



TACKLING FAMILY VIOLENCE

**AWARENESS.
PREVENTION.
PROTECTION.
ACCOUNTABILITY.**

Report of the Taskforce
on Family Violence
September 2021

CONTENTS

Contents	2
Foreword by Co-chairs.....	6
Executive Summary.....	7
Introduction	9
Why are we paying attention to family violence?.....	9
Introduction to the Taskforce on Family Violence and current efforts	10
Review of family violence-related data	13
Findings from comparisons of data from the social service agencies, and PPO applications.	13
Findings from 2020 Intergenerational Transmission of Criminality and Other Social Disadvantages (INTRACS) study.....	13
Recommendations by the Taskforce on Family Violence	15
Thrust 1 – Increase awareness, strengthen societal attitudes against family violence, and enhance preventive efforts for persons at risk.....	17
Recommendation 1: Improve awareness of family violence (e.g. types/thresholds/signs and symptoms/helplines) in the community.	17
Recommendation 1A: Increasing awareness through public communications campaigns.	18
Recommendation 1B: Increasing awareness through community partners.	22
Recommendation 1C: Tap on programmes such as ComLink to raise awareness of and increase chances of detecting family violence in at-risk families.	23
Recommendation 2: Strengthen relationships and marriages to prevent family violence	24
Recommendation 2A: Enhance content of marriage preparation programmes for couples who may face greater challenges in their marriage and encourage take up among at-risk groups.	25
Recommendation 2B: Develop age-appropriate material to educate children and young persons on healthy, respectful interactions and relationships, and protective behaviours.	26
Thrust 2 – Make it easier for survivors and the community to report family violence, and get immediate help.....	29
Recommendation 3: Enhance the National Anti-Violence Helpline to allow for multiple modes of reporting of family violence.....	29
Recommendation 4(I): Enhance support for young victims of family violence.	30
Recommendation 4(II): Expand Home Team Community Assistance and Referral Scheme (HT CARES) to next-of-kin of offenders investigated for family violence offences and set up more HT CARES Centres	31
Recommendation 5: Increase deterrence for family violence offenders.	32

Recommendation 5A: Review the need to introduce more legal powers (in cases where a breach of PPO is absent) to make voluntarily causing hurt offences arrestable in family violence situations, especially under more egregious circumstances.	33
Recommendation 5B: Study the feasibility of imposing remand for family violence perpetrators who pose high risk of escalation or retaliation.	34
Recommendation 5C: Enhance monitoring and surveillance for certain aggravated family violence perpetrators who are released on bail or personal bond.....	35
Recommendation 6(I): Clarify the mandatory reporting obligations under Section 424 of the Criminal Procedure Code by addressing the ambiguity arising from its wordings.	35
Recommendation 6(II): Develop consistent, standardised assessment and screening tools to enable frontline professionals to better identify cases involving family violence, manage the risks and needs of survivors and perpetrators and know when to report cases.	36
Recommendation 7: Enhance emergency response for family violence by improving triaging of cases by frontline responders, and introducing emergency social service interventions for family violence cases.	37
Recommendation 8: Reduce the vulnerability of foreign spouses on Long-Term Visit Passes (LTVPs) by reducing barriers (perceived or otherwise) to reporting family violence.	38
Recommendation 8A: Explore ways to clearly communicate to all SC/PR sponsors and foreign spouses that the foreign spouses' passes cannot be unilaterally cancelled by the SC/PR sponsors without the foreign spouses' consent.	39
Recommendation 8B: Review the extension policies for LTVPs for foreign spouses undergoing divorce or court proceedings, with a view towards extending LTVPs for foreign spouses with SC/PR children with no adverse records by default until the divorce or court proceedings have completed.....	39
Recommendation 8C: Disseminate information on signs and symptoms of abuse and help channels available, for foreign spouses who may be family violence survivors, through relevant Embassies, Neighbourhood Police Centres/Posts, and MSF touchpoints.	40
Thrust 3 – Strengthen protection and support for survivors to reduce their risk of being harmed again.....	41
Recommendation 9: Improve sharing of case-level information among Government and community partners to support more coordinated and expedited intervention for cases.	41
Recommendation 10: Work closely with sector to ensure that agencies are well-equipped to holistically and empathetically address the needs of family violence survivors/victims and perpetrators.	42
Recommendation 10A: Ensure that FVSCs/ISIFPSC are able to support survivors and perpetrators who present with mental health concerns by catering for one on-site forensic psychologist per FVSC/ISIFPSC to support forensic assessments and interventions for perpetrators and survivors.	42
Recommendation 10B: Upskill selected Police officers who specialise in the investigation/handling of family violence cases to allow Police to better support MSF in managing family violence cases.	43

Recommendation 10C: Strengthen training for Police first-responders to better manage victims with sensitivity.....	44
Recommendation 11: Strengthen legal levers to penalise breaches of PPOs and better protect survivors of violence.....	45
Recommendation 11A: Increase penalties for the breach of PPOs under the Women’s Charter.....	45
Recommendation 11B: Amend the Women’s Charter to specifically empower the Courts to make additional types of orders to ensure the safety of the survivors of violence, including non-visitation, non-communication, and non-access orders.	46
Recommendation 11C: Empower the Director-General of Social Welfare (DGSW) and appointed Protectors to apply for PPOs or Expedited Orders for vulnerable persons experiencing family violence under certain circumstances, even if they do not give their consent.	46
Recommendation 12: Build a database to track and consolidate key data relating to family violence that can be used for research and analysis purposes.....	47
Recommendation 13: Study emerging trends in family violence, including financial abuse of the elderly and parental abuse, and review approaches to tackle these forms of violence....	48
Recommendation 13A: Study trends and issues relating to financial abuse of the elderly, and develop policies, plans and initiatives to tackle this.....	48
Recommendation 13B: Monitor and study other emerging trends (e.g. child-parent abuse) in family violence and review approaches to tackling these trends.	48
Thrust 4 – Increase the accountability of perpetrators and strengthen their rehabilitation ...	49
Recommendation 14: Empower the Family Justice Courts to order mandatory assessment and treatment for perpetrators, where treatable mental conditions contributed to/exacerbated the risk of occurrence of family violence.....	49
Recommendation 15(I): Strengthen rehabilitation regime for family violence perpetrators, including the mandatory counselling programme, to improve perpetrators’ rehabilitation and treatment to reduce the risk of recurrence of violence.	50
Recommendation 15(I)A: Strengthen capacity and capability in social service agencies that deliver the mandatory counselling programme (e.g. FSCs, FVSCs, ISIFPSC) to assess and address perpetrator’s relevant intervention needs and to provide different types of counselling to perpetrators based on risk and needs levels, by articulating a common assessment and intervention framework for perpetrators.	51
Recommendation 15(I)B: To review if the Courts could assess, as a matter of course, whether rehabilitative orders should be made for the respondent, e.g. counselling orders or mandatory assessment and treatment orders, in every case where a PPO under the Women’s Charter or protection order under Protection of Harassment Act is granted.....	52
Recommendation 15(II): Enhance enforcement for counselling orders and put in place strong enforcement measures for other orders additional to a PPO.....	52
Recommendation 16: Separate perpetrators from survivors to ensure safety, while providing intervention and rehabilitation for perpetrators.	53

Recommendation 16A: Provide perpetrators of family violence who are on domestic exclusion orders an option of shelter as a last resort, if they are unable to find other housing options (e.g. staying with a relative/friend).	53
Recommendation 16B: Study the feasibility of a mandatory structured residential programme for high-risk perpetrators involving mandatory counselling/treatment and movement restrictions, e.g. through curfews and tagging.....	54
Conclusion	55
Annex A: Members of the Taskforce on Family Violence	56
Annex B: Terms of reference of the Taskforce on Family Violence	58
Annex C: Further findings of the analyses of family violence using different data sources.....	59

FOREWORD BY CO-CHAIRS

Family violence is unacceptable. We know the toll that family violence takes on the lives of individuals and families experiencing violence. However, tackling family violence – which often takes place behind closed doors – is a complex undertaking.

The Taskforce on Family Violence (“Taskforce”) was set up in February 2020 to develop a comprehensive understanding of the family violence landscape in Singapore, and to bring together various stakeholders to jointly develop recommendations. The Taskforce, which comprises members from social service agencies, non-governmental organisations, the Courts, hospitals and Government agencies, also engaged other community stakeholders and practitioners via focus group discussions and interviews to further understand how to better support both survivors and perpetrators of family violence.

This report is a culmination of the Taskforce’s work over the past one and a half years. The recommendations within are intended to improve immediate support for victims, enhance protection for them, prevent violence from recurring, and raise awareness of early warning signs. The Taskforce also recognises that community stakeholders and the Government would require resources and time to build sufficient capability and capacity to implement these changes effectively.

There is no easy solution to family violence. Everyone has a role to play in tackling this serious issue to break the cycle of violence. It is our hope that the community and the Government will continue this important work together to eliminate family violence.



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EXECUTIVE SUMMARY

1. Family violence cannot be tolerated. No one should experience violence, especially at the hands of a person whom they trust. Beyond the direct negative impact, data from the Ministry of Social and Family Development (MSF) also suggests that family violence is closely linked with child protection and welfare concerns, as well as youth offending. Thus, the work of the multi-stakeholder Taskforce on Family Violence (“Taskforce”) is premised on the following:

- a. First, because **family violence is inherently wrong and results in direct negative impact on survivors**; and
- b. Second, because **tackling family violence is an important step in breaking the intergenerational cycles and impact of family violence** that are linked with poorer outcomes for the next generation.

2. In addition to analysing data on family violence, the Taskforce also extensively engaged stakeholders who work in this field to develop a comprehensive understanding of the family violence landscape in Singapore. This review has identified several risk factors associated with experiencing or perpetrating family violence, including prior exposure to abuse as a child or family violence earlier in life, as well as areas for improvement within the family violence landscape in Singapore.

3. Based on these findings, the Taskforce has developed a comprehensive set of recommendations to **intervene upstream to prevent the occurrence of family violence** and **address downstream concerns and pain-points if family violence takes place**, to support survivors and prevent the recurrence of violence. These recommendations are organised along four key thrusts:

	Survivor/victim-focused	Perpetrator-focused
Upstream Preventative, before family violence takes place	Thrust 1 – Increase awareness, strengthen societal attitudes against violence, and enhance preventive efforts for persons at risk	
Downstream After family violence takes place; supports survivor, reduce risk of recurrence	Thrust 2 – Make it easier for survivors and the community to report violence, and get immediate help	Thrust 4 – Increase the accountability of perpetrators and strengthen their rehabilitation
	Thrust 3 – Strengthen protection and support for survivors to reduce their risk of being harmed again	

4. The Taskforce's recommendations serve as a guide for the community and the Government to redouble their efforts to tackle family violence. Close collaboration between community partners and Government agencies, and the building of capability and capacity, will be critical for the effective implementation of these recommendations.

INTRODUCTION

Why are we paying attention to family violence?

5. Family violence is not a new issue in Singapore. A systematic review found that the prevalence of domestic violence in Singapore is approximately 3% of the population based on administrative data and ranges from 3% to 20% based on self-reported data.^{1,2} While these numbers are lower than the global and region-specific prevalence rates (i.e. 30% globally and 37.7% in Southeast Asia), family violence is undoubtedly an issue of concern.^{3,4}

6. Over the past three years (Financial Year [FY] 2018 to FY2020), there has been a steady increase in the number of enquiries and new cases of family violence handled by Family Violence Specialist Centres (FVSCs) and the PAVE Integrated Service for Individual and Family Protection Specialist Centre (ISIFPSC)⁵ (see table). The Taskforce recognises that the increase is potentially attributable to an improved public awareness of family violence from the *Break the Silence* campaign since its launch in 2016. Nonetheless, the COVID-19 pandemic brought the issue of family violence into sharp relief in 2020. Many families experienced additional stress and conflict in having to juggle between familial duties and work commitments, amidst greater uncertainty, which might have resulted in the occurrence of family violence.

	FY 2018	FY 2019	FY 2020
Number of enquiries from FVSCs/ISIFPSC	2,906	3,236	4,574
Number of new cases taken up by FVSCs/ISIFPSC	891	966	1,103

¹ Chew, P. Y-G., Chng, G., Li, D., & Chu, C. M. (2019). The prevalence of domestic violence and the utilisation of services by victims in Singapore: A systematic review of literature. Singapore: Translational Social Research Division, National Council of Social Service.

² The definitions of violence varied across the different studies; the higher figures are derived from studies using self-reported data that included having ever witnessed violence at some point in the survey respondent's lifetime.

³ World Health Organisation, London School of Hygiene and Tropical Medicine, & South African Medical Research Council. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva, Switzerland: World Health Organisation.

⁴ World Health Organisation (2021). Violence against women prevalence estimates, 2018. Geneva, Switzerland: World Health Organisation.

⁵ FVSCs and the ISIFPSC provide casework and counselling for both survivors and perpetrators of family violence.

7. The Taskforce’s position on this matter is clear: Violence against all persons should not be condoned, regardless of nationality, marital status, gender, race, religion, or sexual orientation; no person should experience violence, especially at the hands of a person whom they trust. Such **violence is an affront to the fundamental values of our society that must be addressed.**

8. Findings from MSF’s data also reveal that about one in three children and young persons who were youth offenders or who were subject to an investigation by MSF for child protection and welfare concerns experienced some form of family violence earlier in their lives.^{6,7} Tackling family violence is therefore a key part of our efforts **to break the intergenerational cycles and impact of family violence that are linked with poorer outcomes for the next generation.**

Introduction to the Taskforce on Family Violence and current efforts

9. The multi-stakeholder Taskforce was set up in February 2020 to develop a comprehensive understanding of the family violence landscape in Singapore, identify areas for improvement, and develop recommendations to tackle the issue. The Taskforce members and terms of reference can be found in **Annexes A and B.**



Launch of “A Day with Bob” (Feb 2020)

⁶ Enhancing Positive outcomes in Youth and the Community (EPYC) Longitudinal Study. The EPYC study is a 10-wave longitudinal study (each participant was surveyed once a year over a period of ten years) youth development and delinquency.

⁷ Resilience and Empowerment amidst Adversities of Childhood (REACH) Longitudinal Study. The REACH study is a 5-wave longitudinal study (each participant was surveyed once a year over a period of five years) on well-being and developmental trajectories of children in out-of-home care.



Taskforce on Family Violence's Focus Group Discussion on support for perpetrators (25 Jan 2021)

10. The Taskforce has extensively engaged stakeholders working in the family violence landscape to understand their perspectives and seek their views on how best to tackle family violence. Over the past one and a half years, the Taskforce has conducted numerous focus group discussions and interviews on issues faced by survivors and perpetrators of family violence. This approach of active engagement and collaboration, coupled with a deeper examination of family violence-related data, was pivotal in informing the Taskforce's recommendations in this report.

11. The Taskforce builds on existing efforts in the area of family violence in Singapore, and complements the long-standing collaborative approach between the Government and community partners since the establishment of the National Family Violence Networking System (NFVNS)⁸ in 1996:

- a. On **public awareness**, the *Break the Silence* campaign against family violence was launched in 2016 to raise public awareness on what constituted family violence. This ongoing campaign seeks to educate the public that preventing family violence is everyone's responsibility, and also empowers partners to lead local initiatives to tackle family violence.
- b. On **social support**, Family Service Centres (FSCs)⁹, FVSCs, the ISIFPSC and crisis shelters provide persons and families experiencing violence with support services such as counselling, safety planning, emergency and/or short-term residential care (for the survivors) and referrals to other specialised support agencies.

⁸ The NFVNS connects the Police, hospitals, social service agencies such as FSCs, FVSCs, the ISIFPSC, and Government agencies to provide a tight network of support for families affected by violence.

⁹ FSCs are community-based social service agencies that provide support to individuals and families in need, to help them achieve independence, stability, and resilience.

- c. On **legal levers**, the Women’s Charter allows persons – both female and male – to apply for a personal protection order (PPO) against a family member who has committed violence or is likely to commit violence against them. Together with a PPO, the Court may also make other orders, such as a counselling order requiring the perpetrator, survivor and/or their children to attend mandatory counselling, or a domestic exclusion order (DEO) excluding the perpetrator from all or part of the shared residence. Persons experiencing violence, or the threat of violence from their intimate partners or other non-family members may apply for a protection order under the Protection from Harassment Act.

12. The Taskforce’s work primarily focuses on addressing spousal violence, which complements existing platforms to tackle other forms of abuse including child abuse. Nonetheless, the Taskforce has also heard feedback from community partners regarding emerging trends of family violence, including cases where a parent is abused by his or her adult child, and notes the seriousness of these cases. Hence, several of the Taskforce’s recommendations also address other forms of family violence, (e.g. improving awareness of family violence (**Recommendation 1**), introducing emergency social service response capability for family violence incidents (**Recommendation 7**), and strengthening legal levers to better protect survivors of violence (**Recommendation 11**)). The Government is also committed to continue keeping a close watch on the emerging trends of violence, such as violence perpetrated by adult children against their parents.

13. The work of the Taskforce complements the Conversations on Singapore Women’s Development. The Taskforce has studied and taken into account recommendations made by various civil society organisations regarding family violence. The Conversations on Singapore Women’s Development will culminate in a White Paper.

REVIEW OF FAMILY VIOLENCE-RELATED DATA

14. To improve the understanding of family violence issues in Singapore, several studies were conducted with the aim of identifying profiles of individuals who either had contact with the PPO system or social service agencies (FSCs, FVSCs, and the ISIFPSC) regarding family violence-related issues.

Findings from comparisons of data from the social service agencies, and PPO applications

15. From 2016 to 2020, 76% of applications for PPOs were filed by females, while the remaining 24% were filed by males. During this period, a majority of PPO applications (70%) were made by persons against their spouses and ex-spouses, 11% were filed by parents against their children or children-in-law, and the remaining 20% were filed by siblings, children, Guardians, or other relatives.¹⁰ While not all PPO applications are successful (they may be withdrawn or dismissed), this suggests that spousal violence constitutes most of the family violence cases, although other forms of familial violence remain of concern.

16. A review of the PPO application data, FSC data, FVSC data, and ISIFPSC data suggested several other risk factors including the type of dwelling and highest qualification attained, that might increase the likelihood of a person experiencing family violence compared to the general population.

Findings from 2020 Intergenerational Transmission of Criminality and Other Social Disadvantages (INTRACS) study

17. MSF and the National Council of Social Service (NCSS) conducted further analysis on PPO application data through the 2020 INTRACS study. The study analysed population-level administrative data of married Singapore residents born in 1980 and 1985 (approximately 50,000 persons). The findings suggested that contact with the PPO system tended to co-occur with other negative life experiences:

- a. Persons who had **prior contact with child protection and welfare system** were 1.75 times as likely to apply for a PPO and 1.21 times as likely to have a PPO application made against them compared with persons who did not have such prior contact;
- b. Persons who **previously applied for a PPO** were 35.33 times as likely to have a PPO application made against them;

¹⁰ Percentages do not add up to 100% due to rounding.

- c. Persons who had **prior contact with the criminal justice system** were 1.61 times as likely to apply for a PPO and 2.79 times as likely to have a PPO application made against them; and
- d. Persons with **highest qualification attained of Primary & below and Secondary levels** were 3.72 and 4.38 times as likely to apply for a PPO, and 3.67 and 3.07 times as likely to have a PPO application made against them, respectively.

18. The study also suggested that persons who married or became parents before the age of 21 years were more likely to have contact with the PPO system. Among the approximately 50,000 persons in the INTRACS study, 5% were married and 4% became parents before the age of 21 years. However, among the PPO applicants, 33% were married and 28% became parents before the age of 21 years. Among persons with PPO applications made against them, 19% were married and 17% became parents before 21 years.

19. The study also showed that **family violence was correlated with detrimental impact on the next generation**. Children whose parents had contact with the PPO system had higher likelihood of contact with the child protection system as compared to children whose parents did not have contact with the PPO system. This is corroborated by MSF and NCSS's Resilience and Empowerment amidst Adversities of CHildhood (REACH) longitudinal study, which found that maltreated children and youth offenders who witnessed family violence also tended to have higher risk of developing emotional and behavioural problems as compared to their community counterparts.

20. These findings also suggested a **possible cycle of violence – persons who had contact with the PPO system earlier in life as an applicant were more likely to have a PPO application made against them later in life**. While not all persons who witnessed or experienced family violence earlier in life would necessarily experience or perpetrate family violence later in life, the likelihood of this was higher than that of the general public. These suggest that effort must be taken to break the cycle of family violence. This includes preventing the onset of violence through upstream prevention work, protecting and supporting survivors through downstream interventions to reduce the risk of recurrence of violence, and ensuring that perpetrators are held accountable and rehabilitated to reduce the chances that they perpetrate violence again.

21. Notwithstanding the above risk factors, the Taskforce wishes to emphasise that **family violence cuts across all segments in society**, even if certain groups of persons are statistically more likely to have contact with the PPO system. Among persons studied in the INTRACS study, 33% had post-secondary and above qualifications, 97% had not had contact with the child protection system and 78% had not had contact with the criminal justice system. Nonetheless, the risk factors identified provide guidance on how some targeted, upstream interventions can be put in place to better identify and support persons who are more at risk of having contact with the PPO system. Further findings of the analyses of family violence and persons with contact with the PPO system using different data sources can be found in **Annex C**.

RECOMMENDATIONS BY THE TASKFORCE ON FAMILY VIOLENCE

Thrust 1 – Increase awareness, strengthen societal attitudes against family violence, and enhance preventive efforts for persons at risk

Recommendation 1: Improve awareness of family violence (e.g. types/thresholds/signs and symptoms/helplines) in the community

Recommendation 2: Strengthen relationships and marriages to prevent family violence

Thrust 2 – Make it easier for survivors and the community to report family violence, and get immediate help

Recommendation 3: Enhance the National Anti-Violence Helpline to allow for multiple modes of reporting of family violence

Recommendation 4(I): Enhance support for young victims of family violence

Recommendation 4(II): Expand Home Team Community Assistance and Referral Scheme (HT CARES) to next-of-kin of offenders investigated for family violence offences and set up more HT CARES Centres

Recommendation 5: Increase deterrence for family violence offenders

Recommendation 6(I): Clarify the mandatory reporting obligations under Section 424 of the Criminal Procedure Code by addressing the ambiguity arising from its wordings

Recommendation 6(II): Develop consistent, standardised assessment and screening tools to enable frontline professionals to better identify cases involving family violence, manage the risks and needs of survivors and perpetrators and know when to report cases

Recommendation 7: Enhance emergency response for family violence by improving triaging of cases by frontline responders, and introducing emergency social service interventions for family violence cases

Recommendation 8: Reduce the vulnerability of foreign spouses on Long-Term Visit Passes (LTVPs) by reducing barriers (perceived or otherwise) to reporting family violence

Thrust 3 – Strengthen protection and support for survivors to reduce their risk of being harmed again

Recommendation 9: Improve sharing of case-level information among Government and community partners to support more coordinated and expedited intervention for cases

Recommendation 10: Work closely with sector to ensure that agencies are well-equipped to holistically and empathetically address the needs of family violence survivors/victims and perpetrators

Recommendation 11: Strengthen legal levers to penalise breaches of Personal Protection Orders (PPOs) and better protect survivors of violence

Recommendation 12:	Build a database to track and consolidate key data relating to family violence that can be used for research and analysis purposes
Recommendation 13:	Study emerging trends in family violence, including financial abuse of the elderly and parental abuse, and review approaches to tackle these forms of violence
Thrust 4 – Increase the accountability of perpetrators and strengthen their rehabilitation	
Recommendation 14:	Empower the Family Justice Courts to order mandatory assessment and treatment for perpetrators, where treatable mental conditions contributed to/exacerbated the risk of occurrence of family violence
Recommendation 15(I):	Strengthen rehabilitation regime for family violence perpetrators, including the mandatory counselling programme (MCP), to improve perpetrators' rehabilitation and treatment to reduce the risk of recurrence of violence
Recommendation 15(II):	Enhance enforcement for counselling orders and put in place strong enforcement measures for other orders additional to a PPO
Recommendation 16:	Separate perpetrators from survivors to ensure safety, while providing intervention and rehabilitation for perpetrators

Thrust 1 – Increase awareness, strengthen societal attitudes against family violence, and enhance preventive efforts for persons at risk



Unpacking the various forms of Family Violence (FV)

22. Thrust 1 focuses primarily on **upstream interventions to detect and prevent the onset of family violence**. This will be done through improving awareness of family violence through public education campaigns and tapping on community touchpoints to reach out to vulnerable families who may have a higher risk of experiencing family violence, as well as strengthening relationships to prevent family violence. The Taskforce also recommends enhancing marriage preparation programmes for young couples who may be at higher risk of family violence.

23. At the broader societal level, the aim of Thrust 1 is to create a new social milieu where family violence is decried, and everyone feels a sense of collective responsibility to report the occurrence of family violence, as well as support both survivors and perpetrators of family violence. Related to this, the Taskforce also recommends developing age-appropriate material for children and youths, so that they can learn to build respectful relationships and understand from a young age that family violence is wrong, and know how to seek help if they encounter it.

Recommendation 1: Improve awareness of family violence (e.g. types/thresholds/signs and symptoms/helplines) in the community.

24. A 2016-2017 study conducted by MSF found that about one in three respondents might not report family violence, as they were uncertain about the threshold of what constituted family violence. The study also revealed that the majority (92%) of respondents indicated that they had not seen, read, heard, or come across public education programmes or campaigns about family violence in the past 12 months. Respondents also cited the fear of breaking up a family, and the desire not to “wash dirty linen in public” as the top two perceived barriers that prevent victims of family violence from seeking help.

25. To improve outreach efforts, MSF launched the *Break the Silence* public awareness campaign against family violence in November 2016 to educate members of the public on what should be done if they encountered instances of family violence. This has improved public awareness about family violence: In MSF's evaluation study of the *Break the Silence* campaign in 2020, 56% of respondents reported being aware of the campaign. Less than six out of 10 survey respondents indicated that they would call the Police if they witnessed family violence, and approximately 35% indicated they would confront the abuser in such instances. About a quarter of those surveyed stated that they would call family violence-related helplines or social service agencies to seek help. Nonetheless, the survey results also suggested that the **campaign has not reached a sizeable proportion of Singapore's population**. There is room for more outreach efforts, including both broad-based campaigns and targeted outreach, to increase awareness of family violence in Singapore. There is also **room to improve awareness of family violence among community touchpoints** to enable them to act as the 'eyes and ears on the ground', so that they may direct family violence survivors to seek help at appropriate channels.

Recommendation 1A: Increasing awareness through public communications campaigns.

26. The **Taskforce recommends refreshing the *Break the Silence* campaign**. Based on feedback from stakeholders in the family violence landscape, and the findings of the 2020 evaluation study of the *Break the Silence* campaign, the Taskforce recommends that the refreshed campaign be focused on the following areas:

- a. **Unpack different types of abuse** and what they entail, including physical abuse, emotional abuse, sexual abuse, and neglect. Based on feedback from stakeholders, not all survivors of family violence understand what constitutes abusive behaviour, especially if it is non-physical. The focus on unpacking different types of abuse is aimed at sensitising survivors and witnesses to know when they should make a report and seek help.
- b. **Encourage both survivors and bystanders to seek help if they experience or witness violence**, so that survivors may be able to receive support. Only about a quarter of respondents to MSF's 2020 survey indicated they would call family violence-related helplines or social service agencies to seek help if they witnessed family violence, and less than six out of 10 indicated that they would call the Police. There is a need to reach the broader population to encourage them to seek help if they witness or experience family violence.
- c. **Encourage perpetrators to seek help**. This will be a relatively new focus area for the *Break the Silence* campaign. While the safety of survivors of family violence should remain as the top priority, perpetrators must also be encouraged to seek help, so that they can receive the support and rehabilitation needed to address their abusive behaviours.

27. To achieve the public communications objectives, the **Taskforce recommends that a variety of communications approaches**, e.g. collaterals, infographics, and video assets to communicate relevant messages, be used. **Community organisations and individuals should be tapped on as champions of change**, and can help amplify family violence-related messages where relevant. We should also look for opportunities to do more targeted messaging to reach specific groups that may experience different forms of family violence; for instance, the annual World Elder Abuse Awareness Day on 15 June is a good opportunity to raise awareness about elder abuse.

28. The **Taskforce also recommends looking into ways to enhance recall and marketing impact for the *Break the Silence* campaign**, e.g. through the use of a campaign logo. The **Taskforce further recommends looking into ways to encourage prompt and discreet reporting by persons who are experiencing violence**, e.g. adopting a hand signal to be used as a subtle call for help, as has been done in other countries, and promoting the use of these discreet reporting methods as part of the *Break the Silence* campaign.



A bus carrying *Break the Silence* campaign messages



Family Violence Awareness Training with Grassroots Leaders and volunteers from Nee Soon Central

Abusive relationships tend to continue in a cycle. For example, an abuser will use violence, apologise for their words/behaviour/actions, before starting the cycle all over again.

The three stages of the Cycle of Violence are:

Honeymoon

After a violent episode, abusers may try to make peace for example by apologising or buying gifts. In this stage, the victim is hopeful for change and forgives the abuser.

Violence

The violence returns, and the cycle repeats itself. The victim usually tries to cover up the signs of abuse and it gets worse unless intervention takes place.

Tension building

Disagreements and conflict will build up again, as the abuser seeks to commit his next violent act at the next opportunity.

THE CYCLE OF VIOLENCE

YOU CAN STOP THE VIOLENCE

Are you in an abusive relationship? Don't be afraid to seek help. No one should be abused.

If you are issued with a Long-Term Visit Pass (LTVP), be assured that your pass will not be cancelled when you report the abuse that you are suffering. Your partner cannot cancel your LTVP without seeking your consent, as well as ICA's approval.

Here are some avenues for help:

999 (or sms 71999)
Singapore Police Force

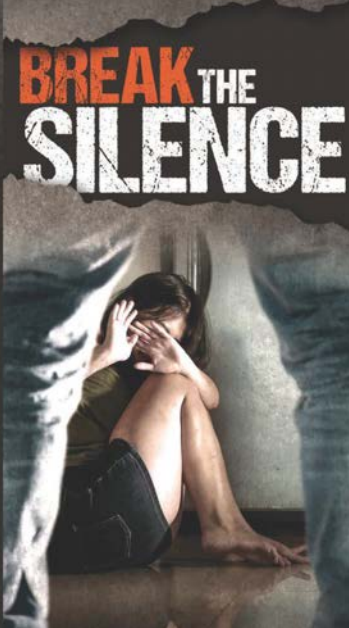
1800-777-0000
National Anti-Violence Helpline

8725-9062
Vietnam Embassy
(Protection of Overseas Vietnamese Citizens)

BREAK THE SILENCE

If you face language difficulties, ask a friend who is able to speak in English, Chinese, Malay or Tamil to accompany you to seek help.

Seek help early. Save your life. Save the marriage.



Screenshot of the *Break the Silence* campaign brochure



Screenshot of the National Anti-Violence Hotline publicity video



BREAK THE **SILENCE**



**Do not stay silent
or walk away when
you witness violence.**

**You can STOP
the violence.
Step in. Offer Help.**

Call the National Anti-Violence Helpline (NAVH)*

1800-777-0000

**Operating hours: 24 hours daily, Monday to Sunday*

For more information, please visit: www.msf.gov.sg/breakthesilence

Break the Silence campaign poster, featuring the National Anti-Violence Helpline

Recommendation 1B: Increasing awareness through community partners.

29. The Taskforce recognises that community partners, such as businesses, grassroots organisations, and religious organisations, can serve as the 'eyes and ears on the ground' to support the detection of family violence and direct survivors to seek help at appropriate channels.

30. To enable community partners to be better equipped to take on this role, the **Taskforce recommends the following:**

- a. **Develop a detailed, but easy-to-use family violence identification checklist** to cover the various forms of family violence, ways to identify potential family violence situations, and the available help channels to refer survivors to. This can complement the Family Violence Awareness Training programmes that MSF has been conducting with community partners.
- b. **Expand its outreach strategy to partners** that are likely to have direct contact with survivors of family violence or with groups that are at a higher risk of family violence. Where relevant, MSF should also work with partners who have a strong reach among niche audiences who may not be easily reached by general public awareness campaigns.



The National Family Violence Networking System Conference on 23 November 2020; featuring Minister of State Sun Xueling and speakers Ms Georgette Tan, Ms Lorraine Lim and Mdm Zaharah Ariff



Minister of State Sun Xueling's visit to Unity Pharmacy, 11 March 2021

31. This recommendation builds upon MSF's ongoing efforts with private sector partners (e.g. partnerships with The Body Shop and Unity Pharmacy in 2020) and religious organisations (e.g. MSF trained over 200 Asatizahs¹¹ and more than 100 members and volunteers at the Presbyterian Church to detect signs and symptoms of family violence) to enable the community to help in the detection of family violence. It also complements the efforts of organisations represented on the Taskforce, such as United Women Singapore (UWS), which has been working with numerous private sector firms to conduct workshops on domestic violence.

Recommendation 1C: Tap on programmes such as ComLink to raise awareness of and increase chances of detecting family violence in at-risk families.

32. MSF and NCSS's INTRACS study suggests that persons living in public rental housing at the age of 30 years are more likely to apply for a PPO. The Taskforce emphasises that living in public rental housing does not necessarily lead to the occurrence of family violence, and not all persons living in public rental housing experience family violence. However, these families may be at higher risk. Hence, the Taskforce recognises that there is room to do more to support certain segments of the Singapore population and to provide proactive referrals for further support.

¹¹ Asatizahs are Muslim religious teachers who serve as a credible source of reference for the Singapore Muslim community.

33. In March 2021, MSF announced the expansion of the ComLink (or Community Link) programme to 21 towns across Singapore over the next three years. The ComLink programme provides support to families with children living in public rental housing to achieve stability, self-reliance, and social mobility. This is done through proactive outreach, closer case support, and galvanising the community to offer customised programmes and services to the families.

34. The **Taskforce recommends tapping on programmes such as ComLink to more regularly engage and check-in with families who may have elevated risk of family violence** (e.g. past experience with child abuse). The staff of organisations supporting ComLink, supported by suitable volunteers and befrienders, could be trained to detect signs and symptoms of family violence, and to sensitively refer families experiencing violence for further support.

Recommendation 2: Strengthen relationships and marriages to prevent family violence

35. MSF and NCSS's INTRACS study identified several risk factors associated with persons who applied for PPOs. These include witnessing or experiencing family violence earlier in life, and marriage and parenthood before the age of 21 years. The Taskforce's view is that couples with such risk factors could be provided more support prior to marriage, to strengthen their relationship and to prevent the onset of family violence later. This view is also corroborated by stakeholders' feedback at the Taskforce's focus group discussions, which suggested the need to enhance pre-marital support especially for young couples in the area of emotional regulation and communication.



Volunteers sharing their thoughts on what befriending means to them in a training session



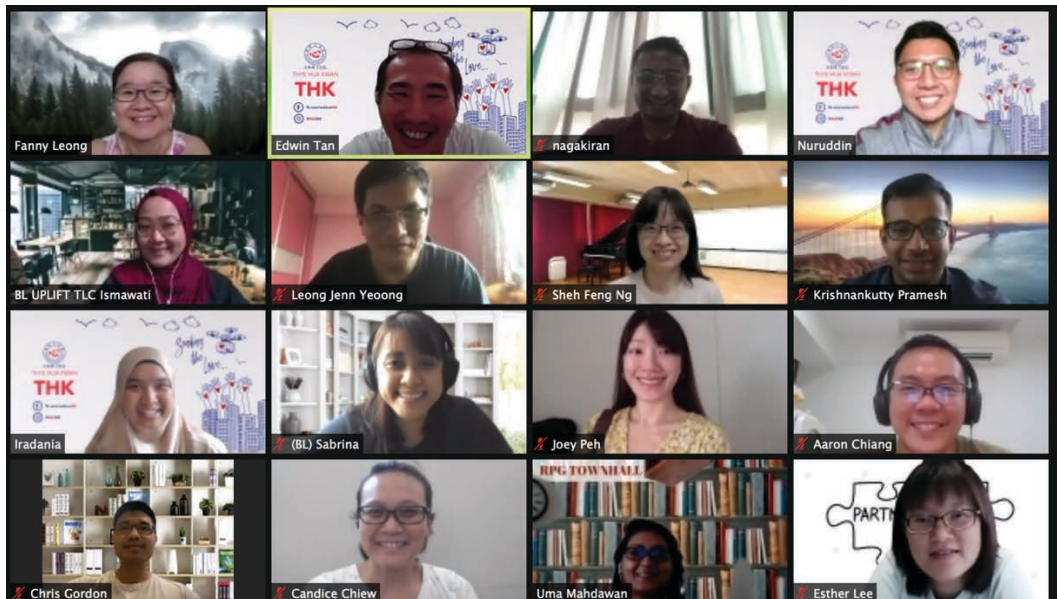
Volunteers listening attentively during a training session



Volunteers being briefed at a pre-deployment session



Volunteers having a role-play activity during a training session



Volunteers posing for the camera during a virtual training session

Recommendation 2A: Enhance content of marriage preparation programmes for couples who may face greater challenges in their marriage and encourage take up among at-risk groups.

36. The Taskforce recognises that some couples who may face greater challenges in marriage could benefit from marriage preparation programmes (MPP) that could raise awareness about signs and symptoms of family violence, the factors that could lead to such violence, and how to seek help when necessary. With this, the **Taskforce recommends the following:**

- a. **Enhance the MPP for couples who may face greater challenges in marriage to include family violence psychoeducation content.** The MPP, which aims to help couples build a strong marriage foundation, has been boosted to include topics such as adverse childhood experiences and its impact on relationships, couples' assessment of the health of their relationship, and resources available to support them in their marriage journey. The enhanced programme should be offered by agencies providing MPP to couples who may face greater challenges in their marriages to increase the couples' awareness of family violence and build healthy relationship skills.

- b. **Encourage couples, especially those with past contact with MSF’s protective and rehabilitative (e.g. probation) services to attend MPP.** Under the Women’s Charter and the Administration of Muslim Law Act, only couples who are minors (i.e. where either or both parties are aged 18 to below 21 years) are required to attend a MPP prior to marriage application. The Taskforce recommends that MSF works more closely with community partners to progressively encourage couples who may face greater challenges in their marriage due to risk factors (e.g. past contact with MSF’s protective and rehabilitative services) to attend MPP, starting with young couples. This follows MSF and NCSS’s finding in the INTRACS study that persons who marry or become parents before the age of 21 years are disproportionately likely to have contact with the PPO system.

Recommendation 2B: Develop age-appropriate material to educate children and young persons on healthy, respectful interactions and relationships, and protective behaviours.

37. Stakeholders have provided feedback that further material could be developed for youth on healthy and respectful relationships, to inculcate positive behaviours from a young age. This is intended to educate youth on what constitutes healthy, respectful interactions and relationships, and how to resolve conflict without resorting to violence.

38. The **Taskforce recommends that this can be done at various life stages:**

- a. **Preschools.**
 - a. **The Taskforce supports ongoing efforts to raise awareness of protective behaviours among preschool children in an age-appropriate manner.** MOE is currently reviewing the Nurturing Early Learners (NEL) framework to include teaching preschool children appropriate behaviours that promote self and group safety. These include body safety awareness, how to talk about feelings and seek help from adults when they feel hurt or unsafe. The revised framework will be launched in end-2022.

b. This builds on current efforts such as the existing guidelines in the NEL Framework for early childhood educators to help children develop a positive self-concept, healthy habits and an awareness of safety practices. Preschool educators are also trained on the concepts of body safety, such as identifying good/bad touch, which are covered within the training content of the National Institute of Early Childhood's (NIEC's) pre-service certificate and diploma programmes for early childhood educators. In-service teachers can also attend an Early Childhood Development Agency (ECDA)-endorsed course on "Empowering Children with Body Safety Skills" conducted by Singapore Children's Society to learn ways to teach children protective skills to prevent sexual abuse. Such Government-led initiatives are also complemented by the efforts of community partners, such as Casa Raudha Limited which trained over 150 preschool teachers at PCF Sparkletots in family violence awareness in March 2021.

b. **Primary and secondary schools, junior colleges and Millenia Institute.**

a. The Taskforce recognises that MOE has included content such as building healthy and respectful relationships, recognising abuse and help-seeking, and peer support, into its Character and Citizenship Education (CCE 2021) curriculum for primary schools, secondary schools, junior colleges, and Millenia Institute. CCE 2021 is being progressively implemented in all schools, starting from Lower Secondary levels in 2021.

b. PAVE and the Police have collaborated to develop an educational pictorial book titled "A Day with Bob", which seeks to educate Primary school students in an interactive manner on tell-tale signs that potentially lead to family violence at home. Through the book, students are introduced to the concept of family violence, and are encouraged to speak up and seek help when they encounter it. MOE and the Police have distributed the books to students in all Primary schools in the North Zone. **The Taskforce supports MOE and the Police's plans** to expand the distribution of books to the remaining Primary schools in Singapore.

c. The Taskforce recognises that UWS launched a Boys Empowered programme to eliminate harmful gender norms and practices through early engagement with boys. The programme helps boys and young men (between 12 and 19 years old) understand the connection between negative gender stereotypes and perpetration of violence against women by empowering boys and young men to not only become allies for gender equality, but to also take part in the prevention of violence against women.

- c. **Institutes of Higher Learning (IHL).** The **Taskforce recommends that MSF and MOE work to explore the possibility of infusing additional content** (including but not limited to physical safety) into relevant education modules in the IHLs (e.g. compulsory modules on respect and appropriate behaviours in IHLs). The Taskforce also recommends that MSF explore working with the IHLs to train their staff to detect signs and symptoms of students who may be facing family violence.

- d. **National Service (NS).** The Taskforce recognises that full-time NS is a formative period for male youths, and that further effort could be made to educate full-time NS servicemen (NSF) on respectful relationships. The **Taskforce recommends that MSF, Ministry of Defence (MINDEF) and the Ministry of Home Affairs (MHA) explore incorporating content on respectful relationships into existing programmes for NSFs.**

- e. **Youths in MSF's care.** As noted earlier, persons who witness or experience family violence earlier in life are more likely to apply for PPOs later. The Taskforce's view is that support should be provided for such persons to prevent the onset of violence later in life. **On the Taskforce's recommendation, MSF is now developing an evidence-informed programme on healthy relationships for youths in MSF's care.**

Thrust 2 – Make it easier for survivors and the community to report family violence, and get immediate help

39. The recommendations under Thrust 2 are intended to **make it easier for family violence survivors to seek immediate help when violence occurs**. Recommendations include enhancing the National Anti-Violence Helpline to allow multiple modes of reporting, introducing standardised assessment frameworks to guide frontline professionals across different agencies to identify and manage family violence cases, and strengthening the emergency response to family violence incidents so that social service interventions can be provided on scene if the family is in critical need of immediate support.

Recommendation 3: Enhance the National Anti-Violence Helpline to allow for multiple modes of reporting of family violence.

40. MSF officially launched the National Anti-Violence Helpline in February 2021 (1800-777-0000). This single helpline consolidates existing helplines dealing with violence, abuse, and neglect, and is the first dedicated 24/7 helpline in Singapore relating to family violence. The aim is to increase accessibility to help services by making it easier for survivors or witnesses of family violence to report violence.



Minister of State Sun Xueling (centre) with Mr Jerome Gillet, CEO, DHL Supply Chain (Asia-Pacific) (third from left) and Mr Samuel Ng, CEO, Montfort Care (third from right) at the launch of the National Anti-Violence Helpline, 23 February 2021.

41. Moving forward, the **Taskforce recommends expanding the helpline to include other modes of reporting, as not all persons may be able to use the phone to call and report incidents of family violence**. This could involve tapping on platforms such as internet live chat, other messaging applications, or other mobile applications, including the Community Guardian App, which was first developed by PAVE.

Recommendation 4(l): Enhance support for young victims of family violence.

42. In view of their young age, children and young persons who are victims of crimes are particularly vulnerable and need greater support. Therefore, various measures are put in place to address the five identified psychosocial needs of young victims – safe environment, access to healthcare, continued education support, mental well-being, and a supportive criminal justice system.

- a. **Safe environment.** Young victims assessed by MSF to be living in unsafe environments, and who require care or protection, may be removed from their homes and placed in alternative care (e.g. kinship care, foster care or residential care) by MSF to ensure their safety. MSF will also provide psychosocial interventions to young victims if necessary.
- b. **Access to healthcare.** All victims who suffer injuries, including young victims, are given prompt access to healthcare services. Young victims who are injured will first be escorted by the Police to a public healthcare institution for a medical examination if this has not been done, before they are interviewed by the Police.
- c. **Continued support in school.** Police will notify the schools if their students are victims of crime, and the schools will take steps to ensure that the young victims receive adequate support in schools.
- d. **Mental well-being, including counselling, therapy, and other psychological services.** Victims who require emotional support in the aftermath of a potentially traumatic incident may request for victim care services. Police may also activate Victim Care Officers who are trained volunteers under the Victim Care Cadre Programme to provide the victims with immediate psychological first aid, before or after Police interviews and even during court proceedings, and information on the helplines and community resources for long-term support if necessary.
- e. **Supportive criminal justice system.** Police are trained to manage all victims of crime, including young victims, with sensitivity, and provide updates to the victims on the progress of the investigations. During Police interviews, young victims may be accompanied by an MSF child protection officer where necessary.



Taskforce on Family Violence's 3rd meeting, 29 Jul 2021

43. During the Taskforce's focus group discussions, participants have identified young victims of family violence as a vulnerable group that may require greater support. Research literature has also shown that young victims of family violence may experience more psychological and behavioural problems, and are likely to perpetuate violence to the next generation. Therefore, it is crucial to provide enhanced support for young victims of family violence - one area for which we can provide them with greater support is when they go through the Police investigation process.

44. When there are sufficient Victim Care Officers, the **Taskforce recommends that the Victim Care Cadre Programme be made mandatory for young family violence victims without a suitable accompanying adult**, so as to provide them with greater support during investigations. Beyond the immediate psychological first aid that Victim Care Officers provide to these young victims, the **Taskforce also recommends that the Police provide them with information on helplines and external community resources at the onset**, where they may seek long-term support if they require. To minimise the possible trauma of having to give repeated testimony as they go through the criminal justice process, the **Taskforce recommends that video-recorded interviews (VRI) be conducted for young family violence victims during investigations**, when VRI implementation is expanded over time.

Recommendation 4(II): Expand Home Team Community Assistance and Referral Scheme (HT CARES) to next-of-kin of offenders investigated for family violence offences and set up more HT CARES Centres

45. Under the Home Team Community Assistance and Referral Scheme (HT CARES), offenders in need of social support may be referred by the Police to HT CARES officers, who are trained social workers. The HT CARES officers, who are based at the Police station, are able to promptly assess the offenders' socio-economic circumstances and needs, and refer them to appropriate social service agencies for assistance. To ensure offenders' families can get help in a timely manner, Police have expanded the scope of HT CARES to include the next-of-kin (NOK) staying in the same household with the offenders who are being investigated for committing family violence. HT CARES officers will similarly review the needs of the NOK at the Police station, and refer them to appropriate social assistance if necessary.

46. HT CARES, which was piloted at Bedok Division in 2019, has been expanded to all Police Land Divisions and additional HT CARES Centres have been set up at Police Cantonment Complex and Woodlands Division. The set-up of additional HT CARES Centres that are co-located with the Police regional lock-ups will make it easier for offenders who are referred to HT CARES to get support.¹² The Taskforce supports these developments to further strengthen support for family violence offenders and their NOK.



MOS Faishal speaking to Police officers and HT CARES officers (who are trained social workers) at Bedok Division

Recommendation 5: Increase deterrence for family violence offenders.

47. There are strict laws and measures in place to deter offenders from committing violence against their family members. In 2019, the Penal Code was amended to double the maximum penalties for those who commit selected sexual and hurt offences against certain groups of victims, including those in an intimate relationship or close relationship with the offender. To better protect victims from family violence, the FVSCs have called for enhanced measures to deter offenders from committing family violence.

¹² Offenders who are investigated at other Police stations may also be referred to the HT CARES if they require social interventions.

Recommendation 5A: Review the need to introduce more legal powers (in cases where a breach of PPO is absent) to make voluntarily causing hurt offences arrestable in family violence situations, especially under more egregious circumstances.

48. Hurt offences in the Penal Code are classified into two degrees of hurt – (a) hurt and (b) grievous hurt, with the latter being an arrestable offence carrying heavier penalties in view of the seriousness of hurt. Grievous hurt refers to injuries that may result in permanent disability or even death e.g. fracture, loss of sight or hearing, etc. Hurt covers the remaining spectrum of injuries and can range from very minor abrasions to more serious bruises and cuts.¹³

49. Voluntarily causing hurt (VCH) under Section 323 of the Penal Code is a non-arrestable offence. Hence in cases where a VCH offence is disclosed, Police will not arrest and remove the offender. Police will proactively initiate investigations into egregious cases, while victims of less egregious cases may pursue the matter further by filing a Magistrate’s complaint.



Police officers responding to an incident in the neighbourhood
(Photographs were taken before the outbreak of the COVID-19 pandemic in Singapore.)

¹³ Under s319 of the Penal Code, **whoever causes bodily harm, disease, or infirmity to any person is said to cause hurt.**

Under s320 of the Penal Code, **only the following kinds of hurt are designated as “grievous”:**

(a) emasculation; (aa) death; (b) permanent privation of the sight of either eye; (c) permanent privation of the hearing of either ear; (d) privation of any member or joint; (e) destruction or permanent impairing of the powers of any member or joint; (f) permanent disfiguration of the head or face; (g) fracture or dislocation of a bone; (h) any hurt which endangers life, or which causes the sufferer to be, during the space of 20 days, in severe bodily pain, or unable to follow his ordinary pursuits; (i) penetration of the vagina or anus, as the case may be, of a person without that person’s consent, which causes severe bodily pain.

50. As VCH is the most common offence disclosed in a family violence situation, the **Taskforce suggests that VCH offences should be made arrestable** to better protect family violence victims by removing the offenders from the scene.

51. **Police will review the need to introduce more legal powers to make VCH offences arrestable in family violence situations, especially under more egregious circumstances** (e.g., when the injury is significant but does not cross the threshold of grievous hurt). As VCH occurs in a multitude of circumstances, including those that happen in a family setting, the arrest of the perpetrator cannot be seen as the only way to relieve the victim from further violence. In many cases, support and assistance for victims would be better served through alternative dispute resolution and community-based channels. This would also provide opportunities for the rehabilitation of the perpetrator, and enable the family to mend their relationships over time and break the cycle of violence. The **Taskforce supports this review by the Police**.

Recommendation 5B: Study the feasibility of imposing remand for family violence perpetrators who pose high risk of escalation or retaliation.

52. An accused may be offered bail or personal bond, where he is released from the custody of law enforcement officers, while investigations and/or prosecution are ongoing.



Accused arrested by the Police

53. When persons released on bail or personal bond commit offences, public safety may be threatened, and public confidence in the criminal justice system may be undermined. Police have observed such cases across a range of different crimes of varying levels of severity – including theft, sexual offences, and violent offences including family violence.

54. To better protect victims of family violence, the **Taskforce recommends that the Government study the feasibility of imposing remand for high-risk family violence perpetrators while investigations and/or prosecution are ongoing**. This will mitigate the risk of escalation or retaliation.

55. A risk assessment matrix may be developed to guide the assessment whether the perpetrator should be remanded or continue to be released on bail during investigations and/or prosecution, especially if certain risk factors are present or if there is a breach of bail conditions.

Recommendation 5C: Enhance monitoring and surveillance for certain aggravated family violence perpetrators who are released on bail or personal bond.

56. In general, accused who are released on bail or personal bond may be subject to conditions such as not being able to leave Singapore until they have obtained the Police or Courts' permission to do so. In addition, the following conditions may be imposed on the accused of family violence offences in order to protect the victims:

- a. The accused is not to approach or contact the victim directly or indirectly;
- b. The accused is not to reside with the victim; and
- c. The victim cannot act as the accused's surety.

57. To deter family violence perpetrators from approaching the victim or committing other offences while on bail, **the Taskforce suggests enhancing monitoring and surveillance for certain aggravated family violence perpetrators.** The Government agrees to this, and the Police will implement new measures to achieve this. For example, certain family violence perpetrators who are released on bail may be monitored through an electronic monitoring tag and be required to abide by stipulated curfew hours as part of bail conditions.

Recommendation 6(l): Clarify the mandatory reporting obligations under Section 424 of the Criminal Procedure Code by addressing the ambiguity arising from its wordings.

58. Under Section 424 of the Criminal Procedure Code (CPC), all parties "aware" of the commission of certain specified offences are obliged to report them promptly to the Police, unless there is a "reasonable excuse". The intent of Section 424 of the CPC is to ensure the timely reporting of crimes, particularly serious crimes, to the Police. This will enable the Police to assess if a crime has been committed, and if so, take the perpetrator to task. Otherwise, the perpetrator may not only get away with the crime, but may also commit further offences and hurt other people.

59. What constitutes "reasonable excuse" is currently not defined in law and will depend on the facts and circumstances of each case. However, **the Taskforce recognises that this lack of clarity is not ideal, and suggests that the authorities provide better clarity on the reporting obligations.** Without a common understanding, individuals, professionals, and organisations may have different interpretations of when a case needs to be reported, possibly resulting in under-reporting of offences.

60. Therefore, the **Government is reviewing the wording of Section 424 of the CPC to look into how the Government can provide greater clarity as to when reporting is required**, so as to engender greater consistency in reporting practices, whilst continuing to provide scope for some discretion in unique cases. The Taskforce supports this review.

Recommendation 6(II): Develop consistent, standardised assessment and screening tools to enable frontline professionals to better identify cases involving family violence, manage the risks and needs of survivors and perpetrators and know when to report cases.

61. Family violence cases may involve children, vulnerable adults, or other persons such as spouses. Presently, standardised assessments and screening tools have been developed for several forms of family violence:

- a. **For child abuse**, the Child Abuse Reporting Guide and Sector-Specific Screening Guide are standardised tools that were rolled out in Singapore in 2015 to support frontline professionals who work with children to make decisions affecting the safety of children.
- b. **For vulnerable adult abuse**, professionals use the Vulnerable Adult Triage form to identify and refer cases to MSF and social service agencies for further support. In the meantime, MSF is developing a more comprehensive Vulnerable Adult Abuse Reporting Guide, as a standardised tool for vulnerable adult abuse assessment.

62. However, frontline professionals in Singapore do not currently have a standardised assessment tool for other forms of family violence, such as spousal abuse. This has led to uneven practices among agencies. To address this, the **Taskforce recommends introducing a standardised family violence assessment framework for use by frontline professionals (e.g. social service professionals)**, to identify and detect family violence cases more consistently and effectively. This will also guide social service professionals to provide the appropriate level and dosage of intervention. Where relevant, these frameworks should also include standard procedures for social service practitioners to proactively screen clients for adverse childhood experiences as an add-on to the standardised assessment, as international literature suggests that adverse childhood experiences are linked with a higher risk of family violence.^{14, 15,16,17}

Recommendation 7: Enhance emergency response for family violence by improving triaging of cases by frontline responders, and introducing emergency social service interventions for family violence cases.

63. Presently, beyond the social services provided by MSF and community partners during office hours, an emergency social service response team from MSF provides after-office-hours response to emergencies involving the possible abuse of children and vulnerable adults. The team seeks to de-escalate tension and address immediate risks of abuse within the family, and work with the families to put in a place an immediate safety plan to ensure their safety until further interventions are worked out. Immediate safety planning comprises a set of actions to mitigate the immediate risks of the child or vulnerable adult being hurt by a family member. Examples of elements of an immediate safety plan include requiring a safe adult (e.g. a grandparent who is assessed to be protective) to be present in the household in the case of child abuse, or requiring the vulnerable adult to temporarily move to a relative's home.

¹⁴ Whitfield, C.L., Anda, R.F., Dube, S.R., & Felitti, V.J. (2003). Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organisation. *Journal of Interpersonal Violence*, 18(2), 166-185.

¹⁵ Thulin, E.J., Heinze, J.E., & Zimmerman, M.A. (2021). Adolescent Adverse Childhood Experiences and Risk of Adult Intimate Partner Violence. *American Journal of Preventive Medicine*, 60(1), 80-86.

¹⁶ Afifi, T. O., Mota, N., Sareen, J., & MacMillan, H. L. (2017). The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. *BMC Public Health*, 17(1). doi:10.1186/s12889-017-4359-8

¹⁷ Herrenkohl, T.I., Fedina, L., Roberto, K.A., Raquet, K.L., Hu, R.X., Rousson, A.N., & Mason, W.A. (2020). Child maltreatment, youth violence, intimate partner violence and elder mistreatment: A review and theoretical analysis of research on violence across the life course. *Trauma Violence, & Abuse*, 152483802093911.

64. This emergency social service response is presently not available for cases of family violence that do not involve child or vulnerable adults abuse concerns. The Taskforce recognises that there are family violence incidents between spouses that would benefit from the immediate intervention by social service professionals to reduce the risk of violence recurring or escalating. Hence, the **Taskforce recommends providing 24/7 emergency social service response for family violence cases** involving not just children and vulnerable adults, but also other instances of family violence such as spousal abuse. These trained social service professionals will work through immediate safety issues with the families to address the safety risks and reduce the risk of violence recurring. Following the emergency social service response, these families will be referred to appropriate social service agencies such as FSCs, FVSCs, and the ISIFPSC for interventions (e.g. ongoing safety planning and monitoring, counselling, referrals for treatment) to address longer-term underlying issues that contributed to the violence.

65. The **Taskforce recommends that the Government explore the introduction of time-limited protection notices that can be issued to perpetrators and survivors** in high-risk family violence incidents, where relevant. These protection notices can serve as temporary expedited orders¹⁸ to protect the family violence survivors, while further action is taken to ensure the safety of the survivors over a longer-term period (e.g. application for a PPO).

66. The **Taskforce further recommends that the emergency social service response should be complemented with improved triaging of cases by frontline responders**, so that they can better decide on the best course of action to take to manage risks (e.g. placement of clients facing imminent danger in crisis shelters). This recommendation is linked to **Recommendation 6(II)**, on developing consistent, standardised assessment and screening tools for use by frontline professionals.

Recommendation 8: Reduce the vulnerability of foreign spouses on Long-Term Visit Passes (LTVPs)¹⁹ by reducing barriers (perceived or otherwise) to reporting family violence.

67. Stakeholders have provided feedback that some foreign spouses are susceptible to family violence because of the power imbalance between them and their Singapore Citizen (SC) or Permanent Resident (PR) spouses. They had worked with foreign spouses who had been reluctant to report family violence, as they were concerned that doing so might result in the SC/PR spouses cancelling their LTVPs, which would mean that they would be unable to continue staying in Singapore.

¹⁸ Expedited orders are a form of temporary PPO which is issued when a PPO application is filed, and the Judge finds that there is imminent danger of violence being committed.

¹⁹ An SC or PR may sponsor their foreign spouse for a Long-Term Visit Pass (LTVP) to reside in Singapore, subject to eligibility criteria. The LTVP is valid for up to 1 year in its initial issuance and up to 2 years with subsequent renewals. SCs may also sponsor their foreign spouse for a Long-Term Visit Pass-Plus (LTVP+) which provides greater certainty of stay. The LTVP+ is valid for up to 3 years in its initial issuance and up to 5 years with subsequent renewals.

68. The Government recognises that foreign spouses of SCs and PRs are part of Singapore families, and its policies are therefore generally facilitative towards their stay in Singapore. Foreign spouses, in particular those with SC children, are generally considered more favourably for immigration passes compared to those without family ties to SCs/PRs. That said, the Government's immigration policies also have to take into account whether the SC/PR sponsor is able to support the applicant financially, and also guard against abuse of the system (e.g. marriages of convenience, where a foreigner marries a SC/PR despite not being in a genuine relationship, so as to be able to obtain a long-term immigration pass to remain in Singapore). Hence, marriage to a SC or PR does not automatically qualify a foreigner for long-term stay or permanent residence.

Recommendation 8A: Explore ways to clearly communicate to all SC/PR sponsors and foreign spouses that the foreign spouses' passes cannot be unilaterally cancelled by the SC/PR sponsors without the foreign spouses' consent.

69. The Immigration & Checkpoints Authority (ICA) does not allow the SC/PR sponsor to unilaterally cancel his or her foreign spouse's LTVP/LTVP+ without the foreign spouse's consent. To raise awareness of LTVP renewal eligibility among SC/PR and their foreign spouses, since May 2021, the LTVP terms and conditions have been revised to explicitly state that SC/PR sponsors cannot unilaterally cancel foreign spouses' passes without the foreign spouses' consent.

70. In addition, if the SC/PR sponsor chooses not to renew the LTVP when it expires, the foreign spouse may be sponsored for LTVP by another SC/PR who is at least 21 years old, such as their children or the SC/PR sponsor's relatives on a case-by-case basis (i.e. not necessarily the abusive SC/PR spouse). For foreign spouses with a Singaporean child but who do not have SC/PR sponsors (e.g. the couple might have been divorced or the SC/PR spouse might have passed away), ICA may waive the sponsorship requirement in renewing the LTVP/LTVP+.

71. The **Taskforce recommends exploring more ways to communicate LTVP renewal eligibility to the foreign spouses**, e.g. increasing awareness among social service agencies and touchpoints that foreign spouses may interface with, so they can convey this to the foreign spouses where needed.

Recommendation 8B: Review the extension policies for LTVPs for foreign spouses undergoing divorce or court proceedings, with a view towards extending LTVPs for foreign spouses with SC/PR children with no adverse records by default until the divorce or court proceedings have completed

72. If the foreign spouse is undergoing divorce proceedings or has an ongoing family violence court case that requires his or her presence in Singapore, and has no SC/PR sponsor or child, ICA will issue and extend Short-Term Visit Passes (STVP) for the foreign spouse to stay in Singapore until the conclusion of the divorce or court proceedings.

73. For divorced foreign spouses with care and custody of their SC/PR children, ICA will generally renew their LTVPs to facilitate their stay in Singapore to take care of their children, if the foreign spouses have no adverse records.

74. To better support foreign spouses who have SC/PR children while they are undergoing divorce or court proceedings, the **Taskforce recommends reviewing if the foreign spouses' LTVP/LTVP+ could be renewed by default until the divorce or court proceedings are completed, if they have SC/PR children and have no adverse records.**

Recommendation 8C: Disseminate information on signs and symptoms of abuse and help channels available, for foreign spouses who may be family violence survivors, through relevant Embassies, Neighbourhood Police Centres/Posts, and MSF touchpoints.

75. Beyond reviewing extension policies for LTVPs and factually communicating LTVP processes, the **Taskforce recommends that Government agencies disseminate information on signs and symptoms of family violence and the help channels that are available to foreign spouses** who may be survivors of family violence. This could be done through touchpoints such as the relevant embassies, Neighbourhood Police Centres/Posts, and social service agencies that provide the transnational family support programme. To ensure that the information is more easily understood by foreign spouses, such information could be translated to the languages most commonly used by foreign spouses in Singapore wherever possible.

Thrust 3 – Strengthen protection and support for survivors to reduce their risk of being harmed again

76. Thrust 3 aims to **reduce the risk of recurrence of family violence for survivors**. The Taskforce recommends:

- a. **Training** FVSCs and the ISIFPSC so that they are better equipped to handle survivors and perpetrators with mental health conditions, and to enable Police first-responders to manage victims with greater sensitivity; and
- b. **Strengthening legal levers** under the Women’s Charter, including higher penalties for breaches of PPOs, and judicious use of third-party PPO applications to protect certain family violence survivors who do not themselves apply for PPOs due to various reasons (e.g. under pressure by family).

Recommendation 9: Improve sharing of case-level information among Government and community partners to support more coordinated and expedited intervention for cases.

77. There are existing protocols in place for FSCs, FVSCs, the ISIFPSC, and the Police to share information on family violence cases, particularly those that involve high levels of safety risks. However, past cases of family violence revealed that there is room to improve information-sharing practices to ensure that agencies can take action to address safety concerns more quickly. Critical information that may affect the safety of the survivors could include whether the family violence victim is already known to any social service agency, or threats made by a perpetrator to harm his or her spouse and/or children.

78. The **Taskforce recommends strengthening the protocols by which FSCs, FVSCs, the ISIFPSC, and the Police can share information of family violence cases with one another in a timely manner** to better support collective management of these cases. This will need to be done by clarifying key information to be shared and introducing protocols to further expedite action by professionals for a more coordinated response (e.g. how each agency should respond to new information provided by family violence survivors or perpetrators).

79. **The Taskforce also recommends that the Government work with social service agencies to tap on or put in place IT systems for the sharing of case information required to manage family violence cases**, and to support case management and relevant analyses. However, the Government should review what information can be shared, to take into consideration privacy concerns.

Recommendation 10: Work closely with sector to ensure that agencies are well-equipped to holistically and empathetically address the needs of family violence survivors/victims and perpetrators.

80. Stakeholders have provided feedback on the need to enhance the quality of help for survivors of family violence, so that their needs can be met in a sensitive manner. The Taskforce agrees that agencies should be well-equipped to holistically and empathetically address the needs of both survivors and perpetrators of family violence.

Recommendation 10A: Ensure that FVSCs/ISIFPSC are able to support survivors and perpetrators who present with mental health concerns by catering for one on-site forensic psychologist per FVSC/ISIFPSC to support forensic assessments and interventions for perpetrators and survivors.

81. MSF and NCSS's INTRACS study found that among persons who applied for PPOs or had PPO applications made against them, approximately 14% of them had diagnosed mental health conditions prior to the first PPO episode. Mental health conditions do not necessarily cause family violence, and a majority of persons experiencing mental health concerns do not experience or perpetrate family violence. Nonetheless, there is room to provide better support for survivors and perpetrators who have mental health conditions, as international literature suggests that symptoms related to a perpetrator's mental condition can result in and/or exacerbate the nature of family violence.^{20,21,22}

82. Survivors and perpetrators with suspected serious mental health or psychiatric disorders should continue to be referred to the public health system. More details pertaining to psychiatric treatment for perpetrators can be found in **Recommendation 14**. In relation to clients with other forms of mental health concerns (e.g. personality disorders), the Taskforce has received feedback from FVSCs that having trained psychologists would enable them to work more intensively and effectively with both of these client groups (e.g. treating trauma and mental health concerns, and addressing violence risk issues), to better enable survivors and perpetrators to work towards breaking the cycle of violence.

²⁰ Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1–17.

²¹ Oram S, Trevillion K, Khalifeh H, Feder G, Howard LM. Systematic review and meta-analysis of psychiatric disorder and the perpetration of partner violence. *Epidemiol Psychiatr Sci*. 2014 Dec;23(4):361-76. doi: 10.1017/S2045796013000450. Epub 2013 Aug 20. PMID: 23962668; PMCID: PMC7192171.

²² Yu R, Nevado-Holgado AJ, Molero Y, D'Onofrio BM, Larsson H, Howard LM, Fazel S. Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study. *PLoS Med*. 2019 Dec 17;16(12):e1002995. doi: 10.1371/journal.pmed.1002995. PMID: 31846461; PMCID: PMC6917212.



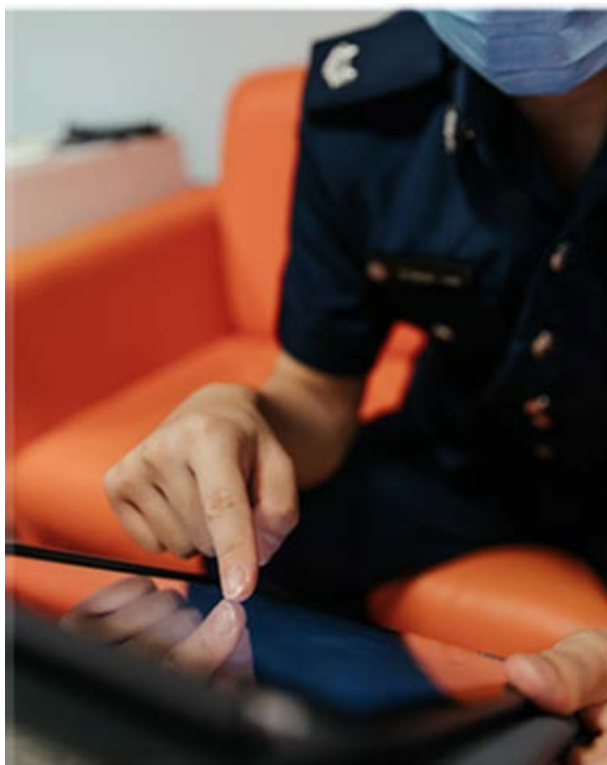
MOS Faishal's visit to the Institute of Mental Health to understand more about the rehabilitation programmes in place for those who have committed family violence and have mental health conditions

83. The **Taskforce recommends having on-site forensic psychologists at the FVSCs/ISIFPSC to aid social service agencies in handling family violence cases involving survivors or perpetrators with mental health concerns.** This model of having on-site psychologists has already been adopted at the Child Protection Specialist Centres (CPSCs), which has enabled these centres to more effectively meet the mental health needs of children and families affected by abuse, trauma, and violence. The CPSCs' on-site psychologists provide timely psychological assessments and evidence-based interventions, and collaborate closely with centres' social workers by offering psychological input that complement case management and safety planning.

Recommendation 10B: Upskill selected Police officers who specialise in the investigation/handling of family violence cases to allow Police to better support MSF in managing family violence cases.

84. During the Taskforce's focus group discussions, some participants called for enhanced training for frontline professionals including Police officers and social workers, so they can be better equipped to manage family violence victims with sensitivity as well as facilitate social support to them if necessary. This is crucial because an insensitive or inappropriate response to family violence cases could add to the family violence victims' trauma and deter them from reporting subsequent incidents of family violence.

85. To better support social service professionals in managing family violence cases, the **Taskforce recommends that selected Police officers be upskilled to specialise in the investigation and handling of such cases.** For example, these Police officers would be better trained in family violence related legislation and landscape, and possess skills to better manage family violence victims with sensitivity during investigations. These Police officers would also work closely with the FVSCs/FSCs so as to provide more coordinated support to victims.



E-learning will be part of the training for Police officers to understand the impact of family violence

Recommendation 10C: Strengthen training for Police first-responders to better manage victims with sensitivity.

86. The **Taskforce also recommends strengthening the training for all Police first-responders to better manage family violence victims with sensitivity.**

87. In line with recommendation to help Police officers better respond to reports of family violence, all frontline Police officers will undergo training conducted by the Social Service Institute to better understand the impact of family violence, why violence exists in the family, and the existing integrated system in managing family violence in Singapore. This training is on top of existing basic training in family violence which Police officers undergo. In the longer term, leveraging the Family Violence Working Group²³ platform, Police will undergo skills-based training in handling family violence cases. Police will also work with MSF to develop a customised training for all frontline Police officers, which will incorporate the fundamentals of understanding family violence, as well as sensitivity training in managing family violence cases.

Recommendation 11: Strengthen legal levers to penalise breaches of PPOs and better protect survivors of violence.

88. In line with Thrust 4's objective of increasing the accountability of family violence perpetrators, the Taskforce recommends strengthening the deterrent effect of Court orders related to family violence to send a signal that Singapore does not tolerate family violence. The Taskforce also recommends enhancing the PPO regime to better protect family violence survivors.

Recommendation 11A: Increase penalties for the breach of PPOs under the Women's Charter.

89. Presently, in the event that the PPO respondent (i.e. the person against whom the order is made) contravenes the PPO under the Women's Charter (e.g. by committing family violence against the PPO applicant), he or she may be liable for a fine of up to \$2,000, and an imprisonment term of up to six months if the order does not relate to a vulnerable adult²⁴ as defined in the Vulnerable Adults Act. Repeat offenders may be fined up to \$5,000, and have an imprisonment term of up to 12 months if the order does not relate to a vulnerable adult as defined in the Vulnerable Adults Act.

90. These penalties are lower than for cases involving vulnerable adults – in 2018, the penalties for contraventions of a PPO made under the Women's Charter relating to a vulnerable adult, as defined in the Vulnerable Adults Act, were increased to a fine of up to \$5,000, or an imprisonment term of up to 12 months for the first offence, and a fine of up to \$8,000, or an imprisonment term of up to 18 months for the subsequent offences.

²³ There are seven regional Family Violence Working Groups, which are led by community partners to spearhead and plan regional activities to raise awareness of family violence and seek new ways to support families affected by violence. Members include representatives from social service agencies, hospitals, and the Police.

²⁴ Under the Vulnerable Adults Act, a vulnerable adult means an individual who is 18 years or older who is incapable of protecting himself or herself from abuse, neglect, or self-neglect due to mental or physical infirmity, disability, or incapacity.

91. The maximum fine and the imprisonment period for contravention of PPOs under the Women's Charter for PPOs that do not relate to vulnerable adults has remained the same since 1996. The **Taskforce recommends that the Government consider enhancing penalties for breaches of such PPOs under the Women's Charter.** The Taskforce's view is that the penalties for the breach of a Women's Charter PPO should be at least in line with the penalties for the breach of protection orders under the Protection from Harassment Act,²⁵ as violence committed against a family member should be treated as seriously as violence committed against a non-family member.

Recommendation 11B: Amend the Women's Charter to specifically empower the Courts to make additional types of orders to ensure the safety of the survivors of violence, including non-visitation, non-communication, and non-access orders.

92. Under the Women's Charter, the Court may grant a DEO to perpetrators of family violence in addition to a PPO. This DEO will require the perpetrator to be excluded from part of or the entire family home to better ensure the safety of the family violence survivor. However, under the Vulnerable Adults Act, there are further provisions for the Court to grant other types of orders in addition to the protection order to better protect the survivor of violence. These include orders prohibiting the respondent (i.e. the person whom the protection order was made against) from visiting or communicating with the applicant, or from entering or remaining in an area outside the applicant's place of residence or any other place frequented by the applicant.

93. The **Taskforce recommends that the Government amend the Women's Charter to specifically empower the Courts to make additional types of orders,** such as the above-mentioned non-visitation, non-communication, and non-access orders, to better ensure the safety of the person who applied for a PPO.

Recommendation 11C: Empower the Director-General of Social Welfare (DGSW) and appointed Protectors to apply for PPOs or Expedited Orders for vulnerable persons experiencing family violence under certain circumstances, even if they do not give their consent.

94. Despite being encouraged to apply for PPOs by MSF and the social service agencies, there are a small number of family violence survivors who refuse to do so. This is often due to the influence that the abusers have over the survivors, or because the survivor wishes to preserve the relationship with the perpetrator, who is often a family member.

²⁵ If a protection order respondent (i.e. the person against whom the order is made) contravenes the protection order under the Protection from Harassment Act, he or she may be liable for a fine of up to \$5,000, and/or an imprisonment term of up to six months. The penalties are higher (up to \$10,000 fine, and/or an imprisonment term of up to 12 months) if the offence was committed against an intimate partner and/or a vulnerable person.

95. At present, third-party PPO applications can be made in a few scenarios. Under the Women's Charter, a family member or a third party appointed by the Minister can apply for a PPO on behalf of a person who is under the age of 21 years or is an incapacitated person²⁶. The Vulnerable Adults Act also allows the DGSW to apply for a protection order on behalf of someone who meets the definition of a "vulnerable adult" under the Vulnerable Adults Act.

96. The Taskforce's view is that third-party PPOs will improve protection for vulnerable survivors by allowing the Court to order additional protections for the survivors (e.g. domestic exclusion of the perpetrator), allowing the Court to make rehabilitative orders for both the survivors and perpetrator (e.g. orders for mandatory counselling) that will be more strongly enforced (see **Recommendation 15(II)**), and sending a clear message to the perpetrator that any further violence against the survivor will result in arrest.

97. With this, the **Taskforce recommends that the DGSW and other appointed Protectors (e.g. designated MSF staff) be empowered under the Women's Charter to apply for PPOs where the person experiencing family violence is at risk of being seriously harmed and is assessed to be under the undue influence of a family member to not apply for a PPO, or where the DGSW assesses that a PPO would be in the interest of the person experiencing family violence.**

98. The **Taskforce further recommends that third-party PPO applications should only be made in exceptional circumstances where the survivor's safety is seriously threatened**, as there is a need to balance the survivor's protection and safety and the survivor's right to self-determination. This is also articulated in section 4(1)(b) of the Vulnerable Adults Act, which states that a vulnerable adult, where not lacking mental capacity, is generally best placed to decide how he or she wishes to live and whether to accept any assistance.

Recommendation 12: Build a database to track and consolidate key data relating to family violence that can be used for research and analysis purposes.

99. Presently, family violence-related data is collected by various Government and community agencies (e.g. FSCs, FVSCs, and the ISIFPSC). While data is pooled together for analysis on an ad-hoc basis, this process can be improved by establishing a consolidated database to allow for more regular tracking of data and identifying trends for research and analysis purposes.

100. The **Taskforce thus recommends the establishment of a consolidated family violence database, which will pull relevant data from agencies on a regular basis** (e.g. from the FSCs, FVSCs, and the ISIFPSC). This will allow the Government and social service agencies working in the family violence space to have a more comprehensive, up-to-date view of family violence-related developments and trends, and enable agencies to tackle these issues in a more expeditious manner.

²⁶ Under the Mental Capacity Act, a person lacks mental capacity if they are unable to make a decision for themselves in relation to a matter because of an impairment of, or a disturbance in the functioning of the brain or mind.

Recommendation 13: Study emerging trends in family violence, including financial abuse of the elderly and parental abuse, and review approaches to tackle these forms of violence.

101. Stakeholders gave feedback on emerging issues, such as cases involving financial abuse of the elderly and family violence involving adult children abusing their parents. The **Taskforce acknowledges these emerging issues, and recommends that the Government further study these trends and review approaches to tackle these forms of family violence.**

Recommendation 13A: Study trends and issues relating to financial abuse of the elderly, and develop policies, plans and initiatives to tackle this.

102. Stakeholders, including the FSCs, FVSCs, and the ISIFPSC, have provided feedback about the trend of cases involving the financial abuse of the elderly, in which children force their parents to monetise assets for the children's benefit and to the parents' detriment. This could take the form of children forcing parents to sell their home with the promise that the parents could live together with them, but subsequently going back on their word and leaving their parents homeless. International literature also suggests that financial abuse has become an increasingly prevalent form of abuse, with a large majority of cases involving the elderly.

103. The Taskforce recognises that financial abuse of the elderly is a complex issue that is fraught with differences in interpretation. Monies and gifts are frequently exchanged by family members, which may make the distinction between unwise financial decisions by elderly persons and financial abuse less clear.

104. With Singapore's rapidly ageing population, the **Taskforce recognises that financial abuse could be a growing cause for concern over time and recommends that the Government review the issue of elderly financial abuse, including studying the experience of foreign jurisdictions in this area.** Following this review, new forms of preventive measures and assistance for elderly persons could be introduced to tackle financial abuse.

Recommendation 13B: Monitor and study other emerging trends (e.g. child-parent abuse) in family violence and review approaches to tackling these trends.

105. Stakeholders including FSCs, FVSCs, and the ISIFPSC have indicated that there are emerging trends of family violence within the community, including violence perpetrated by adult children against their parents (i.e. child-parent abuse).

106. Such types of violence may not have the same power dynamics, underlying issues, and causal factors as spousal violence. Correspondingly, interventions required to tackle such forms of violence may also differ. The **Taskforce recommends that the Government closely monitor and study these trends, and strengthen existing interventions that can address such cases of violence.**

Thrust 4 – Increase the accountability of perpetrators and strengthen their rehabilitation

107. Thrust 4 **focuses on family violence perpetrators**, with the **intention of increasing their accountability, and strengthening their rehabilitation to reduce the recurrence of violence**. The key recommendations are to enable the Court to order mandatory assessment and treatment for PPO respondents with treatable mental conditions that have contributed to or exacerbates the risk of occurrence of family violence, to strengthen the existing Court-ordered counselling regime (including enforcement of breaches of counselling orders), and to explore having community facilities that can provide shelter and structured rehabilitation for certain family violence perpetrators.

Recommendation 14: Empower the Family Justice Courts to order mandatory assessment and treatment for perpetrators, where treatable mental conditions contributed to/exacerbated the risk of occurrence of family violence.

108. International studies suggest that there is a correlation between family violence and mental health conditions and/or personality disorders. As noted in **Recommendation 10A**, these studies also suggest that symptoms related to a perpetrator's mental condition can result in and/or exacerbate family violence. While the Taskforce notes that a majority of persons with mental health conditions do not perpetrate family violence, there is a heightened risk involved if perpetrators of family violence have mental health conditions. Measures should be put in place to ensure that perpetrators of family violence with mental conditions contributing to their violence receive suitable treatment to prevent future violence.

109. Presently, under the Women's Charter, the Court may order PPO respondents to go for mandatory counselling to help them learn how to respectfully resolve conflict and provide them the necessary support and skills to ensure the safety of the family. However, the Court does **not** have any power to compel persons with mental health conditions to undergo mandatory assessment or treatment, even if the underlying condition likely contributed to or exacerbated the risk of the person's violent behaviour.

110. In line with suggestions made during the Taskforce's focus group discussions and the 2019 amendments to the Protection from Harassment Act, which introduced civil mandatory treatment orders,²⁷ the **Taskforce recommends that the Courts be allowed to make mandatory assessment and treatment orders against PPO respondents under the Women's Charter.** The Taskforce recognises that mandatory treatment may be invasive, as it involves medical interventions and may in some cases require in-patient treatment. Hence, the mandatory assessment and treatment order regime must include necessary safeguards, such as requiring an assessment and recommendation from a Court-appointed psychiatrist on the suitability of the mandatory treatment, before a mandatory treatment order can be made by the Courts.

111. The Taskforce recognises that it will be a major undertaking to introduce mandatory assessment and treatment orders under the Women's Charter, and that time and resources will be required to build up capacity in the healthcare sector to support the provision of such assessments and treatment.

Recommendation 15(l): Strengthen rehabilitation regime for family violence perpetrators, including the mandatory counselling programme, to improve perpetrators' rehabilitation and treatment to reduce the risk of recurrence of violence.

112. Stakeholders reiterated the importance of rehabilitating family violence perpetrators to avoid the recurrence of violence, including through counselling programmes. The **Taskforce concurs with the feedback, and recommends strengthening the delivery of the mandatory counselling programme for family violence perpetrators, and ensuring that all perpetrators receive some form of rehabilitation to address their intervention needs.**

²⁷ The 2019 amendments to the Protection from Harassment Act introduced civil mandatory treatment orders, which require the respondent to a protection order to undergo treatment if (a) the respondent is suffering from a psychiatric condition that is susceptible to treatment, (b) the respondent is suitable for treatment, and (c) the psychiatric condition is a contributing factor for the respondent's contravention that formed the basis for the protection order being made against him or her.

Recommendation 15(l)A: Strengthen capacity and capability in social service agencies that deliver the mandatory counselling programme (e.g. FSCs, FVSCs, ISIFPSC) to assess and address perpetrator’s relevant intervention needs and to provide different types of counselling to perpetrators based on risk and needs levels, by articulating a common assessment and intervention framework for perpetrators.

113. Presently, FSCs, FVSCs, and the ISIFPSC provide mandatory counselling for either or both parties of the PPOs, and/or their children, as ordered by the Court. While there are general guidelines for these programmes, social service agencies may adapt the programmes based on organisational practices and there are no standardised assessment and intervention frameworks for these programmes with perpetrators, based on the needs and risk level of perpetrators and survivors. In addition, as rehabilitating perpetrators is relatively new (survivors have traditionally been the primary clients), not all of the social service agencies have the capability to do so effectively.

114. International studies indicate that programmes for perpetrators of intimate partner violence that follow the Risk-Needs-Responsivity principles of rehabilitation show promising short to medium-term treatment outcomes.²⁸ To ensure better outcomes for the mandatory counselling programme, the **Taskforce recommends articulating a common assessment and intervention framework for perpetrators of family violence** that is:

- a. **Calibrated to the risk level** of the individual (i.e. higher dosage for higher risk);
- b. **Designed to address treatment needs** that are directly related to reducing risk; and
- c. **Tailored to the individual** to increase the probability of change of violent behaviours.

115. As there is no international best practice for a perpetrator intervention framework, the **Taskforce recommends establishing a workgroup consisting of representatives of relevant agencies providing the mandatory counselling programme to understand the various intervention practices on the ground and to collectively agree on an intervention framework.** Following this, the Taskforce recognises that there will be a need to train and upskill social workers in the FSCs, FVSCs, and the ISIFPSC to conduct interventions for perpetrators based on this common framework.

²⁸ Travers A., McDonagh T., Cunningham T., Armour C., & Hansen M. (2021) The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis. *Clinical Psychology Review*, Volume 84, ISSN 0272-7358

Recommendation 15(I)B: To review if the Courts could assess, as a matter of course, whether rehabilitative orders should be made for the respondent, e.g. counselling orders or mandatory assessment and treatment orders, in every case where a PPO under the Women’s Charter or protection order under Protection of Harassment Act is granted.

116. Currently, the Family Justice Courts may grant counselling orders at the same time that a PPO is granted under the Women’s Charter. Of the PPOs that were granted annually from 2016 to 2020, 88% of the PPOs granted were also issued with a counselling order. With the greater focus on the rehabilitation of perpetrators of family violence, the Taskforce’s view is that there is an impetus for a greater proportion of PPOs made under the Women’s Charter to have a rehabilitative order (i.e. either a counselling order, or a mandatory assessment and treatment order) to be made along with the PPO.

117. The **Taskforce recommends that the Government review guidelines and legislation, where necessary, concerning when a rehabilitative order should be made for the perpetrator of family violence.** In general, the Taskforce’s view is that all PPOs should be made with a rehabilitative order to address underlying issues of the abusive behaviour and to prevent recurrence, unless there are exceptional circumstances that warrant otherwise (e.g. the perpetrator will be permanently leaving the country).

118. Rehabilitative orders are also available under the Protection from Harassment Act. The Court already has a practice of assessing the appropriate counselling, based in part on the relationship between the parties. As the Protection from Harassment Act covers a wide spectrum of cases, and not all cases involve family relationships or violence, the **Taskforce similarly recommends that the Government review guidelines and legislation, where necessary, concerning when rehabilitative orders would be useful to address the underlying causes of violence and prevent recurrence.**

Recommendation 15(II): Enhance enforcement for counselling orders and put in place strong enforcement measures for other orders additional to a PPO.

119. Presently, non-compliance with counselling orders made by the Courts for family violence cases under the Women’s Charter is enforced via contempt of Court proceedings brought against the PPO respondent by the PPO applicant (i.e. the survivor). However, MSF’s and community partners’ experience suggests that the survivor rarely, if ever, initiates such proceedings for various reasons, including the concern about being re-traumatised from having to face the perpetrator in Court again. The FSCs, FVSCs, and the ISIFPSC have provided feedback that this has resulted in some perpetrators breaching counselling orders with little fear of consequence and not taking mandatory counselling orders seriously.

120. In line with feedback from stakeholders in the field, the **Taskforce recommends that the Government explore means of ensuring stronger enforcement of counselling orders as well as the proposed mandatory assessment and treatment orders.** This could include potentially making the breaches of such orders an offence, allowing the State to prosecute persons who egregiously breach counselling orders or mandatory assessment and treatment orders. This strong enforcement approach is intended to ensure that perpetrators take rehabilitative orders more seriously.

121. Breaches of the other proposed additional orders (i.e. non-access, non-visitation, and non-communication orders) under the Women's Charter in **Recommendation 11B** will directly affect the safety of family violence survivors. Hence, the **Taskforce recommends that the Government make the breach of any of these additional orders an arrestable offence to enable immediate enforcement action to be taken and to prevent any escalation of harm.** This approach is in line with the approach taken for breaches of PPOs under the Women's Charter, and breaches of similar orders under the Vulnerable Adults Act.

Recommendation 16: Separate perpetrators from survivors to ensure safety, while providing intervention and rehabilitation for perpetrators.

122. In the course of the Taskforce's work, there was general agreement that perpetrators and survivors should not continue to be in close proximity where such proximity could contribute to the risk of family violence recurring. However, it was also pointed out that in some cases, the perpetrators had few or no alternative accommodation options available. Stakeholders suggested exploring the establishment of residential shelters for perpetrators to stay in and receive rehabilitation services. The Taskforce is aware of voluntary shelter programmes being piloted for the rehabilitation of family violence perpetrators in other jurisdictions (e.g. in parts of Australia), and suggests that the Government study the feasibility of providing residential programmes to better ensure the safety of the survivors and support the rehabilitation of perpetrators.

Recommendation 16A: Provide perpetrators of family violence who are on domestic exclusion orders an option of shelter as a last resort, if they are unable to find other housing options (e.g. staying with a relative/friend).

123. Presently there is no dedicated shelter or facility for family violence perpetrators, although transitional shelters may offer shelter to perpetrators in need of a place to stay on an ad-hoc basis. The Taskforce notes that approximately 9% of PPOs granted had a DEO, which may require the perpetrator to be excluded from his or her family home. While a majority of persons with DEO made against them are able to find alternative shelter with relatives or friends, not all of them are able to do so. The **Taskforce recommends putting in place a more structured referral system for social service professionals who work with family violence perpetrators who are on DEOs, so that these perpetrators could be offered the option of shelter as a last resort** if they do not have any other housing options. At present, such referrals are done on an ad-hoc basis; a more structured system would better ensure that the perpetrators do not fall between the cracks.

124. The primary intent of this recommendation is to enhance the safety of the family violence survivor by physically separating the survivor and the perpetrator. By providing this shelter arrangement as a last resort, the perpetrator is less likely to return home despite a DEO, which would reduce risks of a DEO breach and risks of family violence recurring.

Recommendation 16B: Study the feasibility of a mandatory structured residential programme for high-risk perpetrators involving mandatory counselling/treatment and movement restrictions, e.g. through curfews and tagging.

125. Stakeholders at the Taskforce's focus group discussion proposed that Court-ordered structured residential rehabilitation programmes could be explored for higher-risk family violence perpetrators, to ensure that they are physically separated from the survivors and for them to undergo structured rehabilitation programmes to address their pro-violence cognition and behaviours in a more conducive environment.

126. Such Court-ordered structured residential programmes would be a pioneering approach, as no other foreign jurisdiction has introduced such orders. The Taskforce recognises that such Court-ordered structured residential programmes could serve to better ensure the safety of family violence survivors by further physically separating them from the perpetrators. The structured rehabilitation environment may also improve rehabilitation outcomes for the perpetrator, which can reduce the risk of family violence recurring in the future.

127. The **Taskforce thus recommends that the Government study the feasibility of such a Court-ordered structured residential programme for high-risk perpetrators of family violence**, which could involve the perpetrator being required to stay in an existing residential facility for a period of time, and to attend compulsory rehabilitation programmes provided by partners such as FVSCs and the ISIFPSC. Persons in such programmes could still be allowed to leave the facilities in the day for work, although they may be subject to conditions such as electronic monitoring with curfews to ensure compliance with the structured residential rehabilitation order.

128. The Taskforce recognises that this is a conceptual idea in an early stage of development. Significant issues will need to be further studied before the feasibility of such a programme can be determined, including how to identify the target group of perpetrators to be required to attend the mandatory structured residential programme, the appropriate duration of the programme, and the suitable security protocols to put in place. These details will need to be thoroughly reviewed before such a programme can be implemented.

129. The Taskforce's view is that such mandatory structured residential rehabilitation orders should not replace imprisonment and other criminal penalties for perpetrators who commit serious family violence-related offences, as such perpetrators should be held accountable for their actions through criminal proceedings.

CONCLUSION

130. The Taskforce's recommendations form a multi-pronged approach to focus the community and the Government's efforts over the next few years to tackle family violence. Close collaboration between Government agencies and community partners, and the building of capability and capacity, will continue to be critical to tackling the complex issue of family violence. Together, we can work towards eliminating family violence to break the intergenerational cycles and address the impact of family violence.

ANNEX A: MEMBERS OF THE TASKFORCE ON FAMILY VIOLENCE

S/N	Name	Designation
1	Ms Sun Xueling	[Co-chair] Minister of State, Ministry of Social and Family Development and Ministry of Education
2	Assoc Prof Muhammad Faishal Ibrahim	[Co-chair] Minister of State, Ministry of Home Affairs and Ministry of National Development
3	Ms Ang Bee Lian	Director-General of Social Welfare, Ministry of Social and Family Development
4	Ms Cherylene Aw	Centre Director, TRANS SAFE Centre
5	Ms Agnes Chia	Chief Service Officer, Care Corner Project StART
6	Dr Sudha Nair	Executive Director, PAVE
7	Ms Junie Foo	Chief Executive Officer, Methodist Welfare Services President, Singapore Council of Women's Organisations (SCWO)
8	Mr Arthur Ling	Chief Executive, Fei Yue Community Services
9	Ms Han Yah Yee	Group Director, Montfort Care
10	Ms Georgette Tan	President, United Women Singapore
11	Mrs Wee Wan Joo	Chairperson, Star Shelter (under the SCWO) Represented by <u>Ms Lorraine Lim</u> , Deputy CEO-Designate, SCWO
12	Mdm Zaharah Ariff	Executive Director, Casa Raudha Limited
13	Ms Olivia Khoo Ruey Lin	Head of Medical Social Services, Singapore General Hospital
14	Ms Lilian Mark	Head of Medical Social Work Department, Institute of Mental Health
15	Ms Sophia Ang	Senior Director, Counselling and Psychological Services, Family Justice Courts
16	Mr Geoffrey Lim	Director (Criminal Courts), Justice Division, State Courts
17	Mdm Choy Wai Yin	Director, Guidance, Ministry of Education

S/N	Name	Designation
18	SAC Lian Ghim Hua	Director, Operations, Singapore Police Force
19	Mr David Khoo	Deputy Chief Prosecutor, Crime Division, Attorney-General's Chambers
20	Mr Sam Tee	[Co-secretary] Senior Director, Joint Operations Group, Ministry of Home Affairs
21	Mr Yoganathan Ammayappan	[Co-secretary] Senior Director, Rehabilitation and Protection Group, Ministry of Social and Family Development

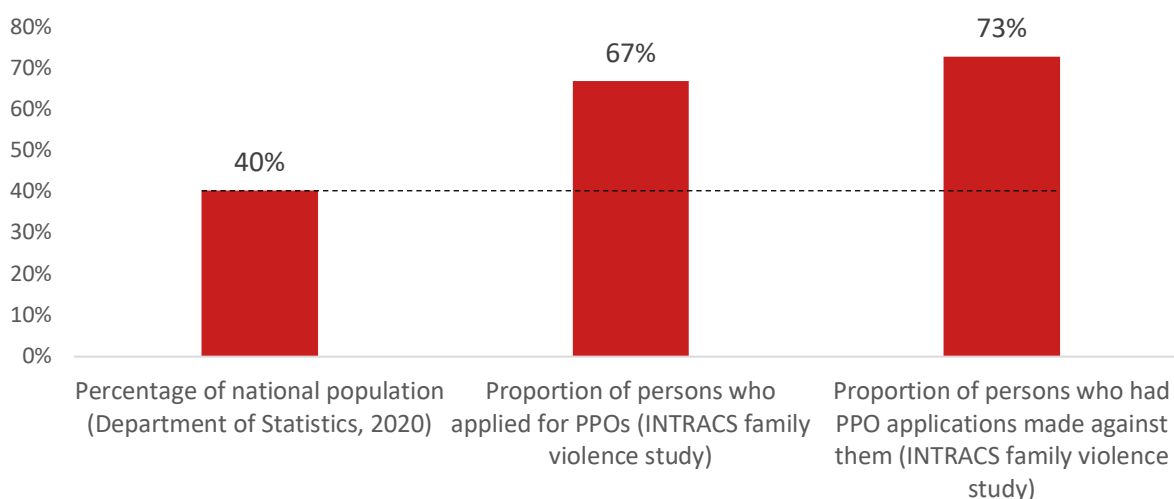
ANNEX B: TERMS OF REFERENCE OF THE TASKFORCE ON FAMILY VIOLENCE

1. Develop a comprehensive understanding of the family violence landscape in Singapore.
2. Analyse the landscape of services and support for survivors and perpetrators of family violence, and identify key areas for improvement.
3. Co-create recommendations and co-deliver solutions with stakeholders to address current gaps and areas for improvement in relation to family violence.

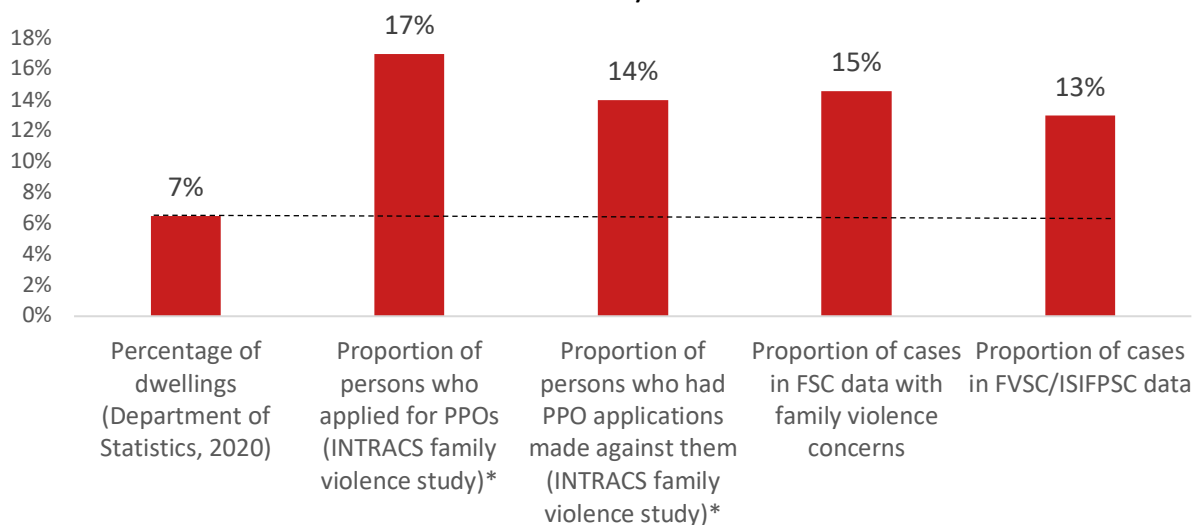
ANNEX C: FURTHER FINDINGS OF THE ANALYSES OF FAMILY VIOLENCE USING DIFFERENT DATA SOURCES

1. Analyses of PPO application data (from INTRACS), FSC data, FVSC data, and ISIFPSC data indicated over-representation of **individuals with secondary and below education level and one- and two-room flat dwellers** among those who had contact with the PPO system and those who had experienced/perpetrated family violence.

% of individuals with secondary and below education level in the national population and among those who had contact with the PPO system



% of one- and two-room flat dwellers in the national population and among those who experienced family violence/had contact with the PPO system

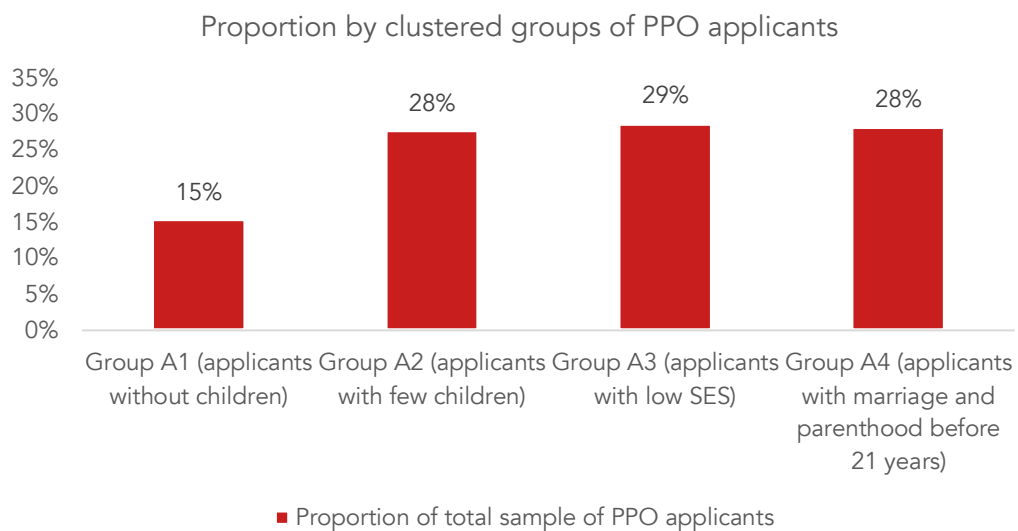


* INTRACS data covers individuals living in one- and two-room public rental flats.

2. Further analysis of FSC data revealed that strengthening family functioning/relationships, supporting households with concerns interacting with the criminal and protective systems, and supporting those with individuals with mental health issues are among the top concerns of households with family violence. In particular, seven in 10 households with family violence presented with family conflict and family communication concerns; six in 10 presented with family relationship concerns; almost four in 10 had individuals with mental health concerns; and almost three in 10 had concerns interacting with the criminal and protective systems.

3. The MSF and NCSS’s INTRACS study also adopted the Latent Class Analysis technique²⁹ to categorise individuals who applied for a PPO and individuals who had a PPO application made against them into groups that share similar characteristics.³⁰

4. In particular, the groups of **PPO applicants** identified were:



- a. **Group A1** comprised applicants who had no children by the time of filing of PPO, and a relatively low probability of having other risk factors or life disadvantages. This group comprised about 15% of the population of PPO applicants (n = 128).
- b. **Group A2** comprised applicants who had a higher-than-average probability of having one or two children, but low probability of other risk factors or life disadvantages. This group made up 28% of the population of PPO applicants (n = 230).

²⁹ Latent class analysis is a statistical procedure that identifies unobserved subgroups with distinct patterns of life experiences prior to the first PPO episode, and assigns persons to their most likely subgroups based on observed data.

³⁰ The study used PPO application data. Not all PPO applications are successful, as some may be withdrawn or dismissed.

- c. **Group A3** comprised applicants who had a higher probability of attaining secondary level education or below, as well as higher probability of staying in rental flat at 30 years old. This group also showed above-average probability of having contact with child protection system and criminal justice system. It comprised 29% of the population of PPO applicants (n = 238).
- d. **Group A4** comprised applicants who had higher-than-average probability of getting married and having children before the age of 21 years, having three or more children, attaining secondary level education or below, staying in rental flat, and having contact with child protection and criminal justice systems. This group made up 28% of the population of PPO applicants (n = 234).

5. In particular, the groups of **PPO respondents** (i.e. persons with PPO applications made against them) identified were:



- a. **Group R1** comprised respondents who had no children by the time of filing of PPO, and slightly lower-than-average probability of having other risk factors or life disadvantages. It comprised about 17% of the population of PPO respondents (n = 106).
- b. **Group R2** comprised respondents who had higher-than-average probability of having children, as well as a prior history of filing PPO, but low probability of other life disturbances captured by this study (e.g. contact with the criminal justice system). This group made up 32% of the population of PPO respondents (n = 203).

- c. **Group R3** comprised respondents who had a higher probability of having contact with criminal justice system. This subtype was more likely to have attained secondary level education or below, as well as have a higher probability of staying in rental flat at 30 years old. This group comprised 34% of the population of PPO respondents (n = 217).

- d. **Group R4** comprised respondents who had higher-than-average probability of getting married and having children below the age of 21 years, having three or more children, attaining secondary level education or below, staying in rental flat, and having contact with criminal justice system. This group made up 17% of the population of PPO respondents (n = 104).