SINGAPORE CHILDREN'S SOCIETY

Research Monograph No. 4

EMOTIONAL MALTREATMENT OF CHILDREN IN SINGAPORE: PROFESSIONAL AND PUBLIC PERCEPTIONS

John M. Elliott
Chua Yee Sian
Joyce I. Thomas

February 2002

We welcome your comments, feedback and suggestions.

Contact : Research Officer

Address : Singapore Children's Society
Yishun Family Service Centre
Blk 107 Yishun Ring Road
#01 -233
Singapore 760107

Telephone : (65) 753-7331

Facsimile : (65) 753-2697

Email : info@childrensociety.org.sg

ISBN 981-04-5534-8

CONTENTS

FOREWORD

In recent years, the topic of emotional and psychological abuse has received considerable attention. It would also be fair to say, that no other form of child abuse has created so many difficulties for practitioners and so much confusion for researchers. The literature is full of contradictions. Some difficulties lie in the absence of a unified and precise definition of what constitutes emotional abuse, and in how it is possible to provide measurable evidence that would be convincing and scientifically sound. The continuing debate is still far from resolving the thorny question of definition in a general and operational sense: lack of clarity and consistency when using appropriate labels further confuses the issue.

Some writers have tried to make a distinction between psychological and emotional abuse, while others have preferred to use the term- emotional maltreatment- to describe both types of abuse. Some have separated emotional abuse from neglect, while others have felt that neglectful and abusive acts are interrelated and better considered within the broader concept of emotional maltreatment of children.

The problem of defining emotional maltreatment is complicated further by uncertainty regarding whether the emphasis should be on abnormal parental behaviour or on the detrimental child outcomes. These difficulties of definition are not surprising. Emotional maltreatment is an elusive phenomenon. It does not leave a distinct mark, unlike physical abuse; it will not generate public interest or even outrage, unlike sexual abuse; and it will not attract the censure found following documented investigations of physical neglect. There are also cultural differences in child-rearing practices that need to be taken into consideration, as well as the psychological make-up of a child and the unique individuality, which might contribute to the way parents relate to, interact with and perceive the child. A better understanding is also needed, of how some children survive emotional maltreatment relatively unscathed and often apparently stronger for their experiences.

In spite of various difficulties, there is growing consensus among professionals that emotional maltreatment (which includes active abuse and passive neglect) might be more damaging in its impact (if severe and persistent) than other forms of maltreatment. It is also generally recognized that emotional maltreatment is at the core of physical and sexual abuse, and might have a greater effect in the long term than physical and sexual abuse.

This monograph, entitled *Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions* is the fourth in a series of research monographs published by the Singapore Children' s Society on perceptions of child abuse and neglect in Singapore. The first monograph on *Public Perceptions of Child Abuse and Neglect in Singapore* was published in 1996. The second, entitled

Professional and Public Perceptions of Child Abuse and Neglect in Singapore: An Overview and the third on *Professional and Public Perceptions of Physical Child Abuse and Neglect in Singapore*, were published in 2000. This monograph will focus specifically on the attitudes of professionals and the public towards childhood emotional maltreatment in Singapore. The forthcoming monograph No. 5 will focus the issues of sexual abuse. Although the timing and the methodology of the studies on the two populations may be different, the overall pattern of differences and similarities in the results are clear and relevant.

The publication of this monograph coincides with the amendment of the Children and Young Persons Act in Singapore 2001, which puts a lot of emphasis on the issues of emotional maltreatment. It also coincides with the 50th Anniversary celebration of the Singapore Children's Society in 2002. We hope the information provided in this monograph will serve as a good local reference for those who protect and those who legislate.

On behalf of the Child Abuse and Neglect Prevention Standing Committee (CANPSC), I would like to thank the Ministry of Community Development and Sports for its support and in providing us with valuable local statistics. I would also like to congratulate Associate Professor John Elliot, members of the Research Subcommittee of CANPSC, and the Research Officers for another great endeavour.

Associate Professor Ho Lai Yun
Chairman
Child Abuse and Neglect Prevention Standing Committee
Singapore Children's Society

ACKNOWLEDGMENTS

Being part of a series of monographs in studying aspects of child abuse and neglect, we are indeed indebted to several individuals and organizations. For without their efforts and support, it would not have been possible to complete this monograph. We would also like to take this opportunity to thank a few of them, in no order of preference. We are certainly grateful to A/P Tong Chee Kiong from the National University of Singapore (NUS) for the planning and design of this broad study, which began with a survey of public perceptions in 1995, followed by a survey on various professions in 1997. We appreciate Dr Jasmine Chan from NUS for her input in planning this monograph series. We also thank our past research officers, Ms Patricia Tan, Ms Lim Hui Keow and Ms Yvonne Chow, whose contributions in the various stages of this monograph were indispensable. We sincerely appreciate the co-operation of the Ministry of Community Development and Sports, the Singapore Immigration and Registration section of the Ministry of Home Affairs and the Ministry of Health's Institute of Mental Health, for their support in providing us the statistics that we require on national incidence. Last but not least, we thank all respondents for their co-operation during the surveys on public and professional samples.

Associate Professor John Elliott
Mr Chua Yee Sian
Ms Joyce Thomas

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1: INTRODUCTION

This monograph is the fourth in a series published by the Singapore Children's Society dealing with aspects of child maltreatment in Singapore. It will focus on the attitudes of professionals and the public towards emotional maltreatment of children in Singapore. The objectives are twofold.

- Firstly, it seeks an understanding of emotional child maltreatment in Singapore by examining the attitudes and perceptions of the professionals and the public towards emotional child maltreatment. In particular, it highlights differences that exist among the various professions themselves on these issues. Such knowledge is important as it has implications for recognizing, reporting, and treating emotional child maltreatment cases.

- Secondly, it reports a comprehensive comparison of professional and public attitudes towards emotional child maltreatment in Singapore. As such, it aims to uncover any similarities and differences in views towards emotional child maltreatment among the professions and the public studied.

In recent times, a number of issues and cases relating to children's emotional or mental well-being have emerged in the local media:

Tougher laws to protect children from mental abuse (Straits Times, 18 Feb. 2001)
No wounds and bruises, she's a victim of emotional abuse (Straits Times, 1 Apr. 2001)
Help for children who may be psychologically abused (Straits Times, 21 Apr. 2001)
Law protects kids from emotional abuse (Straits Times, 30 Apr. 2001).
Timely to discuss youth suicides (Straits Times, 8 Jul. 2001)
Girl jumps to death over PSLE results (Straits Times, 30 Dec. 2000)
More S'pore children seeing psychiatrists (Straits Times, 2 Mar. 2001)
Kids who witness violence at home (Straits Times, 13 May 2001)

These newspaper articles may reflect an increasing awareness of emotional maltreatment of children and young persons locally. Emotional maltreatment could become an increasingly important issue in Singapore society, requiring increased attention and concern from professionals who are involved with child welfare, policy makers, as well as the general public.

1.1 What is Emotional Child Maltreatment?

1.1.1 Emotional maltreatment: A generic term for emotional abuse and neglect

Emotional maltreatment is a general term, synonymous with psychological maltreatment. It is used in this monograph to refer to emotionally damaging treatment of children, whether resulting from active actions or as a result of neglect, and whether intentional or otherwise. It normally refers to sustained patterns of relationship rather than isolated severe actions.

Emotional damage may also be one of the consequences of physical or sexual abuse of children, but the term emotional maltreatment is used to refer to cases in which the essential character of the damaging treatment is its psychological and emotional quality, for example language that inappropriately demeans or threatens the child. Emotional maltreatment can thus be a primary problem, or secondary to other types of abusive treatment.

Maltreatment focuses on actual or likely harmful consequences, whether intentional or not. However, many instances of emotional maltreatment may in fact be deliberate and therefore abusive, since intent is an element in the legal definition of abuse. In addition, abuse is a more serious and derogatory term that may imply wilful or intentional harm by the perpetrator. 'Abuse' is also a legal term, implying that an offence has been committed. As the term 'abuse' is probably associated with severe physical or sexual abuse, it may not be appropriate to try and extend it to cover unacceptable behaviour which may affect the child's emotional and mental development. Such actions are unacceptable and inappropriate, but might be better described as maltreatment not abuse.

Hence, the more generic term emotional maltreatment will be used throughout this monograph. It denotes a category that is sufficiently broad to include all of the important cognitive and affective dimensions of maltreatment, abuse and neglect.

1.2 Maltreatment, Abuse and Neglect: Legal and Formal Definitions

The legal and formal definitions of child abuse and neglect and emotional maltreatment used by the World Health Organization, various countries (where available) and Singapore are reviewed in the following section. The definitions suggested by representatives and/or used by the countries are provided in Table 1.1. Some countries do not have a legal definition, but most have specific guidelines for recognizing child abuse and neglect.

The definition given by the World Health Organisation (WHO) is general and comprehensive, and can be considered to be a 'global' definition of child abuse and neglect. However, emotional maltreatment or abuse is defined differently in different countries, reflecting different cultural norms with regards to childcare and discipline. This allows variation in the range and severity of actions that are regarded as abusive. However, this variation makes the formulation of a clear, well-understood, and acceptable definition of emotional child maltreatment a great challenge. The term has gained international recognition but has different meanings for individuals, and groups from different cultures. Cross-cultural variability in beliefs about child rearing and behaviours means that it is inevitable that some cultures will find acceptable treatments that others see as crossing the boundaries of acceptability. This in turn makes international cross-cultural definition difficult and raises awkward questions of conflicting value judgements across cultures (Korbin, 1991). In spite of these differences, however, most countries have some sort of legislation in place to protect children against child abuse in general, and emotional or psychological abuse in particular.

Table 1.1

Legal and formal definitions of child maltreatment, abuse and neglect in various countries

Country	Source	Definition
NA	World Health Organisation (in Report of the consultation on child abuse prevention, 1999)	*Child abuse* Child abuse or maltreatment constitutes all forms of physical 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 (p.15). *Neglect and negligent treatment* Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family of caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible (*op. cit.*). *Emotional abuse* Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with his or her personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust, or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment (*op. cit.*).
Australia	Broadbent & Bentley, 1997 (from Australian Institute of Health & Welfare) Victorian Children & Young Persons Act, Section 63E, 1989	Emotional abuse is defined as any act by a person having the care of a child which results in the child suffering any kind of significant emotional deprivation or trauma (p.75). A child is in need of protection in cases of emotional abuse if the child has suffered or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

Country	Source	Definition
Canada	Canadian Incidence Study of Child Abuse and Neglect:: Final Report, (Trocmé *et al*,, 2001)	*Emotional abuse* The child has suffered or was at substantial risk of suffering from mental, emotional or developmental problems caused by overtly hostile, punitive treatment, or habitual or extreme verbal abuse (threatening, belittling, etc.). *Non-organic failure to thrive* A child under 3 has suffered a marked retardation or cessation of growth for which no organic reason can be identified....Non-organic failure to thrive is generally considered to be a form of emotional neglect; it has been classified as a separate form of emotional maltreatment because of its particular characteristics. *Emotional neglect* The child has suffered or is at substantial risk of suffering from mental, emotional or developmental problems caused by inadequate nurturance/affection. *Exposed to Family Violence* A child has been a witness to, or involved with family violence within his/her home environment. This includes situations in which the child indirectly witnessed the violence (e.g., saw the physical injuries on his/her caregiver the next day).
England	Department of Health, Education & Science, 1991	*Emotional abuse* is defined as: ...an actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This category should be used where it is the main or sole form of abuse (p.49).
Hong Kong	Social Welfare Department, 1998	*Child abuse* Any act of omission or commission that endangers or impairs a child's physical/psychological health and development, emotional health and development. Such act is judged on the basis of a combination of community standards and professional expertise to be damaging. Individuals commit it, singly, or collectively, who by their characteristics (age, status, knowledge, and organizational form) are in a position of differential power that renders a child vulnerable. Child abuse is not limited to a child-parent/guardian situation but includes any one who is entrusted with the care and control of a child, e.g., child-minders, relatives, teachers, etc (p.1). *Neglect* Neglect is severe or persistent lack of attention to a child's basic needs (such as adequate food, clothing, shelter, education, or medical care) that endangers or impairs the child's health or development (including non-organic failure to thrive) or the unavoidable exposure of a child to serious danger (including cold, starvation, a child habitually left unattended or forcing a child to undertake duties inappropriate to his/her physical strength or age).

Country	Source	Definition
Hong Kong (cont'd)	Social Welfare Department, 1998 (cont'd)	*Psychological abuse* Psychological abuse is the pattern of behaviour and attitudes towards a child that endangers or impairs the child's emotional or intellectual development. Examples include acts of terrorizing, isolating, exploiting/corrupting or denying emotional responsiveness. Such act damages immediately or ultimately the behavioural, cognitive, affective, or physical functioning of the child (p.1).
India	National Institute of Public Cooperation & Child Development, 1988	Child abuse and neglect is the intentional, non accidental injury, maltreatment of children by parents, caretakers, employers, or others including those individuals representing governmental or nongovernmental bodies which may lead to temporary or permanent impairment of their physical, mental and psychological development, disability or death.
Malaysia	Child Protection Act 2001	A child is in need of protection if: The child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused by his parent or guardian or a member of his extended family (Section 17, 1a). The child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused and his parent or guardian, knowing of such injury or abuse or risk, has not protected or is unlikely to protect the child from such injury or abuse (Section 17, 1b). There is such a conflict between the child and his parent, or between his parents or guardian, or between his parents or guardians, that family relationships are seriously disrupted, thereby causing him emotional injury (Section 17, 1h). *Emotional injury* A child is emotionally injured if there is substantial and observable impairment of the child's mental or emotional functioning that is evidenced by, amongst other things, a mental or behavioural disorder, including anxiety, depression, withdrawal, aggression or delayed development (Section 17, 2b).

Country	Source	Definition
Singapore	Children & Young Persons Act, Chapter 38, 20/2001	Where children are persons under the age of sixteen *When a child is in need of care and protection* [Section 3 (g)] A child is in need of care or protection if there is such a serious and persistent conflict between the child or young person and his parent or guardian, or between his parents or guardians, that family relationships are seriously disrupted, thereby causing the child or young person emotional injury. *Ill-treatment of child or young person* A person ill-treats a child or young person if that person, being a person who has the custody, charge of the child or young person - (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; and/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 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.
	Ministry of Community Development & Sports, 2001c	*Child abuse* Child abuse is defined as any act of commission or omission by a parent or guardian which would endanger or impair the child's physical or emotional well-being. *Emotional/psychological abuse* Emotional/psychological abuse refers to the significant impairment of a child's social, emotional and intellectual development and/or disturbances of the child's behaviour resulting from behaviours such as persistent hostility, ignoring, blaming, discriminating or blatant rejection of the child (p.1 0).

Our review of definitions of child maltreatment, abuse and neglect in various countries (see Table 1.1) revealed that with the exception of India, most of the countries reviewed have definitions of emotional maltreatment. It was also noted that different countries have different criteria for defining emotional maltreatment. Some countries such as Hong Kong, England, and Singapore consider an act to be emotionally abusive only if it is persistent, while others such as Australia, Malaysia and Canada do not have any mention of whether the repetitive nature of an act is a criterion for inclusion in the definition of emotionally abusive acts.

Malaysia, Canada, England and Australia have definitions of emotional abuse that not only include caregiver acts which have harmed, but also those which are likely to harm the child's emotional or mental development. For these countries, observable and tangible evidence of the detrimental effects of emotional abuse on the child's development is not the only criterion for judging whether an act is considered abusive. The potential or risk that the child may be emotionally injured is also a criterion for inclusion in the definition. On the other hand, Hong Kong and Singapore have definitions of emotional abuse that only include acts which have actually impaired the child's social and emotional development.

Some countries such as Canada, Malaysia and Singapore, also regard a conflictual marital or family relationship as a situation which warrants protection for the child from emotional injury, while other countries do not seem to have such provisions. There are also differences in how the various countries describe evidence of the consequences of emotional maltreatment. Malaysia, Australia and England do not define explicitly the acts which constitute emotional abuse, but only describe them generally as acts which impair or endanger a child's emotional and social development. However, Singapore and Hong Kong, in their definitions of emotional abuse, give specific examples of acts which damage the child's social and emotional well-being, such as terrorizing, hostility, ignoring/ isolating, exploiting/ corrupting, blaming, discriminating or rejection, etc. Another interesting finding was that England's definition seems to be the only one which acknowledges that all abuse involves some form of emotional ill-treatment. In addition, it also stipulates that the category 'emotional abuse' should be used only where it is the main or sole form of abuse.

To sum up, most of the countries had some form of legal or formal definition of emotional maltreatment, with the exception of India. They differed with regards to what actions or behaviours constitute emotional maltreatment, whether persistence of the act/s was a criterion for inclusion in the definition, and whether the risk or likelihood of emotional injury is a criterion for inclusion in the definition.

In general, the law recognises the fact that there are two separate but not mutually exclusive types of emotional maltreatment - one direct (emotional abuse), and the other indirect (emotional neglect).

1.2.1 Emotional Abuse

Emotional abuse is described as overtly rejecting behaviour of carers, and involves active parental hostility, verbal or emotional assaults, threatened harm, or close confinement (Gabarino, Guttman & Seeley, 1986; Wiehe, 1990). Parents and carers who persistently criticise, shame, rebuke, threaten, ridicule, humiliate, put down, induce fear and anxiety, who are never satisfied with the child's behaviour and performance (and who show this deliberately to hurt a child) are emotionally abusive. Their behaviour towards the child can be described as overtly abusive, actively painful, and developmentally and cognitively damaging (Iwaniec, 1995).

1.2.2 Emotional Neglect

Emotional neglect refers to omission of parental psychological nurturing, availability, lack of interest in the child, and absence of attention and stimulation. It occurs when meaningful adults are unable to provide necessary nurturance, stimulation, encouragement, and protection to the child at various stages of development, thus inhibiting his optimal functioning. Parents who seldom interact with their children, who do not speak, play, or encourage new activities and opportunities to learn may inhibit a child's vigorous and happy development, and can be considered to be emotionally neglectful (Iwaniec, 1995).

In this monograph, however, we have largely chosen to bypass the dichotomy between abuse and neglect. Distinctions between the two terms often break down in the face of reality. Some parents or caregivers both emotionally abuse and emotionally neglect, and in some situations, it is difficult to discern one from the other (Tower, 1993). It is true that some acts of emotional maltreatment, such as verbal assaults, are clearly active in nature, and others, such as emotional unresponsiveness, are more passive. However, the active/passive and abuse/neglect distinctions may obscure the multifaceted nature of emotional maltreatment (Gabarino *et al.,* 1986).

Parliament in Singapore has recently passed the Children and Young Persons (Amendment) Bill to grant greater protection to emotionally/psychologically battered children or young people. The Amended Bill stipulates that:

> Children or young people who are believed to be psychologically battered, not only those who are physically abused, can be taken away from their parents or guardians to be assessed and treated (Children & Young Persons Act 20/2001, Chapter 38, Sections 8 & 10).

This makes it possible for the child to be taken away by professionals such as medical officers, welfare officers and the police, if the circumstances warrant. There is thus a clear presumption of relevant competence by the respective professionals concerned.

This amendment to the Children & Young Persons Act is welcome, but anticipates rather than reflects the existence of emotional child maltreatment. Emotional maltreatment has received a rather low profile hitherto, for which there are probably several reasons. Firstly, there have been very few cases of emotional child maltreatment in Singapore. Data from the Ministry of Community Development & Sports (MCDS) show that there have only been nine cases (with evidence) of emotional neglect from 1990 to 2000 (Table 1.2).

Table 1.2

Number of Cases of Child Abuse and Neglect in Singapore

Item	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Mean	%	Total
Data on all cases reported														
Numbers of cases														
Evidence of abuse	50	31	30	32	29	37	18	28	28	45	50	34	24.5	378
Lack of evidence but needs assistance	76	43	54	53	55	50	73	134	100	80	88	73	52.3	806
False complaint	72	38	54	27	28	15	27	35	36	18	7	32	23.2	357
TOTAL	198	112	138	112	112	102	118	197	164	143	145	140	100.0	1541
Data only on cases with evidence of abuse														
Type of maltreatment														
Physical abuse	41	27	27	31	28	37	18	24	26	39	38	31	88.9	336
Physical neglect	8	0	3	1	1	0	0	4	2	3	11	3	8.7	33
Emotional neglect	1	4	0	0	0	0	0	0	0	3	1	1	2.3	9
TOTAL	50	31	30	32	29	37	18	28	28	45	50	34	100.0	378
Sex of victim														
Male	23	12	22	13	15	21	7	16	14	24	34	18	53.2	201
Female	27	19	8	19	14	16	11	12	14	21	16	16	46.8	177
TOTAL	50	31	30	32	29	37	18	28	28	45	50	34	100.0	378
Age of victim														
Below 2 years	5	2	2	5	2	3	5	2	3	7	8	4	11.6	44
3 - 5 years	10	5	4	4	7	12	2	5	3	10	9	6	18.8	71
6 - 11 years	23	21	19	19	16	16	11	18	13	22	24	18	53.4	202
Above 12 years	12	3	5	4	4	6	0	3	9	6	9	6	16.1	61
TOTAL	50	31	30	32	29	37	18	28	28	45	50	34	100.0	378
Relationship of perpetrator/s to victim														
Natural Parents	31	20	22	27	21	29	14	21	20	29	40	25	70.3	274
Adoptive/step/foster/ de facto parent	6	4	2	2	5	3	1	4	2	3	8	4	10.3	40
Natural/step/foster sibling	NA	NA	NA	NA	0	2	0	0	0	0	0	0	0.5	2
Relative	6	0	0	0	0	1	0	0	3	4	1	1	3.8	15
Friend	NA	NA	NA	NA	1	1	0	0	0	0	0	0	0.5	2
Parent's lover	1	2	2	2	1	1	1	1	2	6	6	2	6.4	25
Grandparent	1	0	2	0	NA	NA	NA	NA	NA	NA	NA	1	0.8	3
Others	5	5	2	1	1	0	2	2	1	6	4	3	7.4	29
TOTAL	50	31	30	32	29	37	18	28	28	48*	59**	36	100.0	390

Source: Ministry of Community Development & Sports

* 3 cases with more than 1 abuser

** 9 cases with more than 1 abuser

NA: Not applicable. Categories were not used at time of data collection. The categories 'Natural/step/foster sibling' and 'Friend' were not used during the years 1990-1993. The category 'Grandparent' was only used during the years 1990-1993.

Secondly, emotional child maltreatment usually causes no physical signs and is subtler in its manifestations than physical or sexual abuse. Unlike the immediate and observable consequences of severe physical abuse, there are no visible scars associated with emotional maltreatment (Oates, 1996). However, while children may recover from the pain and injuries sustained through physical abuse, it may take a considerably longer period of time to recover from the fear or humiliation involved in emotional maltreatment.

Thirdly, the effects or consequences of emotional maltreatment, though real enough to those who have suffered it, tend to be insidious and chronic, having their effect cumulatively over a long period of time. This makes it difficult to assess and quantify the consequences of emotional maltreatment. These may be some of the reasons why emotional maltreatment has been little emphasised in Singapore.

Hence, by examining the attitudes and perceptions of the public and the professionals in Singapore with regard to emotional child maltreatment, this monograph attempts to contribute to a greater understanding and awareness of the issue of emotional child maltreatment in Singapore. It is hoped that such an understanding would also help to inform the prevention and intervention strategies that are required to address the problem of emotional maltreatment.

Chapter 2 discusses the nature of emotional child maltreatment in more depth. Chapter 3 discusses the methodology used for this monograph while Chapters 4 and 5 present and discuss the findings.

2.1 Emotional Child Maltreatment: The "core" component of child abuse and neglect

Emotional maltreatment may occur as a distinct form of maltreatment or in conjunction with other forms of abuse or neglect. In other words, emotional child maltreatment may result from direct emotional assault upon the cognitive, emotional or interactional well-being of the child, or more indirectly from the emotional effects of physical abuse, physical neglect or sexual abuse (Navarre, 1987).

Emotional child maltreatment can be regarded as an underlying characteristic or core component of all major forms of abuse and neglect (Hart & Brassard, 1987; McGee & Wolfe, 1991; Navarre, 1987). It almost always occurs in conjunction or as an integral part of other forms of maltreatment, such as physical abuse, physical neglect, or sexual abuse (Iwaniec, 1995). There is an emerging body of research which suggests that it is the psychological concomitants, more than the severity of the physical acts, that constitute the real trauma and are responsible for the damaging consequences of physical abuse (Claussen & Crittenden, 1991), sexual abuse (Abramson & Lucido, 1991) and neglect (Schaekel, 1987).

The effects of emotional maltreatment may be manifested in the sense of helplessness and worthlessness often experienced by physically abused children (Claussen & Crittenden, 1991; Hyman, 1987; Rossman, Huges & Hanson, 1998), in the sense of violation and shame found in sexually abused children (Brassard & McNeil, 1987), or in the lack of environmental stimulation and support for normal development found in neglected children (Schaekel, 1987). According to this perspective, it would be difficult to neglect, hit, or sexually abuse a child without also giving the child a message of rejection at the same time.

However, emotional maltreatment may also occur as a distinct form of maltreatment, in the absence of other forms of abuse or neglect (for example, verbal abuse, threats to abandon a child, etc.) (Gabarino & Vondra, 1987; Navarre, 1987; Tower, 1993).

2.2 Difficulties faced in defining Emotional Maltreatment

Research into the problem of emotional maltreatment has often been plagued with disagreements about how to define it, assess it and treat it (Claussen & Crittenden, 1991; Giovannoni, 1989; McGee & Wolfe, 1991). There are a substantial number of problems and difficulties faced in defining the relatively elusive and vague concept of emotional maltreatment.

2.2.1 Lack of a precise operational definition

Despite legislation against child maltreatment, there is still much vagueness and ambiguity with regards to the operational definition of emotional maltreatment. Even where statutes made reference to emotional abuse, the relevant provisions were too imprecise for much case law to have been produced in the area (Corson & Davidson, 1987). While the advantage of general definitions is that they may be applied to many specific circumstances, they do not state what specific actions constitute child

maltreatment (Segal, 1992). In addition, broad legal and procedural definitions of emotional maltreatment may limit the efficacy of these laws in protecting children and in enabling those who enforce the laws (i.e., the professionals) to act in a just and fair manner. Essentially general definitions rely on case law, precedent or regulation to establish what is or is not considered emotional maltreatment.

However, as emotional maltreatment does not leave any physical injuries, and may not be apparent until later, it is not always immediately detectable in a child's behaviour. To help identify cases of emotional maltreatment, the Ministry of Community Development & Sports has drawn up a set of guidelines on the signs of emotional maltreatment (Ministry of Community Development & Sports, 2001c). Some of the physical, behavioural or emotional symptoms include:

- aggressive, destructive or violent behaviour
- change in school performance
- wetting/soiling
- stunted growth
- constant attention-seeking behaviour
- depression (MCDS, 2001b p10)
- extreme apprehension
- excessive fear of his/her caregiver
- history of attempted suicide

However, symptoms of this nature are not confined to or diagnostic of emotional maltreatment, but may also be indicative of other forms of maltreatment, such as physical or sexual abuse. They could also arise for reasons unconnected with any kind of abuse or maltreatment. These symptoms only suggest that further investigation is needed, which may or may not reveal evidence of maltreatment. Consequently, the burden of interpretation falls on the various professionals, who not only must make decisions about whether individual cases belong under the broader rubrics of neglect and abuse, but must also make subjective judgements with regards to when and what forms of maltreatment are to be considered disciplinary, excessive, or abusive.

Hence, enforcement of legislation or regulation pertaining to emotional maltreatment may differ depending on how the public and professionals interpret and define emotional child maltreatment.

2.2.2 Cultural Differences

What is regarded as acceptable or normal in one society is not necessarily seen as such in another society, as there is no universal standard for child rearing (Schaekel, 1987). For instance, in Western culture, praise of children's achievements and demonstration of affection by close physical contact are regarded as normal and desirable, and excessive criticism and punitive threats of retribution are perceived as emotionally abusive. In some cultures, however, praise is regarded as inappropriate, as it is believed to encourage arrogance and conceit in children that would be unacceptable in societies given to observing modesty, while threats are regarded as reasonable means by which undesirable behaviour may be controlled or modified (Gough, 1996).

However, a respect for local custom and practice should not extend to condoning practices harmful to children. Even though different countries and cultures vary in what they consider to be emotionally desirable or abusive child rearing methods, there is a need to create an awareness of actions and practices which are harmful to children. Where there is disagreement between what the

culture views as acceptable and what is actually acceptable for the children, then more weight should be placed on the consequences for the children. If a practice is deemed to be acceptable by the public and the professionals, but an objective evaluation is found to have negative consequences for children, then this would be grounds for the practice to be included in the definition of emotional maltreatment.

2.2.3 Difficulty in quantifying consequences of Emotional Maltreatment

Another obstacle pertains to the difficulty in identifying and assessing cases of emotional maltreatment, and in providing measurable evidence of the consequences of emotional maltreatment in a scientifically sound manner. It is very difficult to unequivocally recognize, let alone prosecute cases of emotional maltreatment because the effects tend to be cumulative and insidious. In addition, it is also uncertain whether a single act of emotional maltreatment may lead to significant harm.

For example, it is hard to know at what point legitimate scolding and reprimanding becomes maltreatment through too much repetition. Similarly, it can be hard to know at what point expressed anger, rage or contempt becomes excessive, amounting to emotional maltreatment. The difficulty in assessing and proving that the child's development, behaviour and emotional well-being have been adversely affected to the point of 'significant harm' by the parents or caregivers' maltreatment of the child is a major deterrent in bringing cases of emotional maltreatment to the courts of law (Goddard, 1996; Iwaniec, 1995 p. 7). This makes emotional maltreatment both hard to identify and assess because there may be no defining incident or critical moment that in itself produces obvious harm. For these reasons, emotional maltreatment tends to come to the attention of professionals less often.

2.3 Aspects of Emotional Maltreatment

Many experts have considered emotional maltreatment to entail a repeated pattern of behaviour that conveys to children that they are worthless, unloved, unwanted, only of value in meeting another's needs, or seriously threatened with physical or psychological violence (Brassard, Hart & Hardy, 1991).

A common feature of most definitions of emotional maltreatment is that isolated instances or incidences of inappropriate responses do not constitute sufficient emotional maltreatment to warrant intervention. Unlike physical and sexual abuse, where a single incident may be considered abusive, emotional maltreatment is characterised by a climate or pattern of behaviour occurring over time. Thus, emotional maltreatment is not an isolated event but rather a sustained and repetitive pattern of psychically destructive behaviour (O'Hagan, 1993) that may include any of the following:

2.3.1 Rejecting

Rejecting refers to verbal and non-verbal caregiver acts that reject and degrade a child. It includes belittling, degrading, and other non-physical ways of creating an overtly hostile or rejecting environment. It includes public humiliation, shaming, ridiculing the child for showing normal emotions such as affection, grief or sorrow. In addition, it also includes consistently singling out one particular child to criticize and punish, to perform most of the household chores, or to receive fewer rewards. In other words, rejecting can include treating a child differently from siblings or peers in ways suggesting a dislike for the child (Hart, Germain & Brassard, 1987).

2.3.2 Terrorising

Terrorising includes caregiver behaviour that threatens or is likely to physically hurt or kill the child or the child's loved ones or objects. It also includes placing a child in unpredictable, chaotic circumstances or recognizably dangerous situations. Terrorizing also includes setting rigid or unrealistic expectations with the threat of loss, harm, or danger if they are not met (Brassard & Hardy, 1997; Gabarino *et al.,* 1986).

2.3.3 Isolating

Isolating includes caregiver acts that consistently deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. It includes confining the child or placing unreasonable limitations or restrictions on the child's freedom of movement within his/her environment (Brassard & Hardy, 1997).

2.3.4 Corrupting

Corrupting includes caregiver acts that encourage the child to develop inappropriate behaviours, for example, self-destructive, anti-social, criminal, deviant, or other maladaptive behaviours. It includes acts that "mis-socialize" the child, and/or stimulate the child to engage in destructive antisocial behaviour, in ways that reinforces that deviance, and makes the child unfit for normal social experience (Gabarino *et al.,* 1986).

2.3.5 Ignoring

Ignoring includes acts that deprive the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development (Gabarino *et al.,* 1986). It includes caregiver acts that ignore the child's attempts and needs to interact and show no emotion in interactions with the child. It also includes being detached, and uninvolved through either incapacity or lack of motivation, interacting only when absolutely necessary, or failing to express affection, caring, and love for the child.

However, practitioners also need to consider the developmental stage of the child when assessing cases of emotional maltreatment, as the same parental act of rejecting, terrorizing, isolating, corrupting and ignoring will have different effects in the different developmental stages of infancy, early childhood, school age and adolescence. For example, a parent's refusal to accept and respond to a child's need for human contact and attachment may lead to rejection among infants. A parent who actively excludes the child from family activities may lead to rejection among children in early childhood. A parent who consistently communicates a negative sense of identity to the child may be rejecting a school age child, while a parent who refuses to acknowledge the young person's need for greater autonomy and self-determination may be guilty of rejecting an adolescent (Gabarino *et al.,* 1986).

2.4 Theoretical models relating to emotional child maltreatment

2.4.1 Basic Needs Theory

Maslow's (1968, 1970) basic Human Needs Theory appears to provide the theoretical foundation and most well-developed conceptualisation of needs/motivational theory relevant to emotional maltreatment. It postulates that those who have not had their basic psychological needs met sufficiently are more susceptible to the impact of stress and frustration than others. Individuals who have not had

these needs met are more likely than others to develop a negative identity, and to pursue need fulfilment in a manner destructive to themselves and others (Biehler & Snowman, 1993; Glasser, 1965; Maddi, 1980).

Acts of emotional maltreatment appear to be in direct conflict with, and likely to frustrate fulfilment of basic psychological needs in precisely the manner in which Maslow (1968, 1970) has described. Terrorizing or verbal assault would be in conflict with safety needs, and in some cases, physiological needs. Threatened withdrawal of love, inattention to nurturing, rejecting, and denying emotional responsiveness would be in conflict with belongingness and love needs, and would also interfere with fulfilment of physiological and safety needs. Scapegoating, exploiting, knowingly permitting maladaptive behaviour, berating and disparaging would be in conflict with esteem needs (Hart, Germain & Brassard, 1987). Thus, emotional maltreatment tends to frustrate or distort efforts to fulfil basic psychological needs.

2.4.2 Attachment Theory

Secure attachment to parental figures or a primary caregiver has been posited as a necessary step for a child's subsequent development and later competent functioning. There is much evidence that the nature and quality of the attachments between a child and his/her parents or other primary caretakers not only serves a physically protective function, by protecting the child from aggression or neglect, but also has considerable impact on the child's mental health and emotional development (O'Hagan, 1993; Oates, 1996). The literature on attachment suggests that unresponsive, inconsistent or actively rejecting caregiving leads to adaptation difficulties (Ainsworth, Blehar, Waters & Wall, 1979; Crittenden & Ainsworth, 1989), and may adversely affect the child's ability to develop affectionate interpersonal relationships in adulthood (Bowlby, 1969).

According to this perspective, acts of emotional maltreatment, such as parental rejection, hostility and manipulation will disrupt the attachment process and lead to insecure attachment. In such cases, the child may remain immature in relationships, and may then have problems in parenting in turn. Thus poor infant-caretaker attachment may also be considered a risk factor for emotional maltreatment.

2.5 Consequences of Emotional Child Maltreatment

Even though the impact or consequences of emotional maltreatment may not be as conspicuous or immediate as physical violence, the insidious impact it can have on children and adolescents is notable and potentially severe. There is a growing consensus among professionals that emotional maltreatment might be more damaging in its impact (if severe and persistent) than other forms of maltreatment (Brassard & McNeil, 1987; Gabarino *et al.,* 1986; Iwaniec, 1995; McGee & Wolfe, 1991; Skuse, 1998). In addition, there is also ample evidence accumulated from various studies that emotional maltreatment affects children's development or leads to maladjustment (Ainsworth *et al.,* 1978; Sroufe & Rutter, 1984).

Spitz's (1945, 1946) studies of children raised in orphanages showed that emotional deprivation was associated with growth failure or non-organic failure to thrive (where psychosocial factors are responsible for the child's failure to grow and develop according to age-related norms in a healthy and vigorous way). Despite living in a hygienic environment with good food and meticulous medical aid, the children received minimal individual attention, were prone to infection, and displayed developmental delay and inadequate weight gains.

Egeland, Sroufe and Erickson (1983) found that children who were verbally abused were more hyperactive and distractible. Furthermore, they lacked self-control, expressed more negative effect, and had lower self-esteem ratings, and were rated as inattentive, aggressive and self-destructive by their teachers. In addition, children of psychologically unavailable mothers were noted to be angry, non-compliant, and extremely frustrated. At school, they not only showed a pattern of aggression and classroom disturbance, but also appeared depressed and highly dependent. Similarly, cross cultural studies of rejection (Rohner & Rohner, 1980) have found this form of psychological hostility and neglect related to adverse developmental outcomes in children. Parental rejection was consistently related to deficits of self-esteem, emotional instability, and excessive aggression in children.

A review of the literature indicates that emotional maltreatment has an extensive and destructive impact on the development of children, and may increase the risk for the development of emotional/behavioural disorders. To summarize, the following negative child conditions/characteristics were found to be associated with emotional maltreatment. They include:

- poor appetite (Leonard, Rhymes & Solnit, 1966; McCarthy, 1979; Spitz, 1946)
- low self-esteem (Egeland *et al.,* 1983; Jenewicz, 1983; Krugman & Krugman, 1984; Rohner & Rohner, 1980)
- inability to become independent (Egeland *et al.,* 1983; Rohner & Rohner, 1980)
- aggression (Main & Goldwyn, 1984; Rohner & Rohner, 1980; Vissing, Strauss, Gelles & Harrop, 1991)
- non-organic failure to thrive (Bullard, Glaser, Heagarty & Privchik, 1967; Iwaniec, 1997; Spitz, 1945)
- withdrawal (Krugman & Krugman, 1984; Main & Goldwyn, 1984)
- depression (Egeland *et al.,* 1983; Krugman & Krugman, 1984)
- emotional instability (Dean, 1979; Krugman & Krugman, 1984; Rohner & Rohner, 1980)
- educational underachievement (Dean, 1979; Pastor, 1981; Waters, Limpan & Sroufe, 1979)
- reduced emotional responsiveness (Fischoff, Whitten & Petit, 1979; McCarthy, 1979)

2.6 Resilient children

However, researchers are increasingly recognizing that even with respect to chronic, long-term stresses such as those associated with child maltreatment, not all children are affected the same way and sometimes appear hardly at all affected by stressful circumstances. Studies on "stress-resistant" children have shown that some children maintain healthy psychological functioning despite harsh or hostile environments. The existence of a supportive environment outside the family can also help to compensate for the maltreatment, and this may enable them to develop social competence and a positive social definition of self (Gabarino *et al.,* 1986; Segal & Yahraes, 1979; Gabarino & Vondra, 1987). These could include support from someone in the child's broader social network (e.g., a teacher at school), the assistance of another, nonabusive family member, or characteristics of the child (including personality characteristics and gender) (Rutter, 1983).

For these reasons, parental conduct is, by itself, not always a good predictor of the child's psychological or emotional experience in the family; for while some children may be significantly and adversely affected by the adult's maltreatment, others may exhibit greater resiliency even in the face of very difficult circumstances.

2.7 Indications of Emotional Maltreatment in Singapore

While there may not be many reported cases of emotional maltreatment in Singapore, there are a number of social trends that might reflect emotional maltreatment. These social trends must be interpreted with caution, but may be possible risk factors/indicators of the effects or consequences of chronic emotional maltreatment at a later stage in the affected children's lives.

2.7.1 Increase in attempted suicides among children and young people

Data from the Singapore Immigration and Registration (SIR) on the number of suicides among children and young persons show that the figures have been relatively constant during the period 1990 to 1999 (see Table 2.1). However, attempted suicides and distress calls from people who are suicidal appear to be on the rise. Admission figures at the National University Hospital show that the number of youths who were admitted for attempted suicide had risen from 40 in 1995 to over 60 in 1998 (The Straits Times, 8/7/2001). Fear of examinations, anger over being scolded, and the pain of being rejected in love are some of the emotions that push teens and children to try suicide. Another worrying trend is the increase in the number of calls from young people who are suicidal or in distress. Statistics from the Samaritans of Singapore (SOS) (an organisation that runs a hotline for suicide and distress calls) show that their referrals from hospitals for young people attempting suicide have been climbing since 1997, and that they doubled by the year 2000 (The Straits Times, 1/7/2001). This may indicate that increasing numbers of children are experiencing such severe emotional and mental distress to the point where they think of or attempt suicide.

Table 2.1

Deaths caused by suicide.

Age Group	1-9 Years	10-19 Years
1990	0	18
1991	0	19
1992	0	9
1993	0	14
1994	0	14
1995	0	20
1996	0	17
1997	0	14
1998	0	22
1999	0	15

Source: Singapore Immigration & Registration

2.7.2 Increase in number of children/adolescents seeking psychiatric treatment

There has been an increase in the number of children in Singapore seeking psychiatric treatment. Statistics from the Institute of Mental Health show that there has been a general increase in the number of cases at the Child and Adolescent Psychiatric Outpatient Services (Table 2.2). The total number of cases has increased from 8,788 in 1990 to 15,985 in 2000. Most have anxiety disorders and behavioural problems that stem from the fear of school, exams and failure.

Table 2.2

Number of patients at Child & Adolescent Psychiatric Outpatient Services

Outpatients	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
No. of new cases	1126	1211	1272	1903	1719	2181	2358	2700	2612	2785	2491
No. of re-attendance cases*	7662	8687	8139	10575	10269	11522	13895	16423	17214	16243	13494
Total	8788	9898	9411	12478	11988	13703	16253	19123	19826	19028	15985

Source: Institute of Mental Health, 2001

* Refers to cases where the patients have come for repeat treatments

Note: Ages of all patients at the Child & Adolescent Psychiatric Outpatient Services range from 0-20

Interpreting these statistics is difficult as they may reflect increased awareness of behavioural problems, increased treatment resources, or increased willingness to come forward. They do not automatically imply an increase in the actual underlying level of problem and also do not necessarily imply an increase in emotional maltreatment as such. They are, however, suggestive.

2.7.3 Increase in number of divorces

Data from the Department of Statistics (refer to Table 2.3) show that the crude rate of marital dissolution (per one thousand of the resident population) has shown a general upward trend in the period 1990-1999 (from 1.34 in 1990 to 1.66 in 1999) (Department of Statistics, 1999).

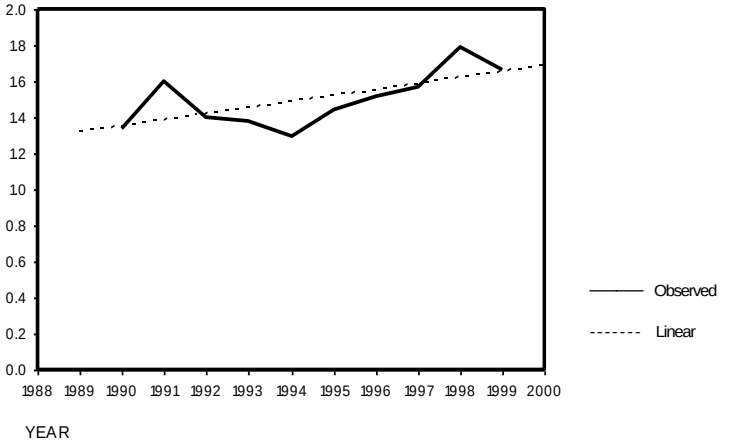
Table 2.3

Crude Rate of Marital Dissolution Per 1000 Resident Population and Number of Divorces and Annulments

Year	Crude Rate of Marital Dissolution Per 1000 Resident Population	Number of Divorces and Annulments
1990	1.34	3,634
1991	1.60	4,419
1992	1.40	3,944
1993	1.38	3,966
1994	1.29	3,772
1995	1.44	4,298
1996	1.52	4,634
1997	1.57	4,888
1998	1.79	5,651
1999	1.66	5,333

Source: Department of Statistics, 1993, 1999

Figure 2.1 Crude Rate of Marital Dissolution Per 1000 Resident Population



Marital discord has a two-fold pathway of influence on the children involved: direct effects of witnessing conflict between father and mother, and/or indirect effects of experiencing diminished parental efficacy in the caregiving role (Gabarino & Vondra, 1987). In psychological terms, a conflicted marital relationship, especially one severe enough to culminate in divorce, may imply self-guilt to the child (Wallerstein & Kelly, 1975), may furnish inappropriate models of interpersonal behaviour, and may deprive the child of the nurturance and support that is contingent on the parents' own well-being (Belsky, 1984). Some of the possible consequences of marital turmoil on the children involved include anti-social, aggressive, and other problematic behaviours (Emery, 1982). These are the conditions that make it admissible to label such a home environment as emotionally injurious to children. In such a hostile home environment, children often become the unwitting victims of the strained marital relations that ensue.

A growing body of research also suggests that children who witness domestic violence, but who are not actually physically assaulted may suffer social and mental health problems as a result, as witnessing such acts may affect their behaviour, cognitive and social problem-solving as well as their coping and emotional functioning. A number of studies have found that children who witnessed domestic or interparental violence may experience associated effects such as diminished self-esteem, anxiety, depression, suicidal tendencies, juvenile delinquency and problems related to anger and control of aggressive behaviour (Cummings, Iannotti & Zahn-Waxler 1985; Jaffe, Wolfe & Wilson 1990; Somer & Braunstein, 1999). Exposing children to such experiences constitutes a failure by the offending parent or caregiver to shield the child from at least two emotionally maltreating acts: (a) terrorising, or exposing the child to extreme fear and anxiety, and (b) corrupting the child by modelling aggressive and degrading interpersonal orientations that can shape future offending or victim-prone behaviour patterns.

Thus, a discordant and inharmonious marital relationship, particularly one that results in separation or divorce, may mean that rising numbers of children and young persons are exposed to an emotionally harmful family environment, one that may result in emotional child maltreatment.

CHAPTER 3: THE PRESENT STUDY: METHODOLOGY

The analyses and discussion in this monograph are based on data also partly documented in the first two monographs data in our monograph series on child abuse and neglect. The first monograph was a study on the views of child abuse and neglect in Singapore by members of the public living in Housing Development Board flats in Singapore (Tong, Elliott & Tan, 1996), while the second monograph compared the views and attitudes of various professionals and members of the public towards child abuse and neglect in Singapore (Elliott, *et al.,* 2000).

3.1 Data Collection

Data for these two studies were collected in two separate surveys, using different methods. In total, 1639 respondents were surveyed for the study. The data for the public's views of child abuse and neglect (Tong *et al.,* 1996) was collected from 1994 to 1995 through interview surveys of 401 Singaporeans residing in public housing. The sample comprised 171 males and 230 females. The respondents for the study were randomly selected from five Housing Development Board (HDB) estates, and could be considered to be representative of the population who resides in public housing.

As for the questionnaire given to the professionals, it was adapted from the interview schedules used in Tong *et al.* (1996). The data was collected in 1997 through self-administered questionnaire surveys (which were distributed to respondents via mail or personal visits) to members of professions likely to come into contact with abuse and/or neglected children. They were allowed to complete the questionnaires by themselves in their own time, and were asked to return it by mail upon completion. The eventual sample comprised a total of 1238 professionals (401 males and 817 females), and consisted of 206 doctors, 414 nurses, 82 social workers, 190 police, 60 lawyers and 286 educators (comprised of teachers and childcare professionals from the education field).

3.1.1 Categorisation of actions

In Section A (Part 1) of the questionnaire, the respondents had to state their reactions to eighteen different behaviours involving four main categories of child abuse and neglect (i.e., physical abuse, physical neglect, sexual abuse, and emotional maltreatment). However, for the purposes of the present study, only answers to those questions pertaining to emotional child maltreatment in the two surveys would be analysed. Specifically, there are eight behaviours of interest for the present study, and they are:

- Locking child outside the house
- Locking child in a room
- Threatening to abandon child
- Never hugging child
- Calling a child useless
- Always criticizing child
- Making child study for a long time
- Telling child other children are better

For each behaviour, the respondent was asked to answer two questions:
1) Whether the behaviour is acceptable (the options were *always* acceptable; *sometimes* acceptable; or *never* acceptable) and
2) Whether the behaviour is abuse/neglect (the options were *is not* abuse/neglect; *can be* abuse/neglect; or *is* abuse/neglect).

In addition, chi-square analyses were also conducted for each profession with the public as the baseline (X^2_{CV} is 5.99 for p=.05, df=2).

3.1.2 Mitigating Circumstances

In Section A (Part 2) of the questionnaire, eight of the eighteen behaviours from Section A (Part 1) were described with various circumstances and the respondents were required to state whether the behaviour was acceptable under the circumstances given. The circumstances that were considered were the following:

- frequency of incidents
- age of child
- sex of child
- treatment of child compared to siblings
- whether the child is disobedient or not
- whether the child is physically or mentally handicapped
- adult's intentions
- adult's stress level
- financial status of family
- parents' working schedule

Each circumstance was provided with three or four situations, and the respondents were required to choose the option that best fit their opinion of the circumstance as justifying the action. For example, for the action 'Making a child study for a long time', a circumstance such as the child's age was presented with varying conditions, such as follows:

Making a child study for a long time is
A. Acceptable only if child is younger
B. Acceptable only if child is older
C. Acceptable regardless of age of child
D. Not acceptable regardless of age of child

For the purposes of the current study, only answers to those questions pertaining to emotional child maltreatment were analysed. The two specific actions that are of interest for the purpose of the present study are:

1) Making a child study for a long time
2) Telling child other children are better.

3.1.3 Recollections of cases

In Section C of the questionnaire, respondents were asked about the characteristics of child abuse and neglect cases encountered. However, for the purposes of the present study, only answers to those questions pertaining to emotional child maltreatment in the two surveys were noted. In Section C (Part 1) of the questionnaire, respondents were required to indicate how they came to know the case, the demographic details of the case, when it took place, who the perpetrator(s) was/were, the frequency and the type of child abuse and neglect. The respondents were also asked to describe in their own words, the ill-treatment the child experienced.

The list of questions pertaining to emotional child maltreatment (from Section A and Section C) used in this study may be referred to in Appendix A.

3.2 Data Analysis

Results were obtained for the response rates on the acceptability and abuse status for the eight actions suggesting emotional maltreatment of children, and for the two actions that were further explored with respect to mitigating circumstances.

Observations were made within and between groups for levels of consensus. A 'high' level of consensus was referred to when the modal response was more than 90%. A 'moderate' level of consensus was referred to when the modal response ranged between 60% and 90%. A 'low' level of consensus was referred to when the modal response was less than 60%.

Sample sizes of each profession and the public differ from each other, due to the varying rates of return for each group of respondents for the questionnaires. Type 1 error levels were therefore not guaranteed. For every item, the modal choices of respondents were noted and compared. In addition, for each item, a one-way Analysis of Variance (ANOVA) was carried out across the 7 groups of respondents (6 Professions and the Public) and a post-hoc test (Tukey's Honestly Significant Difference (HSD) test) was used to examine patterns of significant difference. Due to the large size of the samples, even very small effects will give statistically significant results, therefore, a stringent alpha level ($p = 0.001$), was adopted.

3.3 Limitations

As the information for the public sample was obtained through face-to-face survey interviews, while the information for the professionals was obtained through self-administered questionnaire surveys, the results for the professional and public samples may differ somewhat for reasons unconnected with actual differences in attitudes. In particular, greater frankness may be obtained when no face-to-face contact is made and respondents remain anonymous. Therefore, differences between the public and the professionals are not readily interpretable. However, the overall pattern of differences and similarities in the results are clear from inspection.

4.1 Categorisation of actions

The following section gives a detailed account of the acceptability and abuse status of the eight actions suggesting emotional child maltreatment. It also highlights the similarities and differences (if any) among the professional and the public sample.

4.1.1 Acceptability of actions suggesting emotional child maltreatment

The responses for the acceptability status attributed to the eight actions suggesting emotional child maltreatment are listed in Table 4.1. The respondents were required to indicate if each of the 8 actions presented was *always* acceptable, *sometimes* acceptable or *never* acceptable, which were assigned scores of *1, 2* or *3* respectively. The results were then cross-tabulated according to the proportion (%) of each of the seven groups (i.e., six professions and the public) that selected each response (i.e., *always* acceptable, *sometimes* acceptable or *never* acceptable). The modal choice of each respondent group is also highlighted in Table 4.1. For every action, the modal choices of all groups of respondents were noted and compared. Chi-square analyses (χ^2_{CV} is 5.99 for p=.05, DF=2) were then conducted for the frequencies of responses observed for each profession with data from the public used as the baseline. The public served to give the expected values of the analyses. In addition, for each action, an Analysis of Variance (ANOVA) was carried out to compare the mean scores across the groups. Following the ANOVA a post hoc test (Tukey's HSD) was used to examine patterns of significant difference to verify the specific pairs of groups that were significantly different from each other. This mode of statistical analysis was also adopted for results reviewed in the other sections. However, due to the large size of the samples, even very small effects will give statistically significant results. Therefore, a stringent alpha level was adopted (p = 0.001). Results at other levels were considered not significant (p ns).

Locking child outside the house

For this action, 'Never acceptable' was the modal choice of all 7 groups of respondents, which was selected by at least 76.7% of each group. Comparison of mean scores using ANOVA revealed no significant difference for group at the pre-set alpha level ($F_{6,1607} = 3.529$, p ns).

Locking child in a room

Modal choices were varied across groups for this action. The majority of the Police, Nurses, Educators and the Public (at least 65.0% of each group) viewed this action as 'Never acceptable', while the majority of the Social Workers, Doctors, Lawyers (at least 50.6% of each group) selected 'Sometimes acceptable'. Comparison of mean scores revealed a significant difference for group ($F_{6,1612} = 15.381$, $p<.001$) where the Social Workers (Mean = 2.42) and Doctors (Mean = 2.45) were found to differ from Nurses (Mean = 2.76), Educators (Mean = 2.70) and the Public (Mean = 2.72). In addition, Doctors differed from the Police (Mean = 2.66), and Nurses from the Lawyers (Mean = 2.44).

Table 4.1

Proportion of each respondent group rating the acceptability of actions suggesting emotional child maltreatment (Elliott *et al.,* 2000).

ACTION EXPLORED WITH RATINGS ON ACCEPTABILITY		P %	SW %	D %	N %	L %	ED %	Pooled Prof. %	PUB %
Locking child outside the house	*Always*	0.0	1.3	0.0	0.7	0.0	0.0	0.3	0.8
	Sometimes	19.8	19.5	20.2	11.9	23.3	11.2	15.3	20.4
	Never	**80.2**	**79.2**	**79.8**	**87.4**	**76.7**	**88.8**	**84.4**	**78.8**
	χ^2	*1.49*	*0.34*	*1.56*	*18.28**	*0.74*	*17.47**		
Locking child in a room	*A*	1.1	3.7	1.5	0.7	0.0	0.7	1.1	2.0
	S	31.7	**50.6**	**52.2**	23.0	**55.9**	28.7	34.0	24.4
	N	**67.2**	45.7	46.3	**76.3**	44.1	**70.6**	**65.0**	**73.6**
	χ^2	*5.88*	*32.44**	*85.60**	*4.04*	*32.11**	*4.89*		
Threatening to abandon child	*A*	1.1	0.0	2.0	0.7	1.7	0.7	1.0	5.0
	S	27.5	20.3	35.5	26.0	26.7	18.3	25.5	28.7
	N	**71.4**	**79.7**	**62.6**	**73.3**	**71.7**	**81.0**	**73.5**	**66.2**
	χ^2	*6.80 **	*8.12**	*7.43**	*19.10**	*1.70*	*30.61**		
Never hugging child	*A*	15.9	11.1	7.3	6.5	11.7	3.9	8.2	16.4
	S	**49.5**	37.0	43.2	32.3	35.0	43.3	39.7	32.7
	N	34.6	**51.9**	**49.5**	**61.3**	**53.3**	**52.8**	**52.1**	**50.9**
	χ^2	*25.90**	*1.84*	*17.35**	*32.84**	*0.97*	*36.99**		
Calling child "useless"	*A*	5.3	0.0	4.0	2.7	0.0	0.7	2.5	10.1
	S	44.4	32.5	**52.5**	38.7	**55.0**	42.1	43.0	**47.6**
	N	**50.3**	**67.5**	43.6	**58.6**	45.0	**57.2**	**54.5**	42.3
	χ^2	*7.35**	*23.89**	*8.57**	*53.41**	*6.84**	*41.58**		
Always criticising child	*A*	2.7	0.0	2.5	1.0	0.0	0.7	1.3	7.6
	S	**62.2**	31.3	**49.0**	42.7	**53.3**	**50.4**	48.5	**52.9**
	N	35.1	**68.8**	48.5	**56.3**	46.7	48.9	**50.2**	39.5
	χ^2	*10.00**	*30.39**	*11.59**	*59.79**	*5.30*	*24.34**		
#Making child study a long time	*A*	3.2	2.5	9.4	4.2	8.3	0.7	4.2	10.9
	S	**71.3**	**74.1**	**78.3**	**63.3**	**78.3**	**66.5**	**69.3**	**50.0**
	N	25.5	23.5	12.3	32.5	13.3	32.7	26.4	39.1
	χ^2	*32.27**	*19.73**	*70.32**	*35.57**	*20.19**	*44.97**		
#Telling child other children are better	*A*	10.6	1.2	8.3	5.1	6.7	0.7	5.2	17.1
	S	**67.7**	**65.9**	**72.8**	**69.2**	**75.0**	**72.5**	**70.2**	**54.9**
	N	21.7	32.9	18.9	25.7	18.3	26.8	24.6	28.0
	χ^2	*13.03**	*14.63**	*27.50**	*50.31**	*10.23**	*60.93**		

P = Police, SW = Social Workers, D = Doctors, N = Nurses, L = Lawyers, ED = Educators, Pooled Prof. = Pooled professionals, PUB = Public

Refers to actions that were explored further with respect to mitigating circumstances

* Indicates professions with significant chi-square values

Threatening to abandon child

'Never acceptable' was the modal choice of all 7 groups of respondents, which was selected by at least 62.6% of each group. However, comparison of mean scores revealed a significant difference for group ($F_{6,1613}$ = 5.991, p<.001) where the Educators (Mean = 2.80) were found to be significantly different compared to Doctors (Mean = 2.61) and the Public (Mean = 2.61).

Never hugging child

'Never acceptable' was the modal choice of almost all groups of respondents (at least 49.5% of each group), except for the Police whose modal choice (49.5%) was 'Sometimes acceptable'. Comparison of mean scores revealed a significant difference for group ($F_{6,1612} = 7.886$, $p<.001$) where the Police (Mean = 2.19) were significantly different from the Nurses (Mean = 2.55) and Educators (Mean = 2.49), while the Nurses were also significantly different from the Public (Mean = 2.35).

Calling child "useless"

Modal choices were varied across groups for this action. The Police, Social Workers, Nurses and Educators (at least 50.3% of each group) selected 'Never acceptable', while the Doctors, Lawyers and the Public (at least 47.6%) chose 'Sometimes acceptable'. Comparison of mean scores revealed a significant difference for group ($F_{6,1607} = 9.654$, $p<.001$) where the Public (Mean = 2.32) were significantly different from the Social Workers (Mean =2.68), Nurses (Mean = 2.56) and Educators (Mean = 2.56).

Always criticising child

Modal choices were varied across groups for this action. Only the Social Workers (68.8%) and Nurses (56.3%) selected 'Never acceptable', while the Police, Doctors, Lawyers, Educators and the Public (at least 49.0%) chose 'Sometimes acceptable'. Comparison of mean scores revealed a significant difference for group ($F_{6,1609} = 10.679$, $p<.001$) where the Social Workers (Mean = 2.69) and Nurses (Mean = 2.55) were significantly different from the Police (Mean = 2.32) and the Public (Mean = 2.32).

Making child study for a long time

For this action, 'Sometimes acceptable' was the modal choice of all 7 groups of respondents, which was selected by at least 50% of each group. Comparison of mean scores revealed a significant difference for group ($F_{6,1608} = 8.370$, $p<.001$) where the Doctors (Mean = 2.03) were significantly different from the Nurses (Mean = 2.28), Educators (Mean = 2.32) and the Public (Mean = 2.28).

Telling child other children are better

'Sometimes acceptable' was the modal choice of all 7 groups of respondents, which was selected by at least 54.9% of each group. Although the comparison of mean scores revealed that there was a significant difference for group ($F_{6,1620} = 4.301$, $p<.001$), the posthoc results did not reveal any significant result at the pre-set alpha level.

Observations on ratings on acceptability of actions

There were 4 out of 8 actions with similar modal responses across all groups. Amongst them, all groups indicated 'Never acceptable' for the actions 'Locking child outside the house' and 'Threatening to abandon child', while the actions 'Making child study for long time' and 'Telling child other children are better' were considered 'Sometimes acceptable' by all groups. In addition, it was also noted that for the action 'Never hugging child', most of the groups explored indicated 'Never acceptable', except for the Police, who viewed this action to be 'Sometimes acceptable'. However, the public and the professional groups held varied opinions on the acceptability of the following actions: 'Locking child in a room', 'Calling child "useless"' and 'Always criticizing child'. This indicates that the groups had similar opinions for only half of the actions explored.

Overall, the levels of consensus across the groups explored were moderate (where the modal response was selected by 60-90%) or low (where the modal response was selected by less than 60% of the respondents). Neither the public, the pooled professionals nor any of the professional groups displayed a high level of consensus (where the modal response was selected by more than 90% of the respondents).

In fact, with reference to our previous studies across the different categories of maltreatment, emotional maltreatment is the only one where none of the actions explored had high within-group consensus (Tong *et al,* 1996; Elliott *et al,* 2000). Other forms of maltreatment such as physical and sexual abuse had at least one action where all, or most groups explored displayed high consensus. This is surprising, considering that the category of emotional maltreatment comprised 8 out of a total of 18 actions explored - the highest number of actions we explored in a single category. Such results and observations suggest that the actions categorised as emotional maltreatment did not arouse reactions as strong as those previously studied for other forms of maltreatment. There was moderate consensus across all groups for 2 actions: 'Locking child outside the house' and 'Threatening to abandon child'. It was also noted that there were 6 actions with a mixture of moderate and low consensus. This indicates that within each group explored, there was less agreement and more variation in the response selected. In addition, no action had a similarly low level of consensus throughout all the groups.

All actions yielded significant ANOVA results except for the action of 'Locking a child outside the house'. This indicates that the groups were statistically different from each other for 7 out of 8 actions. In addition, all actions with significant difference at the pre-set alpha level had significant posthoc results except for 'Telling child other children are better'. This indicates that there were specific group differences for 6 out of 7 actions.

-Comparison between professionals and the public

A comparison between the pooled professions and the public revealed that the modal choice was similar for 6 out of 8 actions. Both groups considered the actions 'Locking child outside the house', 'Locking child in a room', 'Threatening to abandon child', and 'Never hugging child' to be 'Never acceptable'. However, the actions 'Making child study for a long time' and 'Telling child other children are better' were regarded as 'Sometimes acceptable'. However, there were 2 actions where the modal choice of the pooled professions and the public differed, they are 'Calling child "useless"' and 'Always criticising child'. This indicates that the pooled professions and the public were generally similar in their responses to the actions.

For pooled professions, there was moderate consensus for 5 actions, except for 'Never hugging child', 'Calling child "useless"', and 'Always criticising child' where there was low consensus. On the other hand, for the Public there was low consensus for 5 actions, except for 'Locking child outside the house', 'Locking child in a room', and 'Threatening to abandon child' where there was moderate consensus. This indicates that overall, the professionals were more in agreement with each other, compared with the Public.

The chi-square tests comparing each professional group with the public as the baseline revealed significant differences across all groups for 3 of the actions: 'Calling a child "useless"', 'Making a child study for a long time', and 'Telling a child other children are better'.

-Comparison within and between the professions

Among the professionals, Nurses and Educators seemed to form a subgroup for 4 out of 6 actions with significant posthocs: 'Locking child in a room', 'Never hugging child', 'Calling child "useless"', and 'Making child study for a long time'. For these actions, the 2 professions were revealed to be different from at least one of the other groups, but were never significantly different from each other. This indicates that the Nurses and Educators were similar in their responses for half of the 8 actions explored. Furthermore, there was a significant posthoc involving Lawyers for only one action (i.e., 'Locking child in a room') where they differed from Nurses only. This indicates that the Lawyers were in general, not significantly different from any of the groups explored.

4.1.2 Abusiveness of actions suggesting emotional child maltreatment

The abuse statuses of the 8 actions suggesting emotional child maltreatment are listed in Table 4.2. The respondents were required to indicate if each of the 8 actions were to be categorised as '*is not* abuse', '*can be* abuse' or '*is* abuse', which were assigned scores of *1, 2* or *3* respectively. The results were cross-tabulated in similar manner to Section 4.1.1. The modal choice of each respondent group is also highlighted in Table 4.2. Similarly, for every item, the modal choices of all groups of respondents were noted and compared using chi-square analyses. In addition, an ANOVA was carried out, which was followed up with the Tukey's HSD posthoc test.

Table 4.2

Proportion of each respondent group rating the abuse status of actions suggesting emotional child maltreatment (Elliott *et al.* 2000).

ACTION EXPLORED WITH RATINGS ON ACCEPTABILITY		P	SW	D	N	L	ED	Pooled Prof.	PUB
		%	%	%	%	%	%	%	%
Locking child outside the house	*Is Not*	3.7	1.3	4.0	3.2	5.0	1.4	2.9	7.8
	Can Be	34.8	41.0	28.9	27.1	36.7	24.1	29.1	23.6
	Is	**61.5**	**57.7**	**67.2**	**69.7**	**58.3**	**74.5**	**67.9**	**68.6**
	χ^2	*15.13**	*15.61**	*6.14**	*12.86**	*5.85*	*16.14**		
Locking child in a room	*IN*	3.7	6.2	10.3	5.0	5.1	2.5	5.1	10.8
	CB	42.0	**61.7**	**54.7**	33.8	**66.1**	37.0	42.8	24.9
	I	**54.3**	32.1	35.0	**61.2**	28.8	**60.6**	**52.1**	**64.3**
	χ^2	*33.91**	*58.90**	*99.74**	*26.22**	*53.64**	*35.61**		
Threatening to abandon child	*IN*	20.1	13.9	22.6	14.8	15.0	11.0	15.8	23.9
	CB	36.5	**50.6**	**49.2**	36.9	**43.3**	**44.5**	**42.2**	28.1
	I	**43.4**	35.4	28.1	**48.2**	41.7	**44.5**	42.0	**48.0**
	χ^2	*6.65**	*20.07**	*47.87**	*24.56**	*7.40**	*47.47**		
Never hugging child	*IN*	**53.2**	**46.9**	**41.0**	32.0	**54.2**	30.2	**38.5**	37.0
	CB	32.4	34.6	40.5	**37.5**	23.7	**42.3**	37.6	25.4
	I	14.4	18.5	18.5	30.5	22.0	27.4	23.8	**37.5**
	χ^2	*43.79**	*12.60**	*38.82**	*30.79**	*8.56**	*42.74**		
Calling child "useless"	*IN*	**38.5**	13.8	29.2	24.4	33.3	16.2	25.0	**38.3**
	CB	36.9	**67.5**	**54.0**	**41.1**	**43.3**	**53.9**	**47.7**	33.0
	I	24.6	18.8	16.8	34.5	23.3	29.9	27.3	28.7
	χ^2	*1.97*	*44.20**	*4 1.20**	*32.36**	*2.93*	*73.86**		
Always criticising child	*IN*	27.1	6.3	22.0	17.3	25.0	14.5	18.5	30.9
	CB	**50.5**	**60.8**	**55.0**	**45.5**	**46.7**	**56.7**	**51.9**	**37.9**
	I	22.3	32.9	23.0	37.2	28.3	28.7	29.6	31.2
	χ^2	*13.41**	*26.36**	*24.74**	*34.31**	*2.04*	*51.24**		
#Making child study for a long time	*IN*	37.8	35.8	45.5	33.8	45.0	26.5	35.3	35.0
	CB	**47.9**	**59.3**	**50.5**	**48.1**	**48.3**	**54.5**	**50.9**	**36.8**
	I	14.4	4.9	4.0	18.0	6.7	19.0	13.8	28.2
	χ^2	*19.49**	*26.70**	*58.08**	*28.73**	*13.76**	*37.93**		
#Telling child other children are better	*IN*	**52.4**	43.8	45.9	40.9	**45.0**	31.2	41.4	**46.0**
	CB	35.4	**48.8**	**49.3**	**44.6**	**45.0**	**57.1**	**47.4**	36.2
	I	12.2	7.5	4.9	14.5	10.0	11.7	11.2	17.8
	χ^2	*5.12**	*8.38**	*29.01**	*12.56**	*3.37*	*53.42**		

P = Police, SW = Social Workers, D = Doctors, N = Nurses, L = Lawyers, ED = Educators, Pooled Prof. = Pooled professionals, PUB = Public

Refers to actions that were explored further with respect to mitigating circumstances

* Indicates professions with significant chi-square values

Locking child outside the house

For this action, 'Is abuse' was the modal choice of all 7 groups, which was selected by at least 57.7% of each group. Comparison of mean scores revealed no significant difference for group at the pre-set alpha level ($F_{6,1601} = 2.569$, p = ns).

Locking child in a room

For this action, the modal choices were varied across the groups. The majority (at least 54.7%) of Social Workers, Doctors and Lawyers chose 'Can be abuse'. On the other hand, the majority (at least 54.3%) of Police, Nurses, Educators and the Public chose 'Is abuse'. Comparison of mean scores revealed a significant difference for group ($F_{6,1608} = 11.540$, $p<0.001$) where Social Workers (Mean = 2.26) and Doctors (Mean = 2.25) were significantly different from the Nurses (Mean = 2.56) and Educators (Mean = 2.58). In addition the Doctors also differed from the Police (Mean = 2.51) and the Public (Mean = 2.54).

Threatening to abandon child

The modal choices were varied across groups for this action also. The modal choice (at least 43.3%) for the Social Workers, Doctors, Lawyers and Educators was 'Can be abuse', while the modal choice (at least 43.4%) for the Police, Nurses, Educators and the Public was 'Is abuse'. It was interesting that for the Educators there were 2 modal responses, where 44.5% chose 'Can be abuse', and another 44.5% chose 'Is abuse'. In addition, comparison of mean scores revealed a significant difference for group ($F_{6,1599} = 3.853$, $p = 0.001$) where the Doctors (Mean = 2.06) differed significantly from the Nurses (Mean = 2.33) and Educators (Mean = 2.34).

Never hugging child

The modal choices were varied across groups for this action also. The modal choice (at least 41.0%) for the Police, Social Workers, Doctors, and Lawyers was 'Is not abuse', while the modal choice (at least 37.5%) for both the Nurses and the Educators was 'Can be abuse'. The Public were the only group whose modal choice (37.5%) was 'Is abuse'. Comparison of mean scores revealed a significant difference for group ($F_{6,1601} = 8.802$, $p<0.001$) where the Police (Mean = 1.61) differed from the Nurses (Mean = 1.98), Educators (Mean = 1.97) and the Public (Mean = 2.01).

Calling child "useless"

The modal choices were varied across groups for this action also. The modal choice (at least 38.3%) for both the Police and the Public was 'Is not abuse'. In contrast, the modal choice (at least 41.1%) for Social Workers, Doctors, Nurses, Lawyers and Educators was 'Can be abuse'. Comparison of mean scores revealed a significant difference for group ($F_{6,1600} = 6.184$, $p<0.001$). However, post hoc tests results showed no significant differences.

Always criticising child

The modal choice (at least 37.9%) of each of the 7 groups was 'Can be abuse'. Comparison of mean scores revealed a significant difference for group ($F_{6,1598} = 5.274$, $p<0.001$), but post hoc tests showed no significant differences.

Making child study for a long time

The modal choice (at least 36.8%) of each of the 7 groups was 'Can be abuse'. However, comparison of mean scores revealed a significant difference for group ($F_{6,1597} = 8.159$, $p<0.001$) where the Doctors (Mean = 1.59) differed from the Nurses (Mean = 1.84), Educators (Mean = 1.92) and the Public (Mean = 1.93).

Telling child other children are better

The modal choices were varied across groups for this action. The modal choice (at least 45.0%) for the Police, Lawyers and the Public was 'Is not abuse'. The modal choice (at least 44.6%) of Social Workers, Doctors, Nurses, Lawyers and Educators was 'Can be abuse'. It was interesting to note that the Lawyers had 2 modal responses where 45.0% chose 'Is not abuse', and another 45.0% chose 'Can be abuse'. However, comparison of mean scores revealed no significant difference for group at the pre-set alpha level ($F_{6,1606} = 3.128$, p = ns).

Observations on ratings on abuse status of actions

There were only 3 actions with similar modal responses across all the groups. Amongst them, all groups indicated 'Is abuse' for 'Locking child outside the house', while the modal response for 'Always criticising child', and 'Making child study for a long time' was 'Can be abuse'. This indicates that in general, the groups were not similar in their response to the actions explored. In addition, the public and professional groups held varied opinions on the abuse status of 5 actions: 'Locking child in a room', 'Threatening to abandon child', 'Never hugging child', 'Calling child "useless"' and 'Telling child other children are better'.

Similarly, as with the acceptability ratings, neither the pooled professions, the public nor any professional group showed a high level of consensus for any of the actions. The groups seemed to have more variations in their responses compared to actions from other categories of maltreatment observed in the earlier monographs (Tong *et al.,* 1996; Elliott *et al.,* 2000). None of the actions showed a moderate level of consensus from all groups, but there were 4 out of 8 actions with a mixture of moderate and low levels of consensus: 'Locking child outside the house', 'Locking child in a room', 'Calling child useless' and 'Always criticizing child'. This indicates that there is greater variation for ratings on abuse status of actions compared to ratings on acceptability of actions. In addition, there were 4 actions with low consensus across all groups: 'Threatening to abandon child', 'Never hugging child', 'Making child study for a long time', and 'Telling child other children are better'. This clearly indicates that with regards to emotional maltreatment, there were varied responses from the groups explored, especially with regards to abuse status. It supports the notion that emotional maltreatment is not easy to define in terms of abuse and neglect.

All except two actions yielded significant ANOVA results: 'Locking child outside the house', and 'Telling child other children are better'. This complements the observations of group differences in the modal choices. 4 out of the 6 actions with significant ANOVA results also had significant posthoc results at the pre-set alpha level: 'Locking child in a room', 'Threatening to abandon child', Never hugging child' and 'Making child study for long time'.

-Comparison between professionals and the public

Between the pooled professions and the Public, the modal choice was similar for only 4 out of 8 actions: 'Locking child outside the house', 'Locking child in a room', 'Always criticising child', and 'Making child study for a long time'. Pooled professionals displayed low consensus for all actions except for 'Locking child outside house', which had a moderate level of consensus. The Public was similar, although they had moderate consensus for 'Locking child in a room' as well. This indicates that the pooled professions and the public had similarly large variations and less agreement in their responses. In addition the public were also noted to differ from at least one of the professions explored in 3 out of the 4 actions with significant posthocs.

The chi-square tests for each professional group using the public as the baseline revealed significant differences across all groups for 4 of the actions suggesting emotional maltreatment: 'Locking child in a room', 'Threatening to abandon child', 'Never hugging child' and 'Making child study for a long time'.

-Comparison within and between the professions

Among the professionals, Nurses and Educators seemed to form a subgroup for all 4 actions with significant posthocs. For these actions, the 2 professions were revealed to be different from at least one of the other groups. This indicates that the Nurses and Educators were similar in their responses for half of the 8 actions explored. However, Doctors were noted to differ from Nurses and Educators in 3 out of the 4 actions with significant posthocs.

4.1.3 Summary of categorisation of actions

The modal response across groups for ratings on the acceptability and abuse status of actions was generally not similar. Only about half of the actions had the same modal response across all groups. Amongst the 8 actions explored on ratings of acceptability and abuse status, it was noted that all groups similarly regarded the action 'Locking a child outside the house' to be unacceptable and as abuse. This reflects the homogeneity and uniformity of response with regards to this action, and shows that this action had strong disapproval ratings among the groups explored. For the action 'Making a child study for a long time', the modal choice across groups was 'Sometimes acceptable' and 'Can be abuse'. This reflects the difficulty the respondents had in categorising this action. However, these were the only 2 actions which had the same modal response and similar albeit corresponding ratings for both the acceptability and abuse status of actions. Results for the remaining actions did not demonstrate the same degree of homogeneity with regards to the ratings on acceptability and abuse status. There were varied modal responses across groups for ratings on the acceptability and abuse status of the other 6 actions. It can be deduced that for these actions, the respondents had different opinions with regards to categorisation. However, it was encouraging to note that none of the 8 actions explored were similarly regarded as 'Always acceptable' or 'Is not abuse' across the groups.

In addition, the level of consensus across groups for both the acceptability and abuse status of actions was never high. Moreover, the level of consensus for abuse status ratings was lower compared to ratings on acceptability, as shown by the fact that there were 4 actions with low levels of consensus across the groups for ratings on abuse status, but none for ratings on acceptability. In general, the respondents seemed more willing to regard actions suggesting emotional child maltreatment as never acceptable than as abuse. This may be because that the term 'abuse' carried less favourable connotations than the term 'Never acceptable'.

It was common to note significant differences for group in both types of ratings. This was also similar for the posthocs, which yielded significant results for most of the actions having significant ANOVAs. Amongst the significant posthoc results, the public were noted to differ from at least one of the professions. Amongst the professions, the Nurses and Educators held similar opinions, and tended to differ from at least one of the other groups.

4.2 The influence of mitigating circumstances

The following section shows the detailed results for the influence of mitigating circumstances on the acceptability of the 2 actions: 'Making a child study for a long time' and 'Telling a child other children are better'. This section explores the influence of mitigating circumstances on the acceptability of the 2 actions. The respondents were required to indicate the acceptability of an action under the circumstances provided. Each circumstance was provided with three or four situations, and the respondents were required to select the option that best fit their opinion of the circumstance that justified the action. For every circumstance, the modal choices of all groups of respondents were noted and compared. An Analysis of Variance (ANOVA) was also carried out to compare the mean scores across the 7 groups of respondents, and a post hoc test (Tukey's HSD) was used to identify the specific pairs of groups that were significantly different from each other. As with the previous ANOVAs in this study, only results at or below the pre-set alpha level ($p = 0.001$) were regarded as significant, while others were considered not significant ($p = ns$).

4.2.1 Making a child study for a long time

Detailed results for the influence of mitigating circumstances on the acceptability of the action 'Making a child study for a long time' are shown in Table 4.3. The modal choice of each respondent group is highlighted in the table.

Acceptability of making a child study for a long time with respect to frequency of incident

The modal choice (at least 50.0%) for all the 7 groups for this action was 'Acceptable if it happens once or twice'. Comparison of mean scores revealed a significant difference for group ($F_{6,1599} = 8.797$, $p<0.001$). Post hoc test results showed that significant differences were found for the Public (Mean = 1.89) with Police (Mean = 1.55), Social Workers (Mean = 1.45), Doctors (Mean = 1.48) and Educators (Mean = 1.61).

Acceptability of making a child study for a long time with respect to age of child

Modal choices were varied across groups for this mitigating circumstance. The modal choice (44.6%) for the Lawyers was 'Acceptable regardless of age of child', while the modal choice (at least 36.2%) for both the Nurses and the Public was 'Not acceptable regardless of age of child'. In contrast, the modal choice (at least 41 .0%) for the Police, Social Workers, Doctors and Educators was 'Acceptable only if child is older'. Comparison of mean scores revealed a significant difference for group ($F_{6,1600} = 7.094$, $p<0.001$). Post hoc test results showed that significant differences were found for Doctors (Mean = 2.56) when compared with Nurses (Mean = 2.97) and the Public (Mean = 2.91).

Acceptability of making a child study for a long time with respect to sex of child

The majority (at least 54.2%) of each of the 7 groups chose 'Acceptable regardless of whether child is a boy or girl' for this action. Comparison of mean scores revealed a significant difference for group ($F_{6,1600} = 11.276$, $p<0.001$). Post hoc tests results showed that significant differences were found for these groups: for Nurses (Mean = 3.45) when compared with Police (Mean = 3.28), Doctors (Mean = 3.18) and Lawyers (3.13); and for the Public (Mean = 3.42) when compared with Doctors (Mean = 3.18) and Lawyers (Mean = 3.13).

Table 4.3

Proportion of each respondent group rating the influence of mitigating circumstances for the acceptability of making a child study for a long time.

MITIGATING CIRCUMSTANCE	GROUP / CONDITIONS	P %	SW %	D %	N %	L %	ED %	Pooled Prof %	PUB %
* Acceptability of study long time with respect to **frequency**	*Acceptable if once/twice*	**66.5**	**70.0**	**63.3**	**56.8**	**50.0**	**64.9**	**61.8**	**45.3**
	Acceptable regardless	12.2	15.0	25.6	9.6	37.5	9.0	14.1	19.9
	Not acceptable regardless	21.3	15.0	11.1	33.7	12.5	26.2	24.1	34.8
*__age__	*Acceptable if child is younger*	6.4	7.4	3.5	2.0	5.4	2.8	3.6	7.0
	Acceptable if child is older	**41.0**	**48.1**	**51.5**	39.9	37.5	**46.8**	**44.0**	31.4
	Acceptable regardless	29.8	24.7	30.3	17.6	**44.6**	20.9	24.1	25.4
	Not acceptable regardless	22.9	19.8	14.6	**40.6**	12.5	29.4	28.3	**36.2**
*__sex__	*Acceptable if child is a boy*	0.5	0.0	0.0	0.0	0.0	0.4	0.2	0.8
	Acceptable if child is a girl	0.0	0.0	0.0	0.2	0.0	0.4	0.2	0.5
	Acceptable regardless	**70.9**	**75.0**	**81.6**	**54.2**	**87.5**	**65.5**	**66.8**	**55.1**
	Not acceptable regardless	28.6	25.0	18.4	45.6	12.5	33.8	32.9	43.6
*__treatment compared to siblings__	*Acceptable if child treated differently*	0.5	1.3	0.0	0.0	0.0	0.4	0.2	1.0
	Acceptable if child treated the same	**40.2**	**50.0**	**58.6**	33.3	**56.9**	**49.3**	**44.6**	29.5
	Acceptable regardless	32.3	25.0	22.7	19.9	24.6	15.6	21.9	29.0
	Not acceptable regardless	27.0	23.8	18.7	**46.9**	15.8	34.8	33.3	**40.6**
*__physical or mental handicap of child__	*Acceptable if child handicapped*	0.5	1.2	0.5	0.2	0.0	0.4	0.4	0.8
	Acceptable if child not handicapped	**51.6**	**61.7**	**67.9**	40.8	**67.9**	**57.6**	**53.5**	37.9
	Acceptable regardless	16.5	13.6	12.2	8.2	14.3	5.1	10.1	12.6
	Not acceptable regardless	31.4	23.5	19.4	**50.7**	17.9	37.0	36.1	48.7
*__adult's intentions__	*Acceptable if have good intentions*	**74.7**	**76.5**	**81.6**	**60.3**	**87.9**	**71.3**	**71.0**	**62.8**
	Acceptable regardless	4.2	1.2	2.5	2.7	1.7	0.7	2.3	6.0
	Not acceptable regardless	21.1	22.2	15.9	37.0	10.3	28.0	26.7	31.2
*__adult's stress level__	*Acceptable if adult is under stress*	2.1	1.3	0.5	0.7	0.0	1.4	1.1	1.3
	Acceptable if adult is not under stress	34.4	**43.0**	**40.9**	30.9	36.4	**44.1**	37.2	22.6
	Acceptable regardless	28.0	29.1	36.4	16.2	**47.3**	19.4	24.4	25.9
	Not acceptable regardless	**35.4**	26.6	22.2	**52.1**	16.4	35.1	**37.3**	**50.3**
*__family's financial status__	*Acceptable if family is poor*	0.5	0.0	0.0	0.3	0.0	0.4	0.3	1.5
	Acceptable if family is not poor	0.5	0.0	0.5	1.3	0.0	1.4	0.9	2.3
	Acceptable regardless	**64.6**	**71.8**	**76.6**	45.4	**83.9**	**62.6**	**61.1**	47.0
	Not acceptable regardless	34.4	28.2	22.8	**53.1**	16.1	35.6	37.8	**49.2**
*__parent's working schedule__	*Acceptable if parents are busy*	0.5	1.3	0.5	1.0	0.0	0.7	0.7	1.5
	Acceptable if parents are not busy	7.9	10.1	5.1	7.5	3.6	7.9	7.2	4.8
	Acceptable regardless	**54.5**	**58.2**	**71.6**	37.1	**80.4**	**55.8**	**53.2**	45.0
	Not acceptable regardless	37.0	30.4	22.8	**54.5**	16.1	35.6	38.8	**48.7**

P = Police, SW = Social Workers, D = Doctors, N = Nurses, L = Lawyers, ED = Educators, Pooled Prof. = Pooled professionals, PUB = Public

Acceptability of making a child study for a long time with respect to treatment compared to siblings

Modal choices were varied across groups for this mitigating circumstance. The modal choice (at least 40.6%) for both the Nurses and the Public was 'Not acceptable regardless of how child is treated'. In contrast, the modal choice (at least 40.2%) for the Police, Social Workers, Doctors, Lawyers and Educators was 'Acceptable if child treated the same as brothers/sisters'. Comparison of mean scores revealed a significant difference for group ($F_{6,1593}$ = 14.312, $p<0.001$). Post hoc test results showed that significant differences were found for these groups: for Nurses (Mean = 3.14) when compared with Doctors (Mean = 2.60), Lawyers (Mean = 2.56) and Educators (Mean = 2.85); and for the Public (3.09) when compared with Doctors (Mean = 2.60) and Lawyers (Mean = 2.56).

Acceptability of making a child study for a long time with respect to whether a child is physically/mentally handicapped

Modal choices were also varied across groups for this mitigating circumstance. The modal choice (at least 48.7%) for both Doctors and the Public was 'Not acceptable regardless of whether child is physically/ mentally handicapped'. The majority (at least 51.6%) of the Police, Social Workers, Doctors, Lawyers and Educators chose 'Acceptable if child is not handicapped'. Comparison of mean scores revealed a significant difference for group ($F_{6,1592}$ = 16.307, $p<0.001$). Post hoc tests results showed that significant differences were found for these groups: for Nurses (Mean = 3.09) when compared with Social Workers (Mean = 2.59), Doctors (Mean = 2.51), Lawyers (2.50) and Educators (Mean = 2.79); and for Public (Mean = 3.09) when compared with Social Workers (Mean = 2.59), Doctors (Mean = 2.51), Lawyers (Mean = 2.50) and Educators (Mean = 2.79).

Acceptability of making a child study for a long time with respect to adult's intentions

The majority (at least 60.3%) of each of the 7 groups chose 'Acceptable only if the adult has good intentions' for this action. Comparison of mean scores revealed a significant difference for group ($F_{6,1603}$ = 8.745, $p<0.001$). Post hoc test results showed that significant differences were found for these groups: between Lawyers (Mean = 1.22) and Nurses (Mean = 1.77); and for Doctors (Mean = 1.34) when compared with Nurses (Mean = 1.77) and the Public (Mean = 1.68).

Acceptability of making a child study for a long time with respect to adult's stress level

The modal choices were varied across groups for this mitigating circumstance. The modal choice (47.3%) for Lawyers was 'Acceptable regardless of whether adult is under stress or not', while the modal choice (at least 35.4%) for the Police, Doctors, and the Public was 'Not acceptable regardless of whether adult is under stress or not'. In contrast, the modal choice (at least 40.9%) for Social Workers, Doctors and Educators was 'Acceptable only if adult is not under stress'. Comparison of mean scores revealed a significant difference for group ($F_{6,1592}$ = 11.944, $p<0.001$). Post hoc test results showed that significant differences were found for these groups: for Nurses (Mean = 3.20) when compared with Doctors (Mean = 2.80) and Educators (Mean = 2.88); and for the Public (Mean = 3.25) when compared with Social Workers (Mean = 2.81), Doctors (Mean = 2.80) and Educators (Mean = 2.88).

Acceptability of making a child study for a long time with respect to financial status of family

Modal choices were varied across groups for this mitigating circumstance also. The modal choice (at least 49.2%) for both Nurses and the Public was 'Not acceptable regardless of whether family is poor or not'. In contrast, the majority (at least 62.6%) of the Police, Social Workers, Doctors, Lawyers and Educators chose 'Acceptable regardless of whether family is poor or not' for this action.

Comparison of mean scores revealed a significant difference for group ($F_{6,1588} = 10.469$, $p<0.001$). Post hoc test results showed that significant differences were found for these groups: between Doctors (Mean = 3.22) and the Public (Mean = 3.44); and for Nurses (Mean = 3.51) when compared with Doctors (Mean = 3.22), Lawyers (Mean = 3.16) and Educators (Mean = 3.33).

Acceptability of making a child study for a long time with respect to parents' working schedule

Modal choices were varied across groups for this mitigating circumstance. The modal choice (at least 48.7%) for both Doctors and the Public was 'Not acceptable regardless of parents' working schedule'. The majority (at least 54.5%) of the Police, Social Workers, Doctors, Lawyers and Educators chose 'Acceptable regardless of parents' working schedule'. Comparison of mean scores revealed a significant difference for group ($F_{6,1592} = 8.129$, $p<0.001$). Post hoc test results showed that significant differences were found for Doctors (Mean = 3.17) when compared with Nurses (Mean = 3.45) and the Public (Mean = 3.41).

Observations on ratings of circumstances for the action 'Making a child study for a long time'

There were only 3 circumstances where the modal response of all groups was similar: 'Frequency', 'Sex of child' and 'Adult's intentions'. Amongst them, all groups viewed this action to be acceptable provided that it happened infrequently (i.e., once/twice), and if the adult had good intentions, but acceptable regardless of the sex of the child. However, the public and professional groups held varied opinions on whether the following 6 circumstances had any influence on the acceptability of this behaviour: 'Age of child', 'Treatment of child compared to siblings', 'Child's handicap', 'Adult's stress level', 'Family's financial status' and 'Parents' working schedule'. This indicates a lack of consensus within the groups with regards to the opinion on the acceptability of this action.

There were no circumstances with a high level of consensus across any group (i.e., specific professional groups, pooled professionals, and the public). As with acceptability and abuse status ratings, such results highlight the lower level of agreement within each group. There was only 1 circumstance with a moderate level of consensus throughout all the groups explored: 'Adult's intentions'. It was also noted that there were 5 circumstances with a mixture of low and moderate level of consensus: 'Frequency', 'Sex of child', 'Child's handicap', 'Family's financial status' and 'Parent's working schedule'. In addition, there were 3 circumstances with low consensus throughout all groups explored: 'Age of child', 'Treatment compared to siblings' and 'Adult's stress level'. In general, these results show that there were divided responses (i.e., either a mixture of moderate and low consensus, or low consensus) for 8 out of the 9 circumstances explored. Even though the opinions were targeted at one action here, it is clear that none of the circumstances seemed to be influential enough to evoke a more homogenous response.

For this action all circumstances explored yielded significant ANOVA results and posthoc results. This indicates that regardless of the circumstances explored, there were significant differences amongst the groups. It was also noted that each of the groups explored had a significant posthoc result for at least one of the circumstances explored.

-Comparison between professionals and the public

A comparison of the Pooled Professionals with the Public indicated variations between them for 5 out of the 9 circumstances explored for this action: 'Age', 'Treatment compared to siblings', 'Child's handicap', 'Family's financial status' and 'Parents' working schedule'. Throughout those 5 circumstances, the modal choice of the Public was 'Never acceptable regardless'. However, the Pooled Professionals

indicated conditional acceptance where the action was regarded as acceptable if the child is older, the child is treated same as siblings, and the child is not handicapped; while for another 2 circumstances, namely 'Family's financial status' and 'Parents' work schedule', it was observed that the pooled professionals regarded the action as acceptable regardless of these circumstances.

In general the Nurses and the Public were noted to have similar modal choices, having selected 'Not acceptable regardless' for 6 out of the 9 circumstances explored (i.e., the circumstances 'Age of child', 'Treatment compared to siblings', 'Child's handicap', 'Adult's stress level', 'Family's financial status' and 'Parents' working schedule'). This indicates the general intolerance these two groups have with regards to this action. However, the Public were significantly different from the Doctors for all 9 of the circumstances where they had significant posthocs. In addition, Social Workers were also noted to be significantly different from the Public for the 3 circumstances where they had significant posthocs.

The Public seemed to have the lowest modal proportion for 5 out of the 9 circumstances explored, which comprised 'Frequency', 'Age of child', 'Child's handicap', 'Family's financial status' and 'Parents' working schedule'. This indicates that amongst the groups explored, the Public's opinion were the most diverse.

-Comparison within and between the professions

When there were significant posthoc differences involving Nurses, they were noted to always differ from Doctors. Combining this result with the earlier observation on modal responses, it can be said that Nurses were indeed less tolerant of this action than the Doctors. This is an area of concern especially as it pertains to differences between professions known to work in the same field, i.e., the medical profession. In addition, Lawyers were significantly different from Nurses throughout the 5 circumstances where they had significant posthocs. However, Educators were never significantly different from Doctors, Lawyers, Social Workers or the Police throughout the 5 circumstances where they had significant posthocs. This indicates that the opinions of these professions were similar with regards to this action.

Among the various professions, Lawyers seemed to display the highest modal response for 5 out of the 9 circumstances explored i.e., for 'Sex of child', 'Child's handicap', 'Adult's intentions', 'Family's financial status' and 'Parents' working schedule'. This indicates that amongst the groups explored, the Lawyer's opinions were the most uniform.

4.2.2 Telling a child other children are better

Detailed results for the influence of mitigating circumstances on the acceptability of the action 'Telling a child other children are better' are shown in Table 4.4. The modal choice of each respondent group is highlighted in the table.

Acceptability of telling a child others are better with respect to frequency of incident

The majority (at least 54.9%) of each of the 7 groups chose 'Acceptable if it only happens once or twice' for this action. No significant differences were found among the respondents ($F_{6,1613} = 2.123$, p = ns).

Table 4.4

Proportion of each respondent group rating the influence of mitigating circumstances on the acceptability of telling a child other children are better

MITIGATING CIRCUMSTANCE	GROUP / CONDITIONS	P %	SW %	D %	N %	L %	ED %	Pooled Prof. %	PUB %
*Acceptability of saying others better with respect to **frequency**	*Acceptable if once/twice*	**63.3**	**63.8**	**69.5**	**61.0**	**63.2**	**65.4**	**64.0**	**54.9**
	Acceptable regardless	11.2	2.5	10.3	6.1	12.3	5.3	7.5	14.8
	Not acceptable regardless	25.5	33.8	20.2	32.9	24.6	29.3	28.5	30.3
*__age__	*Acceptable if child is younger*	9.6	5.0	8.4	7.1	8.8	10.6	8.5	13.6
	Acceptable if child is older	20.2	25.0	30.5	28.1	24.6	24.6	26.1	23.6
	Acceptable regardless	**36.7**	23.8	**33.0**	22.2	**38.6**	30.6	29.1	28.6
	Not acceptable regardless	33.5	**46.3**	28.1	**42.6**	28.1	**34.2**	**36.4**	**34.2**
*__sex__	*Acceptable if child is a boy*	0.5	0.0	0.0	0.0	0.0	0.4	0.2	1.3
	Acceptable if child is a girl	0.0	0.0	0.0	0.2	0.0	0.4	0.2	0.5
	Acceptable regardless	**64.7**	**53.2**	**71.6**	**54.6**	**71.9**	**61.5**	**61.3**	**60.1**
	Not acceptable regardless	34.8	46.8	28.4	45.2	28.1	37.8	38.4	38.2
***disobedience**	*Acceptable if child is disobedient*	**45.7**	26.9	**41.4**	**42.7**	**45.6**	**41.0**	**41.7**	**48.9**
	Acceptable regardless	23.4	26.9	33.8	15.9	26.3	24.4	23.2	21.1
	Not acceptable regardless	30.9	**46.2**	24.7	41.4	28.1	34.6	35.1	30.1
*__treatment compared to siblings__	*Acceptable if child treated differently*	1.6	2.5	0.0	0.5	0.0	0.4	0.7	0.5
	Acceptable if child treated the same	**39.4**	40.0	**58.2**	32.5	**56.1**	**50.2**	**43.5**	33.6
	Acceptable regardless	22.9	15.0	15.9	17.5	17.5	13.9	17.1	27.1
	Not acceptable regardless	36.2	**42.5**	25.9	**49.5**	26.3	35.6	38.7	**38.8**
*__physical or mental handicap of child__	*Acceptable if child handicapped*	1.6	3.8	1.5	1.2	0.0	0.7	1.3	0.8
	Acceptable if child not handicapped	**47.3**	41.3	**62.5**	39.2	**56.1**	**53.0**	**48.4**	39.7
	Acceptable regardless	13.3	12.5	9.0	7.9	14.0	8.9	9.7	14.3
	Not acceptable regardless	37.8	**42.5**	27.0	**51.7**	29.8	37.4	40.5	**45.2**
*__adult's intentions__	*Acceptable if have good intentions*	**68.8**	**61.7**	**73.0**	**60.6**	**72.9**	**67.5**	**66.2**	**68.2**
	Acceptable regardless	5.3	0.0	3.0	3.2	1.7	1.4	2.8	4.8
	Not acceptable regardless	25.9	38.3	24.0	36.2	25.4	31.1	31.0	27.1
*__adult's stress level__	*Acceptable if adult is under stress*	0.5	3.8	1.5	1.5	1.8	2.5	1.7	5.3
	Acceptable if adult is not under stress	34.0	37.5	**43.5**	29.0	**38.6**	**44.1**	36.7	24.3
	Acceptable regardless	26.6	16.3	26.5	16.6	29.8	14.2	19.8	25.1
	Not acceptable regardless	**38.8**	**42.5**	28.5	**53.0**	29.8	39.1	**41.7**	**45.4**
*__family's financial status__	*Acceptable if family is poor*	0.0	0.0	0.0	0.2	0.0	0.4	0.2	2.3
	Acceptable if family is not poor	1.1	0.0	1.5	0.5	3.5	3.2	1.5	2.8
	Acceptable regardless	**59.0**	**55.7**	**67.0**	43.6	**64.9**	**56.9**	**54.8**	46.2
	Not acceptable regardless	39.9	44.3	31.5	**55.7**	31.6	39.5	43.6	**48.7**
*__parent's working schedule__	*Acceptable if parents are busy*	0.5	1.3	0.5	0.2	0.0	1.8	0.7	1.5
	Acceptable if parents are not busy	4.8	8.9	7.0	5.4	5.3	7.1	6.2	6.8
	Acceptable regardless	**55.3**	**45.6**	**61.8**	38.9	**63.2**	**50.0**	**49.4**	42.4
	Not acceptable regardless	39.4	44.3	30.7	**55.4**	31.6	41.1	43.7	**49.4**

P = Police, SW = Social Workers, D = Doctors, N = Nurses, L = Lawyers, ED = Educators, Pooled Prof. = Pooled professionals, PUB = Public

Acceptability of telling a child others are better with respect to age of child

Modal choices were varied for this mitigating circumstance. The modal choice (at least 33.0%) of the Police, Doctors and Lawyers was 'Acceptable regardless of age of child'. On the other hand, the modal choice (at least 34.2%) of Social Workers, Nurses, Educators and the Public was 'Not acceptable regardless of age of child'. No significant differences were found among the respondents ($F_{6,1609}$ = 1.965, p = ns).

Acceptability of telling a child others are better with respect to sex of child

The majority (at least 53.2%) of each of the 7 groups chose 'Acceptable regardless of whether child is a boy or girl' for this behaviour. No significant differences were found among the respondents ($F_{6,1603}$ = 3.560, p = ns).

Acceptability of telling a child others are better with respect to whether child is disobedient or not

'Acceptable if child is disobedient' was the modal choice of almost all groups of respondents (at least 41.0% of each of the 6 groups) except for the Social Workers, whose modal choice (46.2%) was 'Not acceptable regardless of whether child is disobedient or not'. No significant differences were found among the respondents ($F_{6,1599}$ = 3.264, p = ns).

Acceptability of telling a child others are better with respect to treatment compared to siblings

The modal choices were varied across groups for this mitigating circumstance. The modal choice (at least 38.8%) of the Social Workers, Nurses and the Public was 'Not acceptable regardless of how child is treated'. In contrast, the modal choice (at least 39.4%) of the Police, Doctors, Lawyers and Educators was 'Acceptable only if child is treated the same as brothers/sisters'. Comparison of mean scores revealed a significant difference for group ($F_{6,1605}$ = 8.886, p<0.001). Post hoc test results showed that significant differences were found for the following groups: between Educators (Mean = 2.85) and Nurses (Mean = 3.16); and for Doctors (Mean = 2.68) when compared with Nurses (Mean = 3.16) and the Public (Mean = 3.04).

Acceptability of telling a child others are better with respect to whether child is physically/mentally handicapped

Modal choices were also varied across groups for this mitigating circumstance. The modal choice (at least 42.5%) of the Social Workers, Nurses and the Public was 'Not acceptable regardless of whether child is physically/mentally handicapped or not'. On the other hand, the modal choice (at least 47.3%) of the Police, Doctors, Lawyers, and Educators was 'Acceptable only if child is not physically/mentally handicapped'. Comparison of mean scores revealed a significant difference for group ($F_{6,1603}$ = 7.811, p<0.001). Post hoc test results show that significant differences were found for Doctors (Mean = 2.62) when compared with Nurses (Mean = 3.10) and the Public (Mean = 3.04).

Acceptability of telling a child others are better with respect to adult's intentions

The majority (at least 60.6%) of each of the 7 groups chose 'Acceptable only if the adult has good intentions' for this action. No significant differences were found among the respondents ($F_{6,1610}$ = 2.569, p = ns).

Acceptability of telling a child others are better with respect to adult's stress level

The modal choices were varied across groups for this mitigating circumstance. The modal choice (at least 38.6%) of Doctors, Lawyers, and Educators was 'Acceptable only if adult is not under stress'. On the other hand, the modal choice (at least 38.8%) of the Police, Social Workers, Nurses and the Public was 'Not acceptable regardless of whether adult is under stress or not'. Comparison of mean scores revealed a significant difference for group ($F_{6,1602} = 5.965$, $p<0.001$). Post hoc test results show that significant differences were found for Nurses (Mean = 3.21) when compared with Doctors (Mean = 2.82) and Educators (Mean = 2.90).

Acceptability of telling a child others are better with respect to financial status of family

Modal choices were also varied across groups for this mitigating circumstance. The modal choice (at least 48.7%) of both Nurses and the Public was 'Not acceptable regardless of whether family is poor or not'. On the other hand, the majority (at least 55.7%) of the Police, Social Workers, Doctors, Lawyers and Educators chose 'Acceptable regardless of whether family is poor or not'. Comparison of mean scores revealed a significant difference for group ($F_{6,1600} = 6.305$, $p<0.001$). Post hoc test results show that significant differences were found for Nurses (Mean = 3.55) when compared with Doctors (Mean = 3.30) and Educators (Mean = 3.36).

Acceptability of telling a child others are better with respect to parents' working schedule

Modal choices were also varied across groups for this mitigating circumstance. The modal choice (at least 49.4%) of both the Nurses and the Public was 'Not acceptable regardless of parents' working schedule'. In contrast, the modal choice (at least 45.6%) of the Police, Social Workers, Doctors, Lawyers and Educators was 'Acceptable regardless of parents' working schedule'. Comparison of mean scores revealed a significant difference for group ($F_{6,1601} = 5.255$, $p<0.001$). Post hoc test results show that the only significant difference found was that between Doctors (Mean = 3.23) and Nurses (Mean = 3.50).

Observations on ratings of circumstances for the action 'Telling a child that other children are better'

There were 3 circumstances where the modal response of all groups was the same: 'Frequency', 'Sex of child' and 'Adult's Intentions'. Amongst them, all groups viewed this action to be acceptable if it happened infrequently (i.e., once/twice) and if the adult had good intentions, but acceptable regardless of the sex of the child. In addition, most of the public and professional groups found the action acceptable if the child was disobedient, except for Social Workers who viewed the action as not acceptable regardless of whether the child was disobedient. However, the public and professional groups held varied views on whether the following 6 circumstances had any influence on the acceptability of this behaviour: 'Age of child', 'Treatment of child compared to siblings', 'Child's handicap', 'Adult's stress level', 'Family's financial status', and 'Parents' working schedule'. This shows a lack of consensus within the groups with regards to the opinion on the acceptability of this action.

The modal consensus was never high for any of the groups or circumstances explored. There was only 1 circumstance where all the groups' modal choices was moderate (i.e., 'Adult's intentions'). In addition, there were 5 circumstances with a mixture of moderate and low levels of consensus: 'Frequency', 'Sex of child', 'Child's handicap', 'Family's financial status', and 'Parents' work schedule'. There were another 4 circumstances with low consensus across all groups: 'Age', 'Disobedience', 'Treatment compared to siblings', and 'Adult's stress level'. In general, the results showed that there were divided responses (i.e., either a mixture of moderate and low consensus or low consensus) for 9 out of the 10 circumstances explored for this action. Such results highlight the lower level of agreement within each group.

There were significant ANOVA results at the pre-set alpha level for only 5 out of the 10 circumstances explored. These comprised 'Treatment compared to siblings', 'Child's handicap', 'Adult's stress level', 'Family's financial status' and 'Parents' working schedule'. However, it is to be noted that there were a number of significant differences in the ANOVA results even though the modal choices were not similar. This may have been due to similar variances across groups, resulting in lower degrees of statistical differences. The lower numbers of significant differences are not to be regarded as implying greater similarity across groups, as they are not homogenous. All 5 circumstances with significant ANOVAs also had significant posthocs. This indicates that there were specific group differences for all these circumstances.

-Comparison between professionals and the public

There were differences between the pooled professionals and the Public in 4 out of the 10 circumstances explored for this action: 'Treatment of child compared to siblings', 'Child's handicap', 'Family's financial status' and 'Parents' work schedule'. For all these circumstances, the Public regarded the actions as 'Not acceptable regardless'. However, the modal choice of the Pooled Professionals was conditional acceptance if the child was treated the same as the siblings, and if the child was not handicapped, while for another 2 circumstances, namely 'Family's financial status' and 'Parents' working schedule', it was observed that the Pooled Professionals regarded the actions as acceptable regardless of these circumstances.

The Nurses were never significantly different from the Public. This profession was noted to be similar in their opinions to the Public with respect to this action. Both groups regarded the action as 'Not acceptable regardless' for 6 out of 10 circumstances explored: 'Age', 'Treatment compared to siblings', 'Child's handicap', 'Adult's stress level', 'Family's financial status' and 'Parents' working schedule'. This indicates the seriousness with which the action is viewed and the general intolerance these groups have with regards to this action. On the other hand, the Public were significantly different from the Doctors in both circumstances where they had significant posthoc results (i.e., 'Treatment compared to siblings' and 'Child's handicap'). In both cases the modal choice of the Public was 'Not acceptable regardless', while the Doctors indicated conditional acceptance when the child is treated the same as the siblings, and when the child is not handicapped.

The public were also noted to have low consensus for the most circumstances, except for 'Sex of child' and 'Adult's intentions' where they had moderate consensus.

-Comparison within and between the professions

Amongst the posthoc results it was noted that the Nurses were always revealed to be significantly different from the Doctors. Combining this result with the earlier observation on modal responses, it can be said that Nurses were indeed less tolerant of this action than the Doctors. As noted earlier, and in our previous monographs, this is indeed a note for concern especially since it pertains to difference between professions known to work in the same setting i.e., the medical profession. In addition, Educators were significantly different from the Nurses in all the 3 circumstances where they had significant posthoc results, which were 'Treatment compared to siblings', 'Adult's stress level' and 'Family's financial status'. The Doctors were also noted to be never significantly different from the Educators. This indicates that the opinions of these 2 professions were similar with regards to this action. Incidentally the Police, Social workers and the Lawyers were never revealed to be significantly different from each other or the other groups examined, as there were no significant posthocs involving any of these groups for any of the circumstances explored for this action. It can be said that these 3 professions were similar when considering perceptions of this action.

The Doctors had the highest modal proportion among the groups for 5 out of the 10 circumstances explored, which comprised 'Frequency', 'Treatment compared to siblings', 'Child's handicap', 'Adult's intention', and 'Family's financial status'. This indicates that amongst the groups explored, the Doctors' opinions were the most uniform. The Social Workers, Nurses and the Educators were noted to have low consensus for the most number of circumstances, except for 'Frequency' and 'Adult's Intentions', where they had moderate levels of consensus.

4.2.3 Summary of influence of mitigating circumstances

For both actions, the modal response across all groups was similar for only 3 circumstances, namely 'Frequency', 'Sex of child', and 'Adult's Intentions'. This reflects the homogeneity in responses across the groups when considering actions with respect to these circumstances. It seemed that it was acceptable to employ such child rearing practices if it was done infrequently and if it was done out of good intentions, for example to ensure academic excellence (with respect to making a child study for a long time) and to motivate the child (with respect to telling a child that others are better). Such results are perhaps not surprising, given the emphasis on education, and the generally high expectations that parents have of their children's academic performance. Similarly, respondents may feel that unfavourable comparisons to other children are justified, as they may feel that this would motivate children to do better. However, the gender of the child did not seem to be a relevant consideration as a determinant of acceptability of the actions. This seemed to indicate that preferential treatment for sons or daughters was generally absent and that parents' expectations of the behaviours of their children appeared to be gender neutral.

As with the results for the acceptability and abuse status ratings, it was noted that there were also no circumstances with a high level of consensus. Moreover, for both actions, there was only one circumstance, 'Adult's Intentions' that had moderate consensus across all groups explored. It can be inferred that for this circumstance, all groups explored were more in agreement with regards to their opinions. Furthermore, for both actions, there were 5 circumstances which had a mixture of low, and moderate levels of consensus: 'Frequency', 'Sex of child', 'Child's handicap', 'Family's financial status', and 'Parents' work schedule'. It was also noted that for both actions, there were 3 circumstances that had low levels of consensus throughout all groups explored: 'Age of child', 'Treatment of child compared to siblings' and 'Adult's stress level'.

With regards to ANOVAs on group, the results for the 2 actions considered did not show similar trends. For the action of 'Making a child study for a long time', it was noted that all circumstances yielded significant results, and that there were significant posthocs following these as well. However, for the action of 'Telling a child that other children are better', there were significant ANOVAs for only 5 out of the 10 circumstances explored, although there were significant posthocs for these. This shows that despite the lower levels of consensus within the groups explored and the differences in the modal choices noted for the 2 actions that were explored with regards to mitigating circumstances, the groups' responses were not always significantly different from each other. This implies that while the modal choices were seldom similar, the mean responses may have been more similar, thus resulting in the lack of significant differences. This may reflect that unless done repeatedly this action is simply not regarded as an issue.

Amongst the groups explored for both actions, it was noted that Nurses and the Public held similar responses for most of the circumstances explored. But a comparison of the Pooled Professionals with the Public indicated variations between them for approximately half of the circumstances explored.

This finding indicates that there were notable differences between the opinions of the professionals and the public, which may have serious implications with regards to the manner in which a case is defined and managed.

Among the professions explored, Doctors and Educators held similar opinions, and were never significantly different from each other. However, Nurses were always noted to be significantly different from the Doctors. Noting this, together with the earlier observation on modal responses, it can be said that Nurses were indeed less tolerant of these 2 actions compared to the Doctors. This is indeed an area of concern, especially since it pertains to differences between professions known to work in the same field, i.e., the medical profession.

4.3 Professional and Public recollections of emotional child maltreatment cases

The following section provides the details of the most recent incident or case of emotional child maltreatment encountered by both the professionals and the public. The respondents were requested to recall details of the most recent case of emotional maltreatment (including the demographic details of the case, who the perpetrators were, the frequency and the type of maltreatment). The cases encountered by the respondents are presented in Table 4.5. Each case illustrates one or more types of emotional maltreatment, and may be helpful in providing a clearer idea or picture of the rather vague concept of emotional maltreatment.

4.3.1 Summary of recollection of cases

From the data in Table 4.5, it appears that emotional maltreatment usually occurs with physical abuse and neglect, although there were also some cases where it was the sole form of maltreatment. The emotional maltreatment took the form of shouting, yelling, threats, using vulgar language, telling a child to "go and die", constantly criticising the child, belittling the child (e.g. calling a child "useless"), comparing the child unfavourably with other children, telling the child that he was not important, making the child study excessively and ignoring the child (e.g., refusing to communicate or show affection for the child). In addition, it was also clear that the majority of the perpetrators were the natural parents of the children. This is consistent with MCDS' statistics on child abuse and neglect cases.

However, these cases are not numerous, considering that they were culled from a total of 401 public and 1238 professional respondents. To what extent these actions by caretakers are actually more frequent than the figures suggest is an open question and a matter for further research. Readers will no doubt form their own views.

Table 4.5

Descriptions of cases which appear to entail emotional child maltreatment

Case No.	Victim/s	Type of Maltreatment	Description (source)
1	4 year old boy	Emotional Maltreatment (EM) with other abuse/neglect	The child is locked outside without clothes on. He is caned at home. The mother yells, slaps and shouts rubbish to the child, e.g., asks him to go and "die" and "tiam" (keep quiet). (Public)
2	8 year old boy	EM with other abuse/neglect	The child didn't get love and attention and he has been abused since he was young. For example, he was not given enough food, had no proper schooling, was beaten, had hot water poured on him and was locked up in the toilet. (Public)
3	One boy and one girl, both 9 years old	EM with other abuse/neglect	The mother caned them pretty badly, especially on their legs, and threatened to chase them out of the house. (Public)
4	A boy, age unknown	EM with other abuse/neglect	The mother frequently punches and hits the child. She slaps him across the face and uses vulgar language to scold him. (Public)
5	5 year old boy	EM	The boy is made to study long hours everyday even though he is only in his second year of kindergarten. The minute he wakes up every morning, he has to study till afternoon. (Public)
6	5 year old boy	EM	The boy never went outside the house or shopping. He was locked up all the time. The parents were poor and hard up. (Public)
7	8 year old boy	EM with other abuse/neglect	Respondent saw a mother beating her son in school. According to her, the mother had been forcing the child to study, causing the child to be very scared during the exams that day. He cried and the mother beat him. (Public)
8	11 year old boy	EM	The mother has depression, always shouts at son over studies, tidying up his belongings, criticizes him as a "useless person, disgusting, and lazy". Child is withdrawn, quiet, and has angry outbursts. (Doctor)
9	4 year old boy	EM with other abuse/neglect	The child was slapped and caned almost everyday by mother who is a divorcee. Child was seldom let out to play and was forced to study long hours. Mother used vulgar language to scold the child. (Police)
10	13 year old boy	EM	Father was constantly subjecting the child to a lot of verbal abuse and was also frequently not home. At one time, when child went out, father threatened and warned child not to come back as the child had become rebellious. (Police)
11	A boy age unknown	EM with other abuse/neglect	Parents neglect him (don't talk to him) most of the time. Left him in house unsupervised. No proper food or clothing. This has happened since the boy is young. (Social Worker)
12	Age and gender of children unknown	EM with other abuse/neglect	Mother neglected children by ignoring them in their schoolwork and by not sending them to school. Occasionally, she left them to find/cook for their own dinners since lunches were provided by the home. Mother spent very little time with them. (Social Worker)
13	Age and gender of children unknown	EM	Children were locked in a room or sometimes left in a room without adult supervision. (Social Worker)

Case No.	Victim/s	Type of Maltreatment	Description (source)
14	6 year old boy	EM with other abuse/neglect	Child was locked in toilet, and was fed only once a day, leaving child malnourished and grossly anaemic. The child was also caned, boxed in the eyes, made to drink urine and beaten with a plastic container. The child was also told that he wasn't important, that he was better dead than alive, that no one cared about him, and was threatened with further beatings if he tells his father. (Social Worker)
15	7 year old boy	EM with other abuse/neglect	The child was often caned, slapped and spanked by father for being lazy and not doing well in his studies. Child is also very often forced to study for long hours. In addition, the father does not sit and talk with the child. The father calls the child "useless", and often compares the child [unfavourably] with other children. (Educator)
16	7 year old boy	EM	Father refused to talk to his son and gave unequal treatment to him as compared to the sister. He also showed his disgust to the child by refusing to communicate with him, whereas the sister was showered with love. (Educator)
17	7 year old boy	EM with other abuse/neglect	Physical abuse - slapping/hitting child on the upper part of the body in public. Verbal abuse - frequent incidents, loud voice and coarse language at home and in public (Educator)
18	9 year old boy	EM	The child's father has very high expectations of his son. He wants his son to excel, to be very systematic, organised, etc. In short, he wants his son to be just like himself. The father often belittles the child and makes the child feel very lousy. The father also carries out emotional blackmail, e.g., refusing to show affection unless the child subscribes to his ways. The father also kept harping/reminding the child of his previous mistakes whenever a new 'problem' surfaces. At times, he also uses vulgar words on the child. This happened frequently, at least twice a month. (Educator)
19	10 year old boy	EM with other abuse/neglect	Whenever the guardian goes out, she will place the child inside the bathroom, tie his hands, and leave him with a plate of food. (Nurse)
20	5 year old girl	EM with other abuse/neglect	Child was beaten with a cane and confined in the toilet. This was done whenever the father goes to work. (Nurse)

Note: Descriptions were edited for grammar, but were otherwise unchanged.

CHAPTER 5: DISCUSSION AND CONCLUSION

Emotional child maltreatment remains an oft-overlooked yet important issue in the field of child protection and welfare. It generally refers to a sustained and repeated pattern of inappropriate or destructive behaviour that may include one or more of the following forms: rejecting, terrorising, isolating, corrupting and ignoring. In addition, it can occur not only as a distinct form of maltreatment, but also in conjunction with other forms of maltreatment, such as physical abuse, physical neglect or sexual abuse.

However, emotional maltreatment has tended to be overlooked and trivialised as it does not leave any physical injuries or scars. Moreover, its ongoing nature means that there may be no critical incident that would precipitate its identification, as the effects or consequences of emotional maltreatment tend to be insidious and chronic, having their effect cumulatively over a period of time. For these reasons, emotional maltreatment remains one of the most hidden and underestimated form of child maltreatment. However, this 'hidden' form of maltreatment can produce damaging effects on the child's development or may lead to maladjustment. A number of studies have documented associations between emotional maltreatment and low self-esteem, inability to become independent, aggression, failure to thrive, withdrawal, depression, emotional instability, educational underachievement as well as reduced emotional responsiveness. The risk for the development of emotional and behavioural disorders is also thought to be increased.

In these studies the assumption is made that the adverse effects are an outcome of the maltreatment and would not have occurred otherwise. This may be a reasonable assumption, but it is also likely that caretaker treatment is in part a reflection of the way children behave. A simple one-directional model of cause and effect should not be taken for granted. It is likely that maladaptive patterns of family transaction, including a component of emotional maltreatment, may develop over time for many reasons, and that the ill effects on children might be part of a wider pattern of unfavourable circumstances in families. However, in view of possible adverse consequences for the child, there is nonetheless a need to intervene and develop measures to both treat and prevent emotional maltreatment of children.

5.1 Discussion of findings

In broad terms, there were significant differences in opinion between the different professions, between the professional groups and the public, among the members of the various professions, and among the members of the public. This lack of consensus revealed itself in the ratings of both the acceptability and abuse status of the eight target actions. A similar lack of consensus was found for ratings on the influence of mitigating circumstances on the acceptability of two actions studied in more detail. There were no actions or mitigating circumstances with a high level of consensus (defined as agreement by over 90% of respondents). In addition, there were few actions or mitigating circumstances with the same modal response across all the groups.

With regards to the categorisation of actions, it was noted that the respondents were more willing to regard actions as unacceptable than as abuse. This general reluctance to regard actions suggesting emotional child maltreatment as 'abuse' might be due to uncertainty as to the definition of abuse, or because the respondents viewed the term 'abuse' to denote a more negative connotation than was appropriate for emotionally damaging treatment of children. Moreover, the abuse status of

actions had lower levels of consensus than the acceptability of actions, suggesting that the respondents were more in agreement when classifying an action according to its acceptability status than when categorising it according to its abuse status.

With regards to the examination of mitigating circumstances, it was noted that circumstances such as the frequency of actions, sex of child and adult's intentions had the same modal response across all groups for both actions explored. It seemed that it was acceptable to employ practices such as 'Making a child study for a long time' or 'Telling a child other children are better' if it was done infrequently, or if it was done out of good intentions, and without regard for the gender of the child. However, there were varied responses among the groups for the other circumstances explored. There were fewer significant differences when comparing the groups' responses for the action 'Telling a child other children are better' than for the action 'Making a child study for a long time'.

Comparison between the various professional groups for the categorisation of actions showed that Educators and Nurses tended to hold similar opinions. With regards to perceptions of mitigating circumstances, the responses of Educators were noted to be similar to that of Nurses. However, it was worrying to note that some professions had differences in opinions even though they were from the same field of work. For instance, differences were noted between Doctors and Nurses for ratings on abuse status and mitigating circumstances. Nurses generally tended to be less tolerant of the actions than Doctors even though both groups are from the medical profession.

There were also differences between the opinions of the Public and the professionals. However, as already noted, the methodology for the professional and public groups were somewhat different. Thus any differences found are suggestive only and should not be given undue weight. For the categorisation of actions, the Public was noted to differ from at least one of the professions for the 8 actions explored. Significant differences were also noted between Doctors and the Public, for the categorisation of actions and mitigating circumstances. This is of interest, if a real finding, as the Public does rely on the services of professionals such as Doctors.

With regards to descriptions of suspected emotional child maltreatment cases, it was observed that the descriptions clearly included caretaker behaviours of the kind highlighted in Chapter 2 as emotionally damaging. In addition, it was also common for emotional maltreatment to occur with some other component of maltreatment such as physical abuse and neglect. This corresponds with the results of other studies which have also found that emotional maltreatment was present in cases involving other forms of maltreatment such as physical abuse, physical neglect or sexual abuse (Claussen & Crittenden, 1991; Ney, Fung & Wickett, 1994). This suggests that emotional maltreatment is actually common as a component of child abuse or neglect generally, and can be suspected even when occurring in the absence of other forms of abuse or neglect (if people are aware of the damaging nature of certain caretaker behaviours).

5.2 Implications of findings

5.2.1 Need for greater agreement among professionals

The results reported in the present monograph point to a substantial degree of difference in the opinions across the professions explored, and to a diversity of attitudes to the various actions and circumstances within any given profession. Some part of the variation within professions might be because not all have experience of maltreatment cases. The existence of differences amongst professional

groups is a cause of concern and is a problem that needs to be addressed. It may have implications for the assessment and reporting of emotional child maltreatment cases. Moreover, a consensus needs to be established among the professionals before public education efforts are launched.

5.2.2 Need for greater public awareness and consensus

The results also revealed a significant degree of difference in the opinions of the public to the various actions and circumstances explored. Some part of this difference may reflect differences in attitudes and child care practices among the various families in the original sample. However, it represents a cause for concern, as actions that are potentially damaging should be recognised as such by all caretakers.

5.2.3 Educating professionals about emotional child maltreatment

The findings from this monograph suggest the need to build greater consensus in opinions across different professions so as to facilitate more effective intervention efforts and preventive measures against emotional child maltreatment. Efforts could be made to educate professionals about emotional child maltreatment by incorporating such information into the syllabus or training programme for various professional groups. In addition, professionals who are providing treatment to children who have been physically or sexually abused and/or physically neglected also need to be alert to the likelihood that the child may be experiencing forms of emotional maltreatment. Such efforts could lead to a greater level of agreement or consensus among the professionals about emotional maltreatment, and thus improve the help given to children who are the victims.

5.2.4 Creating public awareness about emotional child maltreatment

Public education could create greater awareness about the issue of emotional child maltreatment. Such education could portray emotional maltreatment as a form of behaviour that is unacceptable and harmful to the child's development and mental well-being. For example, parents need to realise that persistent verbal assault can hurt their children and may even scar them emotionally. Any educational campaign might also address wider issues of good parenting practice, and the difficulties of reconciling working and parenting. The issues of emotional maltreatment, being a matter of chronic patterns of caretaker behaviours, may need to be approached by noting the context as well as focussing on the maltreatment itself. Recognition of the existence of a problem, however, may be a first step in prevention.

5.2.5 Promotion of parenting courses

As noted above, positive parenting courses for parents as well as parents-to-be could also help, as parents who maltreat their children emotionally may sometimes lack the knowledge and the skills necessary to fulfil the parental role. Parenting courses may help to promote good childcare practices that focus on positive ways of parenting or responding emotionally to children, so as to minimise the incidence of emotional maltreatment.

5.2.6 Marital Counselling

Efforts could also be made to promote and provide easier access to marital counselling services for couples whose marriages are in difficulties, as emotional child maltreatment may also occur as a by-product of marital conflict (i.e. when spousal conflict or violence impairs the parent-child relationship or terrorises the child). Marital counselling may help to reduce or resolve marital conflicts. When the marital relationship is improved and the consequent stresses of marital conflict are decreased, parents may be better able to meet the emotional and psychological needs of their children as a natural consequence.

5.3 Suggestions for future studies

The present monograph has provided some insights into the perceptions of emotional maltreatment among professionals and the public in Singapore. However, there is a need for further research.

5.3.1 Longitudinal research into emotional maltreatment

Emotional maltreatment and its effects on Singapore children need to be investigated more thoroughly. Studying a group of emotional child maltreatment cases reported to the relevant organisations over time would provide information on the nature and long-term consequences of such cases. Longitudinal studies would allow systematic tracking of cases, and would enhance our understanding of the needs of the children and families in such cases. A suitable contrast group would of course be needed for any conclusion to be drawn, but the advantage of longitudinal studies is that cause and effect can be disentangled.

5.3.2 Parenting and child care practices and beliefs

It would be timely to conduct an enquiry into actual parenting and childcare practices in Singapore, so as to examine the impact of different parenting styles on the child's development and adjustment. Some culturally or socially acceptable parenting practices may be done out of good intentions, but may actually result in consequences that are bad or harmful for the child. In view of the prevalence of fostering and substitute parenting practices in Singapore (whereby working parents spend large amounts of time apart from their children), it would also be useful to examine the effects of these 'alternative' child care arrangements on children in Singapore. Towards this end, it would be useful to find out both parents' and children's perceptions of the consequences of the various child care practices.

5.4 Conclusion

The findings in this monograph on emotional maltreatment of children in Singapore have highlighted the differences that exist not only between various professional groups, but also between professionals and the public. Such differences need to be adequately addressed and tackled if effective efforts are to be launched to create a greater awareness and recognition of the impact of emotional maltreatment on the growth and development of children in our society. Towards this end, it may be necessary to evaluate childrearing practices in Singapore (both acceptable and unacceptable) for their effect on the child's overall development within our society. If a practice is deemed to be acceptable by both the public and the professionals, but an objective evaluation is found to have negative consequences for children, then more weight should be placed on the consequences for the children. Similarly, when there is disagreement between what the culture views as acceptable and what is actually acceptable for the children, then the outcomes for the children should take precedence over those parenting practices that are culturally acceptable. The difficulty is knowing the effects of actions.

A respect for local custom and practice can not and should not extend to condoning practices harmful to children, if it transpires that socially sanctioned parenting practices done with good intentions have a harmful effect on the child. For example, the combination of constant criticism and negative comparisons to other children may be a common local parenting style, but may have a negative long term impact on children in today's society. Creating a greater awareness of parental or caregiver practices which are damaging to children (even those which may be in conflict with the different ethnic and cultural parenting practices in Singapore), and establishing the effects of various parental practices on children are some of the challenges ahead in attempts or efforts to reduce and prevent emotional maltreatment of children.

REFERENCES

Abramson, E. & Lucido, G. (1991). Childhood sexual experience and bulimia. *Addictive Behaviours, 16* (6), 529-532.

Ainsworth, M.D.S., Blehar, M.C., Walters, E. & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, N.J.: Lawrence Erlbaum Associates.

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55,* 83-96.

Biehler, R. & Snowman, F. (1993). *Psychology applied to teaching* (7th Edition). Boston: Houghton Mifflin.

Bowlby, J. (1969). *Attachment and loss: Volume 1 - Attachment.* New York: Basic Books.

Brassard, M.R. & Hardy, D.B. (1997). Psychological maltreatment. In M.E. Helfer, R.S. Kempe, & R.D. Krugman (Eds.), *The battered child* (5th Ed., pp.72-89). Chicago: The University of Chicago Press.

Brassard, M.R. & McNeil, L.E. (1987). Child sexual abuse. In M.R. Brassard, R. Germain & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp. 69-88). New York: Pergamon Press.

Brassard, M.R., Hart, S.N. & Hardy, D. (1991). Psychological and emotional abuse of children. In R.T. Ammerman & M. Herson (Eds.), *Case studies in family violence.* New York: Plenum Press.

Broadbent, A. & Bentley, R. (1997). Child abuse and neglect Australia 1995-1996. *Child Welfare Series*, 17. Canberra: Australian Institute of Health and Welfare.

Chan, J.S., Chow, Y. & Elliott, J.M. (2000). *Professional and public perceptions of physical child abuse and neglect in Singapore.* Singapore: Singapore Children's Society.

Child Protection Act. (2001). Malaysia: Malaysian Government Printers.

Children and Young Persons Act. (1989). Act No. 56/1989, reprinted 24 August 1995 incorporating amendments up to Act No. 109/1994. Melbourne: Victorian Government Printers.

Children and Young Persons Act. (2001). *Singapore Statutes Online.* Act No. 20/2001, Cap. No. 38, Sections (3), (4) & (8). Retrieved January 7, 2001 from the World Wide Web: http://statutes.agc.gov.sg/

Claussen, A.H. & Crittenden, P.M. (1991). Physical and Psychological Maltreatment: Relations among Types of Maltreatment. *Child Abuse and Neglect*, *15* (1), 5-18.

Corson, J. & Davidson, H. (1987). Emotional abuse and the law. In M.R. Brassard, R. Germain & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp.185-202). New York: Pergamon Press.

Crittenden, P.M. & Ainsworth, M. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment. Theory and research and the causes and consequences of child abuse and neglect.* Cambridge: Cambridge University Press.

Cummings, E.M., Iannotti, R.J. & Zahn-Waxler, C. (1985). Influence of conflict between adults on the emotions and aggression of young children. *Developmental Psychology, 21* (3), 495-507.

Dean, D. (1979). Emotional abuse of children. *Children Today, 8,* 18-21.

Department of Health, Education and Science. (1991). *Working together under the Child Act 1989: A Guide to arrangements for inter-agency cooperation for the protection of children from abuse.* London: HMSO.

Department of Statistics. (1993). *Statistics on Marriages and Divorces 1993*. Singapore: Department of Statistics.

Department of Statistics. (1999). *Statistics on Marriages and Divorces 1999.* Singapore: Department of Statistics.

Egeland, B. & Erickson, M. (1987). Psychologically Unavailable Caregiving. In M.R. Brassard, R. Germain, & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp.110-120). New York: Pergamon Press.

Egeland, B. (1991). A longitudinal study of high-risk families: Issues and findings. In R. Starr & D. Wolfe (Eds.), *The effects of child abuse and neglect.* New York: The Guilford Press.

Egeland, B., Sroufe, L.A. & Erickson, M. (1983). The Developmental Consequences of Different Patterns of Maltreatment. *Child Abuse and Neglect,* 7 (4), 459-469.

Elliott, J.M., Thomas, J.I., Chan, J.S. & Chow, Y. (2000). *Professional and public perceptions of child abuse and neglect in Singapore: An overview*. Singapore: Singapore Children's Society.

Emery, R.E. (1982). Interparental conflict and the children of discord and divorce. *Psychological Bulletin, 92* (2), 310-330.

Fischoff, J.K. Whitten, D.F. & Petit, M.G. (1979). A psychiatric study of mothers of infants with growth failure secondary to maternal deprivation. *Journal of Pediatrics, 79* (2), 209-215.

Gabarino J. & Vondra, J. (1987). Psychological maltreatment: Issues and perspectives. In M.R. Brassard, R. Germain, & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp.25-44). New York: Pergamon Press.

Gabarino, J., Guttmann, E., & Seeley, J.W. (1986). *The psychologically battered child.* San Francisco: Jossey-Bass.

Giovannoni, J. (1989). Definitional issues in child maltreatment. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect.* Cambridge: Cambridge University Press.

Giovannoni, J.M. & Becerra, R.M. (1979). *Defining child abuse.* New York: The Free Press.

Glasser, W. (1965). *Reality therapy.* New York: Harper & Row.

Goddard, C.R. (1996). *Child abuse and prevention: A guide for health, education and welfare workers.* Australia: Churchill Livingston.

Gough, D.A. (1996). Defining the problem, invited commentary. *Child Abuse and Neglect, 20* (11), 993-1002.

Hart, S.N. & Brassard, M.R. (1987). A major threat to children's mental health: Psychological maltreatment. *American Psychologist, 42* (2), 160-165.

Hart, S.N., Brassard, M.R. & Karlson, H.C. (1996). Psychological Maltreatment. In J. Briere, L. Berliner, J.A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 72-89). Thousand Oaks: Sage.

Hart, S.N., Germain, R.B. & Brassard, M.R. (1987). The challenge: to better understand and combat psychological maltreatment of children and youth. In M.R. Brassard, R. Germain, & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp. 3-23). New York: Pergamon Press.

Hyman, I.A. (1987). Psychological correlates of corporal punishment, in M.R. Brassard, R. Germain & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp. 59-68). New York: Pergamon Press.

Iwaniec, D. (1995). *The emotionally abused and neglected child: Identification, assessment, and intervention.* New York: John Wiley & Sons.

Iwaniec, D. (1997). An overview of Emotional Maltreatment and Failure-to-Thrive. *Child Abuse Review, 6* (5), 370-388.

Jaffe, P., Wolfe, D. & Wilson, S.K. (1990). *Children of battered women.* Newbury Park: Sage Publications.

Jenewicz, W.J. (1983). A protective posture toward emotional neglect and abuse. *Child Welfare, 62* (3), 243-252.

Korbin, J.E. (1991). Cross cultural perspectives and research directions for the 21st century. *Child Abuse and Neglect, 15,* Sup.1, 67-77.

Krugman, R.D. & Krugman, M.K. (1984). Emotional Abuse in the Classroom. *American Journal of Diseases of Children, 138,* 284-286.

Leonard, M.F., Rhymes, J.P. & Solnit, A.J. (1966). Failure to thrive in infants. *American Journal of Diseases of Children, 111,* 600-612.

Maddi, S.R. (1980). *Personality theories: A comparative analysis.* Homewood, IL: Dorsey Press.

Main, M. & Goldwyn, R. (1984). Predicting rejection of her infant form Mother's representation of her own experiences: Implications for the Abused-Abusing Intergenerational Cycle. *Child Abuse and Neglect, 8,* 203-217.

Maslow, A. (1968). *Toward a psychology of being.* New York: Van Nostrand Reinhold.

Maslow, A. (1970). *A theory of human motivation.* New York: Harper & Row.

McCarthy, D. (1979). Recognition of signs of emotional deprivation: A form of child abuse. *Child Abuse and Neglect, 3,* 423-428.

McGee, R.A. & Wolfe, D.A. (1991). Psychological maltreatment: Toward an operational definition. *Development and Psychopathology, 3,* 3-18.

Ministry of Community Development and Sports. (2001a). *Child Protection.* http://www.mcds.gov.sg/HTML/c&y_persons/cyperson_fr.html

Ministry of Community Development and Sports. (2001b). *Love our children: Prevent child abuse.* Singapore: Ministry of Community Development and Sports.

Ministry of Community Development and Sports. (2001c). *Management of child abuse in Singapore: A manual for professionals and service providers working with children.* Singapore: Ministry of Community Development and Sports.

National Institute of Public Cooperation and Child Development. (1988). Introduction. In *NIPCCD report on the national seminar on child abuse in India,* 22-23 June 1989, (pp.1-10). New Delhi, India: National Institute of Public Cooperation and Child Development.

Navarre, E.L. (1987). Psychological maltreatment: the core component of child abuse, in M.R. Brassard, R. Germain, & S.N. Hart, (Eds.), *Psychological maltreatment of children and youth* (pp.45-56). New York: Pergamon Press.

Ney, P.G., Fung, T. & Wickett, A.R. (1994). The worst combinations of child abuse and neglect. *Child Abuse and Neglect, 18* (9), 705-714.

O'Hagan, K. (1993). *Emotional and psychological abuse of children.* Buckingham: Open University Press.

Oates, R.K. (1996). *The spectrum of child abuse: Assessment, treatment, and prevention.* New York: Brunner/Mazel Inc.

Pastor, D.L. (1981). The quality of mother-infant attachment and its relationship to toddler's initial sociability with peers. *Developmental Psychology, 17* (3), 323-335.

Rohner, R.P. & Rohner, E.C. (1980). Antecedents and Consequences of Parental Rejection: A Theory of Emotional Abuse. *Child Abuse and Neglect, 4* (3), 189-198.

Rossman, B.B.R., Huges, H.M. & Hanson, K.L. (1998). The victimization of school-age children. In B.B.R. Rossman & M.S. Rosenberg (Eds.), *Multiple Victimization of Children: Conceptual, Developmental, Research and Treatment Issues* (pp. 87-106). New York: The University of Chicago Press.

Rutter, M. (1983). Stress, coping, and development: Some issues and some questions. In N. Garmezy & M. Rutter (Eds.), *Stress, coping and development in children* (pp.1-41). New York: McGraw-Hill.

Schakel, J.A. (1987). Emotional neglect and stimulus deprivation. In M.R. Brassard, R. Germain, & S.N. Hart (Eds.), *Psychological maltreatment of children and youth* (pp.100-109). New York: Pergamon Press.

Segal, J. & Yahraes, H. (1979). *A child's journey: Forces that shape the lives of our young.* New York: McGraw-Hill.

Segal, U.A. (1992). Child abuse in India: An empirical report on perceptions. *Child Abuse and Neglect, 16* (6), 887-908.

Social Welfare Department. (1998). *Procedures for handling child abuse cases* (Revised 1998). Hong Kong: Social Welfare Department.

Somer, E. & Braunstein, A. (1999). Are children exposed to interparental violence being psychologically maltreated? *Aggression and Violent Behaviour, 4* (4), 449-456.

Spitz, R.A. (1945). Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. *Psychoanalytic Study of the Child, 1,* 53-74.

Sroufe, L.A. & Rutter, M. (1984). The domain of developmental psychology. *Child Development, 55,* 17-29.

The Straits Times. (2001). *Dying for help.* 1 July, p. 30.

The Straits Times. (2001). *Help for children who may be psychologically abused.* 21 April, H6.

The Straits Times. (2001). *Kids who witness violence at home.* 13 May, H1.

The Straits Times. (2001). *Law protects kids from emotional abuse.* 30 April, p.20.

The Straits Times. (2001). *More Singapore children seeing psychiatrists.* 2 March, p. 1.

The Straits Times. (2001). *No wounds, no bruises, she's a victim of emotional abuse.* 1 April, H1.

The Straits Times. (2001). *Timely to discuss youth suicides.* 8 July, p. 27.

Tite, R. (1993). How teachers define and respond to child abuse: The distinctions between theoretical and reportable cases. *Child Abuse and Neglect, 17,* 591-603.

Tong, C.K., Elliott, J.M. & Tan, P.M.E.H. (1996). *Public perceptions of child abuse and neglect in Singapore.* Singapore: Singapore Children's Society.

Tower, C.C. (1993). *Understanding Child Abuse and Neglect.* Boston: Allyn & Bacon.

Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick. J., Sullivan, R & McKenzie, B. (2001). *Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report.* Ottawa, Ontario: Minister of Public Works and Government Services Canada.

Vissing, Y.M., Strauss, M.A., Gelles, R.J. & Harrop, J.W. (1991). Verbal Aggression by Parents and Psychological Problems of Children. *Child Abuse and Neglect, 15,* 223-238.

Wallerstein, J.S. & Kelly, J.B. (1975). The effects of parental divorce: Experiences of the pre-school child. *Journal of American Academy of Child Psychiatry, 14,* 600-616.

Waters, E., Lipman, J. & Sroufe, L.A. (1979). Attachment, positive affect and competence in the peer group: Two studies in construct validation. *Child Development, 51,* 208-216.

Wiehe, V.R. (1990). *Sibling abuse: Hidden physical, emotional and sexual trauma.* Lexington, MA: Lexington Books.

Wolfe, D.A. (1991). *Preventing physical and emotional abuse of children.* New York: Guilford Press.

World Health Organisation (Eds.). (1999). *Report of the consultation on child abuse prevention* (pp. 13-16). Geneva: World Health Organization.

APPENDIX:

QUESTIONNAIRE FOR PROFESSIONALS

Appendix A: Questionnaire for professionals (from Elliott *et al.,* 2000) (only questions pertaining to emotional child maltreatment are listed).

SINGAPOREAN PROFESSIONALS' PERCEPTIONS OF CHILD ABUSE AND NEGLECT

A Study Conducted by Singapore Children's Society
January 1997

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. Professional:
- Social Worker _____
- Doctor _____
- Nurse _____
- Police _____
- Lawyer _____
- Teacher _____
- Childcare professional _____
- Psychologist _____
- 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. Sex:
- 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 _____

Section A Definitions of Child Abuse and Neglect

Part 1

The following are a list of behaviours. For each of the behaviours, please indicate how acceptable you find it to be by circling the appropriate number on the three point scale on the left, where,

i = in your opinion, the behaviour is **always acceptable**
ii = in your opinion, the behaviour is **sometimes acceptable**
iii = in your opinion, the behaviour is **never acceptable**

Please also 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 not abuse or neglect**
2 = in your opinion, the behaviour **can be abuse or neglect**
3 = in your opinion, the behaviour **is 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 1993.

	In your opinion, how acceptable is this?			In your opinion, is this abuse/neglect?		
	Always	**Some-times**	**Never**	**Is not**	**Can be**	**Is**
• Locking child outside the house	i	ii	iii	1	2	3
• Locking child in a room	i	ii	iii	1	2	3
• Threatening to abandon child	i	ii	iii	1	2	3
• Never hugging child	i	ii	iii	1	2	3
• Calling child "useless"	i	ii	iii	1	2	3
• Always criticizing child	i	ii	iii	1	2	3
• Making child study for a long time	i	ii	iii	1	2	3
• Telling child other children are better	i	ii	iii	1	2	3

Part 2

Circumstances are important in deciding whether certain actions are acceptable or not. The same action might be acceptable in some circumstances and unacceptable in others. We are interested in how different circumstances affect what you think about actions adults might do to children. Please answer by circling appropriately.

Making a child study for a long time is

- A. Acceptable if it only happens once or twice.
  B. Acceptable regardless of frequency of incidents.
  C. Not acceptable regardless of frequency of incidents.

- A. Acceptable only if child is younger.
  B. Acceptable only if child is older.
  C. Acceptable regardless of age of child.
  D. Not acceptable regardless of age of child.

- A. Acceptable only if child is a boy.
  B. Acceptable only if child is a girl.
  C. Acceptable regardless of whether child is a boy or girl.
  D. Not acceptable regardless of whether child is a boy or girl.

- A. Acceptable only if child is treated differently from brothers/sisters.
  B. Acceptable only if child is treated the same as brothers/sisters.
  C. Acceptable regardless of how child is treated.
  D. Not acceptable regardless of how child is treated.

- A. Acceptable only if the child is physically/mentally handicapped.
  B. Acceptable only if the child is NOT physically/mentally handicapped.
  C. Acceptable regardless of whether child is physically/mentally handicapped or not.
  D. Not acceptable regardless whether child is physically/mentally handicapped or not.

- A. Acceptable only if the adult has good intentions.
  B. Acceptable regardless of adult's intentions.
  C. Not acceptable regardless of adult's intentions.

- A. Acceptable only if adult is under stress.
  B. Acceptable only if adult is NOT under stress.
  C. Acceptable regardless of whether adult is under stress or not.
  D. Not acceptable regardless whether adult is under stress or not.

- A. Acceptable only if family is poor.
  B. Acceptable only if family is NOT poor.
  C. Acceptable regardless of whether family is poor or not.
  D. Not acceptable regardless whether family is poor or not.

- A. Acceptable only if parents are busy working.
  B. Acceptable only if parents are NOT busy working.
  C. Acceptable regardless of parents' working schedule.
  D. Not acceptable regardless parents' working schedule.

Telling a child that other children are better is

- A. Acceptable if it only happens once or twice.
  B. Acceptable regardless of frequency of incidents.
  C. Not acceptable regardless of frequency of incidents.

- A. Acceptable only if child is younger.
  B. Acceptable only if child is older.
  C. Acceptable regardless of age of child.
  D. Not acceptable regardless of age of child.

- A. Acceptable only if child is a boy.
  B. Acceptable only if child is a girl.
  C. Acceptable regardless of whether child is a boy or girl.
  D. Not acceptable regardless of whether child is a boy or girl.

- A. Acceptable only if child is disobedient.
  B. Acceptable regardless of whether child is disobedient or not.
  C. Not acceptable regardless of whether child is disobedient or not.

- A. Acceptable only if child is treated differently from brothers/sisters.
  B. Acceptable only if child is treated the same as brothers/sisters.
  C. Acceptable regardless of how child is treated.
  D. Not acceptable regardless of how child is treated.

- A. Acceptable only if the child is physically/mentally handicapped.
  B. Acceptable only if the child is NOT physically/mentally handicapped.
  C. Acceptable regardless of whether child is physically/mentally handicapped or not.
  D. Not acceptable regardless whether child is physically/mentally handicapped or not.

- A. Acceptable only if the adult has good intentions.
  B. Acceptable regardless of adult's intentions.
  C. Not acceptable regardless of adult's intentions.

- A. Acceptable only if adult is under stress.
  B. Acceptable only if adult is NOT under stress.
  C. Acceptable regardless of whether adult is under stress or not.
  D. Not acceptable regardless whether adult is under stress or not.

- A. Acceptable only if family is poor.
  B. Acceptable only if family is NOT poor.
  C. Acceptable regardless of whether family is poor or not.
  D. Not acceptable regardless whether family is poor or not.

- A. Acceptable only if parents are busy working.
  B. Acceptable only if parents are NOT busy working.
  C. Acceptable regardless of parents' working schedule.
  D. Not acceptable regardless parents' working schedule.

Section C Characteristics of Cases

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 1 Characteristics of most recent case

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 1993, and their case will be taken care of under other laws.

1. 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 organization _____
It was referred to my organization by the Police _____
It was referred to my organization by the Ministry of Community Development _____
It was referred to my organization by a hospital _____
Other, specify: _____

2 Was the child a boy or a girl?
Boy _____
Girl _____

3 What race was the child?
Chinese _____
Malay _____
Indian _____
Other _____

4 What age was the child? _____ years old

5 When did this happen? _____ years old

6 Who was/were the perpetrator/s?
Both natural parents _____
Mother only _____
Father only _____
Non-natural parent _____
Relative _____
Sibling _____
Babysitter _____
Other, specify _____

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

_____

_____

_____

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

_____

_____

_____

<u>Part 2</u> Characteristics of all cases

1. In your experience, has the number of cases of child abuse and neglect increased over the 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 _____

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?

Boys _____
Girls _____
There is no particular trend _____

5. In your opinion, at what age are children most at risk for abuse and/or neglect?

_____ 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 services to such cases.

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

not experienced very experienced

1 — 2 — 3 — 4 — 5

We would like to know a bit more about you. Please tick the appropriate answer.
NOTE: This information is **anonymous** and will be kept fully **confidential**.

1. Number of children:

- None _____
- One _____
- Two _____
- Three _____
- Four and more _____
- Other child rearing experience, Specify? _____

2. Race:

- Chinese _____
- Malay _____
- Indian _____
- Other, specify _____

3. Religion

- Buddhist _____
- Taoist _____
- Christian _____
- Muslim _____
- Hindu _____
- Free thinker _____
- Others, specify _____

4. Language most often spoken at home:

- English _____
- Mandarin _____
- Chinese dialect _____
- Malay _____
- Tamil _____
- Other, specify _____

5. 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 _____

If you have any comments about our questionnaire, please feel free to write them on the questionnaire itself or contact our Research Officer, Singapore Children's Society, Yishun Family Service Centre, Blk 107 Yishun Ring Rd #01-233 Singapore 760107, tel: 753-7331, fax: 753-2697.

The End

Thank You For Your Participation