extension stage, both husband and wife acted as caregivers, but the intensity and length of care differs. The wife generally contributed more time and higher levels of care compared to her husband. Thus, problems in combining work and family commitments are increasing because wife may become more able or willing to assume family care responsibilities. In parallel with cross border marriage (neglect family), the added burden of care of families on wives have occurred in the timing of family transitions and patterns of family formation in the caring family.

4.2.1.3 **Subtraction of family**

Spousal relationship comes to an end at this stage (i.e. subtraction of family) where the old and deteriorated husbands were left alone, or worse, abandoned by the wives and the children. Most cases shared such pattern that the desperate husband could only resort to government’s support (such as Comprehensive Social Security Assistance and Old Age Allowance) or, in some lucky cases, relatives’ support for living, as in the case of Mr Chow (Case No: 109)\(^{49}\), who is living with his brother after divorcing his mainland-born young wife a few years after his stroke (i.e. a sudden deterioration of health that required intensive care). Albeit the close relationship with his brother along the years, he was mistreated by his brother out of love as Mr Chow explained, “*He (my brother) just does not know how to care*
for me in a proper way” (Case No: 109). The case demonstrated the consanguinity between victim and perpetuator, the victim tended to have an unbelievable degree of endurance and forgiveness toward the blood-tied perpetuators until serious physical harms were inflicted, which were usually reported by people around them (i.e. friends, relatives or hired carers) instead of themselves. As children grew up and had their own family, the extension of family member caused another critical point to the family and brought changes among family members, the dynamics is particularly fierce in in-laws relations. Due to the love and care given by the mothers in their childhood, the sons respected his mother a lot, hence the mothers remained a very important figure before the son’s or the daughter’s marriage. When coming to choose between the mothers and the wives, the sons opted for the latter (i.e. his own families), having to consider his financial burden and the failures of the parents’ marriage had influenced the sons’ mindset in caring for old-aged parents as well. In the eyes of the sons, the old aged mothers became less helpful and a total dependent or even an invader to the family in the eyes of the daughter-in-laws.

When tensions built up, every issue could be the trigger points for mistreatment such as money, space within the household, children’s education and etc. In the modern family when Chinese traditions of respect and absolute obedience being less observed, the challenge doubled up if the in-laws had great cultural difference from the mothers, in case of daughter-in-laws coming from mainland or fashionable generation. Upon the conflicts between mother and in-laws, the sons actually played an important role as the mediator but unfortunately, most of the cases indicated that the sons were too passive towards the situations and did not function well to resolve the tensions as Ms Chin said, “I report to the police about the conflict of in-law, my son

50 Please refer to Appendix 5.
shout at me and say not to do so.” (Case No: 106). The sons were pressured and forced to choose between the wives and the mothers, for which the sons’ choice was also the wives. Consequentially, some tolerated mothers who are more financially independent would leave the sons’ families as seen in Ms Chau’s situation (Case 105). Comparing with the fashionable younger generation, the old mothers tended to maintain higher degree of endurance and familial care as Ms. Chin said, “I am old, I don’t mind sleeping in the living room and leave the room for my son” (Case 105). Also, Ms. Chin pointed out that even though her grandchildren noticed about the conflicts, “My grandchildren must support their own mother rather than me.” (Case 106), finally she moved out. In fact, the traditional expectation of children as the support of dependent parent was hardly located in cross border family.

As in cross-border caring families, the subtraction of family was caused by the death of sick husband, leaving the wives of middle age alone. The wives had to shoulder the family independently and to take the role of fatherhood. They had both the financial and family burdens. They walked through the life pathway and their children gradually grew up. The children had mutual respect with mothers until now, and decided to make money to improve family life (Case No: 232, 234, 237). A case indicated that the wife needed to bear the burden of life on her own (Case No: 227). The interviewee’s daughter was willing to live with her mother and afford the daily living expenses of mother (Case No: 232). In Case 237, a son was willing to work as an office assistant to help alleviating the economic pressure on his
family after graduating from high school (Case No: 237)\textsuperscript{59}. In Case 234\textsuperscript{60}, the daughter of interviewee was in good academic results. But after her father died, she decided not to go to university and took over his father’s restaurant business (Case No: 234)\textsuperscript{61}. As the wives/mothers approaching the old age, their children got married one after another. The interviewees lived with their sons, daughter-in-law and grandsons (Case No: 237)\textsuperscript{62}. Another interviewee was healthy and had good relationship with her daughter who was willing to go with her to see a doctor (Case No: 234)\textsuperscript{63}. In addition, the elder was willing to take care of her daughter-in-law whose leg was injured (Case No: 227)\textsuperscript{64}. Because of a good relationship with their children, the interviewees were feeling happy in a loving and caring environment. They had children to support a stable life financially and so they were quite satisfied (Case No: 234, 237)\textsuperscript{65}. Furthermore, the interviewee also attended the activities in the community center and actively participated in voluntary services (Case No: 227, 237)\textsuperscript{66}. Therefore, care giving by children to their older parents was also common in the cross border caring family in which the patterns of intergenerational support are becoming more obvious in good adaptation to the family crisis (i.e. the early death of their fathers). Also, a good intergenerational relationship between the mother and the children are the foundation in which the families with “love and care” would be built upon it. Moreover, it is important to pinpoint that the availability of adult children for elder care, their willingness in taking on the care responsibilities and the extent to which other in-laws share with each other in elder care, are also a clear sign of good adaptation to the family crisis.

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4.2.2 Ordinary marriage

The study has interview a total of 83 family cases, 72 cases are identified as ordinary marriage between mainlanders whom were become immigrants or refugees of Hong Kong in 40’s to 60’s or the two persons met and got married in Hong Kong. 39 out of the 83 family cases are among caring families and the remaining 33 cases come from neglect families\textsuperscript{67}.

All ordinary marriage cases, either in the neglect families or caring families, were commonly born in mainland China between late 1920s to 1940s who were mostly immigrants or refugees lived in the time of social unrest in the 40s till 60s in mainland China. The married couples either got married in mainland China or Hong Kong. Children were normally born in China after the couples married in mainland. So it was quite usual for husbands and wives, or sometimes with children, being separated between China and Hong Kong at that time, but the time of separation was not as long as that in cross-border marriages emerged in the 80s to 90s in Hong Kong. Albeit poverty is a commonplace in the 40s, the socio-economic characteristics of neglect and caring family differ. The elders from neglected families engaged in low-paying non-skill work that required mostly physical strength and little knowledge, such as as coolies, farmers, stewards, shoe shine workers, hawkers, dim-sum girl/boy etc, hours at work were long. Their children, either lived in mainland or Hong Kong, were not having much parental care and nurture and opportunity to attend school (i.e. formal education) was scare. Whereas elders from caring family generally engaged in technical work, such as telegraphic clerk, teacher, air-conditioning technician, machinery technician, clerk and etc, required shorter working hours than low-paying jobs and offered higher and more stable paid, thus were able to provide better living environment and financial support to the family. Their children were seen receiving more care and nurture from parents, and in some case, the provision of formal schoolings as well. On the whole elders from

\textsuperscript{67} The 33 cases from neglect family were further divided into 3 types of neglect relationships between husbands and wives (10 cases), children and parents (23 cases), and in-laws and parents (15 cases).
the caring family were having more amiable relationship with the children in the long run.

In general, abandonment, aggressive behaviors (such as constantly reviling, psychological abuse) and neglectful of financial and psychosocial care towards the spouse, in particular of the wives, was quite common during the courtship and marriage stage between husbands and wives. However, physical and financial exploitation, such as appropriation of property, loan repayment and take advantage of elder parent(s) for daily livelihood and or grandchildren care, were common during the stage of extension, especially when they were still capable at a certain period of time. Nevertheless, at the subtraction stage of family pathway, elder parents are ageing with deteriorating health condition and weakening linking with original social and family network as reflected by the moving out of adult children. Neglectful of psychosocial, daily livelihood and health care as well as abandonment for living alone were obvious at this stage of developmental pathway. There is no single factor leading to elder neglect or mistreatment as reflected in the study. Under the backdrop of alienated, lacking love and care relationships between husband and wife or parents and children, deterioration of health, financial difficulties, weak and pessimistic character cum weakening family and social networks added up the risk for elder mistreatment in the family especially when the victims were incapable to adapt under this circumstances. However, some of the victims managed to get out of the mistreatment with the support of community and social service and intermittent family network with their own optimistic personality. As seen in caring family, the most prominent factors for love and caring relationships have been seeded and grew along the development of family life pathway. Spouse and children provide unflagging support to older spouse or parents even in time of critical life circumstances such as financial, caring and health difficulties. In addition, elders from caring families are generally more optimistic with children who are well nurtured and more filial and respectful to elders. A detailer account and reconstruction of family life pathways of ordinary marriage are provided by stages in the following section.
4.2.2.1 Courtship and marriage

The evidence from neglect family indicated that men and women normally got married, rather late, judging from the social norms at then time, in their 30s, with very little or even no time for courtship (Case No: 107, 108, 124, 130, 133, 139, 138). People at that time married one once they came of age (around 18 to 20 years old), it was obvious that the man and woman in their 30s were, for some reasons rushing to a marriage such as for bringing good luck (沖喜) to the family (Case No: 122), as a getaway from broken family (Case No: 124), for security or under parents’ wills and pressure (i.e. arranged marriage) instead of marriage that comes of love (Case No: 118), the union of the two persons were highly functional (Case No: 104, 107, 111, 118, 120, 121, 122, 124, 125). Without solid foundation (i.e. understandings between two persons), problems were commonly found. Apart from the influence of functional marriage on couples’ relationships, the marriage was put to test by the geographical separation. The evidence shown there were little interaction and intimacy between the two persons, and the husbands were providing little care and support to the wives (Case No: 104, 120, 122, 125). The marriage could still be maintained, mostly attributed to the submissive virtues of traditional Chinese woman, as exemplified by the Chines saying ‘嫁雞隨雞，嫁狗隨狗’ (literally translated as ‘if you marry a rooster, you follow the rooster; If you marry a dog, you follow the dog’) regardless of the situation (Case No: 104). Nevertheless, the lack of caring, supportive and responsible behaviors of the husbands as well as their beliefs of ‘married woman should absolutely obey the husband’ (出嫁從夫) had added up the

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alienation between two persons, which the husbands tended to believe the wives were part of their properties. Financial support for the families was found inadequate. In some case, the husbands visited the wives in mainland only once in a few years, the separation caused abandonment with the husbands marrying another woman in Hong Kong (Case No: 104, 120, 122)\textsuperscript{75}. Even family reunion might not make the husbands and wives closer, on the contrary, day-to-day contacts created more conflicts or aggressive/submissive behaviors between husbands and wives (Case No: 121, 125, 135, 139)\textsuperscript{76}. The situation would be worse by taking together husbands’ bad temper and/or undesirable habits (such as gambling, alcohol) (Case No: 121, 125, 135)\textsuperscript{77}. Children brought up in alienated spousal relationships tended to be severely and negatively affected too.

Surprisingly, contrasting to neglect family, elders from caring family normally got married earlier in age, in their early 20s, no later than 30 years old, with a fairly long period of courtship (i.e. 1 to 3 years) (Case No: 212, 213, 214, 218, 223, 234, 238, 240, 241, 243)\textsuperscript{78}. Their relationship then marriage built on mutual understanding, respect, trust and affections, instead of functions and materials. Some have insisted to marry their loved ones even though they were poor and opposed by parents. Due to the political and social situation at that time, separation (between Hong Kong and mainland, as seen in neglect family as well) was common, and impacted the husband-and-wife relationship as both could not fulfill their duties as husband and wife (Case No: 201, 206, 213, 224, 229)\textsuperscript{79}. The relationships were maintained and rejuvenated once reunited. It was attributed to the solid foundation of love laid in the process of courtship; their relationship was maintained through their

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attitude, beliefs and transformed into care, support and responsibility (Case No: 201, 238, 240, 241, 242, 243). Evidence shown the couples shared common vision – working hard together to improve their living standard, the birth of child would elevate their relationship to a whole new level (Case No: 204, 207, 208, 209, 210, 211, 214, 217, 218, 220, 222, 223, 224, 232, 235, 238, 241, 242, 243). Life circumstances caught them at times, such as wrong investment caused financial loss, disagreement in parenting and etc, most couples could overcome the challenges as they believed both of them share the responsibility of the happened, and problems are resolved through communication, compromise, acceptance and forgiveness (Case No: 201, 206, 218, 219, 225, 228, 229, 238, 240, 242, 243). The approach to life circumstances for couples from neglect family was obviously different, in which one side might push the blame to the other side for the wrong doings and problems were not dealt squarely but being turned a blind eye too as a result it rotted into the relationship.

4.2.2.2 Family extension

‘Big family’ was a fashion at that time, elders from both neglect and caring family bore an average of three to four children, as compared to one or even none in 20th century family. Both types of family took child-bearing as part of the process or fulfillment of marriage, but the level of caring and parenting style differ. Elders from caring family tended to care for the children themselves, though the situation was difficult where both husbands and wives had to work two to three jobs or round-the-clock to support the family. Still they, both husbands and wives (not solely wives playing the mother role in caring for children), squeezed time to teach the children and demonstrate them the good and proper attitude and behaviors (Case No: 201, 203, 204, 207, 209, 210, 211, 214, 217, 218, 220, 222, 223, 224, 232, 235, 238, 240, 242, 243).

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81 Please refer to Appendix 6.
82 Please refer to Appendix 6.
Whereas, the parenting responsibility in neglect family was consistently found to have shifted to other persons, such as grandmothers, grandfathers, neighbors or even nobody because parents from neglect family tended to take children as ‘mean’ or ‘function’, for example, mean to earn more money with the function to generate bank notes, to better the livelihood of the family and etc (Case No: 104, 108, 110, 111, 112, 114, 118, 119, 120, 122, 125, 128, 130, 132, 136)\(^{84}\) whereas, parents from caring family see children as the ‘end’ or ‘symbol’ of their love, they spent time to groom them into a good person of decent manner and righteous ideals, offered the best available such as education, care and etc, albeit the difficulties. On the contrary, evidence indicated that parents from neglect family care less for their children, in some cases, parents thought the addition of children added to their already-heavy burden. They left it ‘up to god’ (天生天養), provided little care and guidance to the children (who in many cases ended up with deviated behaviors) and believed schooling was a waste of time, a bad idea and forced children to join the workforce as soon as they can to help the family to make a better living, which was an obligation of the son or daughter (Case No: 122, 128, 129, 135)\(^{85}\). The parenting style and the time parents spent to care for them very much affected their attitude toward the idea of family. Whether as a place to share love and care for each other unconditionally or as a mean to get what one wants with every move under careful calculation is believed to have effect on children and their future husband or wife, if they would return favor to care for their older parents in the future.

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\(^{83}\) Please refer to Appendix 6.  
\(^{84}\) Please refer to Appendix 5.  
\(^{85}\) Please refer to Appendix 5.
4.2.2.3 Family Subtraction

As parent(s) retired because of old age and they became more dependent in terms of finance and health needs. While grown-up children got married and left the family one after one and the death of spouse caused subtraction of family and a weaken support system to elders. Elders were more prone to being neglect at this stage of family life pathway. Deterioration of health was inevitable in old age, sometimes, elders might strike by acute illness, such as stroke, that implies addition care burden on children or other family members, the factors combined put elders in a very vulnerable position of being neglected or even abuse, provided that the foundation (i.e. love, understanding, trust and etc) was not strong enough to stand the severe blow.

A typical pattern revealed in the study is that, elders, especially female, as we interviewed, from neglect family, would move in married-son household following the death of spouse, though the relationship between mother-and-son was not very strong, the norm in the society still prompted the sons to take care of the mothers, albeit, reluctantly and the mothers were also held tight to the belief ‘to depend on the son(s) when one were old (老來從子)’ (Case No: 102, 104, 112, 115, 116, 118, 120, 122, 125, 127, 129, 130, 132, 136, 137)\(^{86}\). With the older parent as an newbie to the married-son household, the relationship usually went well at the beginning, given the older parents were contributing and functioning such as helped with household chores, looking after grandchildren when they were small, giving grandchildren pocket money, working and being contributive to household budget and etc (Case No: 102, 104, 112, 115, 122, 125, 130, 132, 137)\(^{87}\). However, small problem accumulated in time, along with the growing up of children, deterioration of health of elders and etc, elders were not as contributive to the family as they used to be

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\(^{86}\) Please refer to Appendix 5.

\(^{87}\) Please refer to Appendix 5.
and were seen as a burden for being ‘non-productive’ to the family, tensions, especially of that between the older parent and the daughter-in-law, in some cases, with the grown-up grandchildren (much under the influence of their own mother), increased (Case No: 102, 104, 115, 116, 118, 120, 122, 123, 125, 127, 129, 130, 132, 136, 137)\(^{88}\). Mistreatment, as we found mostly of impulsive nature, triggered by some disputes, such as, over the use of space and personal habits and etc. Older parents tend to tolerate the mistreatments at the beginning. As the mistreatment gets worse, the only way out for older parent was to leave the family so to avoid face-to-face confrontation by going out all day (such as straying in shopping mall, hanging out in elderly centers and etc) or move out and live alone if it is financially allowed and brought family to a shatter (Case No: 104, 111, 112, 115, 120, 122, 125, 127, 130, 131, 132)\(^{89}\).

The death of spouse, grow-up of children, health problems were not unique to elders from neglect family, elders from caring family were also becoming less capable and more dependent too. The differences laid in their own adaptations and/or that of the family to the situation arose. Elders from caring family, as also encouraged by their children, would participate in social activities to fill their emptiness and also for a better adaptation to retirement life (Case No: 201, 207, 210-217, 219-226, 228, 231, 232, 235, 238-243)\(^{90}\). The enhanced social network, usually within the same neighborhood, was shown, helped elders a great deal in starting anew and also staying active in old age (Case No: 201, 207, 210-217, 219-226, 228, 231, 232, 235, 238-243)\(^{91}\). In time of health problems, caring family tended to provide unflagging support to elders physically and psychologically, it happened to make the family even more closely-knitted so to share the caring burden among members (Case No: 205, 206, 207, 210-217, 219-226, 228, 231, 232, 235, 238-243)\(^{92}\).

\(^{88}\) Please refer to Appendix 5.  
\(^{89}\) Please refer to Appendix 5.  
\(^{90}\) Please refer to Appendix 6.  
\(^{91}\) Please refer to Appendix 6.  
\(^{92}\) Please refer to Appendix 6.
214, 223, 228, 231, 236, 238, 240, 241, 242). In-law conflicts happened to elders from caring family as well, however, it was dealt differently. The son intervened and dealt with it openly, mediated between the two persons, as traditionally, members of the family looked up to the son, especially the eldest one, to do justice and make fair decision in time of conflict or argument instead of avoid the matter and let it rots as seen in most cases of neglect family (Case No: 242).

92 Please refer to Appendix 6.
93 Please refer to Appendix 6.
Chapter 5  Conclusion and Policy Recommendations

5.1 Conclusion

The report provides an account of the study of neglect among elderly in Hong Kong from the perspective of family development and function in modern Hong Kong. It consisted of three main parts: (1) literature review on family neglect in Asian countries, including mainland China, Taiwan, Hong Kong, Singapore, Japan and India; (2) critical points leading to elder neglect in Hong Kong and its explanation via qualitative analysis of interviewed cases; and (3) possible intervention and recommendations on policy based on the previous two parts.

The literature review revealed that countries in Asia generally exercised enforcement on one hand to deter people from abusing or neglecting the elders, while on the other hand, promoted care and respect to the elders. It is commonly recognized that when tender loving care is present in a family, neglect or abuse can be kept to nil or minimum. It is therefore strategic for a government to socialize positive care values to all its citizens especially when they are young, such as in the case of Japan, China, India and Taiwan. Punitive or legal enforcements always come as a necessary deterrent for those do not conform to such values and behaviors.

The study has identified two patterns of marriage, namely 'ordinary marriage' and 'cross-border marriage'. The reasons behind the union of man and woman in question varied, depending on the different social, economic and political backdrop against which the marriage took place. The critical points leading to elder mistreatment were similar for both ordinary and cross-border marriages, for example the addition or subtraction of family member and life circumstances such as loss of job, loss of money, health problem, weakened earning ability because of old age or health problem and etc. These require families to adjust, balance and adapt, and the capability and underlying forces for positive adjustment, balance and adaptation of individual or family were found to be different in the two identified patterns of marriage. ‘Ordinary marriage’ involved the then middle-old and old-old generations, normally took place between 1940s and 1970s, and the marriages were generally stricken by poverty and hardship at the time when traditional thoughts strongly prevail; their unions, mostly, were out of family pressure and social expectations, with
little emphasis on love and mutual understanding. The relationship between husband and wife, parents and children was rather distant, bestowing little threshold and resilience on the family to withstand and overcome life circumstances. ‘Cross-border marriage’ involved mostly the young-old and took place between 1980s and 1990s, a time characterized by economic affluence, increased contact between Hong Kong and mainland China and a more open attitude toward love and marriage due to western influence. As reflected in the case, the unions were largely out of functions and materials. When the basis of the marriage changes, the relationship between husband and wife would become troubled and alienated, and gradually worsened to become severely damaged or even an abusive relationship. Children were believed to fall victim, having to grow up in troubled family relationship, and their well-beings as well as their views on caring responsibility toward their older parents will be affected negatively.

Family is a social institution bears three major functions, namely the transfer of knowledge and skills, the transfer of wealth and most importantly the transfer of values. Very often, members of the family are nurtured with mindsets reflecting those values and ideals. Individualist society may lead self-centered lives, children grown up, moved out, and rarely returned to the nest, with the duties to care for old aged-parents being shifted to the government. Consequently, more nursing homes, assisted-living facilities, and retirement communities are more common in individualistic societies. Elder neglect, potentially abuse, is a serious problem requiring urgent attention. The consultant team believes that every older person has the fundamental right to live free from the fear of neglect or abuse. As such, both individuals and Government have a responsibility to make sure of a decent living free of neglect and abuses for our older persons.

Family is a living organism, like the human body. It senses heat and cold, when the stimulus exceeds a certain threshold, the body transmits signals that the brain interprets as pain. The pain will only get worse and become chronic, or else, the pain is signal for disease and it would become incurable if one does not take good care of it at its onset. Family is like human body, it falls sick and it feels the pain. It might be occasionally under the weather, with just a cold or fever. These could be understood as critical points in the family life pathway. If the family does not handle the small problems in a precise and timely manner, the small problems will become big troubles and shatter the family and cause
regrets for life.

5.2 Policy recommendations

The dynamics within the family are interlocking and highly interactive, especially for the relationship between husband and wife, parents and children, sometimes, it triggers the nerves of three generations, i.e. the in-laws conflict, grandparents and grandchildren. The truth is all families face challenges and adaptations are inevitable. However, starting from the premise that family relationship always starts with loving and caring relationship, it is depending on mutual adaptations (or mal-adaptations) followed that relationship may or may not be sustained. Thus observation of those interactive processes can reveal different paths of how a better or worse relationship developed. As it is the recall of the interactions rather than the actual interactions that we were looking at, indicators/attributes to trigger certain types of relation may or may not be obvious. Thus all 'snapshots' or 'significant factors' are at this stage exploratory. Likewise it is difficult to recommend specific services or interventions except those addressing to obvious aversive behaviors e.g. marriage education. It is worth noting that current services for supporting family harmony and for dealing with neglect and abuses are all appropriate, but it is the specificity and the desirability are in question.

The consultant team have taken on a public health approach to the developmental pathways of family life, to encourage successful adaptations and to increase the threshold of family to come head-on and to overcome the challenges, practical recommendations are provided on three levels: (1) primary level, with the focus on early prevention, (2) secondary level, with a focus on timely intervention, and (3) tertiary level, with the focus on the rehabilitation upon effective intervention (Figure 4). A good reason for taking this definite approach to understand elder neglect is that timely, if not early, implementation of intervening procedures could be in place to help improve the relationship between the elder and perpetuators and to rectify problems. The approach also bears great concordance to the study’s explanatory model, noting three different stages or critical turns of an interactive relationship, namely (1) Courtship and Marriage, (2) Extension or Shrinking of Family: Reacting to life circumstances affecting Family and; (3) Shattered family.
Figure 4: Policy recommendations at primary, secondary and tertiary level at different points of the family life pathway.
5.2.1 Primary Level: Early Prevention

Family is a very important social institution that provides support and care to individuals of all ages in the society. If there are more happy families, there will be fewer family problems and incidents of neglect. Family-friendly policies are conducive to filial care; however, additional efforts are required to induce or to maintain filial care, to revive the slowly declining family values, to refine and to tone different members of their roles, responsibilities and missions within the family and to enhance the threshold and resilience in times of challenges. The following key actions should be taken with targeted measures (Table 6):
Table 6: Key actions and targeted measures for early prevention (primary level)

<table>
<thead>
<tr>
<th><strong>Key Actions</strong></th>
<th><strong>Targeted Measures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✪ To review existing policies working against family cohesion or reducing family responsibility to care, e.g. the immigration policy, the social welfare policy, housing policies and etc;</td>
<td>✪ To provide developmental and educational programs to enrich women, of all ages, knowledge of community resources, improve their ability to build social relationship, support network, communication skills and etc;</td>
</tr>
<tr>
<td>✪ To strengthen family life and community education for filial care;</td>
<td>✪ To provide developmental and supportive programs to men on communication with other sexes, stress management, parent-child management, financial management, emotion management and etc;</td>
</tr>
<tr>
<td>✪ To promote a positive image and instill respect and care for the older persons among the public; and</td>
<td>✪ To provide befriending and adaptation programs to couples of cross-border marriage to help both adjusting socioculturally; and</td>
</tr>
<tr>
<td>✪ To introduce dating and marriage life education and filial care education in formal curriculum at an early age.</td>
<td>✪ To anchor dating and marriage life education in formal curricula to teach our next generation about positive relationship building and ways to express and deal with emotion.</td>
</tr>
</tbody>
</table>
5.2.2 Secondary Level: Detection and Timely Intervention

There are certain traits and signs of a worsening family relationship revealed from the study. With further studies and refined approaches, observable indicators could be systematically extracted and an instrument can be developed and validated for uses in early detection for neglect, so that early and timely intervention could be done to reverse the worsening relationship before it is too late. Apart from detection, a helping network is evidently a safety net for preventing further neglect or abuses. By encouraging the victims in particular to know more friends and neighbors, on top of having closer relationship with other family members, it will minimize the chance of being mistreated. Thus Government should work in the following directions and targeted measures are suggested below (Table 7):

Table 7: Key actions and targeted measures for detection and timely intervention (secondary level)

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Targeted Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ To commission further studies to develop instruments for early detection of elder neglect;</td>
<td>★ To increase neighborhood support in combating and identifying elder neglect and abuse in the community by partnering with 18 District Councils for Neighborhood Watcher Program; and</td>
</tr>
<tr>
<td>★ To encourage families to have frequent interactions and show love and concerns;</td>
<td>★ To partner with kindergarten, primary and secondary schools on domestic violence education, to equip them the knowledge and skills to identify and report neglect or abuse and also serve the mean to identify families at risk.</td>
</tr>
<tr>
<td>★ To help build neighborhood and friendship networks for older persons; and</td>
<td></td>
</tr>
<tr>
<td>★ To encourage intergenerational interactions.</td>
<td></td>
</tr>
</tbody>
</table>
5.2.3 Tertiary Level: Rehabilitation

When relationship becomes sour, external assistance, such as mediation, is required to make things right again. Family relationship is a complicated matter requiring skillful intervention. Marriage counseling or mediation is an appropriate intervention for neglectful family situations, but such helps are not readily available or easily accessible and affordable. There should be policies in place (Table 8):

Table 8: Key actions and targeted measures for rehabilitation
(tertiary level)

<table>
<thead>
<tr>
<th>Key Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ To support training of mediators or counselors for neglectful/unhappy marriage relationships;</td>
</tr>
<tr>
<td>★ To make affordable marriage/family counseling/mediating services available in accessible locations to elders such as social centers for the elderly (SEs); and</td>
</tr>
<tr>
<td>★ To promote help-seeking mentalities of elders for marriage counseling services among unhappy couples.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ To pilot ‘Neighborhood Mediators for Family Disputes Scheme’ in the most devastated districts, targeting community leaders to participate; and</td>
</tr>
<tr>
<td>★ To put ‘family disputes’ a specific category for mediation upon lawsuit of such, also in connection with Neighborhood Mediators upon the successful pilot</td>
</tr>
</tbody>
</table>
Reference


http://www.incometaxindia.gov.in/Archive/Taxation_Of_Salaried_Employees.pdf

India Code, Legislative Department. (n.d.). India Code, Legislative Department. Retrieved 1 26, 2011, from India Code, Legislative Department:
http://indiacode.nic.in/


Kyodo News. (2010, 11 23). Record number of cases of elderly abuse by family members reported in FY 2009. Retrieved 1 25, 2011, from JAPAN TODAY:


University of Hong Kong.

http://www.leggicinesi.it/view_doc.asp?docID=345


Prevent it. *National Seminar on Abuse of the Elderly.* Thiruvananthapuram.

Shively, A. M. (1972). *Values changes during a period of Modernization - The case of Hong Kong.* Hong Kong: Social Research Center, The Chinese University of Hong Kong.


So, A. Y. (2002). *Social Relations between Pearl River Delta and Hong Kong : A Study of Cross-border Families.* Hong Kong: Centre for China Urban and Regional Studies, Hong Kong Baptist University.


林耕賢. (2007). 我國老人虐待防制法制之研究 一兼論日本老人虐待防止法之借鏡. 國立中正大學法律學研究所碩士論文．


生活保護法. (n.d.). Retrieved from http://www.houko.com/00/01/S25/144.HTM#s8

END
### 曾接觸個案

<table>
<thead>
<tr>
<th>項目</th>
<th>關愛家庭之長者</th>
<th>被家庭疏忽照顧之長者</th>
<th>施虐者疏忽照顧者</th>
<th>長者的家庭成員，但本身並非施虐者 / 非疏忽照顧者</th>
<th>關愛家庭長者之家人</th>
<th>被家庭疏忽照顧之長者之家人</th>
<th>請簡述曾接觸個案，但不願意接受訪問的原因</th>
<th>負責同工姓名</th>
<th>聯絡電話</th>
</tr>
</thead>
</table>
| 1. | 基督復臨安息日會新蒲崗老人中心 | 12 | 9 | 5 | 0 | 3 | 0 | 4 | 0 | 18 | 0 | 關愛家庭之長者多是家人工作繁忙，沒有時間接受訪問，被疏忽照顧長者多為「家醜不想外傳」，不想關係再差下去，怕別人變本加厲，施虐者則以工作忙及沒有什麼可講作藉口，至於長者家庭成員則多半是長者不想作訪問，他們也不便講太多。
| 2. | 葵涌長者互助社 | 30 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 長者不願意披露有關個案之內容及擔心會影響家人之生活狀況。
| 3. | 港九盲人輔導會 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 本單位為院舍，沒有在定義上附合以上4項目之對象。
| 4. | 浸信會愛群社會服務處 大埔浸信會區張秀芳長者鄰舍中心 | 20 | 11 | 5 | 4 | 0 | 0 | 2 | 0 | 0 | 0 | 長者不願意披露有關個案之內容及擔心會影響家人之生活狀況。
| 5. | 香港聖公會東涌綜合服務 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 長者不希望訪問員接觸其家人，因不想觸怒家人。

### 負責同工

<table>
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<td>Cheung Lai Ming</td>
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<tr>
<td>王遠翱</td>
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<td>陳敏玲</td>
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<td>鄭起鴻</td>
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</tr>
<tr>
<td>親朋好友社會服務司</td>
<td>2784 7440</td>
</tr>
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</tr>
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<td>鄭氏競</td>
<td>2467 6612</td>
</tr>
<tr>
<td>金工社</td>
<td>2892 5511</td>
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<td>機構</td>
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<td>陳秀玲</td>
<td>3892</td>
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</tbody>
</table>
| 備註：「被家庭疏忽照顧之長者」及其「家庭成員」組別之邀請，預計最多之轉介來源主要來自社署，特別是中央安老服務。根據2009年1-12月及2010年1-6月之最近期「虐待長者個案中央資料系統」中465個及57個(合共522個個案及其家庭成員)申報個案作爲接觸的基礎，以便負責申報的專業人員能進一步協助邀請有關個案及其家庭成員，包括施虐者參與研究，並作出轉介；惟最終前線員工和個別單位的實際成功轉介個案數目偏低而遠超於預期的數目，故社署安老科再從2010年首半年之57個申報個案再作邀請轉介，但最終之回覆為全部未能成功。
敬啟者：

《從家庭角度研究及探討香港長者的關顧照顧》調查研究

是次「調查研究」，是由香港特別行政區政府委託「嶺南大學亞太老年學研究中心」進行，目的是從家庭角度研究及探討香港長者的關顧照顧概況及成因，從而在政策及家庭等層面，提供可行的建議和預防措施。是次邀請受訪對象分為兩個組別：

1) 為『關愛家庭』長者及家庭成員(子女媳婦)；

2) 為『缺乏關愛家庭』長者及家庭成員(子女媳婦)(如「疏忽照顧長者」家庭/「虐待個案」)；

並祈望從訪問所搜集的資料中分析關愛家庭的「和諧」與「關顧」之道，以及從中探討如何加強家庭照顧長者的具體措施。

現特通函邀請貴機構能協助聯絡及轉介/介紹合適的被訪對象，詳情如下：

訪問對象：社會服務機構轉介/介紹的

1) 『關愛家庭』長者及成員：

a) 中心/社區之積極、樂觀及活躍的長者：年齡在 60 歲或以上，「與家人同住」或「獨居者」及

b) 長者的家人(其直系親屬 - 子女媳婿)：「與長者同住」或「不同住」

2) 『缺乏關愛家庭』長者及成員：
a) 「疏忽照顧長者」家庭之長者/「虐待個案」：年齡在 60 歲或以上，「與家人同住」或「獨居者」及

b) 被虐/疏忽照顧個案的家人(施虐者及其直系親屬 - 子女媳婦)：「與長者同住」或「不同住」

註：長者/其家人轉介/介紹數目及類別簡表，詳見附件一 及 同意轉介書(附件二)。

訪問時間：2010 年 6 月 1 日至 7 月 24 日(以較早者為佳)

訪問地點：長者/被訪者住所、長者服務中心或其他指定的合適地點

調查方式將以「面談」為主，訪問時間約為 1 小時，實際面談時間可由被訪者與訪問員

自行訂定。為答謝受訪家庭的協助，成功完成面談訪問者將獲贈禮品乙份或超級市場禮卷乙張。

此外，本研究中心亦邀請有興趣參與「是次研究」的機構派出具經驗社工協助「調查訪問」，並

將按成功訪問家庭數目作出「行政費用」的資助，若貴機構有興趣參與或對本研究計劃有任何查

詢，歡迎致電 2616 7674 與本中心魏智珊小姐或電 2616 7424 與本人聯絡。

此致

長者/其家庭成員轉介機構/單位

負責人/工作員

鍾仁宜

研究發展主任

嶺南大學亞太老年學研究中心

2010 年 9 月 17 日
轉介/介紹合適的被訪對象：『關愛家庭』之長者及其家人數目和類別簡表 (供轉介/介紹時之參考用途)
(下表為研究建議之比例，機構可按其實際可轉介對象作出轉介便可)

<table>
<thead>
<tr>
<th>訪問類別</th>
<th>與家人同住者</th>
<th>獨居(非與家人同住者)</th>
</tr>
</thead>
<tbody>
<tr>
<td>中心/社區之積極</td>
<td>20 人 (長者)</td>
<td>20 人 (長者)</td>
</tr>
<tr>
<td>、樂觀及活躍的長者</td>
<td>能自我照顧及行動者</td>
<td>能自我照顧及行動者</td>
</tr>
<tr>
<td>男</td>
<td>女</td>
<td>男</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>長者的家人</td>
<td>不少於 40 人</td>
<td>不少於 40 人</td>
</tr>
<tr>
<td>(其直系親屬)</td>
<td>(子女、媳、婿)</td>
<td>(子女、媳、婿)</td>
</tr>
</tbody>
</table>

註(1)：由於研究計畫以家庭角度為主，故訪問面訪對象包括長者及其直系親屬(同住或不同住的家人—包括子女媳婿等核心家庭成員/照顧者)，惟轉介機構如在轉介家庭對象上有困難時，可先協助轉介是次研究的核心對象 — 「長者」個案亦可。

轉介合適的被訪對象：『缺乏關愛家庭』之長者及家人個案数目及類別簡表 (供轉介時之參考用途)
(下表為研究建議之比例，機構可按其實際可轉介對象作出轉介便可)

<table>
<thead>
<tr>
<th>個案類別</th>
<th>與家人同住者</th>
<th>獨居(非與家人同住者)</th>
</tr>
</thead>
<tbody>
<tr>
<td>虧老個案</td>
<td>20 人</td>
<td>20 人</td>
</tr>
<tr>
<td>6 個月或以上需要照顧之長者</td>
<td>能自我照顧及行動者</td>
<td>能自我照顧及行動者</td>
</tr>
<tr>
<td>男</td>
<td>女</td>
<td>男</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>被虧個案的家人</td>
<td>20 人</td>
<td>20 人</td>
</tr>
<tr>
<td>(施虐者)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>被虐待案的家人</td>
<td>不少於 20 人</td>
<td>不少於 20 人</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>(施虐者及其直系親屬)</td>
<td>(子女、媳、婿)</td>
<td>(子女、媳、婿)</td>
</tr>
</tbody>
</table>

註(1)：由於研究計劃以家庭角度為主，訪問面談對象包括虐待/疏忽照顧個案(長者)、施虐者及其直系親屬(同住或不同住的家人—包括子女媳婿等核心家庭成員/照顧者)。

註(2)：如未能轉介家庭其他成員，可先行轉介虐待個案(長者)或施虐者。
傳真至：嶺南大學亞太老年學研究中心(聯絡電話: 2616 7690 或 2616 7425)

研究發展主任鍾仁宜先生 (2469 4432)

發文人：(機構/單位名稱) __________________________

(單位負責人姓名) __________________________

(聯絡電話 ) __________________________

嶺南大學亞太老年學研究中心

《從家庭角度研究及探討香港長者的疏忽照顧》調查研究

**「口頭」/「書面」同意書**

本人 (姓名) __________________ (長者/家人*) 同意接受嶺南大學亞太老年學研究中心「從家庭角度研究及探討香港長者的疏忽照顧」工作人員的訪問，請聯絡我並解釋有關研究的內容和訪問之具體安排。我的聯絡方法是:

電話: __________________

地址: __________________

我現 與家人/長者*同住 □ 獨居 □ 其他(請列明__________________)

日期: __________________ 簽署 : __________________

*請刪去不適用者

**如未能即時簽署同意書，可由介紹機構先行協助索取「口頭同意」，填寫聯絡資料，及後由嶺大負責聯絡受訪者、以及向其解釋有關研究及安排面談和簽署同意事宜。
## Source of Referral & Total Numbers of Completed Interviews

<table>
<thead>
<tr>
<th>Remarks:</th>
<th>Number of Caring Family interviewed</th>
<th>Number of Neglected Family interviewed</th>
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<tbody>
<tr>
<td>Target 1: Neglected/Abused elders &amp; Happy elders (T1)</td>
<td></td>
<td></td>
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<tr>
<td>Target 2: Perpetrators/Abusers or Family members (T2)</td>
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<td></td>
</tr>
<tr>
<td>Proxy 1: Witness (P1)</td>
<td></td>
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<tr>
<td>Proxy 2: Other abuser (P2)</td>
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<tr>
<td>Proxy 3: Witness of abuse/neglect (P3)</td>
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</table>

### Source of Referral

<table>
<thead>
<tr>
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<th>T2</th>
<th>T1</th>
<th>T2</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
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<tr>
<td>Aberdeen Kai-fong Welfare Association Social Service Centre</td>
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<tr>
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<tr>
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<td>0</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Evangelical Lutheran Church Social Service - Hong Kong, Tuen Mun Integrated Elderly Service</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<td>Women Service Association</td>
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<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Hong Kong Sheng Kung Hui Tung Chung Integrated Services</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kwai Chung Elderly Mutual Help Committee</td>
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<tr>
<td>Neighbourhood Advice-Action Council Fu Tai Neighbourhood Elderly Centre</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neighbourhood Advice-Action Council Sham Shui Po District Elderly Community Centre</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salvation Army Hoi Lam Centre for Senior Citizens</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salvation Army Yau Ma Tei Multi-service Centre for Senior Citizens</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Seventh-Day Adventist Church – San Po Kong Social Center for the Elderly</td>
<td>6</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Welfare Department (Elderly Service Division)</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Welfare Department (Cheung Sha Wan IFC)</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Welfare Department (Family &amp; Child Division)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Harmony House</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

**Sub-total of Interviewed Cases** | 43 | 40 | 40 | 2 | 3 | 21 | 1 |

**Total Numbers of interviewees** | **83** | **67** |
### Interview Guideline

#### Interview Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Interviewer</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Interviewee</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Interview</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time of Interview</strong></td>
<td>From     to</td>
</tr>
</tbody>
</table>

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Annex 1: Family Information Sheet
Annex 2: Consent Form for Interviewee
1. Introduction

1.1 General Information

This guideline will lead the interviewer through the whole interview. The aim of the interview serves to identify critical points of elderly neglect in Hong Kong and its explanations.

The guideline includes multiple choice and open questions. This structure and outline has to be observed to facilitate the subsequent analysis. The results of these interviews will provide useful information for the study of neglect in Hong Kong for effective intervention to the problem.

1.2 How to use this Guideline

Before you start with your first interview, it is necessary to go through the guideline on your own to acquaint yourself with it. During the interview you can follow the structure as lined out in this guideline. If the interviewee is not willing to answer some questions, you can skip them and recur later if the circumstances change. There is no strict order the questions have to be asked. The existing outline is only a recommendation by the consultancy.

Every part is structured the same way. At the beginning of each part a short description of the topic is given. This introduction is followed by specific questions, which have to be questioned.

If the interviewee is not disposed to give answers to specific questions, the reasons have to be pointed out.

If there are further topics linked to local circumstances, it is up to you as the interviewer to extend the interview, based on your experience and the setting of the interview.

The whole interview will take around 1.5 hours.
1.3 How to start the interview

- Choose a setting with little distraction. Avoid loud lights or noises; ensure the interviewee is comfortable (You might ask them if they are). Often, interviewee may feel more comfortable at their own places of work or homes.
- Introduce yourself.
- Explain the purpose of the interview.
- Indicate how long the interview usually takes.
- Address terms of confidentiality. Note any terms of confidentiality. Explain who will get access to their answers and how their answers will be analyzed. Their comments are to be used as quotes, please inform the interviewees and get their written permission (Appendix 2)
- Ask for verbal permission to record the interview.
- Ask them if they have any questions before getting started with the interview.
- Interviewer to fill out the family info sheet (Appendix 1) for each family.
- Suggested opening remarks are provided below:

「多謝您接受我哋訪問，香港特別行政區政府現正委託嶺南大學亞太老年學研究中心進行「從家庭角度研究及探討香港長者的照顧照顧」嘅研究，以了解長者照顾照顧嘅香港嘅情況，我
地希望能夠一步從家庭入手改善長者照顧照顧問題。請您儘量
回答以下問題及提供相關資料，訪問過程將會被錄音，而我地
所搜集嘅資料只係用作研究及學術用途，所有個人資料及相關
內容絕對保密，完成報告後將將所有資料銷毀。訪問大概會進
行個半鐘，您有沒有其他東西想了解？如果無，請您簽署呢
份訪問同意書，之後我地可以開始訪問。」
2. Personal Information
This section will take around 15-minutes

個人社經狀況

2.1 年齡

_________ 歲

2.2 性別

□男 □女

2.3 教育程度

□從未接受過教育
□小學
□初中(中一至中三)
□高中(中四至中七)
□大專
□大學或以上

2.4 婚姻狀況

□未婚
□已婚
□分居
□曾離婚 (次數： )

2.5 子女數目、性別及年齡

<table>
<thead>
<tr>
<th></th>
<th>子</th>
<th>女</th>
</tr>
</thead>
<tbody>
<tr>
<td>數量</td>
<td></td>
<td></td>
</tr>
<tr>
<td>年齡 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>年齡 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>年齡 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>年齡 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>年齡 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.6 您是否與事主（即父母或 □是
配偶父母）同住 □否
（只適用於非事主受訪者） □不適用

2.7 同住人數（包括同住家 □沒有（即獨居）
僱，不包括受訪者本人） □一名
□兩名
□三名
□四名或以上
2.8 房屋類型

□自置私人住宅
□自置居屋/公屋
□租住私人樓宇
□租住公屋
□臨屋/木屋/搭建住所
□其他（請註明）：_________________

2.9 居住單位面積（平方尺）

□100 或以下
□101-200
□200-400
□401-600
□601-800
□801-1000
□1001 或以上平方尺

2.10 居住地區

港島區：
□中西區 □灣仔 □東區 □南區

九龍區：
□油尖旺 □九龍城 □黃大仙
□觀塘 □深水埗

新界區：
□荃灣 □葵青 □屯門 □元朗 □北區
□大埔 □沙田 □西貢 □離島
2.11 您需要照顧家中誰人

☐ 沒有，即不需要照顧任何人

( 可選多項 )

☐ 配偶

☐ 父母

☐ 子女

☐ 兄弟姐妹

☐ 家傭

2.12 您最主要需要誰人照顧

☐ 沒有，即不需要被照顧

☐ 配偶

☐ 父母

☐ 子女

☐ 兄弟姐妹

☐ 家傭

2.13 就業狀況

☐ 退休（請註明退休前職業: ____________）

☐ 無業（請註明之前職業: ____________）

☐ 全職（請註明: ________________）

☐ 兼職（請註明: ________________）

☐ 自僱（請註明: ________________）

☐ 料理家庭者

☐ 其他（請註明: ________________）
2.14 每月個人平均收入

- □$1,000 或以下
- □$1,001-$3,000
- □$3,001-$5,000
- □$5,001-$7,000
- □$7,001-$9,000
- □$9,001-$11,000
- □$11,001-$13,000
- □$13,001-$15,000
- □$15,000 以上

2.15 收入來源（可選多項）

- □薪金 (全職/兼職/散工)
- □積蓄
- □子女供養
- □退休保障
- □物業租金
- □投資盈利
- □綜合社會保障援助

2.16 每月個人平均支出

- □$1,000 或以下
- □$1,001-$3,000
- □$3,001-$5,000
- □$5,001-$7,000
- □$7,001-$9,000
- □$9,001-$11,000
- □$11,001-$13,000
- □$13,001-$15,000
$15,000 以上

2.17 資產類別
（可選多項）

□ 現金（包括銀行存款、現鈔）
□ 股票、基金、債券（投資產品）
□ 自住/用物業
□ 非自用/住物業

□ 其他（請註明）：_________________

個人健康狀況

2.18 您有無慢性疾病？
□ 有
□ 否（跳至 2.19）

2.18.1 如有，係咩病？
（可選多項）

□ 血壓高/低
□ 眼疾（如白內障）
□ 氣管病（如哮喘）
□ 心臟病
□ 關節炎
□ 糖尿病
□ 中風
□ 骨質疏鬆
□ 腎病
□ 癌症
□其他(請註明): __________________

□不適用

2.18.2 有無影響您嘅身體機能？ □有

□無

□不適用

2.18.3 有無影響您嘅日常活動？ □有

□無

□不適用

2.18.4 影響邊嘅日常活動？
__________________________________
__________________________________

□不適用

2.19 整體黎講，您點樣評估您依家嘅健康狀況？ □非常好

□好

□一般

□不太好

□差
2.20 您覺得精力充沛？
□ 每天
□ 通常
□ 間中
□ 偶爾
□ 從不

2.21 您的活動能力如何？
□ 可獨立行走
□ 行走時須要手杖輔助
□ 須以輪椅輔助

2.22 你照顧自己時遇上甚麼程度的困難（例如：洗澡、穿衣等）？
□ 沒有
□ 少
□ 一般
□ 嚴重
□ 完全不能

2.23 您身體經常感到疼痛嗎？
□ 每天
□ 通常
□ 間中
□ 偶爾
□ 從不

2.24 邊啲部位疼痛？
_________________________________
2.25 您係集中精神同記憶方面遇上乜野程度嘅困難？ □ 沒有 □ 少量 □ 一般 □ 嚴重 □ 完全不能

2.26 您有無吸煙習慣嗎？ □ 有

□ 無(跳至 2.27)

2.26.1 如有，您食左幾多年煙？ □ 少於 1 年 □ 1 至 2 年 □ 3 至 5 年 □ 6 至 10 年 □ 超過 10 年 □ 不適用

2.27 您有無飲酒

□ 有，有特定習慣 □ 有，但沒有特定習慣 □ 無(跳至 2.28)

2.27.1 如有，每星期喝酒的次數？ ______ 次/星期

2.28 邊個照顧您嘅飲食？ □ 自己 □ 配偶 □ 父母
您有做運動的習慣？

□有（運動類別：____________________）
(時間：____________________分鐘)
(頻次：____________________次/星期)

□無

與家人關係

2.30 您最鍾意同邊個一齊？
____________________________
____________________________

2.31 點解您會鍾意同佢一齊？
____________________________
____________________________

2.32 做乜野？
____________________________
____________________________

2.33 您最多時間同邊個一齊？
____________________________
____________________________

2.34 您會同佢做咩？
____________________________
____________________________
3. Identifying Risk/Protective Factors

Having reviewed literature from east to west (mostly from western sources), ancient to modern time, we managed to conclude some contributive factors behind elder mistreatment. However, its applicability and validity to the hybrid culture of east and west of Hong Kong are to be verified. The purpose of this section serves to identify potential risk/protective factors for poor/good family relationship of mixed culture, in the backdrop of changing family structure and societal values in Hong Kong, by means of interview’s observation and questioning, which is expected to last for 10-20 minutes.

3.1 Characteristics of neglected/loved subject

3.1.1 Symptoms/Signs of Neglect\(^1\) (by observation plus information provided by Social Welfare Department’s case briefs)

- Unexplained abrasions
- Body odor
- Dehydration
- Unexplained fractures
- Unexplained sprains
- Malnutrition
- Poor hygiene
- Unexplained rashes
- Deprived behavior of elderly person
- Soiled/inappropriate clothing
- Misuse of medication/over-sedation
- Unattended medical needs/physical problems
- Pressure sores
- Lots or non-functioning aides (e.g. glasses)
- Poor maintenance of house
- Consistent lack of supervision, especially in dangerous activities or for long periods

---
\(^1\) Understanding Elder Abuse and Neglect – Detecting and Helping, Ministry of Family & Community Development, Singapore. (Retrieved from http://fcd.ecitizen.gov.sg/FamilyNCommunitySupport/StopFamilyViolence/ElderAbuse/TypesOfElderAbuse/)
3.1.2 Health Condition and Medical Comorbidities

你覺得自己身體好唔好？點解？食得嗎？瞓得嗎？會唔會成日唔舒服？

Comments and notes:

3.1.3 Functional Disability

你覺得自己精神好唔好嗎？
你覺得自己體力如何？
你可以照顧到自己日常生活嗎？做到 D 乜野？
可唔可以自己走動、出街、四圍去？

Comments and notes:

---


3.1.4 Visual and Cognitive ability: 你隻眼（視力）好唔好呀？會唔會成日睇唔清？
你記性好唔好？會唔會成日唔記得野？
你覺得自己有無足夠能力判斷或做決定？
(觀察事主的集中力)

Comments and notes:

3.1.5 Quality of Life and Life Satisfaction: 你生活得好唔好？
生活條件足唔足夠（如食、住、著、錢）？
你滿唔滿意依家的生活？

Comments and notes:

---


3.1.6 Depression: 你覺得自己性格樂觀嗎？
你會唔會成日唔開心？
會不會常常害怕會有不好/不幸的事情發生在你身上？你會點處理？

Comments and notes:

3.1.7 Worthiness, Contentment and Loneliness: 你會唔會覺得自己無用、無左價值？
你會唔會覺得無助、孤單、寂寞？

Comments and notes:

---


3.2 Characteristics of significant others

3.2.1 Health Condition\(^8\): 你覺得自己身體好唔好？點解？
食得唔？
瞓得唔？
會唔會成日唔舒服？

Comments and notes:

3.2.2 Familial conflict\(^9\): 你同屋企人的關係好唔好？可以詳細一下嗎？
你地多唔多响埋一齊？一齊會做D乜？

Comments and notes:

\(^8\) Caregivers suffered from health problems were found significantly greater among those who were abusers as compared to those who did not committed abuse. (Source: Tokie Anne, Srinivas, S, and Vijayalakshmi, B. (2001). Abuse and Neglect of Elderly in families. The Indian Journal of Social Work, 62(3), 464-479)

3.2.3 Role conflict: 你覺得生活很忙碌嗎？工作？自己家庭？小孩？父母？

3.2.4 Care Burden: 會唔會有好多野需要你兼顧？係 D 乜野？有好多人和事需要你照顧？係 D 乜野？

3.2.5 Stress and Support from Families: 你覺得有無壓力？大/小？時常？家中有沒有人可以同你分擔一下？

10 Abusive caregivers were reported to have significantly more role conflict. (Source: Tokie Anme, Srinivas, S. and Vijayalakshmi, B. (2001). Abuse and Neglect of Elderly in families. The Indian Journal of Social Work, 62(3), 464-479)


12 Abuser were reported to receive significant less support from their families. (Source: Tokie Anme, Srinivas, S. and Vijayalakshmi, B. (2001). Abuse and Neglect of Elderly in families. The Indian Journal of Social Work, 62(3), 464-479)
3.2.6 Substance abuse: 你會用什麼方法舒緩壓力？吸煙？飲酒？藥物？

3.3 Chinese cultural elements of care and love/neglect

Checklist of Chinese Cultural Elements of Care and Love or Neglect

<table>
<thead>
<tr>
<th></th>
<th>(供事主: 父/母)</th>
</tr>
</thead>
</table>
|       | 口您的子女有照顧您的基本日常所需(如提供基本的衣物、日常三餐等)。
       | 例如：         |
|       | 口您的子女有給予您零用錢。多少？ |
| 養親 | 口您的子女間中有與您聊天 (登門探訪或致電)。有幾密？ |


14 「養親」被認為是最低層次的。出於本能的「孝」。《論語．為政》記載: 孔子以「至於犬馬，皆能有養」來表達「養」為對一切生物之基本照料。
## 善養15

- 您的子女有給予您足夠的經濟能力。多少？
- 您的子女在您生病時有給予照料。點樣照料？
- 您的子女於膳食安排上為您提供足夠的營養。點樣？
- 您的子女有為您添置基本的家居設備（如電話、電視機、冰箱等）。
  - 乜野設備？
- 您的子女有時會安排娛樂節目給您。乜野節目/活動？
- 您的子女會鼓勵您參與社區活動 / 鄰舍親友聚會。點樣鼓勵？
- 您的子女有照顧您的家居安全（如安裝平安鐘、洗手間安裝扶手等）。
  - 點樣照顧？安裝新設備？
- 您的子女有給予您足夠的活動空間（如：家居空間、私人空間等）。
  - 點解足夠/不足夠？

---

15 要達到「善養」，則有「五道」要求，即「養體」、「養目」、「養耳」、「養口」、「養志」。《新語》所記：孝於父母，昏定晨省，調寒溫，適輕重，勉之於糜粥之間，行之於衽席之上。

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### (供配偶：丈夫/妻子)
- 您有給予您的丈夫/妻子足夠的經濟支持。多少？
- 您在您的丈夫/妻子生病時有給予照料。點樣照料？
- 您於膳食安排上為您的丈夫/妻子提供足夠的營養。點樣？
- 您有為您的丈夫/妻子添置基本的家庭設備 (如電話、電視機、冰箱等)。乜野設備？
- 您有時會安排娛樂節目給您的丈夫/妻子。乜野節目/活動？
- 您會鼓勵您的丈夫/妻子參與社區活動/鄰舍親友聚會。點樣鼓勵？
- 您有照顧您的丈夫/妻子的家居安全 (如安裝平安鐘、洗手間安裝扶手等)。點樣照顧？安裝新設備？
- 您有給予您的丈夫/妻子足夠的活動空間 (如：家居空間、私人空間等)。點解足夠/不足夠？

### (供家庭成員：子女及媳婿)
- 您有給予您的父母足夠的經濟支持。多少？
- 您在您的父母生病時有給予照料。點樣照料？
- 您於膳食安排上為您的父母提供足夠的營養。點樣？
- 您有為您的父母添置基本的家庭設備 (如電話、電視機、冰箱等)。乜野設備？
- 您有時會安排娛樂節目給您的父母。乜野節目/活動？
- 您會鼓勵您的父母參與社區活動/鄰舍親友聚會。點樣鼓勵？
- 您有照顧您的父母的家居安全 (如安裝平安鐘、洗手間安裝扶手等)。點樣照顧？安裝新設備？
- 您有給予您的父母足夠的活動空間 (如：家居空間、私人空間等)。點解足夠/不足夠？
<table>
<thead>
<tr>
<th>(供事主：父母)</th>
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<tr>
<td>□ 您的子女每當遇到重大/人生事情時，會向您徵詢意見。例子：</td>
</tr>
<tr>
<td>□ 您的子女會抽空與您外出消遣（如：飲茶、遊覽）。做 D 乜野？</td>
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<td>□ 您的子女有與您慶祝生辰/父親節或母親節。做 D 乜野？</td>
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<tr>
<td>□ 您的子女往外遊後有買些小禮物給您。買 D 乜野？</td>
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</thead>
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<td>□ 您與您的丈夫/妻子相敬如賓（如：互相體諒、愛護）。例子：</td>
</tr>
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16 「敬親」，就是孔子所謂「孝」的本質，才是人之「孝」與犬馬之「養」的根本區別。「敬親」要求子女的孝行不僅停留在行動上，更要求子女從內心發出對父母的尊敬之情，保護父母能夠經常和顏悅色。因此孟子說：「孝子之至，莫大於尊親。」《禮記》說：「孝子養老也，樂其心，不違其志。」又說：「父母之所愛亦愛之，父母之所敬而敬之。」意思就是，子女奉養父母，應該讓他們心情愉快，保持歡樂，不違背他們的志趣，應該要顧從他們的心意，那是才算是孝順。
<table>
<thead>
<tr>
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<th>您有與您的父母慶祝生辰/父親、母親節。做 D 乜野？</th>
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<td>您往外遊後有買些小禮物給您的父母。買 D 乜野？</td>
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</table>

(供事主：父母)

- 您的子女對您的喜好/嗜好提供足夠的支援（如一起參與）。例子：
- 您的子女有購買額外的物品給您。乜野物品？
- 您的子女往外地遊時有告訴您詳細的資料（如地點、人物、時間）。會講 D 乜野？”
- 您的子女有經常主動與您聊天（叮囑探訪或致電）。有幾經常？講 D 乜野？
- 您的子女在作出家庭決定時有詢問您的意見。例子：
- 您的子女會為您身體健康打點。（如安排年度健康檢查、定時送藥）例子：
- 您的子女對人謙遜和不惹事生非。
- 您的子女從事正當職業。佢地做 D 乜野？

---

17 「安親」就是說子女在父母在世時立身行事，不處危險之所，不為不義之行，更不能惹事生非、作奸犯科，以免父母為自己擔心受怕，心境得不到安寧。除了物質奉養父母之外，做子女的必須經常陪伴父母身旁，時加問候、關心、愛護，尤其是對年老患病的父母更應加以關懷體貼。《孝經．記行孝章第十》記載孔子的說話：
「事親者，居上不驕，為下不亂，在丑不爭。居上而驕則亡，為下而亂則刑，在丑而爭則兵。三者不除，雖日用三牲之養，猶為不孝也。」就是說要令到雙親安心無憂，身居高官厚祿者要謙虛而不敢驕傲自大，地位低下之時也不敢悖亂違法為非作歹，不與人爭鬥計較，這樣就不會招惹禍端導致身亡，也不會因悖亂違法而受到刑罰制裁使到父母受牽連。

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4. Mapping the Critical Pathway

Relationships do not turn sour in a day, especially within a family tie; it is rather a linear and gradual process where different factors meet and interact (i.e. from “caring” to “neglected”, from “neglected” to “abused” or from “loving” to “caring”). The purpose of Part III serves to map out the critical path of how the relationships go from good to bad, sweet to sour or vice versa by anchoring the critical life events in the subjects (the loved/neglected and their significant others), by asking them to retrospect from the recent to past significant / important life events that they would be most and least affected the process of family relationship building, sustaining or deteriorating. Investigator will probe deep, to solve the relational labyrinth and figure out how relationship turn from good to bad or still maintain good as by means of an in-depth interview, which is expected to last for 30-45 minutes.

4.1 The Chronological Life Events
4.1.1A 你可唔可以同我分享一件「最近」同屋企人最開心嘅事? (了解時間、地點、人物、內容/過程、開心原因等等) (Recent stage)

4.1.1B 你認為呢件「最開心嘅事」對增強「家人」之間的關係 (例如愛護與互相關懷) 有影響嗎? (Recent stage)

4.1.2A 你可唔可以講吓「最近」同屋企人最「唔開心」嘅事? (了解時間、地點、人物、內容/過程、開心原因等等 – 如說沒有，則續問：『噉你印象中同屋企人最「唔開心」嘅事係?』) (Recent stage)

4.1.2B 你認為呢件「最唔開心嘅事」對「家人」之間的關係有乜野影響呢? (Recent stage)

4.1.3. 最近，屋企人有無同你「慶祝生日」、「齊過節」或「一起外出活動」呢? 可否講吓你當時的感受? (邀請被訪者舉一些具體例子) (Recent stage)

4.1.4A 除呢D 事外，係你「退休」或「不做/減少做家務」後嘅家庭生活當中，有無因為「年紀漸大」、「機能衰退」而對你哋屋企人有影響呢? 有什麼影響? (邀請被訪者舉一些具體例子，如何影響、家人及自己的反應等) (Post-Retirement stage)

4.1.4B 面對呢件/呢D 事，你/你哋點樣解決? 點樣儘量感少負面嘅影響(如有)? (Post-Retirement stage)

4.1.5A 嗼係你「退休」時，對你及家人嘅「日常生活」及「家庭關係」有什麼改變，以及影響呢?(邀請被訪者舉一些具體例子) (適用於退休前有工作的長者) (Retirement stage)

4.1.5B 嗼係你「不再主力做家務或照顧家人」時，對你及家人嘅「日常生活」及「家庭關係」有什麼改變，以及影響呢?(邀請被訪者舉一些具體例子) (適用於大部份時間於家中做家務而沒有工作的長者) (Retirement stage)
4.1.6A 可唔可以講吓係你「工作賺錢」期間，你同屋企人嘅關係如何？你通常會對家人有什麼表示？(邀請被訪者舉一些具體例子) (適用於退休前有工作的長者) (Working stage) 或

4.1.6B 可唔可以講吓係你「做家庭照顧家人」期間，你同屋企人嘅關係如何？你通常會對家人有什麼表示？(邀請被訪者舉一些具體例子) (適用於大部份時間於家中做家務而沒有工作的長者) (Working stage)

4.1.7 回想你結婚後「生育小孩 / 小孩出世」時，你同另一半 (丈夫 / 妻子) 以及家人的關係如何？有無什麼改變或影響？係「湊」仔女時有無影響到家庭關係？(邀請被訪者舉一些具體例子) (Child bearing stage)

4.1.8 你認為「依加」(年老) 同「以前」(後生剛成家立室 / 結婚) 時嘅家人關係有乜野唔同呢？當初結婚時，你地嘅關係如何？怎樣維持關心/愛護關係 (Marriage stage)

4.1.9 係你人生經歷中，你有無與家人相處上「既難忘有極不愉快」嘅經歷呢？如有，係幾時及當時情況如何，呢件事點樣處理，結果如何？

（供配偶：丈夫 / 妻子）

4.1.1A 你可唔可以同我分享一件「最近」同屋企人 (包括 丈夫 / 妻子) 最開心嘅事？(了解時間、地點、人物、內容/過程、開心原因等等) (Recent stage)

4.1.1B 你認為呢件「最開心嘅事」對增強「家人」之間的關係 (例如愛護與互相關懷) 有影響嗎？(Recent stage)

4.1.2A 你可唔可以講吓「最近」同屋企人 (包括 丈夫 / 妻子)最「唔開心」嘅事？(了解時間、地點、人物、內容/過程、開心原因等等 – 如說沒有，則續問：『噉你印象中
同屋企人最「唔開心」嘅事係？ (Recent stage) 或

4.1.2B 你認爲呢件「最唔開心嘅事/『印象中最唔開心嘅事』」對「家人」之間的關係有乜野影響呢? (Recent stage)

4.1.3 最近，屋企人有無同你 (丈夫 / 妻子) 「慶祝生日」、「一齊過節」或「一起外出活動」呢? 可否講出你當時的感受? (邀請被訪者舉一些具體例子) (Recent stage)

4.1.4A 除呢 D 事外，係你 (丈夫 / 妻子) 「退休」或「不做/減少做家務」後㗎家庭生活當中，有無因「年紀漸大」、「機能衰退」而對你哋屋企有影響呢？有什麼影響？ (邀請被訪者舉一些具體例子，如何影響、家人及自己的反應等) (Post-Retirement stage)

4.1.4B 面對呢件/呢 D 事，你/你哋點樣解決？點樣儘量感少負面嘅影響(如有)? (Post-Retirement stage)
4.1.5A 係你「退休」時，對你（丈夫 / 妻子）及家人嘅「日常生活」及「家庭關係」有什麼改變，以及影響呢？（邀請被訪者舉一些具體例子）（適用於退休前有工作的長者）（Retirement stage）

4.1.5B 係你（丈夫 / 妻子）「不再主力做家務或照顧家人」時，對你及家人嘅「日常生活」及「家庭關係」有什麼改變，以及影響呢？（邀請被訪者舉一些具體例子）（適用於大部份時間於家中做家務而沒有工作的長者）（Retention stage）

4.1.6A 可唔可以講吓係你（丈夫 / 妻子）「工作賺錢」期間，你同屋企人嘅關係如何？你通常會對家人有什麼表示？（邀請被訪者舉一些具體例子）（適用於退休前有工作的長者）（Working stage）

4.1.6B 可唔可以講吓係你（丈夫 / 妻子）「做家庭照顧家人」期間，你同屋企人嘅關係如何？你通常會對家人有什麼表示？（邀請被訪者舉一些具體例子）（適用於大部份時間於家中做家務而沒有工作的長者）（Working stage）

4.1.7 回想你地結婚後「生育小孩 / 小孩出世」時，你同另一半（丈夫 / 妻子）及家人的關係如何？有無什麼改變或影響？係「湊」仔女時有無影響到家庭關係？（邀請被訪者舉一些具體例子）（Child bearing stage）

4.1.8 你認為（丈夫 / 妻子）「依加」（年老）同「以前」（後生剛成家立室 / 結婚）時嘅家人關係有乜唔同呢？當初結婚時，你地嘅關係如何？怎樣維持關心 / 愛護嘅關係（Marriage stage）

4.1.9 係你（丈夫 / 妻子）人生經歷中，你有無與家人相處上「既難忘有極不愉快」嘅經歷呢？如有，係幾時及當時情況如何，呢件事點樣處理，結果如何？
(供子家庭成員：子女及媳婿)

4.1.1A 你可唔可以同我分享一件「最近」同屋企人(包括 父 / 母)最開心嘅事? (了解時間、地點、人物、內容/過程、開心原因等等) (Recent stage)

4.1.1B 你認為呢件「最開心嘅事」對增強「家人」之間的關係 (例如愛護與互相關懷) 有影響嗎? (Recent stage)

4.1.2A 你可唔可以講吓「最近」同屋企人(包括 父 / 母) 最「唔開心」嘅事? (了解時間、 地點、人物、內容/過程、開心原因等等 – 如說沒有，則續問：『噉你印象中同屋企人最「唔開心」嘅事係?』) (Recent stage)

4.1.2B 你認為呢件「最唔開心嘅事」對「家人」之間的關係 有乜野影響呢? (Recent stage)

4.1.3 最近，屋企人有無同你 (父 / 母) 「慶祝生日」、「一齊過節」或「一起外出活動」 呢？可否講吓你當時的感受? (邀請被訪者舉一些具體例子)(Recent stage)

4.1.4A 除呢 D 事外，係你 (父 / 母) 「退休」或「不做/減少做家務」後嘅家庭生活當中， 有無因為「年紀漸大」、「機能衰退」而對你嚟屋企人有影響呢? 有乜野影響? (邀請被訪者舉一些具體例子，如何影響、家人及自己的反應等) (Post-Retirement stage)

4.1.4B 面對呢件/呢 D 事，你/你哋點樣解決？點樣儘量感少負面嘅影響(如有)? (Post-Retirement stage)

4.1.5A 唔係你 (父 / 母) 「退休」時，對你及家人嘅「日常生活」及「家庭關係」有乜野 改變，以及影響呢? (邀請被訪者舉一些具體(適用於退休前有工作的長者) (Retirement stage)
4.1.5B 吼係你（父／母）「不再主力做家務或照顧家人」時，對你及家人嘅「日常生活」及「家庭關係」有何改變，以及影響呢？（邀請被訪者舉一些具體例子）（適用於大部份時間於家中做家務而沒有工作的長者）（Retirement stage）

4.1.6A 可唔可以講些你（父／母）「工作賺錢」期間，你同屋企人嘅關係如何？你通常會對家人有乜表示？（邀請被訪者舉一些具體例子）（適用於退休前有工作的長者）（Working stage）

或

4.1.6B 可唔可以講些你（父／母）「做家庭照顧家人」期間，你同屋企人嘅關係如何？你通常會對家人有乜表示？（邀請被訪者舉一些具體例子）（適用於大部份時間於家中做家務而沒有工作的長者）（Working stage）

4.1.7 回想你（父／母）結婚後「生你地／養你地」時，你（父／母）同另一半（丈夫／妻子）以及家人的關係如何？有無乜改變或影響？係「湊」你地時有無影響到家庭關係？（邀請被訪者舉一些具體例子）（Child bearing stage）

4.1.8 你認為「依加」（年老嘅父／母）同「以前」（後生嘅父／母）嘅家人關係有乜野唔同呢？當時你所知的父母關係又如何？（Marriage stage）

4.1.9 係你（父／母）人生經歷中，有無與家人相處上「既難忘有極不愉快」嘅經歷呢？如有，係幾時及當時情況如何，呢件事點樣處理，結果如何？
## 5 Interviewer Observation Report

Please fill in the following notes in respective categories from your observation on the respondent and the interview process.

<table>
<thead>
<tr>
<th>Category</th>
<th>Includes</th>
<th>Note</th>
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<tr>
<td>Appearance</td>
<td>Clothing, physical appearance etc.</td>
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<td>Facial expression</td>
<td>Cheerful, sad etc.</td>
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<tr>
<td>Verbal behaviour</td>
<td>Speed, tone of voice etc.</td>
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<td>Physical behaviour</td>
<td>Active, inactive, gestures etc.</td>
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<tr>
<td>Personal space</td>
<td>Distant, close etc.</td>
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<td>Interview environment</td>
<td>Tidy &amp; clean, mess &amp; dirty etc.</td>
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<td>People presence at the time of interview</td>
<td>Family members, others etc.</td>
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<tr>
<td>Room decoration</td>
<td>Sweet, cool etc.</td>
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<td>Process situation</td>
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<td>Ending situation</td>
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<tr>
<td>Others Observation</td>
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家庭資料

每個家庭填寫一份，只須填寫事主、事主配偶、子女及其配偶的資料

<table>
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<tr>
<th>姓名</th>
<th>(1)事主</th>
<th>(2)主要肇事/照顧者</th>
<th>(3)家庭成員</th>
<th>與事主關係</th>
<th>是否同住</th>
<th>年齡</th>
<th>問卷編號</th>
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嶺南大學亞太老年學研究中心
從家庭角度研究及探討香港長者的照顧

接受訪問個人同意書

本人 ________________ 知悉並了解「從家庭角度研究及探討香港長者的照顧」研究中有關資料蒐集、運用、分析及結果之披露。

並同時理解，本人所提供的資料將會由香港特別行政區政府委託之嶺南大學亞太老年學研究中心收集並用以進行研究分析及學術用途，有關資料絕對保密並會於研究完成後 6 個月銷毀。

在此，本人同意參與是次研究計劃，並允許個人之研究內容披露。如有需要，本人可向委託機構索取此研究同意書之副本。
見證人 / 訪問員
姓名：（正楷）______
日期：____________

受訪者
姓名：（正楷）______
身份證號：__________（ ）
日期：____________
Appendix 5 contains personal data of the interviewees. To comply with the requirements of Chapter 486 Personal Data (Privacy) Ordinance, Appendix 5 has, therefore, been removed.
Appendix 6 contains personal data of the interviewees. To comply with the requirements of Chapter 486 Personal Data (Privacy) Ordinance, Appendix 6 has, therefore, been removed.