

**CHANGING PUBLIC PERCEPTIONS OF CHILD
ABUSE AND NEGLECT IN SINGAPORE**

RESEARCH MONOGRAPH NO. 10

NOVEMBER 2015

**CHANGING PUBLIC PERCEPTIONS OF CHILD
ABUSE AND NEGLECT IN SINGAPORE**

**Jacky Tan Chin Gee
John M Elliott
Cuthbert Teo Eng Swee**

We welcome your comments, feedback and suggestions.

Contact : Research Officer
Address : Singapore Children's Society
9 Bishan Place
#05-02
Singapore 579837
Telephone : (65) 6358 0911
Facsimile : (65) 6358 0936
Email : info@childrensociety.org.sg

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ISBN [978-981-09-7036-9]

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FOREWORD

Doing our Part in Protecting our Children in Singapore

Singapore is a small country without natural resources. The Singapore family size is small and its population is ageing. Children are regarded as valued members of the family and the country's greatest asset and future. Great importance is placed on their well-being, health, education and development, to ensure their basic physical, intellectual, emotional and social needs must be met. Children are vulnerable and unable to protect themselves in adversity. They deserve a childhood free of abuse and neglect. But most of all, children are to be valued for who they are.

In 1986, the then Singapore Council of Social Service initiated a comprehensive review of the state of child abuse and neglect (CAN) in Singapore. This landmark study established the fact that protecting children from abuse and neglect was a major global challenge and Singapore was not spared. The need to ramp up our national capacity for child protection was obvious.

Singapore Children's Society played an active role in the panel of the review. In 1988, the Child Abuse and Neglect Prevention Standing Committee (CANPSC) was formed. Since then, our Society has become the major Voluntary Welfare Organisation (VWO) spearheading the cause of child protection in Singapore. In 1992, we connected with the International Society for Prevention of Child Abuse and Neglect (ISPCAN). Founded in 1977, ISPCAN is the only multidisciplinary international non-profit organisation that brings together a worldwide cross-section of committed professionals to work toward the prevention and treatment of child abuse, neglect and exploitation globally.

In its early years, the CANPSC worked very closely with the then Ministry of Community Development (MCD) in the management of children who had been abused, as well as families at-risk. We produced brochures for the public and the professionals to increase their awareness of CAN, advising and encouraging them to report cases of suspected CAN. However, we realised very soon that to be more effective and impactful, we had to direct our efforts to working more "upstream". Successful child protection begins with prevention. For many years, our advocacy and educational works had been based on world literature, which may not be applicable to local culture in many respects. To fully understand CAN as it presents itself in any particular culture, there is a need to consider the attitudes, values and philosophy that are prevalent in the society in which it occurs and at a given time. This is particularly relevant for Singapore with different race, language, religion and culture.

In 1993, a Research Subcommittee was formed within the CANPSC. The research conducted in 1994 and 1997 resulted in a series of monographs between 1996 and 2003:

- *Public Perceptions of Child Abuse and Neglect in Singapore*,
Published in December 1996
- *Professional and Public Perceptions of Child Abuse and Neglect in Singapore: An Overview*,
Published in April 2000
- *Professional and Public Perceptions of Physical Child Abuse and Neglect in Singapore*,
Published in April 2000
- *Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions*,
Published in February 2002

- *Child Sexual Abuse in Singapore: Professional and Public Perceptions*,
Published in June 2003

The important message from the research findings was that there were indeed cultural variations in child-rearing practices, and actions considered abuse in one culture might be acceptable in another. Moreover, practices acceptable within a specific cultural context might actually be harmful and damaging to the child's physical, emotional and psychological well-being upon evaluation. Our results also showed that the perceptions of professionals did not necessarily differ significantly from those of the public, and that among the professionals, there was great diversity in their definitions and interpretations of CAN. It seemed that if the professionals were in any great measure retaining the perceptions or attitudes of their cultures, they might not necessarily be well placed to evaluate accepted practices within those cultures in cases where these might be damaging to children. There was therefore a need to build greater consensus in opinions across different professions so as to facilitate more effective preventive measures and intervention efforts against CAN.

The series of research monographs on professional and public perceptions of maltreatment of children in Singapore, published by the Singapore Children's Society, can therefore be considered as monumental works, which will serve as a good local reference for those who protect and those who legislate.

The CANPSC was reorganised to become the current Research and Advocacy Standing Committee (RASC) in 2003. It continued to spearhead research-based advocacy works in parenting and disciplinary practices in Singapore (2006), and our children's social and emotional well-being (2008). We also championed a bully-free environment in Singapore's schools (2008, 2010). Living in a digital world, we are also seriously venturing into prevention of cyber-bullying. Our Society's Sunbeam Place currently offers substitute residential care for children whose parents are not able to carry out their functions and the child must be removed from the home. A recent retrospective study on the outcomes of children at Sunbeam Place provides evidence that the children had been well taken care of (2014).

Since 2003, Children's Society has been working very closely with the Compulsory Education Unit at the Ministry of Education (MOE) to help primary school pupils and their families who are at risk of not observing the Compulsory Education Act. From 2009, we have also been involved with the MOE's Pre-School Education Branch to help families who have difficulties registering their five- and six-year-olds at a pre-school. In 2012, the Society submitted a position paper on Early Childhood Education to the government. We believe that by investing early on our children, the less privileged can get a good start. Our Society would like to play our part in the multi-disciplinary and multi-agency early childhood intervention programmes.

In November 2005, the Children's Society organised the 6th ISPCAN Asian Regional Conference. Our Society has been a regular participant and an active contributor to both Regional and International ISPCAN meetings. Since 2007, in celebration of Children's Society's 55th Anniversary, we are the first VWO in Singapore to start an annual Singapore Children's Society Lecture series, which has become an important mean to raise issues concerning bringing up our children in Singapore. In addition, the biennial Children's Forum provides a platform for our children's voices to be heard.

Protecting children has to do with strong legislation, practical policies, effective programmes and services that strive to promote children's holistic development, to protect those who are at risk from harm, and to rehabilitate those children if and when they become a threat to themselves and to others in the society. In Singapore, the family is recognised as the building block of society and the most natural environment for nurturing the young. Policies and programmes are therefore pro-family to preserve and strengthen the family unit. Increasingly, many efforts have been made to enable, support and empower the family not only to discharge its responsibilities to the young, but also to enjoy its role. Children's Society has been heavily involved in the planning and execution of these strategies.

The National Standards for Protection of Children sets out the framework for the management of child protection in Singapore and describes the referral standards required by the different sectors involved. The National Standards aim to enable professional judgment to be exercised within a framework of transparency; to encourage the adoption of good practice including the development of practice guidelines and manuals; and to enhance public confidence that the management of child protection will be prompt and handled with the child's interest as the main priority.

The general legal framework and provisions for the protection of children and victims of violence in Singapore are set out in a number of statutes, such as the Children and Young Persons Act (CYPA), the Women's Charter, the Guardianship of Infants Act, the Adoption of Children Act, the Employment Act and the Penal Code. In the revised CYPA (2001), emotional and psychological cruelty has been clearly spelt out as a form of abuse. It is important to note that, however, the law only provides essential safeguards, and is a last resort. The more successful we are in our efforts to promote children's well-being, the less the law will be called into use.

Singapore acceded to the United Nations Convention on the Rights of the Child (UNCRC) on 2 October 1995. In January 2011 our Society was the Non-Governmental Organisation (NGO) in the Singapore contingent that made Oral Presentations of Singapore's Second and Third Periodic Report to the UNCRC at Geneva, Switzerland. We were told at the sessions that the bar for our performance had been raised to a very high level. Singapore is also working towards creating an inclusive environment for people with disabilities, and children with disabilities are particularly vulnerable. Singapore has signed the United Nations Convention on the Rights of People with Disabilities (UNCRPD) in November 2012, and the Agreement came into effect on 18 August 2013. The Enabling Masterplans (2007-2011 and 2012-2016) adopt a life-course approach and put special emphasis on early identification and interventions on children with developmental problems.

Singapore has come a long way in our national efforts in protecting our children. Children's Society is proud to be part of this national journey in bringing relief and happiness to children in need. However, it is obvious that even the greatest efforts may not be enough. There are still hurdles and barriers to building consensus in opinions across different professions to bring about effective preventive measures and intervention efforts against CAN. For the future, we also need to scan the horizon so that pre-emptive strategies can be in place to prevent our children from treading into harm's way.

It is almost 30 years since the landmark Singapore Council of Social Service Review on CAN in Singapore, and 20 years since our Society embarked on our research into public and professional attitudes and perceptions of CAN. Revisiting these issues is most timely, as it

serves as an interim evaluation of our efforts. We also hope it will provide directions in our future advocacy and educational endeavours.

The publication of this 10th monograph comes five years after our 9th monograph in 2010. It also arrives at the time when our nation is celebrating the Golden Jubilee. I would like to send my heartfelt congratulations and gratitude to Professor John Elliott, our Research Committee Chairman, Dr Cuthbert Teo, who put in a lot of effort as a research advisor, and our team of research officers for this great piece of work.

Professor HO Lai Yun, JP, BBM, PBM, PBS
Vice-Chairman, Singapore Children's Society
Chairman, Research and Advocacy Standing Committee
August 2015

ACKNOWLEDGEMENTS

The completion of this study would not have been made possible without the significant contribution of the following persons and organisations. I would like to express my gratitude to the Singapore Children's Society Research & Advocacy Standing Committee and the Research Committee for their support and guidance throughout the duration of this study. I would like to express my sincere gratitude to my Research Advisors Dr John M. Elliott and Dr Teo Eng Swee Cuthbert for their continuous support and invaluable advice right from the beginning of the study. My gratitude goes to Research Officer, Ms Chan Qing Rong and Ms Koh Chee Wan for their work prior to my involvement in the study, and to Ms Denise De Souza and Ms Chua Shi Min for their guidance in the writing of this monograph. My heartfelt thanks go to Ms Ong Xiang Ling for helping to translate my thoughts into words and Ms Lin Xiaoling, Ms Wang Ping-Yin and Mr Phillip Tan for proofreading the monograph. My appreciation goes to Prof Phua Kong Boo, Ms Koh Wah Khoon, Ms Jacqueline Hong, Ms Christina Lau, Mr Winston Ong and Mr Suhaimi for their assistance during the early stages of the study. I received precious support from interns and volunteers who had generously given their time to help with the study, for which I am very thankful. My thanks also go to colleagues from the Singapore Children's Society whom I can count on for support whenever I need it. Last but not least, I would like to thank all the survey conductors for their hard work and respondents for their time to participate in the study.

Jacky Tan Chin Gee
Research Officer, Singapore Children's Society

LIST OF RESEARCH PUBLICATIONS

The present monograph is the latest in a series published by Singapore Children's Society. Earlier monograph publications can be freely downloaded from the Singapore Children's Society website at <https://www.childrensociety.org.sg/research-completed>

No.	Monograph title and description
1	<i>The Public Perceptions of Child Abuse and Neglect in Singapore</i> published in December 1996, confronts the average Singaporean's thinking towards child abuse and neglect.
2	<i>The Professional and Public Perceptions of Child Abuse and Neglect in Singapore: An Overview</i> published in April 2000 focuses on the attitudes of professionals towards abuse or neglect, and their opinions on the experience and reporting of child abuse and neglect.
3	<i>The Professional and Public Perceptions of Physical Child Abuse and Neglect in Singapore</i> published in April 2000 focuses specifically on the attitudes of professionals and the public towards physical child abuse and neglect.
4	<i>Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions</i> published in February 2002 focuses on the attitudes of professionals and the public towards child emotional maltreatment.
5	<i>Child Sexual Abuse in Singapore: Professional and Public Perceptions</i> published in June 2003 focuses specifically on the attitudes of professionals and the public towards child sexual abuse.
6	<i>The Parenting Project: Disciplinary Practices, Child Care Arrangements and Parenting Practices in Singapore</i> published in October 2006 looks into how children are disciplined, who their main caregivers are, and how parents interact with their children in general.
7	<i>Children's Social and Emotional Well-Being in Singapore</i> published in July 2008 examined parents' and children's perspectives on children's state of social and emotional well-being.
8	<i>Bullying in Singapore Schools</i> published in July 2008 examined the prevalence of bullying in the Primary and Secondary schools of Singapore.
9	<i>Young Adults' Recall of School Bullying</i> published in July 2010 examined the possible long-term effects of bullying on victims after they leave school and enter the society.

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Executive Summary

By 2003 the Singapore Children's Society (SCS) had published five monographs dealing with attitudes to child abuse and neglect (CAN). These monographs reported findings from a total of 401 public and 1,238 professional respondents, all of whom were asked to indicate whether a range of actions that could be taken as indicative of child maltreatment, should be regarded as unacceptable and abusive. They were an aspect of SCS commitment to advocating and pursuing the welfare of children. Initiatives to keep children safe from abuse and neglect required an understanding of the perceptions and attitudes of Singaporeans to CAN, including awareness of CAN among professionals who deal with children.

This monograph reports some of the results of a further study of 1,655 respondents from 2010 to 2011. It was undertaken to examine the nature and extent of changes that may have occurred in the intervening period, and to bring our understanding up to date. Findings from the 2010 survey of the public were compared with findings from the previous study. In addition, selected current findings from the public were compared to current findings from the professionals, to examine differences between these two categories of respondents.

Description of samples

Representative samples of 500 members of the public and 1,155 professionals were surveyed. Among the public, the ethnic breakdown was 76.4% Chinese, 12.0% Malay, 9.2% Indian and 2.4% from other ethnic groups. There was a roughly equal proportion of males (48.6%) and females (51.4%) respondents. Parents made up 67.4% of the public sample.

The professional sample comprised respondents from the social services, education, healthcare and law sectors. The breakdown was 61.8% Chinese, 12.3% Malay, 11.0% Indian and 9.1% from other ethnic groups. A higher proportion of the respondents were females (60.5% vs. 33.8%). Parents made up 42.8% of the professional sample.

Perceptions of child abuse and neglect

As in 1994, the public in 2010 continued to judge actions reflecting sexual abuse and physical abuse as constituting CAN, but were less prepared to describe actions consistent with neglect and emotional maltreatment as abusive. This pattern was also observed for the perceptions of the professionals in the 2011 survey. This suggested that for both the public and professionals, whether or not behaviour constitutes CAN may depend on the visibility of harm that it may have on the child. Behaviours that are indicative of physical and sexual abuse may be deemed to have a more obvious impact on the child, usually in the form of physical injuries. On the other hand, behaviours that are indicative of emotional maltreatment and neglect may be less likely to be deemed as CAN due to the less visible impact that they may have on the child.

In spite of this similarity in how they perceive CAN, there were changes in public perceptions of CAN over the years and differences have emerged between public and professional perceptions of CAN. Firstly, there were mixed changes in public perceptions of CAN over the years. For some behaviours, the public became more receptive to the idea that these behaviours have the potential to be abusive. However, the public was generally less

certain than before that actions suggesting neglect and emotional maltreatment were abusive. Instead, more of them perceived these actions only as potentially abusive.

Secondly, the public were less inclined than the professionals to describe as *abuse* behaviours suggestive of CAN. The public tended to give more *Is not abuse* and *Can be abuse* responses. This difference could be taken to reflect the greater capability of the professionals in identifying CAN. Presumably, the greater amount of training and experience that professionals undergo in the course of their work accounted for this difference between the perceptions of the public and those of professionals. It might also reflect greater uncertainty among the public as to the definition of CAN, such that there was more reluctant to identify a behaviour as CAN.

Attitudes towards reporting

The public held more favourable attitudes towards reporting CAN than before, being more likely to claim that they would report cases of CAN as well as give more support to mandatory reporting. More of them felt that neglect and emotional maltreatment should be reported. The police and the Ministry of Social and Family Development (MSF) are still the preferred channels for the public to report cases of CAN. Additionally, there was evidence that the public felt more than before, that CAN should be reported to SCS. There was greater support for mandatory reporting over the years, especially for family and relatives of the child and for professionals aware of a case.

The reasons stated for supporting the mandatory reporting of CAN were beliefs that this will increase the efficacy of child protection, one's duty to protect children from harm and the seriousness of CAN. Reasons for not supporting mandatory reporting included the difficulty of identifying CAN, respect for one's right to choose between reporting and non-reporting, the limitation of legislation and the safety of the person reporting.

Seriousness of incidents

Respondents were also asked to gauge the severity of incidents that are indicative of CAN. Both the public and professionals rated how serious an incident was. Consistent with the findings for their perceptions of whether different behaviours constituted CAN, incidents regarded as physical and sexual abuse were deemed more serious than those for neglect and emotional maltreatment. This pattern of ratings may be due to the greater ease of establishing harm and intention from just the behaviour alone when a child is sexually exploited and physically harmed. On the other hand, more information is usually needed to arrive at a correct judgment in potential situations of neglect and emotional maltreatment.

While the public were less inclined to rate incidents as constituting CAN, they generally rated incidents to be more serious than the professionals. This difference between the public and professionals possibly highlighted the varying approaches that the two groups took when confronted with ambiguous situations of CAN. Presumably, professionals need to be objective and focused on the evidence at hand when trying to tease out what had truly occurred in a situation. This likely resulted in them being less willing to assume more than what was presented to them in the vignettes when making their judgment. In contrast, the public appeared to be more prepared to assume that the situations were dire without any explicit evidence of severity.

Recommendations

Given the mixed progress among the public in their perceptions of CAN, it appeared that more needs to be done to clarify what abusive and neglectful behaviours actually comprise. This is especially necessary for neglectful and emotionally maltreating behaviours, as these were the most difficult types of CAN for the public to identify. Presumably, the difficulty of identifying such behaviours stemmed from their lack of easily observable consequences to the child, unlike sexual and physical abuse where the harm to the child leaves some tell-tale physical signs or is easy to comprehend. A possible way to address this issue in public education would be to focus on the long-term detrimental consequences of neglect and emotional maltreatment on children. Over time, the impact of such maltreatment accumulates and will have significant consequences on the normal development of the child.

In conclusion, the findings showed that public perceptions of CAN had changed over the years. The public now held more favourable attitudes toward reporting CAN compared to the past. The findings also revealed differences between the public and professionals. The public appeared to be less inclined to identify behaviours as CAN compared to the professionals. However, they were more likely to rate incidents more seriously than the professionals. It is hoped that these findings will be of use to the continued effort of child protection in Singapore.

Chapter 1

INTRODUCTION

1.1 Aim of the study

Recognising signs of CAN is the first step to help abused children. Armed with knowledge of what constitutes CAN, the public will be able to detect such cases and take action, and unintentional maltreatment or maltreatment that is committed with good intentions, will be less likely to occur. On the other hand, professionals who have frequent contacts with vulnerable children, such as teachers, healthcare professionals, mental health professionals, social workers and law enforcement officers, also need to be equipped with knowledge about CAN so that they could spot any abused children while at work. Therefore, understanding public and professionals' perceptions of CAN and raising their awareness are necessary for protecting children from CAN.

The public and professionals' perceptions of CAN in the nineties have been well-documented in a series of five monographs published by SCS between 1996 and 2003 (Chan, Chow, & Elliott, 2000; Elliott, Chua, & Thomas, 2002; Elliott, Thomas, Chan, & Chow, 2000; Elliott, Thomas, & Chua, 2003; Tong, Elliott, & Tan, 1996). The objectives then were to determine what Singaporeans and professionals understood about the nature and types of CAN. These works were based on surveys with members of the public in 1994 and with professionals in 1997. The public and the professionals, surprisingly, did not differ much in their perceptions of CAN at that time. Respondents from various professions did not, as a rule, appear to show any greater degree of awareness or unanimity than ordinary members of the public, in their responses to the actions they were asked to judge. Most saw serious cases such as physical abuse and sexual abuse as CAN, while little consensus was reached for emotional maltreatment, neglect and corporal punishment. However, these findings may no longer be pertinent as more than ten years have passed since the surveys. Societal norms might have shifted, and the various public education programmes conducted by SCS and other agencies might, hopefully, have raised the public awareness of CAN in Singapore. There have been legislative changes as well as various efforts to combat CAN by SCS and other agencies over the years. For example, it is hoped that there would be an increasing awareness of emotional maltreatment after the inclusion of emotional abuse under the scope of CAN in the amendments of the Children & Young Persons Act (CYPA) in 2001. Similarly, any efforts to incorporate better knowledge of CAN into professional training, or a greater awareness among practitioners acquired by experience in the course of their work, might have had an effect on professional opinion.

To investigate possible shifts in perception, a new series of studies has therefore been conducted. Members of the public and professionals were surveyed in 2010 and 2011 using an instrument similar to the one used in 1994 and 1997. They were asked whether particular actions were abuse or neglect, how serious some CAN incidents were, their attitudes towards reporting CAN and details of cases they might have come across. These results would provide updates on the current sentiments and give a better idea about the trend of perceptions of CAN as well as the attitudes towards reporting CAN cases across the years. The information should improve service delivery in child protection. The work is to be presented in two monographs, with the present one focusing mainly on public perceptions, and the forthcoming one on the professionals.

Specifically, the present monograph puts the public perceptions in 2010 into context via comparisons with the public responses in 1994 and also with the contemporary professionals' responses in 2011. Several comparisons to be made including:

- Firstly, the public perceptions of which behaviours constitute CAN are compared between the 1994 and 2010 samples to examine if the definition of CAN among the public has changed over the years.
- Secondly, the public attitudes towards reporting are compared between 1994 and 2010 to examine changes in support of and opposition to mandatory reporting.
- Thirdly, the public perceptions on which behaviours constitute CAN in 2010 are compared with the professionals' perceptions in 2011 to reveal if the two groups of people differ in their understanding of CAN.
- Fourthly, the public's ratings of the seriousness of potential CAN incidents in 2010 are compared with the professionals' ratings in 2011. The public's ratings were only included in the survey of 2010, so no comparison could be made with the 1994 survey.

In addition to these comparisons, qualitative analyses on the 2010 public survey data were also conducted. Reasons for and against mandatory reporting and how they gathered information about CAN is presented to demonstrate current public concerns.

The findings from these comparisons and analyses are presented in the next four chapters. In the remaining sections of this introduction, definitions, societal perceptions and impacts of CAN are first reviewed, followed by a general overview of the efforts in protecting children from CAN and local research on CAN in Singapore.

1.2 Defining child abuse and neglect

Having a consensual agreement on the nature of CAN is essential in establishing a common platform. Hence further research on the etiology, prevalence, consequences and potential interventions of CAN can proceed. However, a universally accepted definition of CAN has so far been elusive because the perception of whether a particular behaviour or situation constituted CAN is subject to sociocultural variability. Even within the same society, public policies and shifts in societal norms could render a previously acceptable behaviour abusive or neglectful in contemporary thinking (Korbin, 1991; 2002). One prime example of this societal shift was the corporal punishment ban in Sweden that led to the decline of public support for physical punishment (Durrant, 1999).

Despite these variations, it is generally agreed that CAN can be classified into four types of maltreatment¹: physical abuse, emotional maltreatment, neglect and sexual abuse (Children & Young Persons Act, 2001; United Nations, 1989). According to the World Health Organization (WHO, 1999), "*Child abuse or maltreatment constitutes all forms of physical*

¹ It should be noted that the exploitation of children for labour was not considered in the scope of the study as this problem has become less common in modern Singapore.

and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power”.

The Children & Young Persons Act as amended in 2001 defines child abuse as the wilful assault, neglect, abandonment or exposure of a child or young person (under 16 years of age) in a manner likely to cause them unnecessary suffering or injury to health. Sections 5 (1) – (3) of the Act are worded as follows:

- (1) A person shall be guilty of an offence if, being a person who has the custody, charge or care of a child or young person, he ill-treats the child or young person or causes, procures or knowingly permits the child or young person to be ill-treated by any other person.
- (2) For the purposes of this Act, a person ill-treats a child or young person if that person, being a person who has the custody, charge or care of the child or young person —
 - (a) subjects the child or young person to physical or sexual abuse;
 - (b) wilfully or unreasonably does, or causes the child or young person to do, any act which endangers or is likely to endanger the safety of the child or young person or which causes or is likely to cause the child or young person —
 - (i) any unnecessary physical pain, suffering or injury;
 - (ii) any emotional injury; or
 - (iii) any injury to his health or development; or
 - (c) wilfully or unreasonably neglects, abandons or exposes the child or young person with full intention of abandoning the child or young person or in circumstances that are likely to endanger the safety of the child or young person or to cause the child or young person —
 - (i) any unnecessary physical pain, suffering or injury;
 - (ii) any emotional injury; or
 - (iii) any injury to his health or development.
- (3) For the purpose of subsection (2)(c), the parent or guardian of a child or young person shall be deemed to have neglected the child or young person in a manner likely to cause him physical pain, suffering or injury or emotional injury or injury to his health or development if the parent or guardian wilfully or unreasonably neglects to provide adequate food, clothing, medical aid, lodging, care or other necessities of life for the child or young person.

Under this categorical scheme, physical abuse could be defined as “*the employment of physical force against children that leads to, or potentially resulting in physical harm*” (Butchart, Harvey, Milan, & Furniss, 2006); emotional maltreatment is typically defined as “*any behaviour employed primarily to inflict emotional harm on children or likely to damage children’s socio-psychological well-being*” (Glaser, 2011; Slep, Heyman, & Snarr, 2011); neglect is typically defined as “*omissions of commonly expected childcare behaviours resulting in unmet needs among children*” (Dubowitz, Klockner, Starr, & Black, 1998; Straus & Kantor, 2005); and sexual abuse is typically defined as “*the exploitation of children for sexual gratification*” (Finkelhor, 1994). Although it is functional to think of CAN in terms of these categories when it comes to public policy, education, child protection and research, it should be noted that the categories are not mutually exclusive. A case in point would be emotional maltreatment that often co-occurs with other forms of maltreatment due to the inherently distressing nature of CAN.

1.3 Societal norms on child abuse and neglect

Among the four types of CAN, studies have generally found that the public as well as professionals tend to consider acts of sexual and physical violence toward children as constituting abuse but are less likely to think of neglect and emotional maltreatment as being abusive (Bensley et al., 2004; Dukes & Kean, 1989; Manning & Cheers, 1995). This discrepancy could be due to the visibility of violence and its perceived impact on children. Cane marks, bruises, burns and the likes are often quite obvious and force the question of why they are present. Sexual abuse may leave no marks, but there are very strong taboos on paedophilia, and any activity seen to mark exploitation of a child for adult sexual gratification is likely to be strongly condemned. However, unlike sexual and physical abuse, the emotional distress caused by neglect or emotional maltreatment might be too subtle to be noticed by bystanders (Nordgren, Banas, & MacDonald, 2011). Moreover, a single neglectful or psychologically hurtful action may have little long term impact, and while the chronic nature of much neglect and emotional maltreatment may have a considerable cumulative effect, it is typically gradual, and not obvious to the casual observer. A narrow focus on the physical aspects of CAN obscures the emotional impact of neglect and emotional maltreatment on children, although such emotional pain shared neurological similarities with physical pain (Eisenberger, 2012).

Nonetheless, what constitutes CAN also differs across culture. For example, the view of corporal punishment ranges from seeing any use of such force as being totally unacceptable, to seeing it as a normative way of parenting (Straus, 2000). In addition to adults’ perception, cultural norms also shape children’s perception of corporal punishment. It is this perception that affects the impact of corporal punishment on their future behaviour (Lansford, Deater-Deckard, Dodge, Bates, & Pettit, 2004). Despite these cultural differences in the perceived acceptability of corporal punishment, there are calls to cease the use of such punishment in parenting as a preventive strategy against physical abuse (American Academy of Pediatrics Committee on Psycho-Social Aspects of Child and Family Health, 1998; Straus, 2000). That is, if corporal punishment is accepted in a society, it becomes more likely that some abuse cases will arise from an excessive use of such punishment. Moreover, it is harder to judge the point at which an unacceptable level of severity has occurred, needing intervention.

1.4 Impacts of child abuse and neglect on children

Studies have uncovered a multitude of long-term detrimental outcomes for children subjected to CAN, including an increased propensity to engage in suicidal behaviours (Evans, Hawton, & Rodham, 2005), elevated risks of being victimised in adulthood (Chan, 2011), detrimental physical health outcomes as adults (Irving & Ferraro, 2006), parenting difficulties and intergenerational transmission of CAN behaviours (Bailey, DeOliveira, Wolfe, Evans, & Hartwick, 2012), poorer mental health (Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007), delays in normative development (Eigsti & Cicchetti, 2004), misuse of illicit substance and alcohol (Moran, Vuchinich, & Hall, 2004) and dysfunctional interpersonal relationship (Colman & Widom, 2004).

For example, severely neglected children tend to have cognitive problems, disruption in their executive function and higher rates of emotional and behavioural problems (Hildyard & Wolfe, 2002). Studies also found that neglected children exhibited more problematic behaviours and developmental impairments than children who have been physically abused (Manly, Kim, Rogosch, & Cicchetti, 2001). Part of the long-term negative impacts of sexual abuse for adult survivors were related to problematic sexual behaviours and subsequent sexual victimisation (Lacelle, Hébert, Lavoie, Vitaro, & Tremblay, 2012). Being a victim of childhood sexual abuse was also found to be linked with the insidious consequence of becoming a perpetrator of sexual violence, especially when the perpetrator was severely victimised (Burton, Miller, & Shill, 2002).

1.5 The legislation on child abuse and neglect in Singapore

In Singapore, the Children & Young Persons Act (CPYA), originally enacted in 1993, is the primary legislation that provides legal protection for abused or neglected children below the age of 14, as well as for young persons from 14 to 16 years old. Under the Act, a person *“shall be guilty of an offence if, being a person who has the custody, charge or care of a child or young person, he ill-treats the child or young person or causes, procures or knowingly permits the child or young person to be ill-treated by any other person”*. Accordingly, the Act has in place punishments for perpetrators of abuse against children. The Act also gives the Director of Social Welfare statutory power to remove a child or young person from his or her home when there is concern over the safety and welfare of the child or young person.

In 2001, a number of amendments were made to the CYPA. Of these amendments, the most significant change was the inclusion of emotional abuse under the scope of CAN. Another notable change to the CYPA was the power given to the Court so that it could mandate parents or guardians to attend all necessary assessments and programmes in managing their abusive behaviour. The amendment to the CYPA also seeks to protect child protection professionals and police officers performing their duties from civil and criminal liability, and this protection was also extended to informants of suspected cases of CAN (Children & Young Persons Act, 2001).

Beside the CYPA, the Women's Charter and the Penal Code also provide the legal basis for the protection of children suffering CAN. The Women's Charter protects female children from sexual exploitation and provides protection for family members against family violence. Under the Women's Charter, the Court can issue a Personal Protection Order that prohibits a family member from aggressing against another family member, for example, children (Women's Charter, 1996). Under the Penal Code, offences that may be considered under

CAN include causing hurt and grievous hurt, murder, infanticide, abandonment of a child, outrage of modesty and rape (Penal Code, 2007).

1.6 Child protection efforts in Singapore

In Singapore, the Ministry of Social and Family Development (MSF) is tasked with the provision of child protection and welfare services to abused or neglected children. The core of MSF's child protection effort rests on the early detection of CAN, appropriate investigations and the rehabilitation of perpetrators. MSF also provides professional assistance for abused children and their families and engages in the prevention of CAN through public education such as community and school outreach programmes.

Besides the legislative framework, a number of initiatives have been implemented to protect children from CAN. In 1997, the Inter-Ministry Working Group on the Management of Child Abuse was set up to assess the adequacy of inter-ministry procedures undertaken to protect children, and to recommend remedial actions if there are any gaps. In 1998, the Child Abuse Register was launched with the purpose of facilitating the investigation of CAN cases by giving investigators a mean to reference their current case against a database of previously reported cases.

In 1999, the Manual for the Management of Child Abuse in Singapore was published and it detailed how the management of CAN should proceed for partners in the management of child protection. These partners included the Police, healthcare services, schools, voluntary welfare organisations and child care centres. In 2002, the National Standards for Protection of Children was launched, and it described the framework of the child protection system and clarified the roles and responsibilities of various agencies and professionals in the management of child protection in Singapore (Ministry of Community Development, Youth and Sports, 2005).

1.7 Public education of child abuse and neglect prevention by Singapore Children's Society

Prior to the publication of the first monograph on CAN in 1996, SCS was already actively involved in raising the awareness of the public to the plight of abused children through a number of public education initiatives. Some of these efforts included speaking on televised programmes, mobile exhibitions in various locations around Singapore and the dissemination of print materials on how to detect and report CAN to schools and child care centres. Since the launch of the first monograph on CAN and its subsequent publications between 1996 and 2003, there have been a number of notable developments in the Society's effort to prevent CAN. In 2000, the "KidzLive" programme, which aims to teach children on how to protect themselves from sexual abuse, was launched. The Society continues to run the KidzLive programme till this day and the programme expands its scope to train teachers to convey the self-protection knowledge to children. This is intended to raise teachers' awareness of abuse at the same time. Additionally, the Society also conducts Child Abuse and Neglect Prevention Workshops to educate professionals such as teachers on how to identify signs of CAN and what to do about it (Singapore Children's Society, 2000).

Chapter 2

METHODS

2.1 Participants

To investigate the change in perceptions and attitudes towards CAN, 401 and 500 members of the public were surveyed in 1994 and 2010 respectively. The demographics of these respondents are shown in Table 1. In 2011, 1,155 professionals were surveyed, and their demographics are also included in Table 1. Due to some respondents choosing not to reveal their personal information, the percentages might not add up to 100%.

Findings from the professionals were compared to those from the public in 2010 to demonstrate current trends in the perceptions of CAN. These professionals came from the fields of social services, education, healthcare and law. Collectively, this group of professionals comprised 37 child protection officers, 53 social workers, 59 medical social workers, 30 counsellors, 5 school counsellors, 23 social service support staff, 89 childcare educators, 44 kindergarten educators, 29 teachers, 56 general practitioners, 29 family physicians, 27 paediatricians, 70 doctors working in hospital settings, 222 nurses, 11 psychiatrists, 30 psychologists, 272 police officers and 69 lawyers.

The demographic composition of the public surveyed in 2010 was mostly similar to those of the public surveyed in 1994. It appeared that racial composition, as well as the number of parents and children the respondents have were rather similar across both surveys of the public. However, compared to the 1994 survey, it was observed that respondents from the latest public survey tended to be male, older, better educated and living in larger housing. This may reflect the fact that no attempt to survey residents of landed property was attempted in 1994 (Tong, Elliott, & Tan, 1996).

There were demographic differences between the public surveyed in 2010 and professionals surveyed in 2011. Compared to the public, there were fewer professionals of Chinese race and more professionals of other races. They also tended to be female, younger, not a parent yet and of those who are parents, they have fewer children. This is likely due to natural demographic differences between the professionals and the public. For instance, the gender differences could be attributed to the greater proportion of professionals sampled from fields traditionally over-represented by females, such as nursing.

2.2 Materials

The questionnaires used in the present survey were based on those employed in the 1994 and 1997 surveys (Elliott, Thomas, Chan, & Chow, 2000; Tong, Elliott, & Tan, 1996). Specific to the current findings, the public surveyed in 1994 and 2010 were asked to decide whether some behaviours are considered to constitute CAN, whether they thought CAN cases should be reported and their opinions on mandatory reporting. In addition, public surveyed in 2010 were also asked to respond to questions on sources for getting information regarding CAN and to rate the seriousness of CAN incidents (see Appendix A & B). Similar to the public surveyed in 2010, the professionals surveyed in 2011 were asked to judge whether some behaviours are CAN and rated the seriousness of incidents.

Table 1. Demographic details of the public and professionals with respect to race, gender, age, number of parents and number of children that they have, religion, educational level and housing type

	1994 Public (%)	2010 Public (%)	2011 Professionals (%)
<u>Race</u>			
Chinese	78.3	76.4	61.8
Malay	14.5	12.0	12.3
Indian	5.5	9.2	11.0
Others	1.8	2.4	9.1
<u>Gender</u>			
Female	57.4	51.4	60.5
Male	42.6	48.6	33.8
<u>Age</u>			
29 and below	23.4	23.6	34.6
30 - 39	32.9	22.0	30.8
40 - 49	27.2	19.4	16.2
50 and above	14.7	35.0	12.6
<u>Are you a parent?</u>			
Yes	70.8	67.4	42.8
No	28.9	32.6	50.7
<u>Number of children</u>			
None	28.8	32.6	50.3
One	13.3	14.6	13.1
Two	32.8	27.0	17.2
Three or more	25.1	25.8	12.5
<u>Religion*</u>			
Christianity		27.0	35.2
Buddhism		31.4	16.8
Taoism		6.2	2.8
Islam		12.8	15.5
Hinduism		6.8	5.6
Others		0.6	4.8
No religion		15.2	13.6
<u>Educational level*</u>			
No formal qualification	10.2	2.0	
Primary education	19.7	12.4	
Secondary education	43.9	32.0	
Post-secondary education	20.0	13.6	
Tertiary education	6.0	40.0	
<u>Housing type*</u>			
HDB 1-2 room	4.2	2.6	
HDB 3 room	46.6	20.8	
HDB 4 room	35.4	31.8	
HDB 5 room/ Exec/Maisonette	13.5	24.8	
Landed property	0.0	20.0	

Note. * Data on religion of respondents from the 1994 survey of the public was not collected. Likewise, data on education level and type of housing was not collected from the 2011 survey of the professionals.

2.3 Procedure

The sampling pool of the public was drawn from a multi-stage approach that grouped the same type of housing into units. Each unit comprised roughly 200 households. These units comprised four types of housing: (1) HDB 1-3 room flat, (2) HDB 4 room flat, (3) HDB 5 room flat and other flats of greater size and (4) landed property. Each type of housing was randomly sampled and within each selected unit, individual households were then randomly selected as the target for the survey.

Selected households were informed of the study through a letter of authorisation by SCS requesting their cooperation. At a later date, interviewers visited the respondents at their residence to perform the survey in a face-to-face interview. Interviewers were supplied by an external research agency with prior experience in conducting surveys with the public, and are conversant in English and a second language. Prior to data collection, all interviewers were briefed on the interview procedures.

The sampling pool of professionals was compiled from publicly available listing of kindergartens, child care and infant care centres. Participants were also recruited through advertisement in regular publications by professional associations or recommended by their fellow co-workers. After initial contacts with the targets to establish willingness to participate in the study, the professionals were provided with a self-administered survey, either by a pen-and-paper or an online questionnaire. The professionals were asked to provide their personal views rather than views given in their professional capacity. We were interested in what they actually thought, not what they may have thought that they were supposed to know. All participants were informed that their participation was voluntary and were assured of confidentiality.

Chapter 3

PERCEPTIONS OF CHILD ABUSE AND NEGLECT

3.1 Introduction

Eighteen candidate behaviours of CAN known to occur during adult-child interactions were selected (see Appendix A for the behaviours in the questionnaire). This set of behaviours comprised the four major categories of CAN, namely sexual abuse, physical abuse, neglect and emotional maltreatment. Respondents were asked to judge whether each of these behaviours constituted CAN. They were offered three options to choose from as follows:

- It is not abuse/neglect – “*Is not*”
- It can be abuse/neglect – “*Can be*”
- It is abuse/neglect – “*Is*”

A number of these behaviours were thought to be shaped by cultural beliefs as to how children should be treated by adults. Parenting in Singapore is likely to exhibit some diversity due to the cultural background of the various racial groups residing here, and the influence of alternative child-rearing ideas through increasing exposure to global influences. For instance, cultural practices in Singapore have typically discouraged the act of exposing children to naked bodies, but have been tolerant of caning as a disciplinary measure. Such disciplining could sometimes lead to locking children outside the house or inside a room.

However, many years have passed since the 1994 survey on public perceptions of CAN, and it is now timely to examine whether perceptions have shifted or remained the same as before. In addition, there might have been some changes in the expression of affection in the parent-child relationship, such that the parenting milieu cannot be assumed to be identical now to what it was when the first study was done. Adults have traditionally been uncomfortable engaging in openly affectionate behaviours such as hugging children. They also refrained from praising children believing that this would merely encourage children to take advantage of them, or relax their school studies. However, parents may now be more receptive to openly affectionate behaviours, such as hugging the child, while at the same time being less likely to believe that constant criticism and messages that other children are better would benefit the development of their child.

For these reasons, a comparison between perceptions of the public from the 2010 survey and that of the 1994 survey was conducted. In the present study, we were careful to retain the behaviours from the 1994 survey for the sake of comparison (Tong, Elliott, & Tan, 1996).

3.2 Changes in public perceptions of child abuse and neglect

Table 2 displays an overview of the responses from the 1994 and 2010 survey of public perceptions of CAN. Chi-square tests were conducted to examine whether perceptions of CAN have changed or remained the same over the years (see Appendix C for the detailed statistical analysis).

Table 2. Public perceptions of child abuse and neglect from the surveys of 1994 and 2010, expressed as a percentage of the respondents endorsing each response

Behaviours	Public - 1994 (%)			Public - 2010 (%)		
	"Is Not"	"Can Be"	"Is"	"Is Not"	"Can Be"	"Is"
<u>Physical Abuse</u>						
Slapping child on the face	20.2	38.1	41.7	9.4	48.4	42.2
Shaking child hard	19.4	32.4	48.2	11.4	39.4	49.2
Caning child	29.4	42.7	27.9	21.2	59.6	19.2
Tying child up	2.5	12.8	84.7	3.6	23.8	72.6
Burning child with cigarettes, hot water or other hot things	0.5	0.5	99.0	0.2	4.8	95.0
<u>Emotional Maltreatment</u>						
Calling child useless	38.3	33.0	28.7	23.4	51.4	25.2
Threatening to abandon child	23.9	28.1	48.0	15.0	42.8	42.2
Always criticizing child	30.9	37.9	31.2	14.8	60.8	24.4
Telling child other children are better	46.0	36.2	17.8	32.4	58.4	9.2
Never hugging child	37.0	25.4	37.5	41.6	45.4	13.0
Making child study for a long time	35.0	36.8	28.2	30.4	51.8	17.8
Locking child in a room	10.8	24.9	64.3	8.0	45.8	46.2
Locking child outside the house	7.8	23.6	68.6	6.0	32.2	61.8
<u>Neglect</u>						
Ignoring signs of illness in child	4.0	8.3	87.7	3.2	35.8	61.0
Leaving child alone in the house	34.5	34.5	31.0	32.4	49.4	18.2
<u>Sexual Abuse</u>						
Adult appearing naked in front of child	13.4	19.9	66.8	5.0	30.4	64.6
Parent not protecting child from sexual advances by other family members	2.0	7.3	90.7	1.0	12.6	86.4
Having sex with child	1.5	1.5	97.0	0.4	2.4	97.2

3.2.1 Physical abuse

Compared to the past, the public gave significantly more “*Can be*” responses for most behaviours, indicating that there was generally an increased acknowledgement of the potential for physically abusive behaviours to be abusive. They gave significantly more “*Can be*” and fewer “*Is not*” responses on the abusiveness of slapping a child on the face and shaking a child hard. However, they were at the same time less likely to perceive some physically abusive behaviours as abuse, giving fewer “*Is*” responses when judging the abusiveness of tying a child up. Moreover, there was a simultaneous decrease of both “*Is not*” and “*Is*” responses for caning a child, indicating more uncertainty than before in labelling caning as abuse. Thus, while being more likely to acknowledge the potential for most behaviours to be abusive, the public also appear to show more hesitation to explicitly label behaviours as abuse, particularly for behaviours that may be perceived to be of less visible harm to the child, such as caning.

As with the sample in 1994, the public in 2010 showed the highest level of “*Can be*” responses for caning, and continued to show the highest level of “*Is*” responses for burning the child (see Table 3). As such, it can be suggested that for behaviours that are perceived to be of less obvious harm, such as caning, whether or not they constitute abuse may now be more ambiguous for the public compared to before. However, for behaviours that may result

in more obvious harm (e.g. burning the child), the public continued to show high consensus in labelling that behaviour as abuse.

Table 3. Change in public perceptions of physically abusive behaviours between the surveys of 1994 and 2010, expressed as the difference in percentage of respondents endorsing each response

Behaviours	Is Not (%)			Can be (%)			Is (%)		
	1994	2010	Change	1994	2010	Change	1994	2010	Change
Slapping child on the face	20.2	9.4	-10.8	38.1	48.4	10.3	41.7	42.2	0.5
Shaking child hard	19.4	11.4	-8.0	32.4	39.4	7.0	48.2	49.2	1.0
Caning child	29.4	21.2	-8.2	42.7	59.6	16.9	27.9	19.2	-8.7
Tying child up	2.5	3.6	1.1	12.8	23.8	11.0	84.7	72.6	-12.1
Burning child with cigarettes, hot water or other hot things	0.5	0.2	-0.3	0.5	4.8	4.3	99.0	95.0	-4.0

3.2.2 Emotional maltreatment

Similar to the findings of physical abuse, the public gave significantly more “*Can be*” responses for most behaviours as compared to the past, indicating that there was generally an increased acknowledgement of the potential for emotionally maltreating behaviours to be abusive. They gave significantly more “*Can be*” and fewer “*Is not*” responses for the behaviours of calling a child “useless” and threatening to abandon a child. However, they were at the same time less likely to perceive some emotionally maltreating behaviours as abuse, giving fewer “*Is*” responses when judging the behaviours of never hugging a child, making a child study for a long time, locking child in a room and locking child outside the house. Moreover, there was a simultaneous decrease of both “*Is not*” and “*Is*” responses for always criticising children and telling the child that other children are better, indicating more uncertainty than before in labelling these behaviours as abuse.

Thus, while being more likely to acknowledge the potential for most behaviours to be abusive, the public also appear to show more reluctance to explicitly label behaviours as abuse, particularly for behaviours that may be perceived to be of less visible harm to the child, such as always criticising child. As with the sample in 1994, the public in 2010 showed high levels of “*Can be*” responses for the behaviours of criticising the child and telling the child that others are better, while displaying the highest level of “*Is*” responses for locking the child outside the house. As such, it can be suggested that the abuse status of behaviours that are perceived to be of less obvious harm (e.g. criticising the child) may be now more ambiguous for the public compared to before (see Table 4). On the other hand, the public continued to display highest consensus in labelling the behaviour of locking the child outside the house as abuse.

Table 4. Change in public perceptions of emotionally maltreating behaviours between the surveys of 1994 and 2010, expressed as the difference in percentage of respondents endorsing each response

Behaviours	Is Not (%)			Can be (%)			Is (%)		
	1994	2010	Change	1994	2010	Change	1994	2010	Change
Calling child useless	38.3	23.4	-14.9	33.0	51.4	18.4	28.7	25.2	-3.5
Threatening to abandon child	23.9	15.0	-8.9	28.1	42.8	14.7	48.0	42.2	-5.8
Always criticizing child	30.9	14.8	-16.1	37.9	60.8	22.9	31.2	24.4	-6.8
Telling child other children are better	46.0	32.4	-13.6	36.2	58.4	22.2	17.8	9.2	-8.6
Never hugging child	37.0	41.6	4.6	25.4	45.4	20.0	37.5	13.0	-24.5
Making child study for a long time	35.0	30.4	-4.6	36.8	51.8	15.0	28.2	17.8	-10.4
Locking child in a room	10.8	8.0	-2.8	24.9	45.8	20.9	64.3	46.2	-18.1
Locking child outside the house	7.8	6.0	-1.8	23.6	32.2	8.6	68.6	61.8	-6.8

3.2.3 Neglect

Compared to the past, the public were less likely to perceive behaviours as neglect, giving fewer “*Is*” responses when judging the behaviours of ignoring illness in a child and leaving a child alone. However, they gave significantly more “*Can be*” responses for both behaviours, indicating that there was generally an increased acknowledgement of the potential for neglectful behaviours to be abusive.

Thus, while being more likely to acknowledge the potential for most behaviours to constitute neglect, the public also appears to show more hesitation to explicitly label behaviours as abuse, particularly for behaviours that may be perceived to be of less visible harm to the child, such as leaving a child alone in the house. As with the sample in 1994, the public in 2010 showed the highest level of “*Can be*” responses for leaving a child alone in the house, while displaying the highest level of “*Is*” responses for ignoring signs of illness in a child (see Table 5).

Table 5. Change in public perceptions of neglectful behaviours between the surveys of 1994 and 2010, expressed as the difference in percentage of respondents endorsing each response

Behaviours	Is Not (%)			Can be (%)			Is (%)		
	1994	2010	Change	1994	2010	Change	1994	2010	Change
Ignoring signs of illness in child	4.0	3.2	-0.8	8.3	35.8	27.5	87.7	61.0	-26.7
Leaving child alone in the house	34.5	32.4	-2.1	34.5	49.4	14.9	31.0	18.2	-12.8

3.2.4 Sexual abuse

As with the findings of physical abuse and emotional maltreatment, the public gave significantly more “*Can be*” responses for most behaviours as compared to the past, indicating that there was generally an increased acknowledge of the potential for sexually abusive behaviours to constitute abuse. They gave significantly more “*Can be*” and fewer “*Is not*” responses to the behaviour of adults appearing naked in front of a child. However, they

were at the same time less likely to perceive the behaviour of failing to protect a child from sexual advances as abuse, giving fewer “*Is*” responses.

Thus, the findings of sexual abuse show similar trends to those of physical abuse and emotional maltreatment. As with the sample in 1994, the public in 2010 showed the highest level of “*Can be*” responses for adults appearing naked in front of a child, while displaying the highest level of “*Is*” responses for having sex with a child. As such, it can be suggested that the abuse status of behaviours that are perceived to be of less obvious harm (i.e. appearing naked in front of the child) may be now more ambiguous for the public compared to before (see Table 6). However, for behaviours that may result in more obvious harm, or for behaviours which there is very clear and unambiguous societal disapproval (i.e. having sex with the child), the public continued to show high consensus in labelling that behaviour as abuse.

Table 6. Change in public perceptions of sexually abusive behaviours between the surveys of 1994 and 2010, expressed as the difference in percentage of respondents endorsing each response

Behaviours	Is Not (%)			Can be (%)			Is (%)		
	1994	2010	Change	1994	2010	Change	1994	2010	Change
Adult appearing naked in front of child	13.4	5.0	-8.4	19.9	30.4	10.5	66.8	64.6	-2.2
Parent not protecting child from sexual advances by other family members	2.0	1.0	-1.0	7.3	12.6	5.3	90.7	86.4	-4.3
Having sex with child	1.5	0.4	-1.1	1.5	2.4	0.9	97.0	97.2	0.2

3.3 Similarities and differences between public and professional perceptions of child abuse and neglect

In the preceding section, findings from the 2010 survey of the public and its comparison to the 1994 survey of the public are presented. Apart from this comparison, there was also keen interest in determining the similarities and differences between public and professional perceptions of CAN. To investigate this, Table 7 displays response from professionals in the 2011 survey and from the public in the 2010 survey. Chi-square tests were also conducted to examine the similarities and differences between public and professional perceptions of CAN (see Appendix D for the detailed statistical analysis).

3.3.1 Physical abuse

Compared to professionals, the public were less likely to perceive physically abusive behaviours as abuse. The public gave fewer “*Is*” responses and more “*Can be*” or “*Is not*” responses on their perceptions of the abusiveness for all behaviours. However, the public and the professionals displayed similar patterns of responses in that they both displayed the highest level of “*Is*” responses to the behaviours of burning the child and tying the child up, and the highest level of “*Can be*” responses to the behaviour of caning the child. Thus, there was generally more consensus between the public and the professionals for behaviours that were perceived to be of more visible harm, such as burning the child.

3.3.2 Emotional maltreatment

Compared to professionals, the public were less likely to perceive most emotionally maltreating behaviours as abuse. The public tended to give fewer “*Is*” responses and more “*Can be*” or “*Is not*” responses for all behaviours. For never hugging a child and making a child study for a long time, both the public and the professionals showed similar responses, suggesting that the abuse status of these behaviours may be similarly ambiguous for both the public and the professionals.

Table 7. Public and professionals perceptions of child abuse and neglect from the surveys of 2010 and 2011, expressed as a percentage of the respondents endorsing each response

Behaviours	Professional - 2011 (%)			Public - 2010 (%)		
	"Is Not"	"Can Be"	"Is"	"Is Not"	"Can Be"	"Is"
<u>Physical Abuse</u>						
Shaking child hard	2.5	23.0	74.5	11.4	39.4	49.2
Tying child up	0.7	8.2	91.7	3.6	23.8	72.6
Caning child	9.3	61.5	29.2	21.2	59.6	19.2
Burning child with cigarettes, hot water or other hot things	0.9	0.8	98.3	0.2	4.8	95.0
Slapping child on the face	5.4	45.9	48.7	9.4	48.4	42.2
<u>Emotional Maltreatment</u>						
Always criticizing child	11.2	47.0	41.8	14.8	60.8	24.4
Calling child useless	14.8	47.4	37.9	23.4	51.4	25.2
Locking child in a room	4.2	42.1	53.7	8.0	45.8	46.2
Telling child other children are better	30.1	53.6	16.3	32.4	58.4	9.2
Locking child outside the house	3.0	29.1	67.9	6.0	32.2	61.8
Threatening to abandon child	10.5	43.7	45.8	15.0	42.8	42.2
Making child study for a long time	28.2	57.7	14.1	30.4	51.8	17.8
Never hugging child	39.7	42.6	17.8	41.6	45.4	13.0
<u>Neglect</u>						
Leaving child alone in the house	12.4	67.6	20.0	32.4	49.4	18.2
Ignoring signs of illness in child	1.7	27.7	70.6	3.2	35.8	61.0
<u>Sexual Abuse</u>						
Parent not protecting child from sexual advances by other family members	0.9	5.4	93.7	1.0	12.6	86.4
Adult appearing naked in front of child	7.0	37.2	55.8	5.0	30.4	64.6
Having sex with child	1.0	1.4	97.6	0.4	2.4	97.2

3.3.3 Neglect

Compared to professionals, the public were less likely to label neglectful behaviours as abuse. The public gave fewer “*Is*” responses and more “*Can be*” or “*Is not*” responses for both behaviours. However, the public and the professionals displayed similar patterns of responses in that they both displayed higher levels of “*Is*” responses for ignoring illness in a child, as compared to leaving a child alone.

3.3.4 Sexual abuse

Unlike the findings of physical abuse, emotional maltreatment and neglect, where the public were less likely than professionals to label behaviours as abuse, findings for sexually abusive behaviours were more mixed. The public were more likely to perceive the behaviour of adults appearing naked in front of a child as abuse, giving significantly more “Is” responses for this behaviour. On the other hand, they were less likely to perceive the behaviour of failing to protect a child from sexual advances as abuse, giving fewer “Is” responses to that behaviour. Lastly, there was no significant difference between public and professional perceptions of the abuse status of having sex with a child, with both showing a high degree of consensus in labelling that behaviour as abuse. Thus, similar to the findings for physical abuse, there appeared to be more consensus between the public and the professionals for sexually abusive behaviours that may be perceived to have more visible harm, such as having sex with the child.

3.4 Summary & Discussion

The public in both surveys appeared to show similar trends in their perceptions of CAN behaviours. They continued to be more likely to perceive behaviours that may have a more obvious impact on the well-being of children, i.e. sexual exploitation of children and physical violence against children, as constituting CAN. These are also the behaviours that attract publicity and carry strong social condemnation, which may not be based exclusively on beliefs about the harm done. However, the public were still less likely to perceive neglect and emotional maltreatment, or behaviours that typically result in less visible harm, as abuse or neglect.

In addition, within each of the four categories of CAN, the abuse or neglect status for individual behaviour adhered closely to the visibility of harm that the behaviour poses for children. For instance, within the category of physical abuse, the behaviour of burning the child, which is likely to result in more visible harm for the child, was more likely deemed as abuse compared to the behaviour of caning the child. This suggested that the visibility of harm of a particular behaviour may have a role in informing public perceptions of CAN. As the harmfulness of the behaviour becomes more apparent, the public may be more likely to perceive the behaviour as constituting CAN. However, it should be recognised that the apparent harmfulness of a behaviour may fail to reflect its actual harm to children. Emotional maltreatment may be “invisible”, but when it is chronic it does constitute a serious source of harm to children.

Public perceptions for most behaviours of CAN have changed over the years. For most behaviours, the public were more likely to acknowledge their potential to be abuse or neglect, but they also appeared more reluctant to definitively label these behaviours as CAN. This trend was mostly observed in behaviours that may be perceived to have less visible or definite harm, such as exposing a child to nudity. Furthermore, this finding was also more apparent for behaviours from the categories of neglect and emotional maltreatment, as compared to those from the other two categories. This suggested that despite the substantial changes that were initiated in the law and the continuous effort in public education over the years, the public appears to find it more difficult than before to tell if these two categories of behaviours constitute CAN.

The comparison of public and professional perceptions produced similar patterns of findings to the comparison of the public that were sampled in 1994 and 2010. Behaviours suggestive of sexual abuse and physical abuse were still more likely to be perceived as abuse, as compared to those of neglect and emotional maltreatment. However, compared to the professionals, the public were generally less likely to perceive behaviours suggestive of CAN as constituting abuse or neglect. This shows that the public does have more reservations than the professionals in labelling behaviours as constituting CAN.

3.5 Implications

This chapter examined changes in public perceptions of CAN over the years as well as differences between public and professional perceptions of CAN. The pattern exhibited by both public and professional perceptions of CAN strongly pointed to the conclusion that both groups of respondents only considered CAN as definitely applicable to visible actions that severely injure children and carry strong social disapproval. Regardless of the category of CAN, behaviours that involve bodily contact with the children and result in obvious harm are generally regarded as abuse. However, physically violent behaviours that are seen as disciplinary methods (e.g. caning) and could be interpreted as well-meaning were less likely to be deemed abusive. This may well be due to respondents assuming that the adults were using corporal punishment appropriately in the interest of the child. The previous monograph found that the intention of the adults was a central consideration in influencing the public perceptions of whether caning was acceptable. This suggested that the public may be willing to accept caning if it is well-intended and therefore they are less inclined to perceive caning as abuse. Indeed, as the practice of caning appears to be quite widespread, it is unsurprising that opinions were not unanimous.

This strong emphasis on the visibility or immediacy of harm to identify CAN also appeared to be responsible for the perception that omission of physical needs was more abusive than that of emotional needs. A failure to provide for a child's physical needs directly jeopardises his/her well-being, whereas omission of emotional care or social isolation is more subtle and brings less observable harm. Nonetheless, the consequences of emotional maltreatment can be no less damaging. Thus, it is important to raise more public awareness of the consequences of emotional maltreatment.

In summary, future child protection needs to focus more on the omission of emotional needs and abusive behaviours resembling disciplinary methods. These behaviours gather mixed sentiments from the public and more work is required to address this ambiguity. It will be important in public education to emphasise that behaviours do not need to result in immediate or obvious serious consequences to qualify as CAN. Harm to children can be insidious, cumulative and a result of prolonged experience of actions that might not, taken individually, be seen as particularly harmful. Realising this would help people to be more sensitive to the plight of children who are maltreated in ways that are not easily observable but nonetheless are in need of protection.

Chapter 4

ATTITUDES TOWARDS REPORTING

4.1 Introduction

The process for reporting CAN in Singapore typically proceeds in the following way. In the event of suspected child abuse, the public can report the case either to the MSF or to the Police. Other agencies that receive reports of CAN are expected to refer them to the MSF. After receiving a report, an inquiry will be launched. The first priority is to determine if the child is a victim of abuse, and subsequently, if medical attention is required for the child. An assessment will be conducted to determine the level of protection for the child, and depending on whether the abuse involves a criminal act, the Police may be called upon for criminal investigation. The assessment will decide if it is necessary to arrange alternative care arrangement for the child, and the types of assistance and support to be given to the family (Ministry of Community Development, Youth and Sports, 2005).

Since the 1994 survey, there have been changes to the legislation protecting children from maltreatment. In addition to the incorporation of emotional maltreatment as a form of CAN, the CYPA now has provision to mandate offending parents or guardians to undergo rehabilitation, and to protect those who report suspected cases of CAN (Children & Young Persons Act, 2001). Given these changes, as well as various programmes aimed at educating or informing children, parents and the public, public attitudes towards reporting CAN might also have changed.

4.2 General attitudes to reporting child abuse and neglect

The aim of this chapter is thus to compare the public attitudes in 1994 and 2010. In both surveys, respondents were asked the following:

- (1) whether or not CAN should be reported,
- (2) what types of CAN should be reported,
- (3) to whom should CAN be reported,
- (4) whether or not they supported mandatory reporting, and
- (5) who ought to be mandated to report CAN.

Additionally, the reasons for and against mandatory reporting given by the 2010 respondents were analysed. Unlike in the 1994 survey, they were also asked if they knew where they could get information about CAN and how to go about reporting it (Tong, Elliott, & Tan, 1996).

4.2.1 Should child abuse and neglect be reported?

As with the survey in 1994, almost all respondents (93%) indicated that cases of CAN should be reported, which suggested that the public remained supportive of stopping or preventing further harm to abused and neglected children (see Table 8)².

² Public support for reporting cases of CAN continued to be very high and this has not changed significantly between the 1994 and 2010 sample, $\chi^2(1, N = 898) = 0.81, p = \text{ns}$.

Table 8. Public attitudes towards reporting child abuse and neglect from the surveys of 1994 and 2010

Questions	1994		2010	
	Number	% out of 401	Number	% out of 500
Qn1) Do you think cases of child abuse and neglect should be reported?				
Yes	376	93.8	465	93.0
No	22	5.5	35	7.0
No response	3	0.7	0	0.0

4.2.2 What types of child abuse and neglect should be reported?

As in the survey in 1994, the vast majority of respondents thought that cases involving severe physical hurt (92.2%), sexual exploitation and lack of protection from sexual advances (93%), should be reported. In addition, more respondents surveyed in 2010 than in 1994 indicated that cases involving severe emotional or psychological hurt and non-provision of basic necessities should be reported (see Table 9)³. This might reflect increased awareness of the harm of neglect and emotional maltreatment, perhaps as a result of public education efforts over the years.

However, as in the 1994 survey, support for reporting neglect and emotional maltreatment was still lower in comparison to that of physical and sexual abuse, despite showing some progress in acknowledging the need to report neglect and emotional maltreatment. As mentioned earlier, harm to the child may be more clearly established in physical and sexual abuse as compared to neglect and emotional maltreatment. Thus, the public may feel a stronger urge to report such cases, and indeed, in severe cases this greater urgency is arguably justified.

Table 9. Public attitudes towards the types of child abuse and neglect cases that should be reported from the surveys of 1994 and 2010

Questions	1994		2010	
	Number	% out of 401	Number	% out of 500
Qn2) Which of these cases do you think should be reported?*				
The child is badly hurt physically	367	91.5	461	92.2
The child is sexually exploited or not protected from sexual advances	358	89.3	465	93.0
The child is badly hurt emotionally or psychologically	311	77.6	423	84.6
Basic necessities of life are not provided to the child	276	68.8	383	76.6

Note. * Respondents could choose more than one option.

³ Chi-square statistics showing significant and non-significant difference in proportion of respondents from the 1994 and 2010 surveys who indicated that different types of CAN should be reported:

- severe physical hurt, $\chi^2(1, N = 901) = 0.14, p = ns$
- sexual exploitation and lack of protection, $\chi^2(1, N = 901) = 3.90, p = ns$
- severe emotional or psychological hurt, $\chi^2(1, N = 901) = 7.31, p < .05$
- non-provision of basic necessities, $\chi^2(1, N = 901) = 6.84, p < .05$

4.2.3 To whom should CAN be reported?

As with the 1994 survey, most respondents still think that cases of CAN should be reported to the appropriate authorities, which are the Police and the MSF. However, the proportion of respondents preferring to see CAN reported to MSF was much lower than to the Police. On the other hand, noticeably more respondents surveyed in 2010 than in 1994 thought that cases should be reported to SCS. This suggested increased public recognition of the profile and the works of SCS in child protection over the years (see Table 10)⁴.

Table 10. Public attitudes towards the types of agencies or individuals that child abuse and neglect should be reported to from the surveys of 1994 and 2010

Questions	1994		2010	
	Number	% out of 401	Number	% out of 500
Qn3) Who do you think cases should be reported to?*				
Police	343	85.5	398	79.6
MSF	73	18.2	81	16.2
Voluntary Welfare Organisations	16	4.0	27	5.4
Children's Society	12	3.0	90	18.0
Child's parents or relatives	9	2.2	5	1.0
Hotlines	5	1.2	1	0.2
Religious organizations	6	1.5	9	1.8

Note. * Respondents could choose more than one option.

4.2.4 Support of mandatory reporting

More respondents surveyed in 2010 (71.0%) than in 1994 (63.1%) supported mandatory reporting either for some or all Singaporeans. In particular, more respondents in the 2010 survey than in the 1994 survey felt that it should be mandatory for some, rather than all individuals, to report CAN. This suggested that the public was more receptive than before to the idea of mandatory reporting of CAN for at least some individuals (see Table 11)⁵.

Table 11. Public attitudes towards mandatory reporting from the surveys of 1994 and 2010

Questions	1994		2010	
	Number	% out of 401	Number	% out of 500
Qn4) Do you think reporting should be made compulsory in Singapore for some people, everyone, or do you think it should not be made compulsory?				
Yes, for everyone	178	44.4	202	40.4
Yes, for some people	75	18.7	153	30.6
No, should not be reported/No response	148	36.9	145	29.0

⁴ Although there was a decrease in the proportion of respondents in the 2010 survey indicating that cases should be reported to the Police, it was still the most preferred choice for most respondents, $\chi^2 (1, N = 901) = 5.37, p < .05$. There was an increase in the proportion of respondents in the 2010 survey compared to the 1994 survey who indicated that cases should be reported to SCS, $\chi^2 (1, N = 901) = 49.92, p < .05$.

⁵ Public support for mandating certain individuals to report CAN was significantly higher for the 2010 samples compared to the 1994 sample, $\chi^2 (2, N = 839) = 19.08, p < .05$.

4.2.5 Who ought to be mandated to report CAN?

More respondents than before thought that it should be compulsory for family and relatives, and for most professionals to report cases of CAN. It may be that the public attributed more responsibility to those who would be close to the scene of CAN, i.e. child's family and relatives, as well as to individuals who may be deemed to be in the best position to detect CAN, given their expertise and regular contact with children, e.g. teachers and social workers (see Table 12)⁶.

Table 12. Public attitudes towards reporters that should be mandated to report child abuse and neglect from the surveys of 1994 and 2010

Questions	1994		2010	
	Number	% out of 401	Number	% out of 500
Qn5) For whom do you think reporting should be made compulsory?*				
All Singaporeans	178	44.4	202	40.4
Child's family and relatives	43	10.7	105	21.0
Neighbours and family friends	33	8.2	55	11.0
Teachers and principals	27	6.7	119	23.8
Doctors	25	6.2	98	19.6
Social workers	18	4.5	74	14.8
Child care providers	15	3.7	94	18.8
Members of the public	15	3.7	7	1.4
Nurses	5	1.2	74	14.8
Should not be reported or made compulsory to report	148	36.9	145	29.0

Note. * Respondents could choose more than one option.

4.2.6 Reasons for and against supporting mandatory reporting

Reasons for mandatory reporting

Respondents who were either supportive or against mandatory reporting in the 2010 survey were asked to indicate in short sentences about why they thought so. The following three themes emerged from analysis of the responses of respondents who were supportive of mandatory reporting for all Singaporeans.

1. Increased efficacy in child protection (45.5%): Respondents reasoned that legislation of universal mandatory reporting would raise awareness of CAN among the community (e.g. *“To let everyone know that there is child abuse in Singapore”*), reduce apathy and ensure timely responses to CAN cases (e.g. *“To ensure proper actions are taken and the victims are being protected”*; *“Some people have to be forced to do it or otherwise, they will not do it”*). At the same time, legislation would also clarify individuals' role in reporting CAN and confer

⁶ Chi-square statistics showing significant difference in proportion of respondents from the 1994 and 2010 surveys who indicated that the below mentioned individuals should be mandated to report CAN:

- child's family and relatives, $\chi^2 (1, N = 901) = 17.12, p < .05$
- teachers and principals, $\chi^2 (1, N = 901) = 47.74, p < .05$
- doctors, $\chi^2 (1, N = 901) = 33.72, p < .05$
- social workers, $\chi^2 (1, N = 901) = 25.81, p < .05$
- child care providers, $\chi^2 (1, N = 901) = 47.46, p < .05$
- nurses, $\chi^2 (1, N = 901) = 51.10, p < .05$

legal protection to those who report the cases (e.g. *“So that there will be no fear of repercussion from the abuser’s family on the reporting party”*). Safeguards and enforcement provided by legislation would probably increase the public’s willingness to report CAN.

2. Everyone’s duty to protect children from harm (37.6%): Respondents reckoned that children’s right and well-being deserved to be protected (e.g. *“The children are young, so we should protect them”*; *“Human nature should protect the young and innocent”*; *“I think children should be given a chance to live well”*) and expressed a deep sense of moral responsibility (e.g. *“It is part of everybody’s job to contribute to society”*; *“People must make a report if they observe crime”*; *“It is our duty as parent to stop child abuse from continuing”*).

3. Seriousness of CAN (9.9%): Respondents stated that they supported mandatory reporting because of the short-term and long-term impact CAN could have on children and the society (e.g. *“It is life threatening”*; *“It is child abuse and the child will suffer”*; *“If we ignore, the child might suffer and may cause death”*; *“This may affect a child’s future”*; *“Child abuse will lead to a serious thing – like crime”*; *“This is a serious issue which will affect our future society”*). It seems likely that respondents were thinking of serious cases of physical and sexual abuse, of the kinds that attract media attention, and it is probably the impact of such cases that drive support for mandatory reporting. Reporting cases where individual actions are not so dangerous but the cumulative effect is psychologically serious are probably seen as less urgent, with consequent greater reluctance to see reporting as obligatory.

Reasons against mandatory reporting

The following four themes emerged from the responses of respondents who were against mandatory reporting (i.e. for those who indicated that reporting should not be mandatory for anyone).

1. Ambiguity and idiosyncratic nature of CAN cases (37.8%): Respondents indicated that without well-established guidelines on the identification of CAN, the public might be susceptible to reporting false alarm cases or fail to detect “real” cases. Respondents reasoned that everyone varies in their perceptions of what constitutes CAN (e.g. *“Because different people got different perception on what is child abuse”*), pointed out the need for a holistic understanding of the situation in order to report CAN (e.g. *“Really need to understand the inner problem or cause of the abuse”*) and mentioned the lack of certainty or knowledge in identifying CAN (e.g. *“People might be uncertain about form of abuse or degree of abuse”*).

2. Individuals’ autonomy of choice and discretion (34.7%): Respondents argued that it is the individual’s right to decide whether or not to report (e.g. *“Everyone has their free will to make the report or not, it can't be forced”*; *“Not fair to people who don't want to get involved”*). Some respondents also appeared to believe that reporting of CAN should be left to the moral judgment of the individual rather than be forced upon him or her (e.g. *“Reporting should be done morally instead of having law to enforce it”*). It is interesting that not wishing to be involved is seen as a legitimate objection, since it is not one generally available to anyone witnessing a reportable offence.

3. Limitations of legislation (16.3%): Respondents doubted a full compliance with the law would be achieved (e.g. *“Not even the law can force everyone to do it”*). Additionally,

some were worried that mandatory reporting could backfire and restrict the reporting of CAN (e.g. “Once enforced, members of the public will try to shy away from the scene instead of getting involved to help out the victim”).

4. Safety of the reporters of CAN (2.0%): Respondents cited concerns that the person reporting CAN might put his or her own safety at risk (e.g. “We should encourage reporting but not compulsory. It is because some people might be afraid of retaliation from the abuser”).

In general, the reasons that were cited for and against mandatory reporting both centered on similar concerns. Both groups mentioned the clarity versus ambiguity of what constitutes CAN, the safety of the reporters and the role of moral responsibility in influencing the decision to report CAN. These concerns should be taken into account in any future discussion on legislation, policy-making and public education on CAN. In addition, these concerns resembled those displayed by the public in the 1994 survey (i.e. seriousness of CAN, moral duty to report CAN and concern for the child’s well-being).

4.2.7 Sources of information that the public rely on

Only respondents in the 2010 survey were asked to indicate, from a number of options, where they could gather information about CAN and how to report it. For both types of information, the public mostly relied on the Internet and the Police (see Table 13). On the other hand, SCS and the MSF were seen as less likely sources from which the public could get information. Other sources of information reported were mainly the mass media such as televised broadcasts (e.g. prime time news) and print media (e.g. newspaper reports). This suggested that the public would rely more on the Internet and the Police to obtain information on CAN than other relevant social service agencies.

Table 13. Opinions on sources of information on child abuse and neglect in the 2010 sample

Questions	Responses (%)				
	Internet	Police	Singapore Children's Society	MSF	Others
Qn1) Where do you think you can find more general information about child abuse and neglect?*	42.0	39.2	24.4	22.8	21.8
Qn2) Where do you think people can find out more on how to go about reporting child abuse and neglect case?*	32.0	55.5	15.7	15.9	15.9

Note. * Respondents could choose more than one source.

4.3 Summary & Discussion

Compared to findings from the 1994 survey, the public in 2010 generally had more favourable attitudes towards reporting cases of CAN. Nearly all respondents continued to support the reporting of CAN. A vast majority indicated support for reporting cases of physical and sexual abuse, but there was also increased acknowledgment that neglect and emotional maltreatment should be reported. This suggested that some progress has been

achieved in changing the mindset of the public, towards perceiving neglect and emotional maltreatment as abusive.

When it comes to reporting, the public continued to favor the Police in particular. This was despite the slight drop in the proportion of the public who had selected the Police for the reporting of CAN. It is likely that the public's choice of whom to report CAN to was guided by consideration of whether a particular individual/organisation possessed the capabilities to act on their reports. More members of the public than before thought that CAN should be reported to SCS. While this is an encouraging sign of increased public recognition of SCS's work in child protection, SCS may not be the most appropriate agency to act on reports of CAN. Instead, it would usually be more appropriate for the public to direct their reports to the MSF, which is the main authority to respond to and investigate CAN reports.

The public supported the idea of mandatory reporting more than before. The bulk of this support was for making reporting mandatory for some, rather than all individuals, namely the family and relatives of the child and certain professionals (e.g. teachers, doctor and social workers). It is likely that the public based their selection on pragmatic considerations such as whether an individual has regular contact with children, expertise with CAN and responsibility for the well-being of the child. Reasons that the public cited for supporting mandatory reporting included an increased efficacy of child protection, a duty to protect children from harm and because of how serious CAN is for children. On the other hand, the public also stated reasons for not supporting mandatory reporting, and these were mainly concerned with the ambiguity and idiosyncratic nature of CAN, individuals' autonomy of choice and discretion, the limitation of legislation and the safety of the reporter.

4.4 Implications

This section examined how public attitudes towards reporting CAN have changed over the years. The findings indicate that firstly, there is still a need to raise more public awareness of neglect and emotional maltreatment. Despite an increased acknowledgment of the need to report cases of neglect and emotional maltreatment, support for reporting neglect and emotional maltreatment still lag behind that of sexual abuse and physical abuse. Secondly, there may be a need for efforts to shape public perceptions such that there is better recognition of the reporting of CAN as a shared societal responsibility, rather than as a responsibility of only certain individuals, such as the professionals. Thirdly, there may be a need to increase public recognition of the MSF as the main authority to whom CAN should be reported, given the relatively low proportion of respondents indicating that they would report CAN to, as well as seek information on CAN, from the MSF. Fourthly, there appears to be a need to increase the clarity of what constitutes CAN among the public. This perceived ambiguity of CAN as a reason for not supporting mandatory reporting is observed to be a recurring concern, emerging in both the 1994 and 2010 surveys. In addition, the safety of the reporters and the need for reporting to be motivated by one's values rather than legislation were also primary concerns for mandatory reporting. Future efforts on CAN prevention might need to focus on these aspects when addressing the issues of mandatory reporting. Lastly, the public tends to obtain information on CAN and on reporting it from the Internet and mass media, which should be utilised in the future as the channels of communication for public education purposes.

Chapter 5

SERIOUSNESS OF INCIDENTS

5.1 Introduction

In the previous sections, we examined public and professional perceptions of CAN using a set of behaviors, but without providing any circumstantial information, or information about the context. In this section, we investigate the role of context in influencing how the public and professionals rated the seriousness of incidents that were potentially harmful to children. The seriousness of actions taken by adults was not included in the 1994 survey of the public, so a comparison of public perceptions in 1994 and 2010 could not be conducted. However, in the 2010 and 2011 surveys, the public and professionals rated the seriousness of actions taken by adults in a series of 21 vignettes that closely mirrored possible real-life situations in which children experience abuse, harm or hardship. This chapter reports the results comparing these two recent samples.

5.2 Rating seriousness of incidents

Ratings were given on a scale that ranged from ‘not serious’ (1) to ‘very serious’ (9). For each vignette, the child in question was depicted as 7 years-old and could be either a boy or a girl unless stated otherwise. The circumstantial information in each vignette permits an examination of how particular circumstances influenced public and professionals judgments of the seriousness of potentially harmful incidents. Public and professional ratings of seriousness for each incident were also analysed to determine if their respective perceptions differed for different incidents (see Appendix E for detailed statistical analyses).

Incidents rated with a mean of 8 and above are arbitrarily defined as “very serious”. Those with mean ratings ranging from 6 to 7.9 are defined as “serious” whereas those with mean ratings 5.9 and below are defined as “not serious to moderately serious”. The present findings are broken down into these three categories (see Table 14).

5.2.1 Very serious incidents

Mean ratings of the public and professionals were the highest for incidents involving sexual behaviours or exposure (i.e. incidents 1 to 4) that could be considered as sexual abuse. Both groups of respondents tended to rate such incidents with an ‘8’ or above, with the public rating some of these incidents to be more serious than the professionals. Mean ratings of the public were significantly higher than that of professionals for “*The parents know their teenage child is having sex with her boyfriend and are not concerned about it*” and “*The mother’s boyfriend frequently bathes the girl*”. However, there was no significant difference between public and professionals ratings for “*The parent fondles the child’s genital area*” and “*The parent repeatedly shows the child pornographic pictures*”.

Despite differences between mean ratings of the public and professionals on some incidents, they appeared to rate the seriousness of incidents in a similar way based on whether children were sexually harmed or not. Both the public and professionals rated incidents depicting the sexual exploitation of children (e.g. fondle the child’s genital area) to be more serious than incidents that do not involve the direct infliction of a sexual behaviour on the

child (e.g. lack of concern for teenage child engaging in sex). There also appeared to be greater difficulty in distinguishing between sexual abuse and normal childcare (e.g. the child is very young and needed adult assistance) when an adult male gave a female child a bath. Thus, perceptions of seriousness for both the public and professionals may be influenced by the level of certainty that the child is being sexually harmed.

Table 14. Mean and standard deviation of public and professionals ratings of seriousness on a set of 21 vignettes. The vignettes are ranked from most to least serious

Incidents	Public		Professionals	
	M	SD	M	SD
1. The parent fondles the child's genital area	8.7	0.8	8.6	1.1
2. The parent repeatedly shows the child pornographic pictures	8.6	0.9	8.7	1.0
3. The parents know their teenage child is having sex with her boyfriend and are not concerned about it	8.5	0.9	8.0	1.5
4. The mother's boyfriend frequently bathes the girl	8.2	1.2	7.6	1.7
5. The father is always at work and the mother is always playing mahjong. They do not bother whether the child eats or does his homework	7.8	1.3	7.5	1.6
6. The parents foster the child out to a relative and never visit the child	7.7	1.3	7.5	1.8
7. The parent strikes the child with a wooden stick	7.7	1.4	7.5	1.7
8. The parents know that their child often truants, but don't do anything about it	7.6	1.6	6.6	1.9
9. The parents usually leave their child on a damp and dirty mattress	7.4	1.5	7.5	1.6
10. The parents ignore their child most of the time, seldom talking with him or listening to him	7.2	1.5	6.8	1.8
11. The parents do not monitor what their child does on the internet	7.2	1.5	6.4	2.0
12. The parents usually punish their child by making him kneel on the floor on uncooked rice grains	7.1	1.7	7.5	1.7
13. The parents do not see to it that their child has clean clothing	7.0	1.4	6.6	1.8
14. The parents never see to it that their children do their homework. They let them watch TV all evening	6.9	1.5	5.9	2.0
15. The parents fail to prepare regular meals for their child. The child often has to prepare his own meal	6.8	1.6	6.7	1.8
16. The parent constantly shows favouritism towards one sibling	6.7	1.6	6.4	2.1
17. The parent over-controls the child	6.3	1.8	6.0	2.0
18. The parents usually punish the child by spanking him with the hand	6.0	1.9	5.2	2.3
19. The parents cane the child because the child did not excel in an examination	5.4	1.8	5.6	2.1
20. The parents foster their child out to a relative and bring the child home every weekend	5.1	2.0	4.4	2.2
21. The parents live in a flat with their two children. They have few furnishings, a bed where parents sleep, and two mattresses where each of the children sleeps	4.3	2.0	3.2	2.2

In summary, the public generally gave higher ratings of seriousness than the professionals to incidents involving sexual abuse. However, both parties tended to display similar patterns of ratings, giving the same level of seriousness when there is more certainty that the

behaviour constitutes sexual abuse. For instance, public and professional ratings of seriousness were more similar when incidents involved touches to the child's genital area and exposure to pornographic materials. Circumstantial information for these incidents may provide more definitive support that the child is being victimised because suggestive words were used to imply the presence of sexual abuse (e.g. "fondle" and "pornographic").

In contrast, the scenario of failing to intervene in the event of teenagers engaging in sexual activity and the showering of female children by males offered less definitive support that victimisation has occurred. Because of the absence of such contextual information, there was less to indicate whether sexual harm to the child had occurred and consequently, it was harder to judge the seriousness of the situation and this resulted in lower ratings. This could be the reason why both behaviours were rated as less serious.

5.2.2 Serious incidents

For most incidents (i.e. incidents 5 to 18), mean ratings of the public and professionals were taken to be serious (ratings that range from 6 to 7.9). Depending on the incident in question, results revealed that the public might rate incidents to be either more or less serious than the professionals. Mean ratings of the public were higher than those of the professionals for the following incidents:

- *"The father is always at work and the mother is always playing mahjong. They do not bother whether the child eats or does his homework"*
- *"The parents foster the child out to a relative and never visit the child"*
- *"The parent strikes the child with a wooden stick"*
- *"The parents know that their child often truants, but don't do anything about it"*
- *"The parents ignore their child most of the time, seldom talking with him or listening to him"*
- *"The parents do not monitor what their child does on the internet"*
- *"The parents do not see to it that their child has clean clothing"*
- *"The parents never see to it that their children do their homework. They let them watch TV all evening"*
- *"The parent constantly shows favoritism towards one sibling"*
- *"The parent over-controls the child"*
- *"The parents usually punish the child by spanking him with the hand"*

On the other hand, mean ratings of the professionals were higher than those for the public for *"The parents usually punish the child by making him kneel on the floor on uncooked rice grains"*, indicating that the public did not perceive this incident to be as serious as did the professionals. There was no significant difference between the mean rating of the public and professionals for *"The parents usually leave their child on a damp and dirty mattress"* and *"The parents fail to prepare regular meals for their child. The child often has to prepare his own meal"*.

While ratings of seriousness for most incidents in this category differed for the public and professionals, both parties generally appeared to use a similar set of criteria in rating some incidents to be more serious than others. Incidents involving a lack of parental involvement

were rated to be the most serious in this category, followed by those involving physical violence to the child, negligence or failure of the parent to meet basic needs of the child and poor parenting.

Within the category of serious incidents, the public and professionals gave the most serious ratings to situations depicting the lack of parental involvement. Such situations can be considered as constituting emotional maltreatment. In these incidents, the parents were depicted as always being busy with their own affairs and unconcerned about the well-being of their child, or being largely absent from the child's life after fostering him or her out to a relative. Compared to the professionals, the public gave higher ratings of seriousness to emotionally abusive and neglectful behaviours. However, both groups of respondents gave increasingly higher ratings of seriousness as these incidents implied increasingly lower levels of parental involvement. For example, the act of fostering out one's child without ever visiting was considered to be more serious than a fostering arrangement in which the child is brought back home every weekend. The gross transgression of parental duty incurred when parents are highly uninvolved could be the reason why both the public and professionals gave higher ratings of seriousness to such incidents.

After incidents depicting parental uninvolved, those involving physical violence that could result in severe injury (e.g. striking a child with a wooden stick) were rated by the public and professionals to be the next most serious. These incidents can be seen as physical abuse, and the public were more inclined than the professionals to perceive physically aggressive behaviours as serious. However, both groups distinguished between the seriousness of acts of severe violence and that of corporal punishment (e.g. caning children for not performing well in an examination). The key to differentiating between these two types of incidents appeared to be whether:

- I. behaviour was used sparingly and only when it was necessary for child discipline
- II. behaviour matches typical behaviours of corporal punishment
- III. behaviour was likely to cause serious injury

Although physical force was used on children in all of these incidents, the presumptive lower level of physical harm involved in appropriately used corporal punishment could account for why such incidents were rated less seriously than other physically violent behaviours. Of the two corporal punishments, the public appeared to rate the seriousness of caning children lower than that of spanking. It may be that caning has greater legitimacy as a form of corporal punishment such that there is a higher tolerance of physically punishing children for failing to get good grades.

In summary, it appeared that for both the public and professionals, the likelihood of injury to the child influenced the ratings of seriousness for these incidents. It is noticeable that even a likelihood of serious injury was not sufficient to yield a mean rating of 8 or above, and even non-contact sexual abuse was still considered more serious than incidents that may inflict actual injury on the child.

After incidents involving physical violence that could result in severe injury, the group of incidents with the next higher ratings of seriousness included those in which the parents were negligent and failed to provide for the basic needs of their child (e.g. not ensuring that the child has clean clothing). In rating the seriousness of these incidents, both the public and professionals appeared to take into consideration if:

- I. there was immediate and/or long-term impact on the child's well-being, and

II. the scope of the damage was isolated and contained within a particular area, or chronic and pervasive in the life of the child

It appeared that the public and professionals differed in how they weighted the seriousness of immediate and future harm to the child. As compared to the public, the professionals gave ratings of higher severity to neglectful incidents with immediate harm than to those with a more delayed impact on the child. For instance, the public generally rated incidents with deferred harm (e.g. not doing anything about truancy) more seriously than those with a more immediate impact on the child (e.g. not ensuring that a child has clean clothing). In contrast, the professionals tended to rate incidents with immediate harm more seriously than those with a more distant impact on the child.

Without much definitive proof of abuse, the professionals may have been more hesitant to give ratings of seriousness that were as high as those of the public. Immediate harm to a child is clear and present and there is a greater immediacy to intervene in such situations, whereas it is more difficult to ascertain the seriousness of an incident when time is needed for the harm to be realised. Because of the greater difficulty of establishing the seriousness of future harm to a child, professionals could have focused more on what is clearly observable to them for their ratings. In contrast, the public appeared to be more comfortable with going beyond current situations of neglect in projecting the potential harm an incident may have on the child in the future. This may be why the public rated incidents with deferred harm to be more serious than the professionals.

For this category, both the public and professionals gave the lowest ratings of seriousness to incidents involving poor parenting. The parents were depicted in these incidents as seldom interacting with their child, showing favouritism and being over-controlling. From the descriptions, the wording of the vignettes did not convey an impression of serious harm, which might have affected the reactions of respondents. The perception of such situations as poor parenting rather than abuse could have accounted for why both the public and professionals gave lower ratings of seriousness to such incidents.

5.2.3 Not serious to moderately serious incidents

Both the public and professionals gave the lowest mean ratings (i.e. 5.9 and below) for incidents that could be indicative of appropriate use of corporal punishment and families experiencing hardship (i.e. incidents 19 to 21). Comparisons of mean ratings revealed that the public considered the following incidents to be more serious than the professionals:

- *“The parents foster their child out to a relative and bring the child home every weekend”*
- *“The parents live in a flat with their two children. They have few furnishings, a bed where parents sleep, and two mattresses where each of the children sleeps”*

However, there was no significant difference between mean ratings of the public and professionals for *“The parents cane the child because the child did not excel in an examination”*.

Despite differences between mean ratings of the public and professionals on most incidents, they appeared to display the same hierarchical pattern in their ratings of

seriousness. Both the public and professionals gave higher ratings of seriousness to incidents of corporal punishment than those depicting families facing hardship.

Incidents that involve corporal punishment may convey the impression that parents were acting in the best interest of their child (e.g. caning the child for not excelling in an exam) as they were not worded so as to suggest serious injury. Thus, even though parents physically punished their child, incidents were judged to be less serious, perhaps because respondents assumed that parents were judicious in their use of corporal punishment.

In contrast to the other incidents, situations that involve fostering the child out during the weekdays and bringing the child back home on weekends, and letting children sleep on mattresses in a sparsely furnished flat, could have been due to circumstances beyond control of the parents. Practical constraints, such as both parents working long hours or not having the financial means to purchase more beds, could have contributed to the hardship described in both cases. Given these circumstances, the public and professionals may have assumed that parents in both incidents were already doing the best that they can for their family. Such an assumption may result in making the parents' action more understandable and thus less deserving of social sanction. However, this may have masked the actual harm that the actions would have for children, resulting in lower ratings of seriousness.

5.3 Summary & Discussion

Incidents were classified into three categories of seriousness, which demonstrated general trends in the role of context and how it influenced public and professionals ratings of the seriousness of incidents. Both the public and professionals generally considered most incidents to be at least serious, and gave them a mean rating of 6 and above. Both the public and professionals appeared to perceive the seriousness of incidents rather similarly, and this matches the pattern consistently observed in earlier sections.

There was a general hierarchical pattern in which incidents that could be regarded as sexual abuse were given the highest ratings of seriousness, followed by incidents indicative of physical abuse, neglect and emotional maltreatment in that order. This pattern suggested that both the public and professionals emphasised physical harm to children as a key determinant in judging the seriousness of incidents. However, they regarded sexual abuse as even more serious than physical abuse, even when no actual contact was involved, so physical harm or threat to the child's survival was by no means the only criterion of seriousness.

In addition, the context under which the incidents occurred does appear to influence public and professional perceptions of the seriousness of incidents. The role of context appeared to have unequal importance for ratings of seriousness across the different categories of CAN. Both the public and professionals consistently gave more serious ratings to incidents that can be considered as sexual abuse across a multitude of circumstances, compared to other categories of CAN. Even when the wording of the vignettes conveyed less definitive support for sexual abuse (e.g. "*The mother's boyfriend frequently bathes the girl*"), both the public and professionals still gave higher ratings of seriousness, compared to incidents that fall into the other categories of CAN. This suggested that context has little influence in how the public and professionals judge the seriousness of a situation involving sexual abuse.

In contrast, context appeared to matter more when the public and professionals judged the seriousness of incidents that could be potentially seen as physical abuse, neglect and emotional maltreatment. For incidents that correspond to these three categories of CAN, there was a wider range in how the public and professionals gave ratings of seriousness. For instance, even though both the behaviours of striking children with a stick and caning involve the use of physical force on children, and thus can be considered as potentially constituting physical abuse, the former was rated more seriously than the latter.

Furthermore, there appears to be a slight difference in how the public and professionals take into account the contextual information accompanying incidents in their ratings of seriousness. Generally, the professionals based their judgment on the contextual information more than the public did. For instance, in the absence of definitive evidence of sexual abuse, it appeared that the public were more inclined than the professionals to assume that such situations were serious. In contrast, the professionals may be less inclined to base their judgments beyond what is supported by the evidence. This focus on the evidence could be a reflection of the greater care that professionals take to base their action on facts when establishing whether or not CAN had occurred.

5.4 Implications

This chapter examined the role of context in shaping how the public and professionals rated the seriousness of actions that are potentially harmful to children. Context generally mattered less in influencing judgments of seriousness for incidents involving sexual abuse, but it appeared to have greater importance for incidents involving physical abuse, neglect and emotional maltreatment. When an adult exploits the child sexually, it may be easier to establish the intent of the adult to harm the child based on just the action alone. However, for actions involving physical abuse, neglect or emotional maltreatment, one may need to take into account the context in trying to determine the seriousness of the action. Consequently, it is generally harder to determine the seriousness of actions that are indicative of physical abuse, neglect and emotional maltreatment of children.

Across all three categories of seriousness, ratings of the professionals were influenced more than the public by the specific context. For most incidents, the vignettes tend to describe the behaviours of the adults without giving more information as to whether there were mitigating circumstances at play, or how seriously the child had been harmed. In situations where the given circumstantial information may be inadequate to judge with confidence the seriousness of a behaviour, the professionals appeared to base their judgment on just the facts given in the vignettes. In contrast, the public appeared to fill in the information gaps by making some assumptions about the context of the incidents. This may have contributed to the public's higher ratings of seriousness for ambiguous situations (i.e. those involving neglect and emotional maltreatment), as compared to the professionals.

Chapter 6

Conclusions

6.1 Perceptions of child abuse and neglect: Similarities, differences and changes over the years

The general public and professional continued to show similarities and differences in how they perceived child abuse and neglect. Perceptions of the public had also changed over the years.

6.1.1 To what extent do the public and professional practitioners differ in their perceptions of child abuse and neglect?

On the whole, there are substantial similarities in the perceptions of the general public and of specific practitioners, even though the professions represented were those that would, from time to time, encounter children who have been abused or are at risk. From the pattern of responses, we can see that the public and professional demonstrated a shared tendency to characterise CAN by malicious intent and/or harmful consequences to the child. Both groups of respondents showed a high degree of consensus in perceiving behaviours that involve sexual assault, or likely to result in severe physical harm, as abuse.

However, when sexual assault or serious physical injuries were absent, the professionals and the public both appeared to focus on the extent or visibility of physical harm to the child in determining whether that behaviour was abusive. The less visible the putative harm to the child, the more likely the action was to be rated as “*Can be abuse*” rather than actual abuse. If the behaviour was likely to have only non-physical impact on the child (as with emotional maltreatment), it tended to be rated as “*Can be abuse*”, or “*Is not abuse*”. This tendency to perceive behaviours with less obvious harm as not constituting CAN may have the unfortunate consequence of underestimating or failing to recognise the negative impact of such behaviours on the child’s well-being, especially when they occur repeatedly.

Findings also suggested that other factors beside the harmfulness of behaviours may have influenced public and professional perceptions of CAN. Consideration of parenting practices could have framed caning as corporal punishment and thus not as physical abuse. More respondents did not perceive the caning of children as abusive when compared to other acts of physical violence. However, we cannot disentangle the impact of conventional acceptance of caning from beliefs about the actual harm of the alternative actions offered. Parenting practices could have also framed how the public viewed emotionally neglectful interactions between parent and child as poor parenting, rather than as emotional neglect. This could explain why the action of never hugging children was not strongly perceived as abusive.

Another factor that appeared to influence public and professional perceptions was whether or not the behaviour had come about directly through the action of an individual, or had resulted indirectly via the omission of actions. Both groups of respondents may have found it easier to accept actions as CAN when they directly harm children, as opposed to harm arising from the inaction of an individual. This could account for why physically and

emotionally neglectful behaviours were generally perceived to be less abusive. There were exceptions, however, as neglecting signs of ill-health was regarded as very serious.

6.1.2 Changes in how the general public perceives child abuse and neglect over the years

Generally, the public gave more “*Can be abuse*” responses than in previous years for behaviours that could be regarded as neglect and emotional maltreatment. By choosing to respond that the behaviour can be abusive, rather than explicitly labeling it as abuse, the public may be saying that they do not perceive neglectful and emotionally maltreating behaviours to be as abusive as before. Alternatively, this could simply reflect a greater consideration of the context or possible mitigating factors in determining whether or not these behaviours truly constitute CAN. If the latter is the case, the decline in public perceptions does not necessarily mark a decreased recognition of neglect and emotional maltreatment as CAN over the years. If it signals a greater awareness of the importance of context in understanding the impact of actions, it would likely represent a step towards greater sensitivity in parenting and childcare practices generally.

6.1.3 Differences between public and professional perceptions of child abuse and neglect

The public appeared to be more cautious than the professionals when asked to identify whether behaviours constituted CAN. As mentioned in their reasons for not supporting mandatory reporting of CAN, this reservation could possibly stem from their difficulties in determining whether a situation qualifies as CAN. In contrast, the professionals might have received training that would account for their greater confidence in identifying behaviours as abusive. They might, of course, simply feel more confident as a general consequence of being accustomed to making responsible judgments, and they may also have had more actual experience of, or encounters with CAN cases.

6.2 Changes in public attitudes towards reporting child abuse and neglect

The public strongly supported the reporting of CAN, but felt less strongly about supporting mandatory reporting for all members of society. Pragmatic considerations such as whether there was a high likelihood of the general public encountering child maltreatment and whether the general public possessed the relevant capabilities to protect children probably influenced respondents. Guided by these considerations, the public appeared willing to leave the responsibility of reporting CAN to the child’s family, and to professionals in the field of education and healthcare.

The main reason why the public supported mandatory reporting was their anticipation that mandatory reporting would raise the efficacy of child protection. In addition, the public were also strongly supportive of mandatory reporting for reasons pertaining to one’s moral responsibility and duty towards protecting children from harm. The public cited difficulties in determining whether or not a situation constituted CAN as the main reason against supporting mandatory reporting. Additionally, they also cited reasons relating to the infringement of people’s right to dictate their own actions and their doubts over the effectiveness of mandatory reporting in preventing CAN for not supporting mandatory reporting.

The public's likelihood of reporting different types of CAN closely approximated how they perceived the abusiveness of behaviours indicative of the different types of CAN, and how they judged the seriousness of potential CAN incidents. The public generally displayed a high level of willingness in reporting different types of CAN. However, cases involving sexual and physical abuse were more likely to be reported compared to those involving emotional maltreatment and neglect. The public's preference as to whom they would report CAN cases to appear to be informed by practical considerations of whether or not the particular individual or organisation possessed the capabilities to act on the reports. As such, the highest preference was for reporting to the Police.

The public was highly supportive of professionals in the fields of education, social services and healthcare being entrusted as mandated reporters of CAN. However, they were less supportive of law professionals and the general public as mandated reporters. The reason why particular individuals were selected could reflect how likely it is for these individuals to encounter cases of CAN, or to possess the necessary skills to assist maltreated children. They also felt that family members and relatives should be mandated to report incidents of CAN, but gave little support to the idea that religious leaders should be mandated to report.

6.3 Similarities and differences between public and professional ratings of the seriousness of incidents

In rating the seriousness of potential incidents of CAN, both the professionals and the public appeared to turn to the same value system that they had used to inform whether or not a particular behaviour constituted CAN. Both groups of respondents displayed a high degree of agreement among themselves that sexual exploitations of children were very serious. In addition, incidents that resulted in greater physical harm were rated to be more serious than those with less visible impact on children's well-being. Other than where sexual abuse was concerned, when the impact on a child's well-being was of an emotional/psychological nature, incidents tended to be rated as less serious than incidents that were physically harmful for children.

The public generally gave higher ratings of seriousness than the professionals to such incidents, suggesting that they were more likely to perceive ambiguous situations as potentially abusive. This result does offer some support for the idea that the public does acknowledge the seriousness of such behaviours, but were less prepared to assert that it constituted CAN. This reluctance might be due to the legal and social ramifications of labelling the action of an individual as abuse, or simply to an awareness of a lack of expertise by respondents. The gravity of making such a claim, should it turn out to be wrong, appeared to deter the public more than the professionals. If so, it would reconcile the apparent contradiction of the public being less likely to perceive behaviours as CAN and yet rating incidents more seriously than the professionals.

6.4 Recommendations

As shown by the findings of this study, there is still a low degree of consensus among the public on whether or not behaviours of less visible harm constituted CAN. It is recommended that the government, VWOs and the public have more frequent dialogues aimed at clarifying which type of behaviours/situations constituted CAN in order to establish common understanding for the protection of children. One of the focal points for discussion should be the nature of parental discipline. Parents obviously should correct their children's

misbehaviours, but excessive use of corporal punishment and harsh verbal tirades can result in detrimental outcomes for children. Dialogues should encourage parents to reconsider their parenting practices, addressing maladaptive parental beliefs in parenting, making them more aware of unintended negative outcomes of their actions on their child and providing training on alternative discipline methods to replace existing harsh parenting practices.

More effort should be directed at raising public awareness of CAN, especially of emotional maltreatment. This type of maltreatment is still perceived as being less serious than other forms of CAN, which may be due to the lack of visibility of its impact. Furthermore, the harm that arises from emotional maltreatment may not be immediate, and is likely to take more time to develop in comparison to other forms of maltreatment. A situation in which a child has been exposed to chronic emotional maltreatment over time is likely to have cumulative effects that are no less serious than other forms of abuse. In other words, there is a need to recognise that even though the harm to a child might not be attributable to any single incident of emotional maltreatment, or show up immediately, this does not mean that emotional maltreatment does not constitute CAN. One way to address this issue could be for educational initiatives to emphasise the detrimental impact of pervasive emotional attacks and emotional neglect on children's socioemotional development, so that there is better recognition of the impact of psychological harm.

The current study offers an examination of societal views on issues relating to CAN and the current state of our progress in protecting children from maltreatment. While these questions have been addressed, there is still much that can be explored in future local research on CAN. Periodic epidemiological research will provide information on the incidence and prevalence of CAN that can be tracked over time. Ideally, these data should contain comprehensive information on the characteristics of maltreated children and their perpetrators as well as circumstances surrounding incidents of CAN. Having knowledge of these trends and possible causes of CAN would inform programmes to protect children from abuse and neglect. Beyond focusing on the perceptions of CAN among the citizenry of Singapore, other important areas of study like the specific etiology of CAN in Singapore, resilience and development of long-term detrimental outcomes among Singapore children and the efficacy of intervention and treatment for maltreated children, could form the next phase of research in CAN. It might also be of interest to look into how children themselves see some of these issues.

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Appendix A

PUBLIC PERCEPTIONS OF CHILD ABUSE AND NEGLECT
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INTRODUCTION : Good morning/afternoon/evening, I am _____, an interviewer from InResearch Private Limited (**SHOW AUTHORISATION CARD**), a market research company in Singapore. On behalf of the Singapore Children’s Society, we are conducting a survey to find out how people think about child abuse and neglect. This interview will take about 15 minutes, and you may stop any time you wish. There are no right or wrong answers, and everything you say will be kept confidential. Thank you.

TIME STARTED

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SCREENING QUESTIONS

SHOWCARD S1

S1. Which age group do you belong to?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Below 18 years</td> <td style="width: 10%;">1 (END INTERVIEW)</td> </tr> <tr> <td>18 to 24 years</td> <td>2</td> </tr> <tr> <td>25 to 29 years</td> <td>3</td> </tr> <tr> <td>30 to 34 years</td> <td>4</td> </tr> <tr> <td>35 to 39 years</td> <td>5</td> </tr> <tr> <td>40 to 44 years</td> <td>6</td> </tr> <tr> <td>45 to 49 years</td> <td>7</td> </tr> <tr> <td>50 to 54 years</td> <td>8</td> </tr> <tr> <td>55 years and above</td> <td>9</td> </tr> </table>	Below 18 years	1 (END INTERVIEW)	18 to 24 years	2	25 to 29 years	3	30 to 34 years	4	35 to 39 years	5	40 to 44 years	6	45 to 49 years	7	50 to 54 years	8	55 years and above	9
Below 18 years	1 (END INTERVIEW)																		
18 to 24 years	2																		
25 to 29 years	3																		
30 to 34 years	4																		
35 to 39 years	5																		
40 to 44 years	6																		
45 to 49 years	7																		
50 to 54 years	8																		
55 years and above	9																		
S2. Are you a...(READ OUT)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Singapore citizen</td> <td style="width: 10%;">1 (GO TO A1)</td> </tr> <tr> <td>Singapore PR</td> <td>2 (CHECK QUOTA)</td> </tr> <tr> <td>Others</td> <td>3 (END INTERVIEW)</td> </tr> </table>	Singapore citizen	1 (GO TO A1)	Singapore PR	2 (CHECK QUOTA)	Others	3 (END INTERVIEW)												
Singapore citizen	1 (GO TO A1)																		
Singapore PR	2 (CHECK QUOTA)																		
Others	3 (END INTERVIEW)																		

A. DEFINITIONS OF ACTIONS

SHOWCARD A1a and A1b (ANSWER SCALE)

A1. I am going to read out a list of actions. These are things that some parents, guardians or other adults might do to children. As I read out each, please tell me whether you think it **IS** abuse or neglect, **CAN BE** abuse or neglect or **IS NOT** abuse or neglect.

	IS Abuse/Neglect	CAN BE Abuse/Neglect	IS NOT Abuse/Neglect
1. Leaving child alone in the house	1	2	3
2. Threatening to abandon child	1	2	3
3. Shaking child hard	1	2	3
4. Tying child up	1	2	3
5. Locking child outside the house	1	2	3
6. Having sex with child	1	2	3
7. Always criticizing child	1	2	3
8. Slapping child on the face	1	2	3
9. Calling child useless	1	2	3

	IS Abuse/Neglect	CAN BE Abuse/Neglect	IS NOT Abuse/Neglect
10. Parent not protecting child from sexual advances by other family members	1	2	3
11. Adult appearing naked in front of child	1	2	3
12. Making child study for a long time	1	2	3
13. Burning child with cigarettes, hot water or other hot things	1	2	3
14. Telling child other children are better	1	2	3
15. Caning child	1	2	3
16. Never hugging child	1	2	3
17. Ignoring signs of illness in child (e.g. high fever)	1	2	3
18. Locking child in a room	1	2	3

B. RATINGS OF INCIDENTS

SHOWCARD B1a and B1b (ANSWER SCALE)

B1. I am going to describe a list of potential child abuse and neglect incidents to you. Please tell me how serious you think each of them is using a scale of 1 to 9, where 1 means Not Serious and 9 means Very Serious. The child mentioned in the statements refer to a seven-year-old child, can be male or female unless otherwise stated.

	NOT Serious								VERY Serious
1. The parents know that their child often skips school but they don't do anything about it	1	2	3	4	5	6	7	8	9
2. The parents ignore their child most of the time, seldom talking with him or listening to him	1	2	3	4	5	6	7	8	9
3. The parent plays with the child's private parts	1	2	3	4	5	6	7	8	9
4. The parents live in a flat with their two children. They have few furnishings, a bed where the parents sleep, and two mattresses where each child sleeps on	1	2	3	4	5	6	7	8	9
5. The parents cane the child because the child did not do very well in an examination	1	2	3	4	5	6	7	8	9
6. The parents foster their child out to a relative and bring the child home every weekend	1	2	3	4	5	6	7	8	9
7. The mother's boyfriend frequently bathes the girl	1	2	3	4	5	6	7	8	9

	NOT Serious									VERY Serious
8. The father is always at work and the mother is always playing mahjong. They do not bother whether the child eats or does his homework	1	2	3	4	5	6	7	8	9	
9. The parents usually punish the child by hitting him with the hand	1	2	3	4	5	6	7	8	9	
10. The parents foster the child out to a relative and never visit the child	1	2	3	4	5	6	7	8	9	
11. The parent repeatedly shows the child pornographic pictures	1	2	3	4	5	6	7	8	9	
12. The parents usually punish their child by making him kneel on the floor on uncooked rice grains	1	2	3	4	5	6	7	8	9	
13. The parents fail to prepare regular meals for their child. The child often has to prepare his own meals	1	2	3	4	5	6	7	8	9	
14. The parent strikes the child with a wooden stick	1	2	3	4	5	6	7	8	9	
15. The parents usually leave their child on a damp and dirty mattress	1	2	3	4	5	6	7	8	9	
16. The parents never see to it that their children do their homework. They let them watch TV all evening	1	2	3	4	5	6	7	8	9	
17. The parents do not see to it that their child has clean clothing	1	2	3	4	5	6	7	8	9	
18. The parents do not monitor what their child does on the Internet	1	2	3	4	5	6	7	8	9	
19. The parent over-controls the child	1	2	3	4	5	6	7	8	9	
20. The parents know their teenage child is having sex with her boyfriend and are not concerned about it	1	2	3	4	5	6	7	8	9	
21. The parent constantly shows favouritism towards one sibling	1	2	3	4	5	6	7	8	9	

C. ATTITUDES TOWARDS REPORTING

- C1a. Do you think cases of child abuse and neglect should be reported? | Yes No 1 (GO TO C2) 2 (GO TO D1)
- C2. Who do you think the cases should be reported to? (CAN HAVE MORE THAN ONE) | Yes No
1. Police 1 2
2. Religious organizations 1 2

ANSWER)

INTERVIEWER : DO NOT READ OUT ANSWER OPTIONS

- (Specify: _____)
- | | | |
|---|---|---|
| 3. MCYS (Ministry of Community Development, Youth & Sports) | 1 | 2 |
| 4. Singapore Children's Society | 1 | 2 |
| 5. Others (Specify: _____) | 1 | 2 |

C3. Where do you think people can find out more on how to go about reporting child abuse and neglect cases? (CAN HAVE MORE THAN ONE ANSWER)

INTERVIEWER : DO NOT READ OUT ANSWER OPTIONS

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Police | 1 | 2 |
| 2. MCYS (Ministry of Community Development, Youth & Sports) | 1 | 2 |
| 3. Singapore Children's Society | 1 | 2 |
| 4. Internet | 1 | 2 |
| 5. Others (Specify: _____) | | |

C4a. Who do you think should do the reporting? Do you think it should be reported by everyone who comes across a child abuse case or just certain people?

- | | |
|----------------|---------------|
| Everyone | 1 (GO TO C4b) |
| Certain people | 2 (GO TO C4f) |

SHOWCARD C4b (DEFINITION OF COMPULSORY)

C4b. I would now like to know your views on whether you think reporting should be made compulsory in Singapore. Please look at this showcard for the definition of compulsory.

(Compulsory means people will be obliged by law to report a case when they think or suspect a child is being abused or neglected and they can be penalized if they do not report. The reporting person's identity is kept confidential)

Do you think reporting should be made compulsory for everyone who comes across a child abuse case, for certain people only or should not be made compulsory at all?

- | | |
|--|----------------|
| Should be made compulsory for everyone | 1 (GO TO C4c) |
| Should be made compulsory for certain people only | 2 (GO TO C4e) |
| Should not be made compulsory at all | 3 (GO TO C4d) |

C4c. Why do you think reporting should be made **compulsory** for **everyone**?

GO TO C5

C4d. Why do you think reporting should **not be made compulsory**?

GO TO C5

SHOWCARD C4e

<p>C4e. You mentioned that reporting should be made compulsory for certain people only.</p> <p>Who in this list do you think reporting should be compulsory for?</p> <p>(CAN HAVE MORE THAN ONE ANSWER)</p>	<ol style="list-style-type: none"> 1. Doctors 2. Nurses 3. Teachers/Principals 4. Child care providers 5. Social workers 6. Religious persons (Specify: _____) 7. Lawyers 8. Members of child's family, relatives 9. Neighbours/Family friends 10. Members of the public 11. Others (specify: _____) 	<table border="0"> <thead> <tr> <th style="text-align: left;"><u>Yes</u></th> <th style="text-align: left;"><u>No</u></th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
<u>Yes</u>	<u>No</u>																											
1	2																											
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GO TO C4h

SHOWCARD C4f

C4f. Who in this list do you think are the certain people who should do the reporting?
(CAN HAVE MORE THAN ONE ANSWER)

FOR CATEGORIES OF PERSONS MENTIONED
SHOWCARD C4g (DEFINITION OF COMPULSORY)

C4g. I would now like to know your views on whether you think reporting should be made compulsory in Singapore. Please look at this showcard for the definition of compulsory.

(Compulsory means people will be obliged by law to report a case when they think or suspect a child is being abused or neglected and they can be penalized if they do not report. The reporting person's identity is kept confidential)

Do you think reporting should be made compulsory for....(READ OUT CATEGORIES OF PERSONS MENTIONED IN C4f)?

	<u>C4f</u>		<u>C4g</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1. Doctors	1	2	1	2
2. Nurses	1	2	1	2
3. Teachers/Principals	1	2	1	2
4. Child care providers	1	2	1	2
5. Social workers	1	2	1	2
6. Religious persons (Specify: _____)	1	2	1	2
7. Lawyers	1	2	1	2
8. Members of child's family, relatives	1	2	1	2
9. Neighbours/Family friends	1	2	1	2
10. Members of the public	1	2	1	2
11. Others (specify: _____)	1	2	1	2

IF YES TO ANY IN C4g, GO TO C4h, ELSE GO TO C4i

C4h. Why do you think reporting should be made compulsory for **these group(s)** but not the rest?

GO TO C5

C4i. Why do you think reporting should **not be made compulsory**?

SHOWCARD C5

C5. Please look at this list of cases. Which of these cases do you think should be reported?
 INTERVIEWER TO READ OUT EACH CASE AND ASK: Should this case be reported?

	Yes	No
1. The child is badly hurt physically	1	2
2. Basic necessities of life are not provided to the child	1	2
3. The child is sexually exploited or not protected from sexual advances	1	2
4. The child is badly hurt emotionally or psychologically	1	2

D. CASE RECALL

D1. Have you personally come across any child abuse or neglect cases? They should be cases you encountered and not what you heard from others or what was reported in the news	Yes No	1 (GO TO D2) 2 (GO TO D12)
D2. Altogether, how many cases have you encountered?	RECORD NO : _____	
D3. I am going to ask you some questions on the most recent case that you have encountered. When did the incident happen?	RECORD: _____ years _____ months ago Not sure: 99	
D4. Approximately how many times did the abuse happen? Is it once, a few times or many times?	Once A few times Many times Not Sure (DO NOT READ OUT)	1 2 3 99
D5. How many children were abused or neglected?	RECORD NO : _____	

D6. What is the age, gender and race of the child(ren)?
(RECORD UP TO A MAXIMUM OF THREE CHILDREN)

	Child 1	Child 2	Child 3
Age :	_____ yrs Not Sure ..99	_____ yrs Not Sure .. 99	_____ yrs Not Sure ..99
Gender			
Male	1	1	1
Female	2	2	2
Not Sure	99	99	99
RACE			
Chinese	1	1	1
Malay	2	2	2
Indian	3	3	3
Others (Specify)	4 (_____)	4 (_____)	4 (_____)
Not Sure	99	99	99

D7. Who abused or neglected the child(ren)?
 (CAN HAVE MORE THAN ONE ANSWER)

INTERVIEWER : DO NOT READ OUT ANSWER OPTIONS

	<u>Yes</u>	<u>No</u>
1. Father	1	2
2. Mother	1	2
3. Stepfather	1	2
4. Stepmother	1	2
5. Babysitter	1	2
6. Childcare personnel	1	2
7. Male relative (specify:_____)	1	2
8. Female relative (specify:_____)	1	2
9. Parents' male friend	1	2
10. Parents' female friend	1	2
11. Male stranger	1	2
12. Female stranger	1	2
13. Others(specify:_____)	1	2
14. Don't know	1	2

D8. What type of abuse was it? Was it ... (READ OUT)?
 (CAN HAVE MORE THAN ONE ANSWER)

	<u>Yes</u>	<u>No</u>
1. Physical abuse	1	2
2. Sexual abuse	1	2
3. Emotional abuse	1	2
4. Neglect	1	2

D9. How was the child(ren) abused or neglected?

D10. Did you report the case?

Yes	1
No	2

D11. What happened to the child(ren) in the end?
(IF SOMEONE ELSE REPORTED THE CASE, ASK WHAT HAPPENED AFTER REPORT WAS MADE)

D12. Where do you think you can find more general information about child abuse and neglect? (CAN HAVE MORE THAN ONE ANSWER) INTERVIEWER : DO NOT READ OUT ANSWER OPTIONS	1. Police	<u>Yes</u>	<u>No</u>
	2. MCYS (Ministry of Community Development, Youth & Sports)	1	2
	3. Singapore Children's Society	1	2
	4. Internet	1	2
	5. Others (Specify: _____)	1	2

D13. Would you like to make any comments about child abuse and neglect?

E. BACKGROUND INFORMATION

E1a. What languages do you speak at home?

IF TWO OR MORE MENTIONED

E1b. What is your most frequently spoken language at home?

	a		b.
	<u>Yes</u>	<u>No</u>	
English	1	2	1
Mandarin	1	2	2
Chinese dialects (specify: _____)	1	2	3
Malay	1	2	4
Tamil	1	2	5
Others (specify: _____)	1	2	6

E2a. What is your current employment status? Are you...(READ OUT)?	Working	1	(GO TO E2b) } GO TO E3
	Homemaker	2	
	Student	3	
	Full-time National Service	4	
	Retired	5	
	Unemployed	6	

E2b. What is your occupation? | RECORD : _____

E3. Are you a parent? | Yes 1 (GO TO E4)
No 2 (GO TO E5)

E4. How many children do you have? | RECORD NO : _____

SHOWCARD E5

E5. What is your highest educational qualification attained?	No formal qualification	1
	Primary	2
	PSLE	3
	Secondary	4
	GCE 'N'/'O' level	5
	GCE 'A' Level	6
	ITE Qualification	7
	Polytechnic Diploma	8
	Degree & above	9
	Others (Specify: _____)	10

SHOWCARD E6

E6. What is your religion?	Christianity	1
	Buddhism	2
	Taoism	3
	Islam	4
	Hinduism	5
	Others (Specify: _____)	6
	No religion	7
E7. ASK/RECORD HOUSE-TYPE	HDB 1-2 Room	1
	HDB 3 Room	2
	HDB 4 Room	3
	HDB 5 Room/Exec/Maisonette	4
	Landed Property	5
E8. RECORD GENDER	Male	1
	Female	2
E9. RECORD/ASK RACE	Chinese	1
	Malay	2
	Indian	3
	Others (Specify: _____)	4

Appendix B

PROFESSIONAL PERCEPTIONS OF CHILD ABUSE AND NEGLECT SURVEY

SECTION A: DEFINITION OF ACTIONS

The following are a list of behaviours. For each of the behaviours, please indicate whether or not you would classify it as child abuse or neglect by circling the appropriate number on the three point scale on the right, where,

- 1 = in your opinion, the behaviour **is** abuse or neglect
- 2 = in your opinion, the behaviour **can be** abuse or neglect
- 3 = in your opinion, the behaviour is **not** abuse or neglect

Note: A child or young person is defined as under 16 years of age, according to the Children and Young Persons Act.

Behaviours	In your opinion, is this abuse/ neglect?		
	<u>Is</u>	<u>Can Be</u>	<u>Is Not</u>
1. Leaving child alone in the house	1	2	3
2. Threatening to abandon child	1	2	3
3. Shaking child hard	1	2	3
4. Tying child up	1	2	3
5. Locking child outside the house	1	2	3
6. Having sex with child	1	2	3
7. Always criticizing child	1	2	3
8. Slapping child on the face	1	2	3
9. Calling child useless	1	2	3
10. Parent not protecting child from sexual advances by other family members	1	2	3
11. Adult appearing naked in front of child	1	2	3
12. Making child study for a long time	1	2	3
13. Burning child with cigarettes, hot water or other hot things	1	2	3
14. Telling child other children are better	1	2	3
15. Caning child	1	2	3
16. Never hugging child	1	2	3
17. Ignoring signs of illness in child (e.g. high fever)	1	2	3
18. Locking child in a room	1	2	3

SECTION B: RATING OF INCIDENTS

Many incidents have the potential to be classified as child abuse and neglect. Some are considered very serious acts, while others are not considered serious. The following are descriptions of potential incidents of child abuse and/or neglect. Please rate each incident on a scale of increasing seriousness from 1 to 9, circling a high number if you believe the incident is very serious and a low number if you believe the incident is not so serious. Base your decision on your professional experience with children and assume that the statements refer to a seven-year-old child. The pronoun "he" and "him" will be used for the sake of convenience. However, please assume that the child could be of either sex unless the context indicates otherwise.

	<u>Not Serious</u>			<u>Very Serious</u>					
	←	→	→	←	←	←			
1. The parents know that their child often truants, but don't do anything about it.	1	2	3	4	5	6	7	8	9
2. The parents ignore their child most of the time, seldom talking with him or listening to him.	1	2	3	4	5	6	7	8	9
3. The parent fondles the child's genital area.	1	2	3	4	5	6	7	8	9

4. The parents live in a flat with their two children. They have few furnishings, a bed where parents sleep, and two mattresses where each of the children sleeps.	1	2	3	4	5	6	7	8	9
5. The parents cane the child because the child did not excel in an examination.	1	2	3	4	5	6	7	8	9
6. The parents foster their child out to a relative and bring the child home every weekend.	1	2	3	4	5	6	7	8	9
7. The mother's boyfriend frequently bathes the girl.	1	2	3	4	5	6	7	8	9
8. The father is always at work and the mother is always playing mahjong. They do not bother whether the child eats or does his homework.	1	2	3	4	5	6	7	8	9
9. The parents usually punish the child by spanking him with the hand.	1	2	3	4	5	6	7	8	9
10. The parents foster the child out to a relative and never visit the child.	1	2	3	4	5	6	7	8	9
11. The parent repeatedly shows the child pornographic pictures.	1	2	3	4	5	6	7	8	9
12. The parents usually punish their child by making him kneel on the floor on uncooked rice grains.	1	2	3	4	5	6	7	8	9
13. The parents fail to prepare regular meals for their child. The child often has to prepare his own meals.	1	2	3	4	5	6	7	8	9
14. The parent strikes the child with a wooden stick.	1	2	3	4	5	6	7	8	9
15. The parents usually leave their child on a damp and dirty mattress.	1	2	3	4	5	6	7	8	9
16. The parents never see to it that their children do their homework. They let them watch TV all evening.	1	2	3	4	5	6	7	8	9
17. The parents do not see to it that their child has clean clothing.	1	2	3	4	5	6	7	8	9
18. The parents do not monitor what their child does on the internet.	1	2	3	4	5	6	7	8	9
19. The parent over-controls the child.	1	2	3	4	5	6	7	8	9
20. The parents know their teenage child is having sex with her boyfriend and are not concerned about it.	1	2	3	4	5	6	7	8	9
21. The parent constantly shows favouritism towards one sibling.	1	2	3	4	5	6	7	8	9

SECTION C: CASE CHARACTERISTICS

In your field of work, you are likely to have come across or dealt with cases which you would consider child abuse and/or neglect. The following are some questions regarding your experience of such cases. Please be reminded that the information is given anonymously and is fully confidential.

Part One: Characteristics of most recent case

1. Altogether, how many cases of child abuse and neglect, if any, have you encountered in your field of work?

Number of cases

Please indicate below the characteristics of the most recent case of child abuse and neglect that you came across. Please note that the case should be of an individual who is under 16 years of age, as those 16 years and above are not considered children or young persons, according to the Children and Young Persons Act, and their case will be taken care of under other laws.

2. How did you come to work with this case?

- I discovered it in the course of my work
- It was reported to myself or my organisation
- It was referred to my organisation by the Police
- It was referred to my organisation by the Ministry of Community Development, Youth and Sports
- Others, specify: _____

3. When did this happen?

Years Months ago

4. Was the child a boy or girl?

- Boy
- Girl

5. What age was the child?

Years Old

6. What race was the child?

- Chinese
- Malay
- Indian
- Others, specify: _____

7. Who was/were the perpetrator(s)?

- Mother only
- Father only
- Both natural parents
- Non-natural parent
- Relative
- Sibling
- Babysitter
- Others, specify

8. Please describe the ill-treatment the child experienced, including the frequency with which it happened.

9. Please describe any actions that you took, if any.

Part Two: Trends of Child Abuse and Neglect Cases

1. In your experience, has the number of cases of child abuse and neglect cases increased over last ten years?

- Yes
- No

2. In your opinion, is it likely that there is any significant underreporting of child abuse and neglect?

- Yes
- No
- Maybe / Don't know

3. In your opinion, what is the most common type of child abuse and/or neglect?

- Physical abuse
- Physical neglect
- Sexual abuse
- Emotional abuse and neglect

4. In your opinion, do the children tend to be girls or boys?

- Boy
- Girl
- There is no particular trend
- Don't know

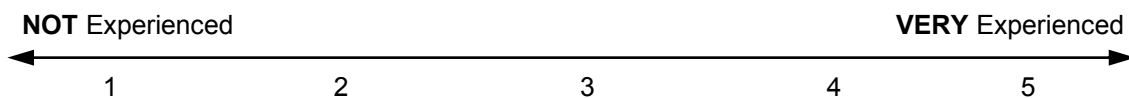
5. What age are children most at risk?

Years Old

6. Have you observed any particular trends in cases of child abuse and neglect (e.g., with respect to the types of families/relatives in respect of which child abuse and neglect occurs, ethnic differences etc.)?

7. Do you have any suggestions about how the handling of cases of child abuse and neglect may be improved? Please include suggestions that would help you to be more effective in your provision of service to such cases.

8. How experienced are you in dealing with cases of child abuse and neglect?



SECTION D: ATTITUDE TOWARDS REPORTING

1. What is the likelihood that you would report the following cases? (not applicable to Police Investigation Officers and Child Protection Officers of MCYS)

	Not Likely	Very Likely
	←	→
a. The child is badly hurt physically	1	2 3 4 5
b. Basic necessities of life are not provided to the child	1	2 3 4 5
c. The child is sexually exploited or not protected from sexual advances	1	2 3 4 5
d. The child is badly hurt emotionally/ psychologically	1	2 3 4 5

6. How important are the following reasons for your support of a law on mandatory reporting?

	<u>Not</u>		<u>Very</u>		
	<u>Important</u>		<u>Important</u>		
	←		→		
a. To prevent the increase of child abuse and neglect	1	2	3	4	5
b. As a warning to perpetrator(s)	1	2	3	4	5
c. It should be our legal duty	1	2	3	4	5
d. To increase the rate of reporting	1	2	3	4	5
e. To indicate to Singaporeans that child abuse and neglect is something that will not be tolerated	1	2	3	4	5
f. Other reasons, specify:	1	2	3	4	5

7. You may also have some reservations about a law on mandatory reporting. How important are the following reasons for your lack of support of a law on mandatory reporting?

	<u>Not</u>		<u>Very</u>		
	<u>Important</u>		<u>Important</u>		
	←		→		
a. It should be up to the individual	1	2	3	4	5
b. People who have reported may get into trouble	1	2	3	4	5
c. People may make false reports	1	2	3	4	5
d. People may not know how to detect cases	1	2	3	4	5
e. The problem is not big enough to warrant this law	1	2	3	4	5
f. People should be educated, not forced to report	1	2	3	4	5
g. Other reasons, specify:	1	2	3	4	5

8. Have you, in your professional capacity, reported cases of child abuse and neglect to any higher authority before? If yes, when and to whom did you report to? What was the procedure you used? Did you encounter any problems in reporting? What was the outcome of your report? Was your reporting effective? (not applicable to those who have never reported a case before, Police Investigation Officers and Child Protection Officers)

SECTION E: BACKGROUND DATA

We would like to know a little bit about your background. Please tick the appropriate answer. Note: this information is **anonymous** and will be kept fully **confidential**.

1. Profession

- Social Worker/Medical Social Worker (*circle*)
- Doctor (*circle*: GP/ Family Physician/ Paediatrician)
- Psychiatrist
- Nurse
- Police Officer
- Lawyer
- Teacher
- Preschool Educator (*circle*: Childcare/Kindergarten)
- Psychologist
- Counsellor/School Counsellor (*circle*)

Others, specify: _____

2. Number of years in profession

- 4 years or less
- 5 – 9 years
- 10 – 14 years
- 15 – 19 years
- 20 years or more

3. Gender

- Male
- Female

4. Age

- 19 and below
- 20 – 24
- 25 – 29
- 30 – 34
- 35 – 39
- 40 – 44
- 45 – 49
- 50 – 54
- 55 – 59
- 60 and above

5. Ethnicity

- Chinese
- Malay
- Indian
- Others, specify: _____

6. Number of children you have

- None
- One
- Two
- Three
- Four or more
- Other child-rearing experience, specify:

7. Religion

- Buddhist
- Taoist
- Christian
- Muslim
- Hindu
- No religion
- Others, specify: _____

8. Language most spoken at home

- English
- Mandarin
- Chinese dialect
- Malay
- Tamil
- Others, specify: _____

9. Family monthly income

- \$999 and less
- \$1,000 - \$1,999
- \$2,000 - \$2,999
- \$3,000 - \$3,999
- \$4,000 - \$4,999
- \$5,000 - \$7,499
- \$7,500 - \$9,999
- \$10,000 - \$14,999
- \$15,000 and more

Appendix C

Changes from 1994 to 2010 in public perceptions of CAN across the four category of CAN and results of chi-square tests comparing responses between the two samples of public respondents

Behaviours	Changes in response (%)			χ^2 (df = 2)
	"Not"	"Can be"	"Is"	
<u>Physical Abuse</u>				
Slapping child on the face	-10.8	10.3	0.5	23.5***
Shaking child hard	-8.0	7.0	1.0	12.4**
Caning child	-8.2	16.9	-8.7	25.4***
Tying child up	1.1	11.0	-12.1	19.1***
Burning child with cigarettes, hot water or other hot thing	-0.3	4.3	-4.0	15.1***
<u>Emotional Maltreatment</u>				
Calling child useless	-14.9	18.4	-3.5	34.7***
Threatening to abandon child	-8.9	14.7	-5.8	24.0***
Always criticizing child	-16.1	22.9	-6.8	52.8***
Telling child other children are better	-13.6	22.2	-8.6	45.9***
Never hugging child	4.6	20.0	-24.5	81.1***
Making child study for a long time	-4.6	15.0	-10.4	23.2***
Locking child in a room	-2.8	20.9	-18.1	41.9***
Locking child outside the house	-1.8	8.6	-6.8	8.4*
<u>Neglect</u>				
Ignoring signs of illness in child	-0.8	27.5	-26.7	93.1***
Leaving child alone in the house	-2.1	14.9	-12.8	26.9***
<u>Sexual Abuse</u>				
Adult appearing naked in front of child	-8.4	10.5	-2.2	27.4***
Parent not protecting child from sexual advances by other family members	-1.0	5.3	-4.3	8.0*
Having sex with child	-1.1	0.9	0.2	3.9

Note. The changes in response were obtained by subtracting the proportion of responses in 2010 from those of 1994. Positive values indicate proportion of responses in 2010 is larger than in 1994. *** $p < .001$, ** $p < .01$, * $p < .05$.

Appendix D

Differences between public and professional perceptions of CAN across the four category of CAN and results of chi-square tests comparing responses between the two groups of respondents

Behaviours	Differences in response (%)			χ^2 (df = 2)
	"Not"	"Can be"	"Is"	
<u>Physical Abuse</u>				
Shaking child hard	-8.9	-16.4	25.3	118.8***
Tying child up	-2.9	-15.6	18.5	96.6***
Caning child	-11.9	1.9	10.0	51.2***
Burning child with cigarettes, hot water or other hot thing	0.7	-4.0	3.3	30.2***
Slapping child on the face	-4.0	-2.5	6.5	12.0**
<u>Emotional Maltreatment</u>				
Always criticizing child	-3.7	-13.8	17.4	45.4***
Calling child useless	-8.6	-4.0	12.7	32.2***
Locking child in a room	-3.9	-3.7	7.5	14.5***
Telling child other children are better	-2.3	-4.8	7.1	14.4***
Locking child outside the house	-3.0	-3.1	6.1	10.9**
Threatening to abandon child	-4.5	0.9	3.6	7.0*
Making child study for a long time	-2.2	5.9	-3.7	6.0
Never hugging child	-2.0	-2.8	4.8	5.8
<u>Neglect</u>				
Leaving child alone in the house	-20.0	18.2	1.8	93.2***
Ignoring signs of illness in child	-1.5	-8.1	9.6	16.0***
<u>Sexual Abuse</u>				
Parent not protecting child from sexual advances by other family members	-0.1	-7.2	7.3	25.8***
Adult appearing naked in front of child	2.0	6.8	-8.8	11.2**
Having sex with child	0.6	-1.0	0.4	3.4

Note. The changes in response were obtained by subtracting the proportion of responses from the professional from those of the public. Positive values indicate proportion of responses for the professional is larger than the public. *** $p < .001$, ** $p < .01$, * $p < .05$.

Appendix E

Results of t-tests comparing public and professionals ratings on a set of 21 vignettes.

Incidents	<i>t</i>	df
1. The parent fondles the child's genital area	1.3	1283
2. The parent repeatedly shows the child pornographic pictures	1.0	1632
3. The parents know their teenage child is having sex with her boyfriend and are not concerned about it	8.3***	1451
4. The mother's boyfriend frequently bathes the girl	7.9***	1346
5. The father is always at work and the mother is always playing mahjong. They do not bother whether the child eats or does his homework	4.0***	1137
6. The parents foster the child out to a relative and never visit the child	2.5*	1256
7. The parent strikes the child with a wooden stick	2.5*	1092
8. The parents know that their child often truants, but don't do anything about it	11.2***	1132
9. The parents usually leave their child on a damp and dirty mattress	1.6	1633
10. The parents ignore their child most of the time, seldom talking with him or listening to him	5.4***	1149
11. The parents do not monitor what their child does on the internet	8.4***	1222
12. The parents usually punish their child by making him kneel on the floor on uncooked rice grains	3.9***	1638
13. The parents do not see to it that their child has clean clothing	5.0***	1174
14. The parents never see to it that their children do their homework. They let them watch TV all evening	10.9***	1227
15. The parents fail to prepare regular meals for their child. The child often has to prepare his own meal	1.4	1065
16. The parent constantly shows favouritism towards one sibling	3.1**	1247
17. The parent over-controls the child	2.7**	1050
18. The parents usually punish the child by spanking him with the hand	7.8***	1116
19. The parents cane the child because the child did not excel in an examination	1.5	1109
20. The parents foster their child out to a relative and bring the child home every weekend	6.4***	1085
21. The parents live in a flat with their two children. They have few furnishings, a bed where parents sleep, and two mattresses where each of the children sleeps	9.5***	1633

Note. *** $p < .001$, ** $p < .01$, * $p < .05$. With the exception of item 12, significant results indicate that public ratings were higher than professional ratings.