

Doctors' and Lawyers' Perspectives of Child Abuse and Neglect in Singapore

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ABSTRACT

Aim of study: To investigate the Singaporean doctor's and lawyer's definition of child abuse and neglect, their attitudes towards reporting and their manner of handling suspected cases.

Methods: A self-addressed questionnaire survey was carried out in a population of hospital doctors, family physicians and lawyers. A total of 368 respondents participated in the survey.

Results: Most respondents had similar parenting attitudes. The majority felt that child abuse occurred sporadically but 25% of family physicians felt it seldom occurred. Thirty-eight per cent of family physicians had a personal definition of child abuse compared to less than a third of hospital doctors. There was a high consensus among all 3 groups concerning 21 behaviours studied. In all 3 groups, more than 80% agreed that having sex, burning child, tying child and not protecting the child from sexual advances were both unacceptable and abusive. More than 80% of respondents felt that some form of compulsory reporting is necessary in Singapore. Doctors preferred to refer cases of physical abuse to the hospital while lawyers preferred the police. All agreed that sexual abuse is a matter for the police. Respondents were more likely to act in cases of physical abuse and sexual abuse than for cases of emotional abuse and neglect.

Conclusions: There is a need to formalise definitions of child abuse in our society. More education and training in the understanding and handling of child abuse by doctors and lawyers may be necessary.

Keywords: child abuse and neglect, physical abuse, sexual abuse, emotional abuse, Singapore

INTRODUCTION

The definition of child abuse is both elusive and difficult to grasp and its concepts are not universal. The responsibilities of an observer in suspected child abuse are also not clear. There are many cross-cultural differences in defining and reacting to child abuse. Most of the definitions that we know of come from the West⁽¹⁻⁴⁾. Few local studies on child abuse are available. A recent local study by the Singapore Children's Society (SCS)⁽¹⁰⁾ examined perceptions of child abuse in a population representative of the Singapore population.

However, no study has yet been conducted to specifically assess the professional's attitudes on child abuse and neglect.

Our study aims to assess the perceptions of 2 professional groups on the definition of child abuse. We also want to examine how the doctor and lawyer would handle such cases of suspected child abuse.

MATERIALS AND METHODS

This is a descriptive, cross-sectional study. A self-administered English language mail questionnaire was used to collect data. The items of information collected consisted of demographic data of the respondents, their knowledge, attitudes and practice decisions concerning child abuse and neglect. Twenty-one behaviours which could potentially be perceived as child abuse and neglect were used for respondents to rate (Table I). Our definitions of child abuse therefore emphasises on acts (of commission as well as omission) by perpetrators. This approach has been taken by many authors⁽¹¹⁾.

Three groups have been identified for the study; family physicians in Singapore; hospital-based doctors in Tan Tock Seng Hospital and practising lawyers in Singapore. The 3 samples are as follows: 500 randomly selected family physicians from the database of the

Table I – Actions with the potential to be rated as child abuse and neglect

Potentially sexual abuse	
1.	Having sex with the child
2.	Parent not protecting child from sexual advances by other adults
3.	Adult appearing naked in front of child
4.	Taking photographs of the child naked
Potentially physical abuse	
5.	Shaking child hard
6.	Tying child up
7.	Slapping child on the face
8.	Burning child with cigarettes, hot water and other hot things
9.	Caning child
Potentially neglect	
10.	Leaving child alone in the house
11.	Allowing child access to pornographic material
12.	Ignoring signs of illness in a child eg. high fever
13.	Ignoring child's educational needs
Potentially emotional abuse	
14.	Threatening to abandon child
15.	Locking child outside house
16.	Locking child in a room
17.	Always criticising child
18.	Make child study for a long time
19.	Calling child "useless"
20.	Telling child other children are better
21.	Never hugging child

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Table II – Demographic profile of respondents

	Family physicians	Hospital doctors	Lawyers
Age			
Mean	42 years	32 years	37 years
Minimum	29 years	24 years	26 years
Maximum	75 years	61 years	61 years
Sex			
Male	127 (75.6%)	56 (58.9%)	71 (67.6%)
Female	41 (24.4%)	39 (41.1%)	34 (32.4%)
Total	168 (100%)	95 (100%)	105 (100%)
Ethnic group			
Chinese	160 (95.2%)	89 (93.7%)	79 (75.2%)
Malay	2 (1.2%)	0 (0.0%)	1 (1%)
Indian	5 (3%)	5 (5.3%)	21 (20%)
Others	1 (0.6%)	1 (1.1%)	4 (3.8%)
Total	168 (100%)	95 (100%)	105 (100%)
Religion			
Christian	100 (59.5%)	61 (64.2%)	61 (58.1%)
No religion	50 (29.8%)	20 (21.1%)	18 (17.1%)
Buddhist	11 (6.5%)	12 (12.6%)	9 (8.6%)
Muslim	1 (0.6%)	-	3 (2.9%)
Hindu	1 (0.6%)	2 (2.1%)	10 (9.5%)
Total	168 (100%)	95 (100%)	105 (100%)
Marital status			
Married	155 (92.3%)	44 (46.3%)	69 (65.7%)
Single	11 (6.5%)	51 (53.7%)	32 (30.5%)
Separated/divorced	1 (0.6%)	-	4 (3.8%)
Widowed	1 (0.6%)	-	-
Total	168 (100%)	95 (100%)	105 (100%)
Having children			
Respondents with children	144 (85.7%)	26 (27.4%)	56 (53.3%)

Table III – Proportion of respondents agreeing (A) and strongly agreeing (SA) with statements regarding parenting attitudes

Level of agreement	Family physicians		Hospital doctors		Lawyers	
	SA	A	SA	A	SA	A
Parents should love their children	92.3%	7.7%	93%	7%	90.4%	9.6%
Children are the property of parents	25%	36.9%	21%	38%	10.8%	21.6%
Children should obey their parents	31.7%	67.7%	37%	61%	31.1%	66%
Parents should be responsible for their children's discipline	59.5%	40.5%	59%	41%	54.8%	41.3%
Parents punish children out of love	24.7%	61.4%	24%	59%	16.7%	60.8%
Parents can physically punish their children	15.1%	61.4%	16%	68%	11%	73%
Parents should only show children what is good for the child's development	24.2%	57.6%	19%	55%	24%	57.7%
Parents should protect their children against sexual advances by anyone	77.4%	21.4%	83%	17%	80.8%	18.3%
Parents want their children to achieve academically	32.1%	67.3%	29%	71%	32.7%	65.4%
Parents should ensure their children are always supervised	34.7%	56.9%	28%	61%	26%	64%
Parents should be concerned about their child's health	73.2%	26.8%	74%	26%	70.2%	29.8%
There are parents who abuse their children in Singapore	44.6%	53%	47%	53%	29.1%	68.9%

Table IV – Professionals' perception of extent of child abuse problem

	Family physicians n = 165	Hospital doctors n = 93	Lawyers n = 102
Widespread	0.6%	2.1%	4.9%
Sporadic	67.3%	88.2%	75.5%
Seldom	25.5%	9.7%	18.6%
Hardly ever	6.6%	-	1%
Total	100%	100%	100%

Table V – Distribution of respondents who had a definition for child abuse and neglect

	Personal definition	Legal definition	Agency definition
Family physicians	64 (38.1%)	22 (13.1%)	8 (4.8%)
Hospital doctors	27 (28.4%)	13 (13.7%)	16 (16.8%)
Lawyers	42 (40%)	12 (11.4%)	2 (1.9%)

College of Family Physicians containing 1,177 doctors, 280 available doctors working in Tan Tock Seng Hospital and 500 randomly selected lawyers from the 1994 Law Society Directory containing 2,432 lawyers. A total of 368 respondents replied to the self-administered survey, 168 family physicians, 95 hospital doctors and 105 lawyers. This gave a response rate of 33.6%, 33.9% and 21% for the 3 groups respectively. The survey was conducted between November 1995 and January 1996.

Data was captured using dBASE IV programme and data analysis was done using the Statistical Package for Social Sciences (SPSS).

RESULTS

Demographic characteristics of respondents

The family physicians have an average age of 42 years compared to 37 years for lawyers and 32 years for hospital doctors. There were more male respondents for all three groups. The majority of respondents are Chinese. About 60% are Christians. More family physicians and lawyers are married compared to hospital doctors, reflecting the age differences. 85.7% of family physicians have children compared to 53.5% and 27.3% of lawyers and hospital doctors respectively (Table II).

Parenting attitudes

The respondents were asked 12 statements regarding parent-child relationships. Respondents were asked to rate their agreement to a statement on a 4-point scale (strongly agree, agree, disagree and strongly disagree) (Table III).

Extent of child abuse in Singapore

The respondents were asked what they perceived was the extent of child abuse. Majority in all three groups felt the problem was sporadic (Table IV).

Definitions of abuse and neglect

The respondents were asked whether they had a definition of child abuse and neglect. These were divided into personal, legal or agency definitions. Personal definitions refer to a personal understanding of the concept of child abuse, legal definitions refer to whether the respondent was aware of how the law defines child abuse; while agency definition refers to whether the agency where the respondent works had a definition of child abuse. Nearly 40% of family physicians had a personal definition of child abuse compared to less than 30% of hospital doctors. Only 1.9% (lawyers) to 16.8% (hospital doctors) had an agency definition of child abuse (Table V).

The levels of consensus between different types of abusive situations were assessed (Table VI). There is a high consensus based on the proportions of doctors and lawyers who strongly agreed to the stated behaviours for burning and tying up a child, having sex with the child and not protecting the child from sexual advances by other adults. These were considered to be abuse in more than 80% of respondents. Only 6.8% of family physicians, 5.7%

Table VI – Levels of consensus in terms of abuse

Actions	Family physicians		Hospital doctors		Lawyers	
	Always	Sometimes	Always	Sometimes	Always	Sometimes
High consensus (>80%)						
• Burning child with cigarettes, hot water and other hot things	98.7%		96.8%		97.9%	
• Having sex with the child	97.5%		95.7%		97.9%	
• Parent not protecting child from sexual advances by other adults	85.4%		94.6%		88.8%	
• Tying child up	80.1%		87.1%		86.2%	
Moderate consensus (40-80%)						
• Ignoring signs of illness in a child eg. high fever	69.9%		76.1%		79.8%	
• Allowing child access to pornographic material	64.2%		70.7%		80.6%	
• Ignoring child's educational needs	61.3%		70.3%		65.6%	
• Locking child outside house	59.1%		75%		71.3%	
• Taking photographs of the child naked	55.3%		66.7%		52.1%	
• Locking child in a room	35.1%		41.8%		49.5%	
• Never hugging child	20.8%		31.8%		42.2%	
• Shaking child hard	35.1%		40.7%		33.7%	
• Threatening to abandon child	26.5%		30%		45.1%	
Low consensus (<40%)						
• Adult appearing naked in front of child	-		38.9%		28.9%	
• Always criticising child	26%		35.6%		33.7%	
• Slapping child on the face	26%		33%		31.1%	
• Leaving child alone in the house	26.5%		9.5%		14%	
• Calling child "useless"	12.1%		18.9%		23.9%	
• Caning child	6.8%		5.7%		14.6%	
• Telling child other children are better	5.4%		6.7%		12.6%	
• Make child study for a long time	5.4%		6.7%		13.5%	

Table VII – Proportion who feel that reporting should be compulsory

	Family physicians	Hospital doctors	Lawyers
For everyone	57 (34.1%)	51 (53.7%)	34 (32.4%)
For some	95 (56.9%)	38 (40.0%)	51 (48.6%)
Not compulsory	15 (9%)	5 (5.3%)	20 (19%)
Total	167 (100%)	95 (100%)	105 (100%)

Table VIII – Perception of who should reporting of child abuse be made compulsory

	Family physicians n = 95	Hospital doctors n = 38	Lawyers n = 51
Social workers	57.9%	100%	64.7%
Medical professionals	56.8%	94.7%	64.7%
Police	48.4%	84.2%	56.9%
Lawyers	40%	52.6%	47.1%
Educational professionals	45.3%	71.1%	45.1%
Religious personnel	24.2%	36.8%	23.5%
Family members	36.8%	57.9%	41.2%
Public	4.2%	2.6%	5.9%

Table IX – Likelihood of action by respondents in a suspected case of child abuse

	Family physicians		Hospital doctors		Lawyers	
	Always	Sometimes	Always	Sometimes	Always	Sometimes
Physical abuse	93.9%	6.1%	95.9%	2.7%	86.7%	9.5%
Neglect	69.2%	27.4%	75.7%	23%	64.8%	31.4%
Sexual abuse	95.9%	2.8%	97.3%	1.4%	94.4%	1.9%
Emotional abuse	76.2%	23.8%	73%	27%	61%	33.3%

Table X – Types of action that will be taken by respondents

	Family physicians	Hospital doctors	Lawyers
Physical abuse			
Refer child to hospital	71.4%	76%	67.6%
Call the police	47.6%	69.3%	77.1%
Contact social worker	11.3%	45.3%	21.9%
Inform MCD*	17.9%	29.3%	39%
Refer family to counselling service	13.1%	24%	20%
Refer to child psychiatrist	1.8%	22.7%	6.7%
Refer to a religious personnel	3%	2.7%	8.6%
Manage the case	2.4%	1.3%	2.9%
Neglect			
Contact social worker	44%	66.6%	51.4%
Inform MCD	42.9%	49.3%	69.5%
Refer family to counselling service	30.4%	26.7%	22.9%
Call the police	5.4%	16%	19%
Refer child to hospital	8.3%	13.3%	12.4%
Refer to a religious personnel	4.8%	6.7%	9.5%
Refer to child psychiatrist	1.2%	5.3%	3.8%
Manage the case	4.2%	0%	9.5%
Sexual abuse			
Call the police	67.9%	85.3%	89.5%
Refer child to hospital	41.7%	54.7%	27.6%
Contact social worker	15.5%	46.7%	28.6%
Inform MCD	22%	33.3%	57.1%
Refer to child psychiatrist	11.3%	36%	23.8%
Refer family to counselling service	10.7%	24%	17.1%
Refer to a religious personnel	4.8%	4%	9.5%
Manage the case	0.6%	1.3%	1.9%
Emotional abuse			
Refer to child psychiatrist	61.9%	60%	46.7%
Contact social worker	25.6%	61.3%	53.3%
Inform MCD	14.3%	36%	49.5%
Refer family to counselling service	34.5%	33.3%	38.1%
Refer child to hospital	19%	29.3%	11.4%
Call the police	5.4%	18.7%	18.1%
Refer to a religious personnel	8.3%	12%	26.7%
Manage the case	4.8%	1.3%	4.8%

* Ministry of Community Development

of hospital doctors and 14.7% of lawyers considered caning definite abuse in any situation.

Attitudes on compulsory reporting

The respondents were asked to give their views on mandatory reporting and more than 80% of respondents in all 3 groups felt that some form of compulsory reporting was necessary (Table VII). For the respondents who felt that only certain people should report child abuse/neglect, social workers, medical professionals and police were highest on their list (Table VIII).

Actions that may be taken

Respondents were asked what actions they may take based on the type of abuse (Table X). Respondents were more certain on what to do in cases of physical abuse and sexual abuse than for cases of emotional abuse and neglect. Doctors preferred to refer to cases of physical abuse to the hospital (71% – 76%) while lawyers preferred the police (77%). Sixty-eight percent to 90% of respondents agreed that sexual abuse is a matter for the police.

DISCUSSION

Parenting attitudes

The universal concept that “Parents should love their children” is well reflected by more than 90% of respondents strongly agreeing with the statement. This is why child abuse, especially when

committed by parents, becomes so abhorrent. More doctors (59% to 61.9%) agreed with the statement that “Children are the property of parents” than lawyers (32.4%). This may suggest that lawyers are less traditional in their beliefs than doctors. Interestingly, lawyers were more in agreement (84%) with doctors (77% to 84%) when it came to the statement that “Parents can physically punish their children”. However, the proportion of agreement was less (more than 20% disagreed) in these last 2 statements suggesting that such traditional beliefs are less adhered to.

Definitions

There is a clear lack of definitions in most organisations and agencies that doctors and lawyers work in (4.8% for family physicians, 16.8% for hospital doctors and 1.9% for lawyers). It is surprising that lawyers had such low agency (1.9%) and legal definitions (11.4%) of child abuse compared to doctors. There are legal definitions of child abuse that are laid out in the Penal Code and the Children and Young Persons Act. But not all lawyers appear to be aware of this. Perhaps this is due to the fact that lawyers are highly specialised in their work and do not necessarily do family work as part of their regular practice. However, some 30% – 40% of respondents have a personal definition of child abuse (38.1% for family physicians, 28.4% for hospital doctors and 40% for lawyers). There is thus a great need to set down

definitions for child abuse pertinent to our socio-cultural context.

The respondents appeared to consider sexual and physical abuse more seriously (>80%) as compared to emotional abuse and neglect. However, it has been shown in some studies that emotional abuse can also cause distress and disability^(12, 13).

Caning a child is not generally considered abuse by the majority of respondents. Only 6.8% of family physicians, 5.7% of hospital doctors and 14.7% of lawyers considered caning definite abuse in any situation. This is an example of cross-cultural variability in child-rearing practices as some other culture may find caning unacceptable and abusive. Lawyers were more strongly against caning than doctors. Once again this may reflect the less traditional views of the lawyer.

Reporting of abuse

More than 80% of respondents felt that some form of compulsory reporting is necessary in Singapore. These results compare with that of 63% done on the general population by SCS⁽¹⁰⁾ ($p < 0.001$). Professionals thus have a significantly stronger attitude towards some compulsory reporting of child abuse. Lawyers (19%) were less convinced that reporting should be made compulsory than doctors (5% to 15%). Perhaps some lawyers are more aware of the pitfalls of reporting than doctors.

For the respondents who felt that only certain people should report child abuse or neglect, social workers, medical professionals and police were most often mentioned. However, teachers and religious personnel were less often mentioned despite their likelihood of seeing cases of child abuse. Compared to the SCS survey where only 31% of respondents felt that professionals should report cases, our 3 groups of professionals felt more strongly that professionals should report cases of child abuse rather than family or public.

Although there appears to be strong support for mandatory reporting of child abuse, limitations of this legal recourse must first be considered. Children may fail to be protected and ethical dilemmas may arise in terms of confidentiality⁽¹⁴⁾. Mandatory reporting may serve a number of roles such as ensuring the child's safety, improving the response of the medico-social system to child abuse, holding perpetrators accountable and improving the documentation on child abuse cases. However, children may fail to be protected because there may be retaliatory violence to the child. Some perpetrators may even limit access to health care once reporting is suspected. Mandatory reporting alone does little to ensure that appropriate care is provided to the abused child. Clinicians may feel that once they have reported the case, the responsibility of ongoing care is thus abdicated. Furthermore, those clinicians who view reporting as detrimental to the child and his family may choose not to inquire about abuse at all. Even data

collection may be inaccurate if false reporting is high. Confidentiality of medical information encourages people to seek medical care. Breaches of this confidentiality may undermine trust and deter patients from confiding in their doctors. Exceptions to confidentiality are justified to prevent serious harm to children, who may be incapable of seeking assistance on their own. Yet such an exception is warranted only when the risk of harm is great and the benefits of intervention substantial, which may not be a consideration in mandatory reporting. It thus remains a difficult decision for the clinician.

Actions taken

Respondents were more certain of what to do in cases of physical abuse and sexual abuse. This is likely due to a perception that these 2 forms of abuse are more serious. However, emotional abuse and neglect can be just as damaging. It is not surprising that doctors preferred to refer cases of physical abuse to the hospital while lawyers preferred the police. This may reflect the background and working environment of the respondents. All agreed that sexual abuse is a matter for the police. This implies that sexual abuse is considered the most serious in the minds of the respondents.

CONCLUSION

This study shows that there is a clear consensus that burning a child with hot things, tying a child up, having sex with a child and parent not protecting a child from sexual advances by other adults constitute child abuse. Caning is abusive only in certain situations. The lack of definitions in institutions that doctors and lawyers work suggest a need to formalise definitions of child abuse in our society. More than 80% of respondents supported some form of compulsory reporting of child abuse. Medical social workers, doctors and police are most frequently regarded as professionals for which compulsory reporting be mandated. Sexual and physical abuse are viewed more seriously than emotional abuse and neglect by the 3 groups studied.

There were also interesting differences between doctors' and lawyers' perceptions. Lawyers appear to be less traditional in their views and were less aware of legal or agency definitions of child abuse.

Child abuse is often considered more a social problem. However, it is important for other professionals such as doctors and lawyers to understand its definition, recognise its occurrence and know what to do when encountering it. This study suggests that more education and training in the understanding and handling of child abuse may be necessary. One way is for more doctors to study this social phenomenon and publish their results in a medical journal to help inform and educate their medical colleagues.

ACKNOWLEDGEMENTS

The authors would like to thank the following, without which this paper would not have been possible.

1. Associate Professor Goh Lee Gan who gave his time, effort and guidance.
2. The College of Family Physicians which provided a generous research grant.
3. Miss Patricia Tan of the Singapore Children's Society who shared her experience with us.

REFERENCES

1. Cafey J. Multiple fractures in the long bones of infants suffering from chronic subdural haematoma. *AJR* 1946; 56:163-73.
2. Kempe CH, Silverman FN, Steele BF, et al. The battered child syndrome. *JAMA* 1962; 181:17.
3. Ludwig S, Kornberg AE: Child abuse: a medical reference 2nd ed, 1991.
4. Skuse D, Bentovim A. Physical and emotional maltreatment in Child and Adolescent Psychiatry 3rd ed, 1994.
5. Wong HB. The Battered Child Syndrome in Singapore. *J Singapore Paediat Soc* 1980; 21:3- 4:148-59.
6. Chao TC. The abused child, *Singapore Family Physician* 1976; 2(4): 107-11.
7. Ng AYH. The pattern of rape in Singapore. *Singapore Med J* 1974; 15:49-50.
8. Sng SP, Ng KC. A study of alleged rape in Singapore. *Singapore Med J* 1978; 19:160-5.
9. Ward C. The psychological impact of sexual assault: Case studies of adolescent victims. *Singapore Med J* 1988; 29:619-23.
10. Tan P, et al. Survey of public perceptions of child abuse in Singapore (Unpublished monograph of Singapore Children's Society) 1995.
11. Giovannoni JM, Becerra RM. Defining child abuse. New York: The Free Press, 1979.
12. Thompson AE, Kaplan CA. Childhood emotional abuse. *Br J Psychiatry* 1996; 168:143-8.
13. Green WH, Campbell MDM, David R. Psychosocial dwarfism: A critical review of the evidence. *J Am Acad Child Psychiatry* 1984; 23:39-48.
14. Hyman A, Schillinger D, Lo B. Laws mandating reporting of domestic violence: Do they promote patient well-being? *JAMA* 1995; 22:1781-7.