Professional and Public Perceptions of Physical Child Abuse and Neglect in Singapore
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Summary

Aims

- Compare professional and public attitudes towards physical child abuse and neglect in Singapore.
- Understand the professional’s views on what does and what does not constitute physical child abuse and neglect, identifying the different views among the various professions.
- Understand why the professionals and the public in Singapore have those particular views and attitudes towards physical child abuse and neglect.

Methodology

Sample

- Public – 401 (171 males, 230 females)
- Professionals – 1252 (401 males, 817 females, 20 unspecified)
  Doctors – 206
  Nurses – 414
  Social workers – 82
  Police – 190
  Lawyers – 60
  Educators – 286
  Counsellors/psychologists – 14*

*Note: Counsellors/psychologists were dropped as a group due to small sample size.

Procedure and materials

- Analysis and discussions in this monograph are based on the data from Monograph 1 & 2.
- Monograph 1 is a study on views of child abuse and neglect in Singapore by the Public.
- Monograph 2 is a study that compared the views and attitudes of various professionals and members of the public towards child abuse and neglect in Singapore.
- Part 1: Respondents rated acceptability status of 18 behaviours that were grouped into 4 main categories of child abuse and neglect – physical abuse, physical neglect, emotional maltreatment and sexual abuse.
- Seven behaviours were analysed in this study – Leaving child alone in the house, shaking child hard, tying child up, slapping child on face, burning child with cigarettes or other hot things, caning child and ignoring signs of illness.
- Part 2: Eight behaviours from Part 1 were described with various circumstances and respondents stated whether behaviour was acceptable under the circumstances given.
- 4 specific actions were analysed in this study – Slapping child on face, caning child, ignoring illness and leaving child alone.
- Choices of all groups of respondents were compared using ANOVA and Tukey’s Honestly Significance Difference Tests, to examine patterns of differences.
- Alpha level was stringent due to large sample size. \( \alpha = .001 \)
Results and discussion

Acceptability and abuse status of actions

- Majority of the professionals and Public only considered those actions that appear to lead to obvious and severe physical harm as “Never acceptable”. Specifically, burning child with cigarettes, hot water or other hot things, tying child up, shaking child hard and ignoring signs of illness in child.
- For actions that did not appear to lead to obvious injury to the physical wellbeing of child, many from the various professions and Public sample viewed them as “Sometimes acceptable”. Specifically, caning child and leaving child alone in the house.
- For every item, there was a greater tendency to regard it as “Sometimes” or “Never acceptable” than to regard it as “Being”, or “Possibly being”, abuse.
- Actions belonging to the same category of child abuse and neglect have differing acceptability status among and between the various professions and Public.
- There is a lack of consensus among the professions and between certain professions and the Public with regards to the acceptability of slapping child on the face compared to caning a child.
- Slapping child on the face is generally rated “not acceptable” under whatever circumstances; caning a child is generally rated “acceptable” under certain circumstances.

Modal response for Acceptability Status

- All profession and Public chose Burning child with hot things, Tying child up, Shaking child hard and Ignoring signs of illness “Never acceptable”
- All profession and Public chose Caning child and Leaving child alone at home “Sometimes acceptable”
- Police, lawyers and doctors chose Slapping child on face “Sometimes acceptable”; Nurses, SW, educators and the Public chose “Never acceptable”

Modal response for Abuse status

- All profession and Public viewed Burning child with hot things, Tying child up and Ignoring signs of illness “Is Abuse”.
- All profession and Public viewed Caning child “Can be abuse”.
- Police and Educators viewed Shaking child hard “Can be abuse”; Lawyers, Doctors, Nurses, SW and Public view Shaking child hard “Is Abuse”.
- Police, Lawyers, Doctors, SW and Educators viewed Slapping child on face “Can be abuse”; Nurses and Public viewed Slapping child on face “Is Abuse”.
- All professions viewed Leaving child alone at home “Can be abuse”; Public viewed Leaving child alone at home “Is not abuse” (34.5%); “Can be abuse” (34.5%); “Is abuse” (31.0%).

Influence of mitigating circumstances

- More varied opinions were found among groups of respondents for “Slapping child on face” and “Leaving child alone in the house” compared to “Caning a child” and “Ignoring signs of illness”.
- Different actions suggesting physical child abuse and neglect, except for those that appear to obviously lead to serious physical harm for the child, are to some extent acceptable to different professions and Public under certain circumstances.
- Moderately unacceptable actions have qualified acceptance to some respondents under certain scenarios; this is a cause for concern.
Differences in opinions among professionals

- Differing opinions on different actions suggesting of physical child abuse and neglect within the same occupational field were found – Nurses and doctors; police and lawyers.
- Some profession share similar views with Public; other professions held other opinions on the same actions.
- Although professional respondents work in positions that allow them to come in contact with child abuse and neglect cases, different perceptions were detected.

Implications and future directions

- Parents and caregivers need to be educated on how to control the way in which they administer corporal punishment and on its potential effects.
  - Systematic local research into the use and consequences of this and other disciplinary actions needed.

- Lack of strong consensus among professions poses a problem for effective efforts of combat physical child abuse and neglect. There will be a direct effect on the reporting rates and how such cases would be dealt with.
  - Build consensus across different professions to facilitate intervention efforts and preventive measures.

- Considerable differences were found within the various professions.
  - Need for greater education of professionals on agreed criteria by which physical child abuse and neglect may be recognised, reported and remedied, as well as for preventive measures to be undertaken.

Note: This research study was published as Research Monograph No. 3 in 2000.

The full report is available at:
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And also online at: