IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

[2026] SGFC 112

SSP 122 of 2026
District Court Appeal No 45 of 2026

Between

YGV

… *Applicant*

And

YGW

… *Respondent*

GROUNDS OF DECISION

[Family Law – Family violence – Orders for protection]

[Family Law – Family violence – Physical abuse – Wrongful restraint]

[Family Law – Family violence – Emotional or psychological abuse]

[Family Law – Family violence – Whether attempts to admit a family member into the Institute of Mental Health or a nursing home amount to family violence]

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Introduction

1 The Applicant is 74 years old with mobility issues. On 19 January 2026, the Applicant applied for a personal protection order ("PPO") against the Respondent, who is his son. This application followed a recent chain of events where the Applicant was admitted into the Institute of Mental Health ("IMH") and subsequently a nursing home. The Applicant said these arrangements were made by the Respondent, against his will. I heard the application on 17 April 2026. I delivered my decision on 24 June 2026, dismissing the application. The Applicant has filed an appeal against my decision.

The Applicant's case

2 The Applicant claims that the Respondent had committed family violence on him by way of conduct that amounted to physical abuse and emotional or psychological abuse. The Applicant cited six incidents between December 2023 and December 2025, where the Applicant alleged that the Respondent either attempted to admit the Applicant into IMH or a nursing home or committed physical acts of restraint or hurt toward the Applicant. The Applicant argued that, when viewed holistically, the Respondent's conduct reflected a course of behaviour by which he repeatedly sought to override the Applicant's autonomy in relation to his person, movement, communication and access to support. The Applicant submitted that the grant of a PPO would be necessary to restrain the Respondent from using or threatening physical force, wrongfully restraining the Applicant, or coercively attempting to remove the Applicant against his will.

Legal requirements

3 Section 60A(1) of the Women's Charter 1961 (2020 Rev Ed) (the "Charter") provides that the court may grant a PPO if two requirements have been met. First, the court must be satisfied that family violence has been committed or is likely to be committed. Second, the court must be satisfied that a protection order is necessary for the protection of that family member. The burden of proof is on the applicant to prove that these two requirements have been met on a balance of probabilities.

4 Section 58B(1) of the Charter defines "family violence" as the commission of physical, sexual, or emotional or psychological abuse against a family member.

5 "Physical abuse" is defined in Section 58B(2) of the Charter to include conduct or behaviour that "causes, or threatens to cause, personal injury or physical pain to a person; or threatens a person with death or injury of the person". It also includes "wrongfully confining or restraining a person against the person's will".

6 The definition of "emotional or psychological abuse" is set out in Section 58B(4) of the Charter and was unpacked in *YBD v YBC* [2026] SGFC 49 ("*YBD v YBC*"). The commission of "emotional or psychological abuse" may be established where the conduct or behaviour "torments, intimidates, harasses or distresses a person; or causes or may reasonably be expected to cause mental harm to a person, including thoughts of suicide or inflicting self-harm." These are two complementary and disjunctive limbs, where either limb may independently establish emotional or psychological abuse (see *YBD v YBC* at [104]).

7 The court in *YBD v YBC* elaborated on the different standard to be applied to each limb, as follows:

> 105 The standard for Limb (a) is the Contextualised Objective Approach. The court asks whether the conduct was, assessed in its full relational and situational context, of a character that would objectively torment, intimidate, harass, or distress a person in the complainant's position, having regard to the vulnerability of the complainant, the power dynamics between the parties, and the cumulative effect of prior incidents (see above at [46(c)]). This is not a checklist but an evaluative standard (see above at [46(c)]). A purely subjective approach is rejected because it provides no objective notice of prohibited conduct and would collapse the distinction between Limbs (a) and (b) (see above at [49]–[51]). A purely decontextualised objective approach is equally untenable because it strips away the relational context that gives emotional abuse its character (see above at [52]).

106 Limb (b) contains two disjunctive components, each raising a different question and governed by a different standard (see above at [60]):

(a) The first component ("causes mental harm") is a backward-looking question of fact. It asks: did the respondent's conduct actually cause this complainant mental harm? The court determines on the balance of probabilities, on all the evidence, whether the harm occurred and whether the respondent's conduct caused it (see above at [64]–[67]). The Contextualised Objective Approach does not govern this component in the same way as Limb (a). The court is finding what actually happened, not what a reasonable person would have experienced (see above at [64]–[65]). The safeguard against self-reporting concerns lies in the demanding seriousness threshold in that the mental harm required must be of a character approaching the gravity of the illustrative examples of thoughts of suicide and self-infliction of harm expressly provided in the provision (see above at [65(b)] and especially, [67]).

(b) The second component ("may reasonably be expected to cause mental harm") is a *forward*-looking inquiry governed by the Contextualised Objective Approach (see above at [74]–[75]). It asks: would a reasonable person in the complainant's actual position be expected to suffer serious mental harm of the kind described in Limb (b)? Proof of actual harm is not required (see above at [74]). This component protects complainants who may not yet suffered actual mental harm but in respect of whom the risk is objectively established (see above at [75]). This is not to say that a complainant who has suffered actual mental harm cannot rely on the second component. In fact, proof of a significant level of mental harm (be it of the types under Limb (a) such as intimidation, torment, distress or harassment or the more serious type of mental harm such as thoughts of suicide or infliction of self-harm under Limb (b)) may bolster the complainant's case under this component (see above at [80]).

Did the Respondent commit family violence against the Applicant?

8 With the above legal requirements in mind, I first considered if the Respondent had committed family violence during the individual incidents, and then if the Respondent had committed family violence by way of a course of conduct established through the various incidents. I address these incidents in turn as follows.

8 December 2023

9 The earliest incident cited was on 8 December 2023. The Applicant said that on this day, the Respondent shouted at him and threatened to beat him over certain disagreements between them. He said that the Respondent pushed him and he fell, resulting in bruising to his shoulder. The Applicant said that this was the first time that the Respondent physically abused him. The Applicant also said that he was taken to IMH thereafter, which was the first time he was admitted into IMH.

10 The Respondent said that this incident actually took place on 9 December 2023, not 8 December 2023. The Respondent said that he and his wife were called into the Applicant's bedroom, where their conversation grew into a disagreement after the Applicant insisted that the Respondent and his wife apologised to him for their alleged behaviour during a previous lunch they had. The Respondent said that he tried leaving but the Applicant did not let him go, gripping his hands tightly. This resulted in some pushing and pulling between them. The Applicant then threatened to call the police if the Respondent did not admit his mistake and apologise to him. The Respondent explained that after he left, the Applicant called the police. However, when the Respondent returned to the Applicant's residence, he saw the police trying to calm the Applicant down. The Respondent said that the police had advised him and his mother to call an

ambulance to send the Applicant to IMH. When the Respondent called for an ambulance and the staff tried to strap him to the stretcher, the Applicant resisted, even hitting a police officer in the process. The Applicant was then eventually admitted into IMH that day.

11 The Applicant did not provide any documentary evidence to support this case. There was no medical report evidencing his injury. The Applicant's recount of this incident was brief, with more time spent elaborating on the circumstances leading up to the alleged altercation, than on describing the Respondent's conduct itself. This was a contrast from the Respondent's account which I found to be more coherent and complete. Further, while the Applicant said that he had told his friend ("L"), who he called as his witness, about this incident, this was not corroborated by any evidence offered by L himself.

12 Bearing in mind that the burden of proof lies with the Applicant, I did not accept the Applicant's version of events and consequently did not find the Respondent to have committed any physical abuse on this occasion.

21 March 2024

13 The next incident cited by the Applicant was on 21 March 2024. The Applicant alleged that the Respondent punched him on the nose, breaking his spectacles frame and causing him to bleed.

14 The Respondent denied punching the Applicant. The Respondent explained that at that time, the Applicant had been living in a nursing home ("Nursing Home A"). On 21 March 2024, the Respondent took the Applicant out to bring him to his medical appointment at Tan Tock Seng Hospital. When the Respondent was collecting the Applicant's medicine on his behalf, the Respondent found out that the Applicant had decided to return to his residence

(where he lived with his wife, the Respondent's mother) instead of Nursing Home A. The Respondent felt that it was not feasible for the Applicant to return home that day as the Respondent's mother was away in China and their new domestic helper would only arrive the following week. The Respondent therefore called an ambulance to try to bring him back to Nursing Home A. The Respondent tried to bring him to the ambulance, but the Applicant resisted. It was only when the Respondent called the police that, with the police's assistance, the Applicant was taken to be warded in Tan Tock Seng Hospital (not Nursing Home A).

15 The Applicant's account was again shy of details and not supported by any documentary evidence. While the Applicant's witness, L, referred to this incident in his affidavit, he was not present at the scene of the incident, and was ostensibly only recounting what he said the Applicant had told him. I therefore declined to place any weight on L's evidence in this regard. On the balance of the evidence, I found little to support the proposition that the Respondent had physically abused the Applicant by punching him on the nose.

16 That being said, the Respondent had, on affidavit[1] and at trial,[2] admitted to having physically restrained the Applicant. While this act was not specifically pleaded by the Applicant in his complaint form, it would be artificial for the court to ignore the reality of what had happened while in the course of assessing whether any family violence was committed during this very incident. It therefore behoved me to consider if the Respondent's act of physical restraint amounted to family violence.

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[1] Respondent's Affidavit of Evidence-in-Chief ("RAEIC") at paragraph 10

[2] Notes of Evidence of hearing on 17 April 2026 ("17 April NE") at p 48, lines 18 - 22

17 A perpetrator can be said to have wrongfully restrained another if, by physical force, the perpetrator prevents the victim from doing something or going somewhere that he or she is legally entitled to do: *XPX v XPW* [2026] SGFC 30 at [58].

18 In this case, there was little doubt that the Respondent had exerted some force in physically restraining the Applicant. At trial, the Respondent conceded that a struggle had ensued when he tried restraining the Applicant and that in the course of this struggle he may have caused some damage to the Applicant's glasses.[3]

19 The Respondent explained that he had restrained the Applicant because he wanted to stop the Applicant from leaving his condominium compound as he felt it was unsafe for the Applicant to do so alone. However, if the Applicant's safety was indeed the Respondent's concern, he could have accompanied the Applicant instead or, as he eventually did, enlist the assistance of professionals if he felt that it would be in the interests of the Applicant's welfare to be taken to a nursing home or to a hospital. Bearing in mind the Applicant's age and frailties, there was no explanation why the Respondent felt that he needed to physically restrain the Applicant to such an extent that it resulted in the Applicant's glasses being damaged. Apart from the Applicant's alleged behaviour toward the ambulance staff from Nursing Home A, who were attempting to take him somewhere that he did not wish to go, there was no suggestion that the Applicant was behaving in a manner that was harmful to himself or others around him prior to the Respondent's attempt to restrain him. I ultimately did not find the Respondent's use of physical restraint in this situation to have been justified and found that the Respondent had physically

[3] 17 April NE at p 49, lines 11 - 22

abused the Applicant by way of wrongfully restraining him. The Respondent had therefore committed family violence during this incident.

9 August 2025

20 The Applicant alleged that on 9 August 2025, the Respondent arrived at his home angrily, forced him to go to IMH for a mental capacity assessment against his will, and caused IMH to admit him such that he was held there for the next three months. The Applicant said that he felt wrongfully confined and powerless throughout this period.

21 The Respondent did not deny calling an ambulance to take the Applicant to IMH. He also did not deny calling the police to assist in doing so. The Respondent explained that in the lead up to this, the Applicant had been abusive toward his mother and was harassing her. The Respondent claimed that on 9 August 2025 itself, the Applicant entered her bedroom, lay down on her bed, and threatened to relieve himself on her bed. The Respondent's mother called the police, who in turn spoke to the Respondent via his mother's mobile phone to tell him to consider the option of sending the Applicant to IMH. After the police left, the Respondent went to his parents' residence and found the Applicant still lying down on his mother's bed. As the Applicant refused to relent, the Respondent called the ambulance and the police. The Respondent said that the Applicant violently resisted the ambulance staff, but that with the assistance of the police officers, they managed to strap the Applicant to the stretcher and carry him into the ambulance. The Respondent, his mother and a domestic helper accompanied him to IMH.

22 In my view, for the Respondent to have been guilty of wrongful restraint, the Applicant must prove that the Respondent had directly restrained the

Applicant, or at least indirectly done so through his agents. In this case, there were three other parties involved in this incident: the medical personnel attending together with the ambulance, the police officers, and the medical staff at IMH. There was no credible evidence to suggest that any of these parties had not acted independently and objectively as they were supposed to, or that they had otherwise been so unduly influenced by the Respondent that they may be perceived to have acted as an extension of or as an agent of the Respondent. While the Applicant claims the Respondent was able to "control" and "convince" the ambulance staff and the police to take the Applicant away because "his English is very good",[4] there was no evidence provided to support this notion and the Applicant never provided any details as to what the Respondent said. The Applicant's own evidence on affidavit was, in fact, that he did not know what the Respondent had told the IMH doctors.[5]

23 Rather, the fact that IMH deemed it appropriate to admit the Applicant and hold him there for three months suggested that there may have been some cause for concern that justified the Respondent initiating this process in the first place. To this end, I accepted the Respondent's argument that the Applicant's continued stay at IMH would have been subject to medical assessments and reviews done by the IMH staff, with the Respondent having little to no influence as to whether or not the Applicant would be admitted or subsequently released once the Applicant was brought to IMH. The Applicant himself admitted that at IMH, he underwent several tests. The Applicant did not provide any evidence to suggest that this was not the case. On the contrary, the Applicant adduced a medical report dated 16 December 2025 done by a consultant neurologist and

[4] 17 April NE at p 13, lines 5 - 17

[5] Applicant's Affidavit of Evidence-in-Chief ("AAEIC") at paragraph 15

physician[6] ("16 December Medical Report") that noted that the Applicant's admission at IMH was for reason of paranoia stemming from difficult personality with a background of antisocial, paranoid and narcissistic personality disorder. This supported the Respondent's explanation as to his decision to refer the Applicant to IMH and offered a coherent explanation for the Applicant's extended stay there.

24 I therefore did not consider the Respondent's actions during this incident to amount to wrongful restraint or confinement and consequently did not find the Respondent to have committed family violence on this occasion.

14 November 2025

25 The Applicant's next complaint related to an incident on 14 November 2025. This was the day that the Applicant was released from IMH. The Applicant said that the Respondent transferred him from IMH into another nursing home ("Nursing Home B") against his will. The Applicant claimed that the Respondent retained control over his personal effects and means of communication, including his mobile phone, when admitting him into Nursing Home B. The Applicant also claimed that the Respondent instructed the nursing home to block all visitors, thus isolating him from his friends and support.

26 With regard to the allegation that the Applicant was transferred to Nursing Home B from IMH against his will, the Respondent claimed that the Applicant had agreed to this transfer. The Respondent explained that a social worker from IMH had contacted him sometime in September 2025 to inform that the family should begin preparing for his discharge. When the Respondent

[6] AAEIC at p 12 - 14

shared certain reservations about the Applicant returning to his residence where the Respondent's mother lived, the social worker suggested that they considered transferring the Applicant to a nursing home. The Respondent said that the Applicant was deciding between Nursing Home A and Nursing Home B, and that he had even brought the Applicant for a site visit to Nursing Home B on 8 November 2025. The Respondent said that the social worker then informed him on 11 November 2025 that the Applicant had decided on Nursing Home B.

27 From the evidence provided, I was not convinced by the Applicant's claim that his move to Nursing Home B was done against his will. The Applicant did not provide any evidence to show his resistance toward the transfer, or any attempts taken to avoid it. The Applicant also did not offer any explanation as to whether he could have left the nursing home on his own volition, and if not, the reasons why he was not able to. There was nothing put forth by the Applicant to contradict the Respondent's evidence that the Applicant had in fact acquiesced to the admission into Nursing Home B. I note that nowhere in L's affidavit did he suggest that the Applicant's stay in Nursing Home B was anything but voluntary. In fact, L stated that he took over from the Respondent as the named sponsor for the Applicant's stay at Nursing Home B on 24 December 2025, yet he did not discharge the Applicant thereafter either. I therefore did not find that the Respondent had wrongfully confined or restrained the Applicant on this occasion.

28 To avoid doubt, while the Respondent had relied on a WhatsApp exchange with a number allegedly belonging to a social worker from IMH, this social worker had not filed any affidavit nor was this social worker called as a witness to attest to the veracity of these messages. Without being able to verify the identity of the maker of these messages and without the Applicant having

the opportunity to cross-examine the social worker on these messages, I declined to rely on this WhatsApp exchange.

29 Insofar as the Applicant argued that the Respondent sought to coercively control the Applicant by retaining control over the Applicant's personal effects and communication devices and by restricting the Applicant's communications by instructing Nursing Home B to prohibit his contact with visitors, I did not find this to be made out.

30 While it is not disputed that the Respondent did retain the Applicant's personal belongings including his mobile phone, I accepted the Respondent's explanation that he had retained the Applicant's device in line with the nursing home's guidance. This was supported by an email he received from a Care Advisor of Nursing Home B on 11 November 2025, wherein a Care Advisor expressly informed that "we will discourage the elderly to bring their valuable items such as cash, jewelry or phone into our residential nursing home".[7] The Applicant did not refute this. The Applicant also did not provide any further elaboration as to how the Respondent's act of retaining his phone should be construed as a form of coercive control that was distressing to him or that caused him mental harm, for example, by at least explaining the extent to which this had affected his daily routine, or by naming some of the people he would ordinarily seek to contact but was unable to because he did not have access to his mobile phone. It also appeared to me that the Applicant had access to a phone at the nursing home, with which he could at least make phone calls. This is evident on the face of L's affidavit, where he testified that the Applicant had called him using a landline.[8] In these premises, I did not consider the

[7] RAEIC at p 34 - 36

[8] Applicant's witness' affidavit at paragraph 9

Respondent's conduct of retaining the Applicant's communication devices to be an act of coercive control.

31 Furthermore, while the Applicant claims that the Respondent had isolated him from his friends and fettered his ability to seek legal assistance or to ask for help, I noted that the Applicant was nevertheless able to contact various persons, including his friend and witness L, as well as his solicitor, on multiple occasions. The Respondent had also shared that the Applicant's friends from Canada visited him at Nursing Home B twice on 7 December 2025 and once more on 8 December 2025, something that the Applicant did not contest. This suggested that the Applicant was not as cut off from the world as he claimed. There was no evidence provided to show that the Applicant's access to his contacts was limited, for instance, by way of proof of requests made by a third party (such as L) to visit the Applicant that were rebuffed by the nursing home, or requests that the Applicant had made that were refused. As such, I did not find the Applicant's claims of the Respondent's coercive control to have been made out on this basis.

32 I therefore did not find that the Respondent had committed family violence against the Applicant on this occasion.

14 December 2025

33 The Applicant claimed that on 14 December 2025, the Respondent arrived at Nursing Home B unannounced to visit him. When the Respondent spotted a mobile phone (which the Applicant borrowed from L) on the Applicant's bed, he quickly stood up. When the Applicant picked up the mobile phone, the Respondent moved toward him and shoved him hard, causing him to hit the back of his chair. The Applicant said that the Respondent then snatched

the phone out of the Applicant's hand, folded up the Applicant's walking frame to prevent the Applicant from standing up or stopping him, then left, taking the Applicant's phone with him, once again leaving the Applicant without a phone.

34 The Respondent disputed the Applicant's version of events. The Respondent explained that he took the mobile phone away as he was concerned that the Applicant may fall prey to fraud or scams if he continued to have use of it, especially since he did not know how the Applicant came into possession of the phone. The Respondent also explained that he folded up the walking frame as it was getting in the way, and placed it next to the wall instead.

35 With regard to the claim that the Respondent forcefully pushed the Applicant, the Applicant did not provide any documents to prove this, nor did he furnish any accompanying details as to any injury suffered. The Applicant did not appear to have reported any injury, nor did he seek any follow-up examination from the nursing home or from a medical professional. There was nothing provided by the Applicant to suggest that the Respondent had caused him personal injury or physical pain. On the evidence, I found that the Applicant had failed to prove that the Respondent pushed him forcefully, as he claimed.

36 With regard to the Respondent's handling of the Applicant's walking frame, I did not accept the Respondent's explanation that he folded up the walking frame just because it was getting in the way. If the Respondent had only positive intentions, he could have reinstated the walking frame to a position where it could serve its purpose after the Respondent left, that is, to support the Applicant and facilitate his movement around the room. This cannot be done if the walking frame was placed beyond his reach. That being the case, I did not consider this to be an act of physical abuse. In this case, there was no infliction of any personal injury or physical pain. The Applicant was also not confined or

restrained by this. The threshold for finding family violence is much higher than that of an inconvenience, which in my view, was the extent of the Respondent's conduct in relation to the walking frame. This was an inconvenience that in all likelihood would have been nothing more than a temporary one within the confines of a nursing home, which was presumably staffed with nurses regularly attending to its residents, and where the Applicant had himself testified was a place where doors are usually kept open,[9] ensuring visibility of nurses passing by.

37 Insofar as the Applicant argued that the act of folding up the walking frame, combined with the act of taking away the Applicant's mobile phone, amount to controlling conduct, I did not find that this was the case. Not every act causing unhappiness or frustration constitutes emotional or psychological abuse (*YBD v YBC* at [84]). The conduct alleged must "go beyond ordinary feelings of frustration, indignation, annoyance and unhappiness which is inherent in everyday life." (see *XZU v XZV* [2026] SGFC 31 ("*XZU v XZV*")). I did not consider that these two acts, on the face of this incident alone, crossed the threshold. There were no indications that the Respondent sought to exert control over the Applicant through fear. There was no verbal threat accompanying the Respondent's acts. There was no evidence that the Applicant had asked for the walking frame to be put back in its original place, or that he had asked for the phone to be returned (perhaps with an explanation that it belonged to someone else), such that I may have inferred any hint of coercive control through the Respondent's response. These may have been unkind and inconsiderate acts on the Respondent's part, but these do not amount to family violence.

[9] 17 April NE at p 14, lines 5 - 6

19 December 2025

38 Lastly, on 19 December 2025, the Applicant alleged that the Respondent went to Nursing Home B and arranged for a private ambulance to take the Applicant to IMH against his will. While the ambulance staff did not eventually proceed, the Applicant said that this was only after the Applicant called the police and with the intervention of the nursing home staff. The Applicant said that this incident left him distressed and fearing for his safety.

39 The Respondent did not deny having arranged for an ambulance to take the Applicant to IMH. He did so after receiving the 16 December Medical Report, which was forwarded to him from Nursing Home B earlier on 19 December 2025. The Respondent agreed that the nursing home staff did not allow the ambulance staff to proceed with sending the Applicant to IMH, after which he aborted his plans to bring the Applicant to IMH that day. The Respondent's response instead focused on the reasons for calling for the ambulance in the first place.

40 On the facts before me, I did not consider the Respondent's conduct here to amount to wrongful restraint or confinement. Unlike the earlier incident on 21 March 2024, there was no exertion of any physical force by the Respondent on the Applicant. There was ultimately also no restraint or confinement to speak of, since the Applicant remained where he was, in accordance with his own wishes. I therefore found no basis to find that any physical abuse was committed on this occasion.

41 However, the Applicant also argued that the Respondent's conduct amounted to emotional or psychological abuse for the distress this caused him. I accepted that this was a distressing situation for the Applicant. The calling of

an ambulance is not a casual act, nor is it one to be taken as lightly as hailing a taxi. The ambulance is a vehicle specifically used to transport a person who may have medical concerns specifically to a place where such medical concerns may be addressed or accommodated. It is not surprising that the Applicant may have been alarmed by this. By this point, the Applicant had good reason to believe that his health was on the mend: just days before this, the Applicant received a medical report that – from his perspective at least – certified the fitness of his mental condition. By the Respondent's own account, he had even visited the Applicant on 14 December 2025, with the intention of having a discussion to facilitate his return home.[10] It was therefore conceivable that the Applicant would have been alarmed by the Respondent arriving at the nursing home unannounced and arranging for an ambulance to take him to IMH.

42 I note that the Respondent's motivation for arranging an ambulance on this occasion differed considerably from that for the last two occasions. For the transfer on 9 August 2025, the Respondent cited some of the Applicant's behaviour at home which he felt required medical intervention at IMH. For the transfer on 14 November 2025, he had arranged for an ambulance to transport the Applicant from IMH to Nursing Home B, a facility that represented a step down in the level of medical care required. However, on this occasion on 19 December 2025, there did not appear to have been good reason for the Respondent to call for an ambulance, other than that he had disagreed with the findings in the 16 December Medical Report, was worried that the Applicant would use the findings therein to arrange for a return home, and therefore wanted the Applicant to be taken to IMH to undergo another assessment. There was no suggestion that the Applicant was, at the time, acting in any sort of anti-

[10] RAEIC at paragraph 24

social manner to warrant this measure taken by the Respondent. There was no suggestion that the Respondent had even asked the Applicant if he would agree to obtaining a second opinion.

43 In the backdrop of chronology of events and having taken into account the Applicant's mental fragility, I found that the extraordinary act of calling an ambulance to take the Applicant to IMH where there was no apparent emergency or negative behaviour on the Applicant's part would have been sufficiently distressing to the Applicant to amount to emotional or psychological abuse. While I agreed with the proposition that not every act causing unhappiness or distress will constitute emotional abuse, I found that the impact of the Respondent's actions on the Applicant here crossed the threshold and went beyond mere unhappiness or annoyance, particularly given the Applicant's previous resistance to being taken to IMH against his will. I therefore found that the Respondent had committed family violence on the Applicant on this occasion.

Considering the incidents as a course of conduct

44 For completeness, having assessed the above incidents individually, I considered if the incidents cited by the Applicant should be construed as a single course of conduct and if so, if this amounted to emotional or psychological abuse.

45 Over the course of the six incidents, the Applicant cited four instances of the Respondent attempting to take him to another institution via ambulance (21 March 2024, 9 August 2025, 14 November 2025 and 19 December 2025). The Applicant cited two incidents of the Respondent restricting the Applicant's access to means of communication (14 November 2025 and 14 December

2025). The Applicant also cited two incidents of physical abuse by the Respondent (8 December 2023 and 21 March 2024). The Applicant argued that the Respondent's actions during these incidents were part of a concerted effort to control, confine and isolate the Applicant and to override the Applicant's autonomy, thus committing emotional or psychological abuse on the Applicant.

46 On the balance of the evidence presented, I was not persuaded by the Applicant's argument. The Applicant did not coherently articulate why he felt that the Respondent wanted to control the Applicant and override his autonomy, or how he hoped to achieve this by admitting him into IMH or Nursing Home B. While the Applicant may complain that his admissions into IMH or Nursing Home B were distressing to him, it is evident that these admissions were not devoid of any basis or precedent. The Respondent's attempts to take the Applicant to IMH or a nursing home via ambulance ought to be seen in context, rather than in a vacuum:

(a) The Applicant appears to have a history of mental health concerns. As noted above, the 16 December Medical Report referred to his recent admission in IMH for paranoia stemming from difficult personality with a background of antisocial, paranoid and narcissistic personality disorder. It also referred to an earlier diagnosis of agitated depression. It further noted that in 2014, the Applicant was diagnosed to have Parkinson's disease with a deep brain stimulator in situ. According to this report, the IMH speech therapist had observed the Applicant to be easily distracted, impulsive and unlikely to be compliant with safe feeding strategies, which would have been problematic for a person diagnosed with a mild form of swallowing disorder. This hinted that the Applicant may warrant more care and attention than normal, perhaps beyond the level that he would have been afforded to him at home.

(b) Prior to his admission into Nursing Home B, the Applicant had previously resided in another nursing home, Nursing Home A. There was no suggestion that his stay at Nursing Home A was involuntary. This suggested that the Applicant was no stranger to such an arrangement and that there may therefore be good reasons why the Applicant should be compelled to reside somewhere other than his own residence. In the 16 December Medical Report, it is reflected that when the doctor asked if he would ever return to Nursing Home B after any future discharge, the Applicant indicated that he may consider this.

47 Leaving aside the attempts to take the Applicant to IMH or Nursing Home B, I did not find the Respondent's other actions of alleged physical abuse or retention of the Applicant's means of communication to sufficiently amount to a concerted effort to control and isolate the Applicant, particularly where I did not accept the Applicant's version of events in relation to his allegation of physical abuse on 8 December 2023, and found the Respondent's retention of the Applicant's personal effects (including mobile phone) on 14 November 2025 to be justified. The remaining acts were more appropriately left to be assessed in isolation, as I had done above. I therefore did not find that this series of incidents cumulatively amounted to emotional and psychological abuse.

Was the grant of a Personal Protection Order necessary?

48 Even if family violence was committed, the court may not grant a PPO if it was not necessary for the Applicant's protection or personal safety. This may be the case if there was a low likelihood of the perpetrator committing family violence against the victim in future, for instance, if the family violence committed was a one-off instance and the violence was not serious (see *XZU v XZV* at [51]). I therefore considered if a PPO would be necessary,

notwithstanding my above findings that the Respondent's conduct of physical restraint (on 21 March 2024) and arranging an ambulance to take the Applicant to IMH (on 19 December 2025) amount to family violence.

49 To this end, I found that a PPO would not be necessary given the facts and circumstances of the case.

50 First, apart from the incident on 21 March 2024, which took place more than two years ago, and apart from the other allegations of physical abuse made (which I did not accept), there was no other incident of physical altercation between the parties. All other attempts to transport the Applicant to IMH or a nursing home were managed without any physical restraint by the Respondent. Even on 19 December 2025 when the Respondent's attempt to send the Applicant to IMH was frustrated, the Respondent never resorted to any physical action. I therefore did not find any reason to believe that a similar incident of physical abuse was likely to arise.

51 Second, I found the likelihood of the Respondent making a repeat attempt at calling an ambulance without good reason, as he had done on 19 December 2025, to be low. Of the four incidents listed of the Respondent attempting to take the Applicant to another institution via ambulance (21 March 2024, 9 August 2025, 14 November 2025 and 19 December 2025), this was the only one where I found that the Respondent did not have good reason for doing so. The harm caused to the Applicant was ultimately of low gravity with little apparent lasting consequence. The fact that the Applicant was able to resist being taken to IMH that day also suggested to me that there were sufficient safeguards to ensure he would not be taken away without good reason. Furthermore, I noted that whereas the Applicant had previously listed the Respondent as one of his Donees under his Lasting Power of Attorney ("LPA"),

the Applicant revoked his LPA immediately after the incident on 19 December 2025 (p2, AAEIC). This may have the effect of enhancing the Applicant's ability to resist any future attempts to take him to another institution without his consent and quell any future distress that may consequently arise as a result of such attempts.

52 I therefore found that the grant of the PPO was not necessary. On the contrary, granting a PPO may in fact have been counter-productive as it may stave off other occasions where the Respondent may legitimately require the services of an ambulance in situations where the welfare of the Applicant and those around him warrant it.

Conclusion

53 The application was therefore dismissed.

54 The Respondent's counsel sought costs amounting to $20,000 (all-in). The Applicant argued that there should be no order as to costs. I ordered that costs of $3,000 (all-in) be payable by the Applicant to the Respondent within two weeks.

Marcus Ho
District Judge

Mark Cheng Wei Chin (Mark Cheng Law Corporation) for the Applicant;
Chan Yuen Ling (Ramdas & Wong) for the Respondent.
