



SINGAPORE CHILDREN'S SOCIETY

Research Monograph No. 5

CHILD SEXUAL ABUSE  
IN SINGAPORE:  
PROFESSIONAL AND  
PUBLIC PERCEPTIONS

John M. Elliott  
Joyce I. Thomas  
Chua Yee Sian

June 2003

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) 6753-7331  
Facsimile : (65) 6753-2697  
Email : [info@childrensociety.org.sg](mailto:info@childrensociety.org.sg)

Copyright © 2003 by Singapore Children's Society  
ISBN 981-04-8124-1  
RNO 2009

All rights reserved. No part of this monograph may be reproduced and circulated, stored in a retrieval system, transmitted or utilised in any form or by any means, electronic or mechanical, photocopying, recording or otherwise, without prior permission from Singapore Children's Society.



# CONTENTS

<b>FOREWORD</b>	iii
<b>ACKNOWLEDEMENTS</b>	v
<b>LIST OF TABLES</b>	vi
<b>CHAPTER 1 INTRODUCTION</b>	<b>1</b>
1.1 Aims	1
1.2 Defining Child Sexual Abuse	1
1.3 Types of Child Sexual Abuse	8
1.4 Detecting Child Sexual Abuse	9
1.5 Summary and Conclusions	10
<b>CHAPTER 2 DATA FROM MINISTRIES</b>	<b>11</b>
2.1 Data from the Ministry of Community Development and Sports	11
2.2 Data from the Ministry of Home Affairs	14
2.3 Summary and Conclusions	16
<b>CHAPTER 3 THEORETICAL PERSPECTIVES ON CHILD SEXUAL ABUSE</b>	<b>18</b>
3.1 Paedophilia	18
3.2 Childhood Incest	19
3.3 Intra-familial child sexual abuse: A case example	20
3.4 A review of commonly cited theories	20
3.5 Single factor theories vs. multi-factor explanations	24
3.6 Summary and Conclusion	28
<b>CHAPTER 4 CONSEQUENCES OF CHILD SEXUAL ABUSE</b>	<b>30</b>
4.1 Short-term effects	30
4.2 Long-term effects	32
4.3 Summary and Conclusion	33
<b>CHAPTER 5 METHOD AND ANALYSES OF ACTIONS</b>	<b>34</b>
5.1 Data Collection	34
5.2 Acceptability of actions	34
5.3 Mitigating Circumstances	35
5.4 Analyses of ratings in the categorisation of actions for acceptability and abuse status	36
5.5 Acceptability Status	36
5.6 Abuse Status	38
5.7 Summary and Conclusions	39

<b>CHAPTER 6 ANALYSES OF THE INFLUENCE OF MITIGATING CIRCUMSTANCES ON ACCEPTABILITY</b>	<b>40</b>
6.1 Data Analysis	40
6.2 Appearing naked in front of child	41
6.3 Not protecting child from sexual advances of family members	42
6.4 Summary and Conclusions	44
<b>CHAPTER 7 CHARACTERISTICS OF MOST RECENT ENCOUNTERS</b>	<b>45</b>
7.1 Ratings of incidents	45
7.2 Case encounters	46
7.3 Perpetrators of child sexual abuse	47
7.4 Descriptions of encountered sexual abuse cases	47
7.5 Summary and Conclusions	51
<b>CHAPTER 8 DISCUSSION AND CONCLUSION</b>	<b>52</b>
8.1 Summary of Findings	52
8.2 Implications of findings	53
8.3 Recommendations	55
8.4 Suggestions for future studies	56
8.5 Conclusion	56
<b>REFERENCES</b>	<b>57</b>
<b>APPENDIX (Questionnaire for professionals)</b>	<b>64</b>
<b>ABOUT THE AUTHORS</b>	<b>71</b>
<b>OTHER PUBLICATIONS IN THE MONOGRAPH SERIES ON PERCEPTIONS OF CHILD ABUSE AND NEGLECT IN SINGAPORE</b>	<b>72</b>

## FOREWORD

The publication of the fifth and the last of a series of monographs on public and professional attitudes and perceptions of child abuse and neglect in Singapore marks the completion of the first major research project undertaken by the Singapore Children's Society. The first monograph on *"Public Perceptions of Child Abuse and Neglect in Singapore"* was published in December 1996; and it has taken about six years for our research team to report the detailed analysis and interpretation of their findings. When the idea of this study was first initiated, this piece of work was never meant to be of a monumental nature. Nevertheless, we can proudly state that this series of monographs is an important milestone in the research history of child abuse and neglect issues in Singapore.

It is never easy to decide what actions will definitely constitute abuse or neglect. In 1999, the Report of the World Health Organization Consultation on Child Abuse Prevention attempted to recommend a unified definition with the following preamble: *"To fully understand child abuse and neglect as it presents itself in any particular culture, there is a need to consider the attitudes, values, and philosophy that are prevalent in the society in which it occurs and at a given time"*. Our research has been able to achieve much in this direction. With the publication of this series, we sincerely hope that the information will provide relevant local references to those who educate, those who protect, and those who legislate, so that our children will have the best opportunity to grow and develop into happy adults in the most optimal environment. Our children are the future of our nation.

This concluding monograph focuses on child sexual abuse, which is perhaps the most mysterious, and the most under-diagnosed and under-reported form of child abuse. Sexual abuse of children was once regarded as an uncommon phenomenon. Near the turn of the twentieth century, Sigmund Freud initially tried to uncover it, but like children who attempt to disclose, he recanted and created a myth that children's accounts of sexual abuse were the result of childhood desires and fantasy. This myth was accepted more readily than was the truth. Although Henry Kempe described "battered child" in 1962, it was not until 1977 that he alerted the world again of "another hidden problem".

Children are taught by society to comply with authority, but are rarely provided with information on acceptable adult-child interactions. Children see adults as powerful and accept any threats made as real. Because children are therefore powerless and vulnerable, they make perfect victims of sexual abuse. Their vulnerability is compounded by the fact that sexual abuse occurs in private as part of a dark secret. Recognition of sexual abuse of a child is entirely dependent on the individual's inherent willingness to entertain the possibility that the condition may exist, and the acceptance of the fact that adults do use children for sexual gratification. This applies to both the professionals working with children, as well as the general public. Understanding their attitudes and perceptions of child

sexual abuse is therefore fundamental in the planning of preventive and educational strategies. In the course of the last three decades, we have witnessed awakening concern and increasing public awareness. Management of sexual abuse began as an art, and the scientific basis for the art continues to be laid down. Professional comfort with the recognition of sexual abuse has increased, and our understanding of the variability of normal and abnormal physical findings has been extended. Knowledge regarding the epidemiology and management has grown rapidly and continues to evolve. However, there are many unknowns and we still have a lot to learn about child sexual abuse.

The completion of this series of monograph is the fitting finale to the 50th Anniversary celebration of the Singapore Children's Society. It is the result of years of untiring effort of the Research Sub Committee of the Child Abuse and Neglect Prevention Standing Committee. It will definitely become an important contribution to the well-being of the children in Singapore by our Society. I would like to congratulate Associate Professor John Elliott, Chairman of the Research Sub Committee, all the members of the Research Committee and the hardworking Research Officers for a great job. This is not the end, but just the beginning of more serious research on growing up safely and happily in Singapore.

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

## ACKNOWLEDGEMENTS

This monograph as well as the completion of our study series on Perceptions of Child Abuse and Neglect in Singapore is the result of many helping hands. We are grateful to Associate Professor Tong Chee Kiong, National University of Singapore, who helped in the design of the public and professional surveys. We also appreciate the co-operation of the Ministry of Community Development and Sports, and the Ministry of Home Affairs who provided us with statistics on child abuse and neglect cases in Singapore. Thanks also to the Research Sub-Committee and the Child Abuse and Neglect Prevention Standing Committee, whose support and advise has helped in the successful completion of the study series which started in 1995. In no order of preference, we also thank Ms Yang Phey Hong, Ms Michelle Tan, Ms Stacey Seah, Ms Shailaja Menon, Mrs Ling-Saw Wei Ying, Ms Patricia Tan, Ms Lim Hui Keow, Ms Yvonne Chow, Dr Jasmine Chan, Dr Clarence Tan and Associate Professor Ho Lai Yun whose individual input in the various stages were useful towards the completion of this monograph and the study series overall. Last but not least, we thank all the survey conductors and respondents for asking and answering, respectively, seemingly monotonous questions several times.

Associate Professor John Elliott

Ms Joyce Thomas

Mr Chua Yee Sian

## LIST OF TABLES

Table 1.1	Legal and formal definitions of child sexual abuse in various countries	3
Table 2.1	Number of child maltreatment cases recorded by the Ministry of Community Development and Sports	13
Table 2.2	Number and proportion of child maltreatment cases with evidence of abuse (broken down by race)	14
Table 2.3	Number of cases of offences against children recorded by the Ministry of Home Affairs	15
Table 5.1	Acceptability ratings of actions suggesting child sexual abuse (percentages).	36
Table 5.2	Abuse status ratings of actions suggesting child sexual abuse (percentages).	38
Table 6.1	Comparison between pooled professionals and public on ratings of circumstances for the action: Appearing naked in front of a child.	40
Table 6.2	Comparison between pooled professionals and public on ratings of circumstances for the action: A parent not protecting a child from sexual advances of other family members.	43
Table 7.1	Numbers (and percentage) of child abuse and neglect (CAN) cases, and child sexual abuse (CSA) cases encountered by respondents within each profession.	46
Table 7.2	Descriptions of cases which appear to entail child sexual abuse.	48



# CHAPTER 1: INTRODUCTION

## 1.1 Aims

This monograph is the last in the series by the Singapore Children's Society examining professional and public perceptions of child abuse and neglect in Singapore. The present monograph will focus mainly on perceptions pertaining to child sexual abuse with the following objectives:

- Firstly, it attempts to explore how child sexual abuse (CSA) is defined in Singapore, and considers factors that might account for why it occurs.
- Secondly, it provides an overview of the data collected by local government bodies managing child sexual abuse cases, namely the Ministry of Community Development and Sports, and the Ministry of Home Affairs.
- Thirdly, the present monograph examines public and professionals attitudes towards actions suggesting CSA. This includes observing for differences between the professions and the public.
- Fourthly, it provides some suggestions for policy and future research.

## 1.2 Defining Child Sexual Abuse

Child sexual abuse is the exploitation of a child or young person for sexual gratification, or any sexual activity between an adult and a child.

Child sexual abuse is the only form of maltreatment that cannot be associated or confused with disciplining a child. The idea of using a child for sexual gratification is disapproved of across cultures and gender. Even in societies where child brides or betrothals occur, they are illegal (e.g., Burns, 1999 on India; UNICEF Hanoi, 2001 on Vietnam). These characteristics make child sexual abuse unique and different from other types of child maltreatment. However research into this aspect of child abuse has been active only since the 1970s (Shaw, 2002).

Like physical child abuse, physical symptoms and general behavioural patterns are used to determine the presence of child sexual abuse. Likewise, it is often accompanied by psychological consequences to the victim, exemplifying the rule that emotional sequelae can be the major long-term negative effect of child abuse.

Sexual abuse is more easily defined than detected. As with other forms of maltreatment, the behavioural symptoms can be noted by monitoring a child over a period of time. Relatives, family friends, as well as professionals such as teachers are generally in the best position to note behavioural symptoms of child maltreatment. However due to the nature and sensitivity required for cases of

child sexual abuse, the individuals concerned would need to be cautious when noting the symptoms to prevent false reporting. It would be advisable if physical symptoms can be confirmed by medical inspection. Table 1.1 (p.3) provides an overview of definitions in some countries and in Singapore.

In Singapore, the Children and Young Persons (C & YP) Act (The Law Revision Commission, 2001) consolidates the law relating to local children (i.e., those below 14 years old) and young persons (i.e., those 14 years and above but below 16 years). Child sexual abuse is specifically provided in Section 7 of the Act under the category of 'sexual exploitation of child or young person'. This is in addition to the general provision for the 'ill-treatment of child or young person' in Section 5, Part 2 (a) of the C & YP Act (2001) which also includes child sexual abuse. The punishment usually involves imprisonment, fines or both. The fine for first-time sexual abuse when classified under Section 7 of the Act is higher than when defined according to the broader "ill-treatment" defined in Section 5. When classified under the latter, the punishment involves a fine not exceeding \$4,000, to imprisonment for a term not exceeding 4 years, or to both. However, the punishment for a sexual offence under Section 7 of the C & YP Act involves a fine not exceeding \$5,000 and/or imprisonment for a term not exceeding 2 years. If the perpetrator is convicted again, the punishment involves a fine not exceeding \$10,000 and/or imprisonment for a term not exceeding 4 years.

Locally, all suspected cases of child maltreatment are reported to the Child Welfare Section Hotline (1 800-258 6378) of the Ministry of Community Development and Sports (MCDS). In addition, reports can also be made at the nearest Neighbourhood Police Posts or Police Stations. Alternatively, the nearest Family Service Centres (1800-838 0100) can be approached, these will in turn inform the necessary authorities.

**Table 1.1**

Legal and formal definitions of child sexual abuse in various countries

Country	Source	Definition
NA	World Health Organisation (in Report of the consultation on child abuse prevention, 1999, pp. 13-14)	<p><i>Sexual Abuse</i></p> <p>Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to :</p> <p>The inducement or coercion of a child to engage in any unlawful sexual activity.</p> <p>The exploitative use of a child in prostitution or other unlawful sexual practices.</p> <p>The exploitative use of children in pornographic performance and materials.</p> <p><i>Exploitation</i></p> <p>Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child's physical or mental health, education, spiritual, moral or social-emotional development.</p>
Australia (Victoria)	<p>Children &amp; Young Persons Act, Version No. 072 Act No. 56/1989</p> <p>Department of Human Services, Victoria, 2002</p>	<p><i>Age coverage:</i> Under 17 years of age</p> <p>A child is in need of protection if the child has suffered, or is likely to suffer significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type (Section 63d, Part 3 Division 1).</p> <p>Child Sexual Abuse occurs when an adult or someone bigger than a child uses his or her power or authority over the child and takes advantage of the child's trust and respect to involve the child in sexual activity. Child Sexual Abuse does not refer only to sexual intercourse, but also includes fondling genitals, masturbation, oral sex, vaginal or anal penetration by a finger, penis, or any other object. It may also include exhibitionism and suggestive behaviour. In all cases, the offender has more power than the child and misuses that power to take advantage of the child.</p>

Country	Source	Definition
Canada	Canadian Incidence Study of Child Abuse and Neglect: Final Report, (Trocmé <i>et al</i> , 2001)	<p><i>Age coverage:</i> Under 16, Under 18, or Under 19 depending on the province</p> <p><i>Sexual Activity Completed:</i> Includes oral, vaginal, or anal sexual activities</p> <p><i>Sexual activity Attempted:</i> Includes attempts to have oral, vaginal, or anal sex.</p> <p><i>Touching / Fondling Genitals:</i> Sexual activity involves touching/ fondling genitals</p> <p><i>Sexual exploitation: Involved in Prostitution or Pornography:</i> Includes situations in which an adult sexually exploited a child for purposes of financial gain or profit.</p> <p><i>Sexual Harassment:</i> Includes prostitution, encouragement, or suggestion of a sexual nature.</p> <p><i>Voyeurism:</i> Includes activities in which a child was encouraged to exhibit himself/herself for the sexual gratification of the alleged perpetrator. The “Sexual Exploitation/Pornography” code was used if voyeurism included pornographic activities.</p>
China (PRC)	Interpol,2003	<p><i>Age coverage:</i> Age of simple majority is 18 years of age, while a child is a person aged between 6 and 14 years of age.</p> <p><i>Rape</i> Carnal knowledge with girls aged under fourteen</p> <p><i>Child prostitution</i> Instigating minors to promiscuity Organising, compelling, inducing or harbouring girls under fourteen to prostitution</p> <p><i>Child pornography</i> Production, sale and spreading of pornography Propagation of pornography comprising pornographic literature, film, video or images</p>
Hong Kong	Interpol,2003 Social Welfare Department, 1998	<p><i>Age coverage:</i> Age of simple majority is 18 years, while legal age of consent for sexual activity is 16 years.</p> <p><i>Sexual Abuse</i> The involvement of a child in sexual activity which is unlawful, or, although not illegal, to which a child is unable to give informed consent. This includes direct or indirect sexual exploitation and abuse of a child by individuals whether inside the home or outside; abuse by parents, or carers or other adults singly or acting in an organised way, or children; abuse which is rewarded or apparently attractive to the child; an abuse by individuals whether known or strangers; (child sexual abuse is different from casual sexual relationship e.g., between a boy and a girl, though the boy can be liable for offences like indecent assault or unlawful sexual intercourse with an underaged girl).</p>

Country	Source	Definition
India	Interpol, 2003 a Interventions for Support Healing and Awareness (IFSHA), 2002	<p><i>Age coverage:</i> Anyone below 18 years of age</p> <p><i>Rape &amp; Child Sexual Abuse</i> (The law in India contains no separate provision for child sexual abuse)</p> <p>Child sexual abuse is covered by the provision for rape under Section 375 of the Indian Penal code. Section 375 defines Child Sexual Abuse as ‘the sexual penetration of a child below 16 years of age.’</p> <p>The punishment for the rape of a minor is imprisonment for a period not less than seven years, but may be extended to life, which in our country implies 14 years. The abuser could also be fined. If the minor is the man’s wife, he is exempt from punishment unless she is under 12 years of age.</p> <p>Rape in general, and Child Sexual Abuse specifically, is defined in terms of only penile-vaginal penetration. Other forms of abuse are rarely acknowledged.</p>
Japan	Interpol, 2003b	<p><i>Age coverage:</i> Anyone below 18 years of age (Article 2).</p> <p>Article 175 of the Penal Code generally prohibits and establishes a criminal sanction for the <i>distribution, sale, display and possession of obscene objects for the purpose of commercialisation.</i></p> <p><i>Indecency through compulsion</i> A person who, through violence or intimidation, commits an indecent act upon a male or female person of not less than thirteen (13) years of age shall be punished with imprisonment at forced labour for not less than six months nor more than seven years. The same shall apply to a person who commits an indecent act upon a male or female person under thirteen (13) years of age.</p> <p><i>Rape</i> A person who, through violence or intimidation, has sexual intercourse with a female person of not less than thirteen (13) years of age commits the crime of rape and shall be punished with imprisonment at forced labour for a limited term of not less than two years. The same shall apply to a person who has sexual intercourse with a female person under thirteen (13) years of age (Art. 177 Penal Code).</p> <p><i>Constructive compulsory indecency and rape</i> A person who commits an indecent act upon or has sexual intercourse with another by taking advantage of loss of consciousness or inability to resist, or by causing a loss of consciousness or inability to resist, shall be punished in the same way (Art. 178 Penal Code)</p> <p>Any person shall not commit the act of inducing a minor to be engaged in sexual activities (Article 34 of the Child Welfare Law).</p>

Country	Source	Definition
Malaysia	Child Protection Act 2001	<p><i>Age coverage:</i> Any person below 18 years of age.</p> <p>A child is in need of protection if:</p> <p>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).</p> <p>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).</p> <p><i>Sexual Abuse</i> (Section 17, 2c)</p> <p>A child is sexually abused if he has taken part, whether as a participant or an observer, in any activity which is sexual in nature for the purposes of-</p> <ul style="list-style-type: none"> <li>i) any pornographic, obscene or indecent material, photograph, recording, film, videotape or performance; or</li> <li>ii) sexual exploitation by any person for that person's or another person's sexual gratification.</li> </ul>
Sri Lanka	<p>Penal Code (Amendment) Act, No. 22 of 1995</p> <p>Seneviratne, M (1999)</p>	<p><i>Age coverage:</i> A child is a person under 18 years of age.</p> <p>Sri Lanka has a comprehensive coverage of child sexual abuse which include the following:</p> <p><i>Obscene publication, exhibition relating to children</i> (Section 286A)</p> <p><i>Procuration</i> (Section 360A)</p> <p><i>Sexual Exploitation of children</i> (Section 360B)</p> <p><i>Trafficking</i> (Section 360C)</p> <p><i>Rape</i> (Section 363)</p> <p><i>Incest</i> (Section 364A)</p> <p><i>Acts of gross indecency between persons</i> (Section 365A)</p> <p><i>Grave sexual abuse</i> (Section 365B)</p> <p>Sexual abuse of children is the involvement of immature and dependent children or adolescents in sexual activities they do not fully comprehend and to which they are unable to give informed consent. These are activities that violate social taboos and family roles for the purpose of an adult's sexual gratification.</p>

Country	Source	Definition
Singapore	Children & Young Persons Act, Chapter 38, 20/2001	<p><i>Age Coverage:</i> Below 16 years</p> <p><i>Sexual exploitation of child or young person</i> Any person who, in public or private, commits or abets the commission of or procures or attempts to procure the commission by any person of any obscene or indecent act with any child or young person shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 2 years or to both and, in the case of a second or subsequent conviction, to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 4 years or to both (Section 7).</p>
	Ministry of Community Development and Sports, 2002	<p><i>Sexual Abuse</i> Sexual abuse is the exploitation of a young person for sexual gratification or any sexual activity between an adult and a child. It also includes exposing a child to forms of sexual acts or pornographic materials.</p>

Throughout the years, high importance has consistently been given in Singapore Law to child sexual abuse. Even before the last amendment to the C & YP Act (2001), there was already a specific provision for the sexual exploitation of children or young persons (Republic of Singapore, 1993). Uniquely, this law did not limit liability as perpetrator to parents or caregivers (C & YP Act 1993, 2001). With the amendments in the recent C & YP Act (2001), there has been greater recognition that the protection and welfare of children and young persons is a paramount concern in Singapore. The amended law extends liability beyond parents or caregivers to any form of child maltreatment, and not just sexual abuse. Furthermore, not only would the abusers be held responsible for the act, but so would available adults who did not protect the child. Thus it is clear that as in many other countries, child sexual abuse is looked upon as a serious crime. However, it still occurs and local newspaper reports have cited a range of child sexual abuse cases even in recent months, some of which are as follows:

- Stepdad charged with molesting, raping girl** (The Straits Times, 5 Oct 2002)
- NSman jailed for sex with girl, 13** (The Straits Times, 15 Oct 2002)
- Sex with underage girls land two men in prison** (The Straits Times, 17 Oct 2002)
- Man gets jail, caning for sex with niece, 13** (The Straits Times, 22 Oct 2002)
- Molester preyed on girls in lifts** (The Straits Times, 25 Oct 2002)
- Accused of having sex with girl** (The Straits Times, 30 Oct 2002)
- Stepdad jailed for 24 years for raping child** (The Straits Times, 31 Oct 2002)
- Fined for sex with underage girl** (The Straits Times, 15 Nov 2002)
- 20 months' jail for sex with underage girl** (The Straits Times, 22 Nov 2002)
- Teacher probed for allegedly molesting boys** (The Straits Times, 28 Nov 2002)
- Stepdad made girl do sex acts on him** (The Straits Times, 30 Nov 2002)
- 23 years' jail, 24 strokes for Internet sex fiend** (The Straits Times, 5 Feb 2003)

### 1.3 Types of Child Sexual Abuse

As evident from the range of newspaper articles cited, there are indeed many ways by which child sexual abuse can occur. Types of child sexual abuse can be categorised according to the acts involved, or the relationship of the perpetrator to the victim.

The very act involving child sexual abuse may be direct (i.e., comprising actual sexual acts) or indirect (i.e., comprising other forms of sexual exploitation such as obscene videos or photos). There are several forms in which child sexual abuse occurs and a complete list would seem like an impossible task considering the varied possibilities in the intention and imagination of the perpetrators. The following list is an attempt to provide some possible forms of sexual abuse. (Davison & Neale, 1994, National Clearinghouse on Child Abuse and Neglect Information, 2001):

#### Direct Acts

- Vaginal or anal penetration with the perpetrator's penis, finger or other object
- Oral sex involving fellatio (i.e., oral stimulation of the penis) whether by a child upon an adult, or by an adult upon a child
- Cunnilingus (i.e., oral stimulation of female genitalia) whether by a child upon an adult, or by an adult upon a child
- Exhibitionism (i.e., obtaining sexual gratification by exposing one's genitals to an unwilling party)
- Perpetrator touching/fondling intimate parts (e.g., genitals, buttocks, breasts) of a child
- Child induced to touch perpetrator's intimate parts
- Frottage (rubbing genitals against the victim's body or clothing).

#### Indirect Acts

- Offender making sexual comments to the child
- Offender induces child to undress and/or masturbate self
- Child pornography
- Encouraging children to have sex together
- Exposing children to pornographic material
- Voyeurism in which a person receives sexual gratification from seeing the genitalia of children or witnessing children involved in sexual acts with other children/adults

There are many acts denoting child sexual abuse, nor need it involve a single act. As with other forms of child maltreatment, there is usually more than one type of activity involved.

Apart from classifying by the specific activity involved, types of child sexual abuse can also be classified according to the relationship of the perpetrator to the victim. The perpetrators of child sexual abuse can be relatives or non-relatives, though the victims usually know them. When child sexual abuse involves relatives, it may be referred to as intra-familial child sexual abuse. When it involves non-relatives, it may be referred to as extra-familial child sexual abuse. This is further elaborated in the next chapter where official statistics of child maltreatment in Singapore will be discussed.



## 1.4 Detecting Child Sexual Abuse

The Ministry of Community Development and Sports (MCDS, 2002a) and the Singapore Children's Society (2000) have developed booklets and brochures for professionals and the public to recognise and respond to encounters of child maltreatment in Singapore. These proactive efforts serve to guide individuals who may have, or may think they have, encountered child abuse. The two booklets contain information on the physical and behavioural signs for detecting child sexual abuse. This increases the individual's level of awareness, while it also brings the identified children a step closer to benefitting from professional intervention.

The following comprises the indicators listed by MCDS (2002a) and Singapore Children's Society (2000). It must be noted that there can be other explanations for the child's behaviours, which are suggestive, though not conclusive signs of maltreatment. In any possible case, the evidence needs to be considered as a whole.

The behavioural symptoms suggesting possible child sexual abuse include the following:

- Uncontrollable crying and screaming
- Fear of being alone with a particular adult or phobia to opposite sex
- Demonstrates sexual behaviours inappropriate for their age
- Sexual themes/fears in artwork, stories, play or dreams
- Fear of being hurt during dressing
- Sexually promiscuous behaviour
- Risk-taking or self-abusive behaviour (e.g., alcohol/drug abuse, self-mutilation, suicide attempt)
- Regressive behaviour (e.g., sudden return to wetting or soiling)
- Delinquent, aggressive or playing truant
- Avoiding physical activity in school
- Eating or sleeping disorders

The physical signs suggesting child sexual abuse include the following:

- Bruises, tears, and/or bleeding in the genital or anal area
- Bruises on breasts, buttocks, lower abdomen or thighs
- Unusually large vagina or anus
- Vaginal/urinary tract infection
- Sexually transmitted disease in the mouth, genital or anal area
- Abdominal pain
- Urinary tract infection
- Recurrent headaches or vomiting

The physical signs of abdominal pain, urinary tract infection, and recurrent headaches or vomiting are not confined to sexual abuse, and suggest it only in combination with other evidence.

## 1.5 Summary and Conclusions

While the WHO (1999) has attempted to provide a guideline for countries to adopt, the legal definitions of child sexual abuse are not identical across the countries examined. This could be because the concerns of child sexual victimisation vary across countries.

Local newspaper reports reveal several types of child sexual abuse. Types of child sexual abuse can be classified by the act involved (i.e., direct or indirect acts) or by the relationship of the perpetrator to the victim (i.e., intra-familial or extra-familial). Due to the range of types, it is not possible to derive a complete list comprising all types of child sexual abuse. An overview of cases reported officially may provide a better gauge of the types of child sexual abuse that occur in Singapore.

The next chapter gives an overview of the official cases of child maltreatment, especially child sexual abuse over the last few years, from data provided by MCDS and Ministry of Home Affairs (MHA).

## CHAPTER 2: DATA FROM MINISTRIES

The population surveyed, survey method, type and number of screening questions, and definitions of sexual abuse tend to influence the frequency and extent of reporting (Finkelhor, 1994). More importantly, the desire of families to avoid the embarrassment of admitting the presence of a child sex offender may make it hard for family members to report each other. In addition, perpetrators may use threats to prevent disclosure. For these reasons, reported levels and actual levels may differ considerably. While incidence and prevalence of child sexual abuse cannot be ascertained precisely, reported figures do provide a gauge of the situation, thereby giving some indication of possible risk factors for child sexual abuse.

This chapter examines data from two local government bodies: the Ministry of Development and Sports (MCDS) and the Ministry of Home Affairs (MHA). Any suspected cases of child abuse are reported either to the MCDS or to the Police (i.e., the MHA). However, the focus of MCDS and MHA is somewhat different. MCDS records reports based on evidence of abuse and notes cases that require child protection. MHA on the other hand, records cases based on type of offences and notes cases that require prosecution. However, both the Ministries use the same legal definition, primarily, the Children and Young Persons Act as recently amended (C & YP, 2001).

### **2.1 Data from the Ministry of Community Development and Sports**

In Singapore, the Ministry of Community Development and Sports (MCDS) is the lead agency against child maltreatment, and primarily seeks protection for child victims. Cases that are reported to MCDS are classified into three categories: cases with ‘evidence of abuse’, cases that ‘lack evidence but need assistance’, and ‘false complaints’. The latter category involves cases that do not require follow up by the Ministry. As observed in Table 2.1, in the last 3 years, almost 200 cases suspected of abuse are reported annually to the Ministry. Less than half of the cases were noted to possess actual evidence of abuse, while the majority of reports involved cases requiring assistance but lacking evidence of abuse.

The victims identified in cases with evidence of abuse are placed under a care programme intended to help them recover from the trauma of their experience. For some cases, the child has to be removed from the family or home situation. Such children are placed in gazetted Children’s Homes or under foster care. MCDS works as the overall case co-ordinator for such cases. The Ministry also holds case conferences involving various professionals dealing with common cases or issues so as to decide with consensus on a multidisciplinary platform. Furthermore, MCDS monitors the protection and welfare plans that are implemented for the child. To facilitate this role, the Ministry launched a set of standards for child protection work in Singapore in February 2002. The National Standards for Protection of Children (MCDS, 2002b) outlines the required standards and framework for service provision in this area.

MCDS defines child abuse as any act of commission or omission by a parent, guardian or caregiver which would endanger or impair the child's physical or emotional well-being. This includes Physical Abuse, Neglect, Sexual Abuse, Emotional and Psychological Abuse (MCDS, 2001). From 1999 onwards, MCDS maintained a centralised database where statistics included investigation into allegation of sexual abuse cases with child protection concerns. Prior to that year all records of sexual abuse cases were kept in MHA since such cases were prosecuted under the laws governing sexual offences rather than as child abuse cases per se.

Table 2.1 shows the number of child maltreatment cases investigated by MCDS from 1999-2001. Based on the total numbers of cases reported to MCDS each year, it is evident from the proportions each year that the numbers of cases classified as possessing 'evidence of abuse' or 'lack of evidence but needs assistance' have over this period held roughly constant. There is no statistical evidence of any trend in this data.

With regards to gender of victims for all forms of abuse, there is again no consistent trend, and the average numbers for each gender are somewhat similar. The perpetrators were usually the natural parents or 'others'. The 'others' category comprises a range of other relationships of perpetrator to victim, similar to those recorded by MHA (please refer to Table 2.3).

#### *Age of victims*

The numbers of victims aged 3 years old and above have been fairly consistent through the years 1999 - 2001, with the age group 6-11 years being the modal age of victims. However, the numbers of cases involving victims below 2 years of age have doubled between 2000 and 2001. With regards to sexual abuse cases, in 1999 and 2000, all the victims of sexual abuse handled by MCDS were aged 6 and above. More than half of the cases were aged above 12. In 2001, slightly more than half of the cases were also aged above 12 while the rest were aged 6 and below. In 2002, slightly over 70% of the cases of sexual abuse were aged 12 and above, while the rest were 11 years and below (MCDS, personal communication, March 17, 2003). Nevertheless, statistical analysis of this data does not reveal any significant change in the proportion in each age group in successive years, and the overall picture is thus one of a stable and consistent pattern as represented by the mean of the four years.

**Table 2.1**

Number of child maltreatment cases recorded by the Ministry of Community Development and Sports

Item	1999	2000	2001	2002	Mean	%
<b>Data on all cases investigated</b>						
Evidence of abuse	68	65	72	69	68.5	36%
Lack of evidence but needs assistance	98	103	117	118	109.0	58%
False complaint	24	9	6	6	11.3	6%
TOTAL	190	177	195	193	188.8	
<b>Data only on cases with evidence of abuse</b>						
<i>Type of maltreatment</i>						
Physical abuse	39	38	46	32	38.8	57%
Physical neglect	3	11	7	7	7.0	10%
Sexual abuse	23	15	17	29	21.0	31%
Emotional abuse / Emotional neglect	3	1	2	1	1.8	3%
TOTAL	68	65	72	69	68.5	
<i>Sex of victim</i>						
Male	27	39	35	27	32.0	47%
Female	41	26	37	42	36.5	53%
TOTAL	68	65	72	69	68.5	
<i>Age of victim</i>						
2 years and below	7	8	16	14	11.3	16%
3 - 5 years	10	9	8	6	8.3	12%
6 - 11 years	30	31	28	21	27.5	40%
12 years and above	21	17	20	28	21.5	31%
TOTAL	68	65	72	69	68.5	
<i>*Relationship of perpetrator/s to victim</i>						
Mother / Father	35	43	53	40	42.8	55%
Adoptive/step/foster/de facto parent	7	8	4	13	8.0	10%
Parent's lover	7	7	3	2	4.8	6%
Relative	5	2	4	6	4.3	5%
Grandparent	1	1	0	1	0.8	1%
Others	19	16	12	24	17.8	23%
TOTAL	74	77	76	86	78.3	

Source: Ministry of Community Development & Sports, 2003

#### *Cases with Evidence of Abuse by Race*

Table 2.2 shows the number and percentage of cases with evidence of abuse according to race from 1999-2002. Statistical analysis of this data did not reveal any significant change in the proportions of children of various races over the years 1999-2002. Malay children are over-represented in proportion to the population, but whether this reflects socio-economic variables, ethnic differences in willingness to report, or some genuine difference in actual incidence is impossible to say.

**Table 2.2**

Number and proportion of child maltreatment cases with evidence of abuse (broken down by race)

Race	1999 N (%)	2000 N (%)	2001 N (%)	2002 N (%)
<b>Chinese</b>	21 (30.9%)	29 (44.6%)	22 (30.6%)	22 (31.9%)
<b>Malay</b>	37 (54.4%)	26 (40.0%)	40 (55.6%)	35 (50.7%)
<b>Indian</b>	8 (11.8%)	6 (9.2%)	9 (12.5%)	12 (17.4%)
<b>Others</b>	2 (2.9%)	4 (6.2%)	1 (1.4%)	0 (0.0%)
<b>Total</b>	68 (100.0%)	65 (100.0%)	72 (100.0%)	69 (100.0%)

Source: Ministry of Community Development &amp; Sports, 2003

## 2.2 Data from the Ministry of Home Affairs

Table 2.3 shows the number of cases of offences against children recorded by the Ministry of Home Affairs (MHA). As is evident from the statistics in Table 2.3, the actual numbers of cases classified as Sexual Offences far exceed the Hurt Offences against children in Singapore. In comparison to the other forms of child maltreatment given in Table 2.1, the actual numbers of Sexual Offences seem alarming at first glance. Furthermore, the numbers of Sexual Abuse cases in MCDS data are also less than the numbers of Sexual Offences recorded by MHA. The apparent disparity in numbers between MCDS' cases and MHA's cases is possibly because MCDS intervenes when cases require protection, while MHA classifies an offence based on prosecutable cases. It is thus evident that there are more prosecutable cases than cases requiring protection with regards to child sexual exploitation in Singapore.

When noting the relationship between perpetrators and their victims, the numbers of parents or caregivers who are offenders are similar to the data by MCDS in Table 2.1. Within the MHA data, the actual number of parents or caregivers who are Sexual Offenders far exceeds the number who are Hurt Offenders. However parents and caregivers are not the most common perpetrators of Sexual or Hurt Offences. Overwhelmingly, if perpetrators of sexual offences against children are regarded as *ipso facto* child sexual abusers, then extra-familial child sexual abuse is more common than intra-familial child sexual abuse.

**Table 2.3**

Number of cases of offences against children recorded by the Ministry of Home Affairs

Item	1999	2000	2001	2002	Mean	%
<b>Perpetrators<sup>a</sup></b>						
Sexual Offences <sup>b</sup> against children <sup>c</sup>	267	210	241	256	243.5	96%
Hurt Offences <sup>d</sup>	14	10	8	6	9.5	4%
TOTAL	281	220	249	262	253.0	100%
<b>Only perpetrators<sup>a</sup> who are caregivers<sup>e</sup> included</b>						
Sexual Offences <sup>b</sup> against children <sup>c</sup>	44	40	40	45	42.3	91%
Hurt Offences <sup>d</sup>	5	4	7	1	4.3	9%
TOTAL	49	44	47	46	46.5	100%
<b>Sex of victim</b>						
<i>Sexual Offences<sup>b</sup> against children<sup>c</sup></i>						
Male	50	14	17	44	31.3	12%
Female	261	196	222	255	233.5	88%
SubTotal	311	210	239	299	264.8	100%
<i>Hurt Offences<sup>d</sup></i>						
Male	8	5	4	5	5.5	55%
Female	6	5	6	1	4.5	45%
Sub-Total	14	10	10	6	10.0	100%
TOTAL	324	220	249	305	274.8	
<b>Relationship of perpetrator/s<sup>a</sup> to victim</b>						
<i>Sexual Offences<sup>b</sup> against children<sup>c</sup></i>						
Father	20	11	16	14	15.3	6%
Step-father/Adopted –father/ God father	10	9	7	14	10.0	4%
Grandparent	0	0	1	1	0.5	0%
Sibling/Sworn Brother/Step sibling	5	2	2	5	3.5	1%
Relatives	9	12	13	11	11.3	5%
Mother/Grandmother's Boyfriends/Lovers	0	3	0	1	1.0	0%
Babysitter/Babysitter's family	0	1	0	0	0.3	0%
Maid	0	2	0	0	0.5	0%
Guardian	0	0	1	0	0.3	0%
Others	223	170	201	210	201.0	83%
Sub-Total	267	210	241	256	243.5	100%
<i>Hurt Offences<sup>d</sup></i>						
Parents	3	3	2	1	2.3	24%
Stepfather	0	0	0	0	0.0	0%
Sibling	0	0	1	0	0.3	3%
Relatives	0	0	1	0	0.3	3%
Mother's Boyfriends/Lovers	0	0	1	0	0.3	3%
Babysitter/Babysitter's family	0	0	0	0	0.0	0%
Auntie	2	1	0	0	0.8	8%
Maid	0	0	2	0	0.5	5%
Others	9	6	1	5	5.3	55%
Sub-Total	14	10	8	6	9.5	100%
TOTAL	281	220	249	262	253.0	

Source: Ministry of Home Affairs, 2003

*Note.* Ethnic breakdown is not available for this data.

<sup>a</sup> Figures for perpetrators are based on known relationships, excluding those cases committed by strangers and also whereby information is not available.

<sup>b</sup> ‘Sexual Offences’ refer to Rape, Outraging Modesty, Incest, Carnal Connection, Unnatural Offences & Gross Indecency

<sup>c</sup> ‘Children’ refers to persons below 16 years of age.

<sup>d</sup> ‘Hurt Offences’ refer to Voluntarily Causing Hurt with Dangerous Weapons, Voluntarily Causing Grievous Hurt & Voluntarily Causing Grievous Hurt with Dangerous Weapons

<sup>e</sup> Caregivers who are perpetrators refer to victim’s parents, step parents, siblings, grand parents, maids, guardians, babysitters & their family members and cohabitants of parents.

<sup>f</sup> Figures are based on case count. One case may involve more than one victim.

The number of perpetrators need not be the same as the number of victims. There may be multiple victims of a perpetrator, or multiple perpetrators or incidents for a victim. For instance, in 2001 a female was a victim of 3 offences comprising rape, unnatural offences and carnal connection (Police Intelligence Department, MHA, personal communication, August 22, 2002). In addition, though a trend is not clear for Hurt Offences handled by MHA, it is evident that the victims of sexual offences are primarily female. However, males are not spared from sexual victimisation. It is of some interest that the cases in the MCDS data have an approximately equal ratio of males to females. This illustrates the difficulty of extrapolating from the data of any particular ministry to the population at large.

For the relationship under the “Others” category in sexual offences, the majority of the offenders are friends, boyfriends, acquaintances, school mates and classmates which accounted for a large proportion of the offences (Police Intelligence Department, MHA, personal communication, August 22, 2002). As for hurt offences, all the cases under the “Others” category were committed by school mates, ex-school mates and classmates (Police Intelligence Department, MHA, personal communication, August 22, 2002).

Could it be that families involved in intra-familial child sexual abuse have a lower chance of being detected compared to families involved in extra-familial abuse? Literature has suggested that the phenomena of intra-familial child abuse, and especially child sexual abuse, is often kept secret and not revealed beyond the confines of the family (e.g., Russell, 1986). Thus it is a cause for concern that there are some parents or caregivers who have committed sexual offences against their own children, as this may imply a further number of undetected cases.

### **2.3 Summary and Conclusions**

This chapter has attempted to provide an overview of the cases recorded and handled by two main Ministries: MCDS and MHA. MCDS is the lead agency combating child maltreatment, in Singapore. It maintains a centralised register of all such official cases and manages cases requiring child protection. MHA, with its primary aim being crime prevention, focuses on detecting perpetrators for prosecution. The work of these two Ministries is assisted by co-operation with several other professions and agencies such as doctors, lawyers and social service agencies.



It would appear, from the substantially different numbers of child sexual abuse cases handled by the respective Ministries, that the number of cases of prosecutable sexual offences against children generally exceeds the number of actual designated child sexual abuse cases in the MCDS database. To what extent there remain unreported child sexual abuse cases, which did not come to the attention of either Ministry, is unknown.

While the detection of child sexual abuse depends upon external signs and can be difficult, understanding it requires some examination of the motives and intentions of perpetrators and the role of circumstances and victim characteristics. The next chapter focuses on some common theories used to explain perpetrator behaviour and sexual victimisation.

To the extent that the fundamental motive in child sexual abuse is sexual, attempts to explain it have focused on the biological and developmental accounts of sexual behaviour. In addition, social and sociological explanations have also been sought that place child sexual abuse in a wider social context.

Biological and social factors may to some extent explain why child sexual abuse occurs. These may include instances of low IQ, poor socialisation, lack of social restraints, certain pathological problems, fetishes for young children, babies, or even precocious children. There are several theoretical explanations that offer a variety of reasons for the occurrence of child sexual abuse.

The following section looks into two phenomena contributing to child sexual abuse that are often discussed in theoretical explanations of the phenomena: paedophilia and incest. Paedophilia is the sexual preference of an adult for immature (pre-pubertal) children. It is a recognised psychological disorder. Incest is a sexual relationship between consanguineous (blood-related) individuals. It is child sexual abuse when one of the related individuals is an adult and the other a child. Paedophilia, virtually by definition, amounts to child sexual abuse in practice. Incest by no means necessarily does so.

### **3.1 Paedophilia**

Mental health professionals recognise several paraphilias, which refer to the unusual means whereby people obtain sexual gratification or sexual arousal. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), 'Paedophilia' is a paraphilia that involves sexual activity with a prepubescent child who is generally aged 13 years or younger (American Psychiatric Association [APA], 2000). The manual specifies that the paedophile must be aged 16 years or older and at least 5 years older than the child. In any case, the sexual maturity of the child and the age difference between the perpetrator and the victims have to be noted. The manual also noted that paedophiles desiring females usually prefer 8 to 10 year-olds, whereas those attracted to males usually prefer slightly older children, at least in the USA. Paedophilia involving female victims is reported more often than paedophilia involving male victims. However, the recidivism rate for paedophiles involving a preference for males is roughly twice that for those who prefer females.

The DSM IV-TR also states that paedophilia can be exclusive or non-exclusive (APA, 2000). Exclusive paedophilia involves paedophiles who only desire sexual activity with children. In non-exclusive paedophilia however, the individual is not limited to sexual interest only in children. Paedophiles can subject their victims to any of the direct or indirect sexual acts specified in the previous chapter. They may limit their activities to their own children, stepchildren, or relatives or may victimise children from outside their families (APA, 2000). This implies that incest involving child victims is also classified as paedophilia.

In order for a person to be classified as a paedophile, DSM IV-TR requires that the individual needs to experience recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children for at least six months (APA, 2000). As such, there are child sexual abusers who do not fall clearly into the diagnostic criteria for 'paedophilia'. The difficulty of diagnosing a psychiatric condition of paedophilia makes the diagnosis of limited relevance when attempting to investigate a suspected case of child sexual abuse. This is because the diagnosis will usually be possible only after the abuse has occurred and is proven, except when a paedophile voluntarily seeks help.

Davison and Neale (1994) noted that incest and paedophilia differ in two aspects: firstly, incest occurs within the family only but paedophilia is not limited to relatives; secondly, incest victims are usually older than paedophilia victims, and are normally not children. The second aspect is a crucial point to note as perpetrators of incest are aroused with the physical development of the child over time, while the paedophiles are particularly interested in the child because the victim is sexually immature. The two conditions overlap when incest cases occur with sexually immature children.

### **3.2 Childhood Incest**

Intra-familial child sexual abuse is often regarded as childhood incest. Finkelhor (1984) distinguished the anthropological aspect from the sexual abuse aspect of research on incest. He highlighted anthropologists' interest in explaining "the incest taboo" as a social institution (p.223). However, there is a large literature indicating a biological basis for incest. For instance, there are studies that reveal the reluctance to marry among the Kibbutz people, while incest avoidance is also revealed in animals, particularly mammals. The universality of the incest taboo suggests that it is probably not an exclusively cultural phenomenon. Rather, social conventions almost everywhere reinforce a natural reluctance for incest. Sexual abuse researchers are more concerned about the sexual deviance of individuals and families. They are interested in examining the reasons for an adult in a care giving position to take interest in a dependant child.

The consequences to incest victims are usually more negative than for other forms of child maltreatment. Incest is regarded as contributing to subsequent prostitution, promiscuity, substance abuse, anxiety disorders, and sexual dysfunctions (Burnam, Stein, Golding and colleagues, 1988 in Davison & Neale, 1994). Also, incest victims are known to have more severe problems than non-victims in dating, general social adjustment, sexual satisfaction, self-esteem, and depression (Jackson, Calhoun, Amick, Maddever & Habif, 1990 cited in Davison & Neale, 1994). This is hardly surprising given that incest entails a distortion of the normal dynamics of a family, and is likely to be prolonged if it is not resolved or disclosed. Anthropological interest has focused on the boundaries of the acceptable in different cultures. For example, there are various restrictions on certain cousin marriages that may apply in some societies but not others. The matter becomes of concern, however, when these barriers are breached and one of the involved parties is a child. The next section highlights one case example of a childhood incest victim, who recalled the sexual abuse in her autobiographical writings.

### **3.3 Intra-familial child sexual abuse: A case example**

Virginia Woolf who lived from 1882 to 1941, was a renowned early 20<sup>th</sup> Century author whose works are still popular. She was a victim of heterosexual sibling incest within a reconstituted family (Woolf, 1985). Her father had remarried after the death of her mother and the perpetrators were her step-brothers. She underwent long term sexual abuse. She did not cry “Rape!” during the sexual encounters but rather went through the ordeal each time silently, even though she despised it every time. The following extract is from her autobiographical writings which were published in a book years after her demise:

I remember how I hoped that [George Duckworth] would stop; how I stiffened and wriggled as his hand approached my private parts. But it did not stop. I remember resenting, disliking it – what is the word for so dumb and mixed a feeling? It must have been strong, since I still recall it. This seems to show that a feeling about certain parts of the body; how they must not be touched; how it is wrong to allow them to be touched; must be instinctive. It proves that Virginia Stephen was not born on the 25<sup>th</sup> January 1882, but was born many thousands of years ago; and had from the very first to encounter instincts already acquired by thousands of ancestresses in the past. (p.69)

From the age of six Virginia Woolf was a victim of sibling incest mostly by her step-brother George Duckworth who was 16 years her senior, while sometimes another step-brother Gerald Duckworth has also been implicated (DeSalvo, 1989). Even though she was not the only female sibling sexually victimised, the feelings and after-effects of sexual abuse were not similarly felt by the other victimised sisters (Ingram, 2002). In adulthood, her marriage was happy in the sense that she emotionally loved her husband, sensed his love for her, and longed for children with him. But despite all these she did not seem to enjoy sexual intercourse with her husband. During the last years of her life she suffered from mental illness. She ultimately committed suicide by drowning herself in a lake.

Virginia Woolf's recollections of intra-familial child sexual abuse provide a retrospective account of incest. Her writings reveal how even as a child, she detested the sexual acts when she was victimised. There is no evidence that either the mental illness she suffered, or her death, were necessarily effects of the sexual abuse she underwent. However, there is ample evidence elsewhere in the literature of the likelihood of such consequences, as indicated above.

### **3.4 A review of commonly cited theories**

Several theories have attempted to explain sexual abuse. However, to date, there is no single theory that adequately explains why sexual abuse occurs. Without establishing the cause, control or prevention becomes difficult. The following section provides a brief overview of some common theories and perspectives of child sexual abuse. Following that is a framework incorporating several theoretical perspectives proposed by Bolen (2001).

## ***Freudian Psychoanalytic Theory***

Sigmund Freud, the founder of psychoanalytic theory, is one of the earliest theorists attempting to explain child sexual abuse. His theory, though widely questioned, is still widely quoted. He developed the concepts of Oedipus Complex for males and Electra Complex for females (Davison & Neale, 1994). Freud used the Oedipus Complex to explain mother-son incest, wherein the child desires the affection of the mother and desires the priority that his mother gives his father. The child wishes to kill the father so as to attain the mother. Sophocles' myth of Oedipus involves a son who had unknowingly killed his father and married his mother (The Literature Network, 2003). Upon knowing the truth, his remorseful mother committed suicide and Oedipus made himself blind. A specific desire for one's mother was not evident in the myth, though Freud himself seemed to regard it as such.

The Electra Complex corresponds to the Oedipus Complex, but in this case the daughter desires her father. Appealing to these Complexes as explanations of child sexual abuse implies some element of seduction of the perpetrator by the victim at some level if not consciously. However, this could not account for children being sexually abused by parents of the same sex, nor does it easily explain why victims are more often female than male.

Freud's theory of sexuality from infancy and its repercussions in adulthood are not widely held today, and the implication of children as seducers is unwarranted. While psychoanalysis is still being used to understand and treat abnormal mental functioning of individuals there is little evidence that it is beneficial for sexual disorders such as paedophilia (Baron, 1989).

## ***Family Systems Perspective***

The family systems theory, probably the first formal theory on child sexual abuse, is confined to explain father-daughter incest (Bolen, 2001). According to this theory, all members of the family including the victim were responsible for initiating and maintaining the presence of child sexual abuse. The 'blame' is not on the individual but the family system itself, which is considered to be dysfunctional. This applies in situations where the relationship between the parents has broken down and where the mother is unavailable. Seeking someone to take over the role of mother and wife, the father resorts to the eldest daughter (Finkelhor, 1984). This reallocation of blame onto the family in its entirety may rarely if ever do justice to the case, though it may reflect the fact that in some cases avoidance and denial may be present among family members.

Larson & Maddock (1986) developed from this theory four types of intra-familial abuse: affection-exchange, erotic-exchange, aggression-exchange, and rage-expression. In the affection-exchange family system, there is always a need to express affection, and sexual abuse occurs to serve this purpose. In the erotic-exchange family system, the communication between family members is highly sexualised, and sexually abusive behaviour is rather a norm. In aggression-exchange family system, aggression and hostility is common and sexual abuse is usually for the purpose of punishment

or humiliation. In rage-expression family system, the abuse is more severe than in aggression-exchange families, and is often sadistic in nature. While this perspective claims that the family systems lead to sexual abuse, it does not clearly define or predict who the victims are, nor the origin or reason for the maintenance of such a family system.

### ***Sociobiological perspective***

Westermarck is regarded as the first to develop a sociobiological theory, which postulated a positive correlation between proximity during childhood and aversion to sexual intercourse among individuals (Erickson, 1993; Wolf, 1993). In other words, those who have been living close to each other since childhood are less likely to desire each other sexually. These theories are generally useful to explain why individuals who have formed healthy kin-related relationships with other individuals do not desire sexual intercourse with them. That is, it probably reflects the mechanism by which incest-avoidance can be triggered. Thus, incest is explained as a consequence of insufficient bonding between family members (other individuals included) in turn due to lack of familiarity during their development. This group of theories also base their explanation of incest avoidance on the strength of the relationship (bonding) between family members or individuals (i.e., interpersonal relationships) and not the inherent qualities of the individual. Some proponents of this group (e.g., Parker & Parker, 1986) deem that father-daughter incest occurs due to the inadequate bonding between father and the child (i.e., the perpetrating fathers have detached relationships with their daughters, and are less inhibited from sexually inappropriate behaviour with them). They believe that a possible preventive solution to such incest is when fathers are involved in bringing up their daughters from the early stages. While it may be true that fathers who have sexual relations with their grown-up daughters may not have been involved in bringing them up from birth like the mothers, this does not explain other paedophile behaviour.

### ***Feminist Perspectives***

Some feminists have suggested that child sexual abuse of girls occurs particularly in patriarchal societies where male adults have greater power (Bolen, 2001). This is explained as a result of the different ways in which men and women are socialised to contribute to child sexual abuse. The mother is expected to nurture while the father is the provider. The provider is considered the ruler, while the mother and the children are regarded as subordinates. In this arrangement, fathers are seemingly “predisposed to use their powers exploitatively” (Herman, 1981:62). Amongst such fathers, child sexual abuse is one of the means in which they can misuse their powers. This power of the adult male is socially determined. Thus the proponents of this perspective do not regard the male perpetrators as having specific psychological problems or dysfunctional family backgrounds. In fact it is implied that as long as society is patriarchal, then it is normal for males to be the dominant child sexual abusers. However, this perspective neither provides reasons for the sexual exploitation of male children, nor explains why there are also females amongst sexual abusers.

## ***Moral development***

Moral development focuses on how individuals acquire the capacity to solve ethical dilemmas (e.g., Kohlberg, 1984 cited in Baron, 1989). According to this perspective, sexual abusers have inadequate moral development whereby they are unable to appreciate the potential harm they may cause their child victims or empathise with them (Finkelhor, 1984). The sources of the deficits in moral development need to be identified to enable the identification of individuals at risk of becoming abusers. This approach does not explain how otherwise moral individuals who function well in society can nonetheless commit sexual offences against children.

## ***Attachment theory***

Only ten years ago Alexander (1992) related intra-familial child sexual abuse to attachment theory. Attachment has been grouped into 3 types mostly to explain father-daughter incest: dismissing/avoidant, anxious/ambivalent, or disorganised (Alexander, 1992). When attachment is dismissing or avoidant the father is usually more authoritarian while the mother seems unavailable physically or emotionally for the child. Children who are emotionally neglected can be from such families. When attachment is anxious or ambivalent the relationship between the perpetrator and the victim is somewhat enmeshed due to unclear boundaries and insufficient protection for the child. The dynamics within such a family involves a reversal in roles of each family member from the expected norms. The abusers in such families expect their sexual and emotional needs to be met. The non-offending parent is highly dependent on the offender and thus unable to address the needs of the child or protect the child. Sexual abuse occurs as a needs-fulfilment for the abuser, and the child participates by assuming the role of the spouse/parent within the family. In families with disorganised attachment patterns, like the ambivalent relationships, there are no clear boundaries, but in addition there are also no clear roles. The perpetrator acts more on impulse, and the non-offending adult tends to escape from the situation/scene rather than to act responsibly to protect the child.

## ***Learning Theories***

As highlighted in Monograph 2 (Elliott *et al.*, 2000), learning theories claim that an individual learns to become a sexual offender through inappropriate reinforcement or through modelling inappropriate behaviour (Elliott *et al.*, 2000). Skinner's 1953 theory of reinforcement and Bandura's 1965 theory of modelling are examples of social learning theories. The learning perspective would suggest that the offender learned the behaviour from watching someone else behave in a similar fashion, or by having their abusive behaviour reinforced. The offender recognises that sexual gratification or a sense of control can be obtained through sexual abuse.

Learning theories can also explain the cycle of abuse from generation to generation. However, they cannot account for offenders who report that they have never been sexually abused, or who had never witnessed sexual abuse in the past. This theory also claims that many offenders can be continually

learning and progressing in their sexual deviancy. They learn how to trap victims more effectively while they would also learn how to avoid or escape detection. However, if the basis of child sexual abuse is learning patterns of behaviour, the possibility of various techniques of deconditioning and learning of more adaptive patterns of behaviour clearly exists.

### 3.5 Single factor theories vs. multi-factor explanations

As would be obvious from the above overview of theoretical explanations above, the common problem is that each theory focused on single factors. Each explains child sexual abuse in terms of the one or a few factors and does not account adequately for the other possible reasons for the behaviour or the effects upon the victims. In the case of Virginia Woolf, using the single factor theories one would assume that her female siblings, who went through a similar ordeal from the same perpetrating brother, would all suffer similarly. But this was not so. This supports Finkelhor *et al.*'s (1986) suggestion of the need for multi-factor explanations in the understanding of child sexual abuse. The following section outlines the components of a multi-factor model.

#### ***Ecological, Transactional and Developmental Model***

Belsky's (1980) ecological model is based on Bronfenbrenner's (1977) general systems theory, which proposes that children are at risk of sexual abuse due to external factors. According to Belsky's model, 4 systems within society can influence the likelihood of child sexual abuse upon a child: *macrosystem* (the beliefs and values within the culture of the individual), *exosystem* (the individual's community), *microsystem* (the family), and the *ontogenic system* (the individual). The following section will discuss the components of these systems in detail. The four systems are typically described in the form of concentric circles, the smallest being the ontogenic system. Incorporating these aspects, Bolen (2001) developed a further model – the ecological, transactional and developmental model. It focuses on the same factors, but it also considers the individual's developmental stage of the child and the duration of the abuse.

##### *Macrosystem*

The largest system in the model framework is the macrosystem. It comprises social factors such as oppression, socialisation, generational effects, collective denial and power. This provides the broader perspective that connects the individual, the family and the community. At this level child abuse is explained as a result of society's attitude. For example, child sexual abuse, where perpetrators are usually male, is attributed to male privilege and male sexuality. This broad perspective cannot provide an accurate profile of perpetrators or victims, but highlights the possibility that society's attitude can protect or endanger the child.



### Oppression

Oppression here assumes that those within the 'most powerful' and 'least powerful' groups are at the highest risk of child sexual abuse (Bolen, 2001). For instance, the minority races in some countries are not given similar privileges as the rest, even though they are citizens of the same country. These same people, due to the oppression and discrimination are consequently vulnerable to stressors as they have the least support readily available to them. Although there are sufficient support systems available for the 'most powerful' groups they were also regarded to be vulnerable to oppression (Bolen, 2001). This conception seems contestable, when considering its implication in the local context. For if this notion is true, then there would be higher rates of child sexual abuse in the Chinese and smallest minority group (Eurasians, Caucasians and others), which does not appear to be the case when examining official data from MCDS (see Chapter 2). Although there is insufficient empirical grounding for this theoretical factor, it does support the notion that oppression is not dependent upon power.

### Socialisation

Society has traditionally been regarded as governed patriarchy, where males are given supremacy and dominance. The family and workplace are ideal places to witness the effects of socialisation. For instance, the division of labour at home, the pay scale at work, and also marriage reflect the preference given to males. The traditional Asian family regards men as the 'king' of the house, whereby women's role have been stereotypically limited to nurture the family. In some cultures such as Singapore where dual income families are common, females (especially mothers) have generally accepted their role as workers-cum-housewives. That is, they work to provide for their family, and they also mind the daily household chores. The family and the community are regarded as the main contributors to socialisation. Male dominance, gender role stereotyping, and subservience of women are but some products of socialisation where certain groups in society are not protected. With traditional notions of society changing it may be possible that traditional roles in the family also change. The implication of this view is that the child sexual abuse rates are greater in more traditional societies, though it is questionable if this has been demonstrated.

### Generational effects

Following from the previous point, generational effects assumes that there are changes in society over time. Thus how susceptible a child is to sexual abuse depends on the period of time considered and the age of the parents. The societal norms at the period under consideration and the norms adopted by the parents in their own upbringing. Willingness to disclose or report abuse, and protecting the child from abuse are some of the issues that imply generational effects.

### Collective denial

Collective denial involves society's willingness to deny the scope of a problem – in this case, child sexual abuse. Even if the problem may exist, its social construction may be such that people are not be as willing to recognise and respond to it. Such an argument was proposed in our earlier monographs focussing on physical and emotional child maltreatment (Chan, Chow & Elliott, 2000 and Elliott, Chua, Thomas, 2002, respectively). As in the other types of child abuse recognised in Singapore, there may be collective denial for certain actions, if not all, that fall under the category of child sexual abuse. However, the relatively large number of such cases reported to MCDS and MHA (see Chapter 2) suggests that this argument has less force with child sexual abuse than with physical or emotional abuse.

### Power

While traditional explanations of power focus on adults' desire to dominate children the issue is probably more complex. Most offenders are male, and most victims are female (refer to MCDS, MHA data in Tables 2.1 and 2.2 respectively). However, the presence of other patterns of gender in abusive relationships indicates that while power may indeed be a factor, it is not to be attributed to male adults only, as some reading of these theorists might imply. Bolen (2001) suggested that a thorough analysis of power should not only consider age and gender issues, but also race and ethnicity.

### *Exosystem*

Smaller than the macrosystem is the exosystem, which involves safe child care, educational system, connectedness and safety. On this level, informal social networks and formal support groups are observed for their contribution to the risk of child sexual abuse.

### Safe childcare

Dual income families are on the rise in Singapore. According to a recent General Household Survey, there were only 27% of dual income families in 1980, but the figures rose to 43% by 1999 (Quah, 1999). With the current economic situation unemployment, low wages and lesser benefits are not uncommon and families here try to seek affordable options for many aspects in family life, including childcare. Compared to formal childcare (e.g., childcare centres, crèche) parents may opt for the cheaper, more convenient informal childcare (e.g., relative, family friend). Coupled with the trend that sexual abusers are usually persons known to the victims and their families (i.e., reducing suspicion), informal childcare has been regarded as a risk factor for the children (Bolen, 2001).

### Educational system

Education is certainly an area of high importance in Singapore, and it cannot be denied that the school system plays an important role in the socialisation of individuals. The school, the stream and the very classroom the child enters may influence the wellbeing of the child and the family in the short and long term. The education system has often been blamed for reinforcing traditional race, gender, class inequalities (e.g., Bolen, 2001), while education itself is also seen as a means of liberation from social inequalities.

### Connectedness

The more individuals are connected to their environment, the higher the chance that they will avail themselves to the resources available. Formal religion, physical isolation and one's friendship network were considered factors influencing the connectedness of a child. Connectedness is a form of protection rather than a risk for the child. A lack of connectedness to the environment could be a risk factor.

### Safety within the community

This is another factor that should be considered under the exosystem. It is important to know how safe the community is and the safety precautions a child within the community needs, as they determine the level of protection available for the child. Undesirable outcomes following meetings with strangers or new friends via internet chatting or messenger can be avoided if the child is aware of personal safety precautions, exercises them, and is in a community deemed safe (i.e., despite possible perpetrators).

### *Microsystem*

The next level of influence is from the microsystem, which involves socialisation, privacy of family, family structure, dysfunction and attachment to parent. At this level the interactions of the children with their families are considered.

#### Socialisation

The family has long been known as the basic unit of society. It is also the basic unit of socialisation. However the adults in the family, who are responsible for inculcating appropriate social behaviour in the children, are themselves influenced by traditionally and socially sanctioned norms. As a result, the socialisation of children mainly involves the intergenerational transmission of such norms (Bolen, 2001).

#### Privacy of family

Each family has its unique and individual regulations and roles where external social institutions rarely interfere (Bolen, 2001). The level of privacy maintained within the family affects the likelihood of disclosure of abuse to the external society (e.g., the police or social workers). The ability of agencies to interfere is consequently limited to the extent that the family is willing to disclose. It should not be surprising that in Asian societies like Singapore, the level of disclosure of family problems is not high for fears such as 'breaking up the family' or 'losing face' (Health Today Online, 3 Dec 2002). Not only can such 'family matters' as sexual abuse be kept within the family unit, but the victim remains subservient even with the knowledge so that the family can remain intact and appear respectable in the public eye (i.e., not 'lose face').

#### Family structure and family dysfunction

Bolen (2001) reviewed studies examining the risk of sexual abuse among intact and broken families and concluded that divorce or any breakdown in the family structure is only a risk factor for sexual abuse when accompanied by exposure of the child to a parent of the opposite sex. Instead Bolen felt that as long as the family structure comprised a natural parent of the same gender as the child, the child would not be at risk of abuse. Bolen regarded the natural parent's presence as a protective factor. On the other hand, problems within the family can contribute towards the child's risk of abuse. To note are "unhealthy ways of relating" in parent-child communication (Bolen, 2001:153). Children in families where the adults are substance abusers are at greater risk of sexual abuse than children from non-dysfunctional families. It has been noted that children who are victims of intrafamilial abuse have families with the greatest level of dysfunction (Alexander & Lupter, 1987; Ray, Jackson & Townsley, 1991).

#### Attachment to parents

In the microsystem, the attachment patterns between the parents need observation. This factor draws from the attachment theory described earlier in this chapter. The child's attachment to parents is highly dependent upon the relationship the parent develops and maintains with the child from infancy. At this level, if the parents' attachment to the child is ambivalent or disorganised, the child is either at risk of abuse or the parents are not adequately equipped to assess the risk to the child.

### *Ontogenic system*

The ontogenic system in Belsky's (1980) model refers to the intrinsic characteristics of the child. In Belsky's model this involves risk factors that are the most proximal to the child. The factors are purported to influence the child personally, which typically include attachment, availability, attractiveness, or vulnerability.

#### Attachment of the victim

One of the claimed risk factors is failure of attachment of the victim. As described by Bowlby (1988), children with secure attachment have positive images of self and the adult in their internal representational models i.e., they have a positive outlook on themselves and the adult under consideration. Children with secure attachment tend to seek out the 'preferred' adult in times of stress. In addition, with positive representations models formed, they are also able to assess cues from other relationships i.e., they are able to distinguish 'right' and 'wrong' behaviours that adults direct towards them. Thus securely attached children are less at risk of abuse, while also more able to discern when they are at risk. On the other hand, for children with insecure attachment, the protection is lower and risk is higher. The type of attachment status may also be important. For instance, children with ambivalent attachment have negative self-images but positive representations. As such they tend to cling to the adults as their attachment figures. As such adults who manage to entice such children into providing the needs they require are able to manipulate the relationship into an abusive one. A study by Troy and Srouf (1987) revealed that children with ambivalent attachment were most likely victims, while children avoidantly attached were most likely perpetrators. However, those with secure attachment were least likely victims or perpetrators. Thus attachment, though a risk factor in the ontogenic system would seem to have actually originated from the microsystem level.

#### Availability, attractiveness and vulnerability

Apart from attachment the availability, attractiveness and vulnerability of the children are also crucial risk factors in the ontogenic system. Generally, the likelihood for the child to be a target of sexual abuse is greater when the child is accessible, the child is attractive and/or if the child appears vulnerable (Bolen, 2001). Essentially the victims are picked for these factors based on the perpetrators conceptualisations of the factors themselves. A child is expected to be at risk of abuse if the potential abuser regards her/him as accessible, attractive and vulnerable.

## **3.6 Summary and Conclusion**

Child sexual abuse cannot be explained through a single reason, event or circumstance. Some of it may be an issue of otherwise sexually normal people in situations where socialisation is insufficient or inappropriate, some may reflect psychological conditions.

Risk factors enable the identification of high risk groups, as well as the strengths and weaknesses of the child victims and the perpetrator that would contribute to effective case management (Hewitt, 1999). There are many risk factors for child sexual abuse that cannot be explained by individual theories. The model proposed by Bolen (2001) is an improvement from the previous model by Belsky

(1980) insofar as it takes into account the developmental stage of the child as well as the duration of abuse. There are also several factors within the 4 systems that have been described as possibly contributing to child sexual abuse. These range from the broader society down to the individual victim. Knowledge of such factors would enable policy makers to focus their efforts on the specific levels and factors requiring attention. However, as the Belsky/Bolen model is quite vague and may not necessarily apply fully to Singapore, for instance 'collective denial' may not be prevalent in the local context when considering child sexual abuse cases. It is also important to consider the susceptibility and resilience of individual cases.

The next chapter focuses more in depth on the possible consequences for victims of child sexual abuse.

## CHAPTER 4: CONSEQUENCES OF CHILD SEXUAL ABUSE

There are several possible short-term and long-term consequences of child sexual abuse. However, it is not easy to attribute the consequences directly to child sexual abuse in any given case since other causes may be at work. Similarly, although the knowledge of risk factors provides a gauge of children at-risk, risk factors cannot be used to identify sexually victimised children, nor the occurrence of sexual abuse. Thus, while the present chapter provides an overview into the possible consequences of child sexual abuse, these consequences are not inevitable, nor need they always imply a case of sexual abuse if found. Consequences vary according to the severity of the abusive situation and the resilience of the child. Corby (2000) has a comprehensive review of short and long term consequences, which will be widely relied on in the following section.

### 4.1 Short-term effects

Corby (2000) outlined several potential short-term effects of child sexual abuse. However, the list is neither exhaustive, nor should the effects be considered solely short-term. General psychopathology; fearfulness; depression, withdrawal and suicide; hostility and aggression; physical symptoms; running away and other 'acting out' behaviours; cognitive disability, developmental delay and school performance; and inappropriate sexual behaviour.

#### *General psychopathology*

Gomes-Schwartz, Horowitz and Cardarelli (1990 in Corby) compared sexually abused children with non-victims amongst child patients with psychopathological problems. The results revealed that children who had been sexually victimised displayed more severe psychopathology than the non-victims. Furthermore, the difference between the victims and the non-victims was greater when considering 7 to 13 year-olds and not as significant when considering pre-schoolers. This reinforced the notion that children of primary-school-going age were more affected by sexual victimisation than pre-school children.

#### *Fearfulness and acute stress disorder*

Corby (2000) emphasised that this individual consequence could not be used to conclude the occurrence of sexual abuse. It has been noted that sexual abuse victims tend to display fear reactions within six months from the onset of abuse (Browne & Finkelhor, 1986). However, since this consequence is common to those experiencing other general psychiatric problems, it is necessary to note other possible consequences as well.

On the other hand, DSM IV defines acute stress disorder, where the child feels a sense of fear, helplessness and horror (APA, 2000). The effects begin within a month of the event and last for a month at most. The disorder is directly related to an event such as an episode of sexual abuse. The victims get flashbacks, recurrent images, or feel a sense of reliving the trauma, or feel very upset when exposed to any reminders of the event. Note that acute stress disorder involves a single event. While sexual abuse may occur over a period of time, acute stress disorder occurs in response to a particular episode.

### *Depression, withdrawal and suicide*

In his review, Corby (2000) noted that sexually abused children tend to internalise their emotions. Amongst them, the older children (e.g., 6 to 12 year-olds) show signs of depression while the younger children tend towards withdrawn behaviour. Such emotional reactions are not directly related to the severity of abuse. Adolescents also had suicidal tendencies and some could attempt suicide.

### *Hostility and aggression*

Corby (2000) noted that older children and adolescents who were sexually abused had higher tendency to display anger and aggression. However, it was not possible to conclude that aggressive reactions are a direct consequence of sexual abuse as other forms of abuse can also produce similar reactions from the affected child.

### *Low self-esteem, guilt and shame*

Corby (2000) noted that there were no consistent trends revealed with regards to self-esteem, guilt and shame, while these areas seemed to be influenced somewhat by sexual abuse. With regards to guilt, it was noted that older children tended to feel guilt, while younger children did not seem to.

### *Physical symptoms*

Browne and Finkelhor (1986) asserted that sleeping and eating disorders may be associated with prior sexual abuse. Sleeping disorders include sleeping problems, bed wetting or soiling. Eating disorders include anorexia nervosa (i.e., starving oneself) and bulimia (i.e., binge eating followed by regurgitation).

### *Running away and other 'acting out' behaviours*

It is not uncommon for sexually abused victims to run away from their homes. Silbert and Pines (1981) noted that among female prostitutes who were child sexual abuse victims 96 percent were runaways. Included among other 'acting out' behaviours are truanting, drug and alcohol abuse and promiscuity. It should be emphasised that such acting out behaviours are possible consequences of other events or traumas besides child abuse. It should not be assumed that every child who acts out has been sexually abused.

### *Cognitive disability, developmental delay and school performance*

Gomes-Schwartz *et al.* (1990) found that the academic performance of sexually abused children aged 7 to 13 years was significantly worse than the general population. However, they did not assert that cognitive disability, developmental delay or school performance were direct or definite consequences of child sexual abuse. Instead they considered these as possible consequences of any trauma, with child sexual abuse being just one such traumatic condition.

### *Inappropriate sexual behaviour*

Age-inappropriate knowledge and behaviour are key indicators of sexual abuse. This has been supported by several studies (e.g., Gomes-Schwartz *et al.*, 1990). Although it should not be considered as necessarily an indicator of sexual abuse, the association between the child's behaviour and prior sexual abuse is generally strong and thus a good indicator of child sexual abuse.

## 4.2 Long-term effects

The long-term effects of child sexual abuse generally fall into similar categories. However, unlike short-term effects, these may not appear at the onset of abuse and may be more permanent and harder to reverse.

### *Likelihood of re-victimisation*

It is sad to note that victims of child sexual abuse are also vulnerable to subsequent sexual assault in adulthood. Russell (1986) observed that 65% of women who were child sexual abuse victims were also victims of rape or attempted rape. Davison and Neale (1994) suspected that the actual occurrence of sexual abuse makes the victim expect victimisation. This does not imply that victims “ask for it” but rather that they have not learned to avoid or prevent unwanted sexual advances.

### *Sexual disturbance*

Early sexual abuse seems to have an impact on later sexual functioning. This has been noted particularly among incest victims (Browne & Finkelhor, 1986). It is thus not surprising that in the case example mentioned earlier, Virginia Woolf did not seem to enjoy sexual intercourse with her husband even though they mutually loved each other. Perhaps the accumulation of other effects of sexual victimisation over the long term influences the sexuality and sexual functioning of the adult survivors. There are victims who are well adjusted socially and sexually in adulthood. However, amongst victims seeking therapy for sexual disorders in adulthood, the common problems involved low frequency of orgasm, sexual unresponsiveness, low satisfaction from sexual relationships, low satisfaction with the quality of close relationships with men, and several sexual partners.

### *Psychological and psychiatric problems*

Green (1988) and Corby (2000) had similar views on the possible general long-term psychopathology of child sexual abuse victims:

- Mistrust, poor self-image, depression
- Hysterical symptoms and character traits
- Social withdrawal and impaired peer relations
- Impairment of body image
- Poor school performance
- Post-traumatic stress disorder
- Borderline personality disorder

While not all victims of child sexual abuse should be assumed to suffer from psychiatric problems, the effects do remain in the mind over a long time in some cases. Beitchman, Zucker, Hood, *et al.* (1992) noted a link between child sexual abuse and depression in six of the eight studies they reviewed. Suicidal thoughts and attempts have also been linked to child sexual abuse or physical violence (Corby, 2000). Multiple personality disorder (i.e., a condition in which “two or more distinct identities or personality states” alternate in controlling the patient’s consciousness and behaviour, APA, 1994) and borderline personality disorder (i.e., a pervasive pattern of instability of interpersonal



relationships, self-image, and marked impulsivity beginning by early adulthood and present in a variety of contexts, APA, 1994) have been associated with early child sexual abuse.

Browne and Finkelhor (1986) noted that women who were sexually abused as children were twice as likely to experience fear and anxiety symptoms. However, sexual abuse victims may also experience other forms of abuse such as physical violence, that may evoke similar long term responses from the victims.

Herman (1981) was noted in Brown and Finkelhor (1986) as reporting that all women who experienced father-daughter incest felt they were being stigmatised by the victimisation. Thus it should not be surprising that feelings of alienation and isolation are common among victims of sexual abuse, even through adulthood. This long-term negative effect, when present, is usually much stronger than the initial effect. Women with low self-esteem were noted to be likely to report a history of child sexual abuse.

As such post-traumatic stress disorder (PTSD) is also possible. The symptoms for PTSD are similar to those mentioned for the short-term effects involving acute stress disorder. However the onset of PTSD can be soon after the event, but may last for more than 4 months. PTSD can also occur with delayed onset, which can be about six months after the event occurred.

#### *Other problems*

Eating disorders, drug and alcohol abuse, and prostitution, are all possible long-term effects of child sexual abuse. While these have been described as short-term effects, some may persist in the longer term.

### **4.3 Summary and Conclusion**

The consequences of child sexual abuse can involve a range of short- and/or long- term effects. However, the eventual result upon the sexually abused victim depends on the nature of the abuse and the circumstances. The specific concerns, theoretical explanations, risk factors and consequences of sexual abuse may vary from country to country. It is thus crucial for our understanding that the issue be examined locally.

The next chapter outlines the methodology adopted in the present study on professional and public perceptions of child abuse and neglect in Singapore, with specific focus on child sexual abuse.

# CHAPTER 5: METHOD AND ANALYSES OF ACTIONS

The analyses and discussion in this monograph are based on data documented in our series of monographs focusing on child abuse and neglect. The first monograph was a study on the views of child abuse and neglect 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). The third and fourth focused on physical abuse and neglect (Chan, Chow & Elliott, 2000), and emotional maltreatment (Elliott, Chua & Thomas, 2002) respectively.

## 5.1 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) were 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 were randomly selected from five Housing Development Board (HDB) estates, and could be considered to be representative of the population who reside 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 abused and/or neglected children. They were allowed to complete the questionnaires by themselves in their own time, and were asked to return them by mail upon completion. The eventual sample comprised a total of 1238 professionals (401 males, 817 females and 20 with gender unspecified), and consisted of 206 doctors, 414 nurses, 82 social workers, 190 police, 60 lawyers and 286 educators (comprising of teachers and childcare professionals from the education field).

## 5.2 Acceptability of actions

In Section A (Part 1) of the questionnaire, the respondents were asked 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 present monograph, only answers to those questions pertaining to sexual abuse in the two surveys would be analysed. Specifically, there are three behaviours of interest for the present study, and they are:

- Having sex with a child
- Not protecting a child from sexual advances of other family members
- Appearing naked in front of a child

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).

### 5.3 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. For the present report, only answers to those questions pertaining to sexual abuse were analysed. The two specific actions that are of interest for the purpose of the present study are:

- 1) Appearing naked in front of a child; and
- 2) Not protecting a child from sexual advances of other family members.

The circumstances that were considered relevant 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 options, and the respondents were required to choose the option that best fit their opinion of the circumstance. For example, for the action 'Appearing naked in front a child', a circumstance such as the child's age was presented with varying conditions, such as follows:

*Appearing naked in front of a child 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

## 5.4 Analyses of ratings in the categorisation of actions for acceptability and abuse status

One-way Analyses of Variance (ANOVAs) were conducted, comparing responses by the Group of the respondents (e.g., whether they were Police, Social Workers, Doctors, Nurses, Lawyers, Educators or the Public). The independent variable was the specific action (i.e., ‘Having sex with the child’, ‘Appearing naked in front of a child’ and ‘Not protecting a child from sexual advances of other family members’). The significant results were further explored using Tukey’s Honestly Significant Difference (or Tukey’s HSD) tests for post-hoc analyses. In the reporting of the results a stringent alpha level of 0.001 was adopted for the ANOVAs as well as the post-hocs, in view of the unbalanced and sometimes large sample sizes, which may give statistically significant results for small effects. Thus results with  $p > .001$  were regarded as not significant.

## 5.5 Acceptability Status

The proportions of each group’s responses for each action with regards to acceptability status are displayed in Table 5.1.

**Table 5.1**

Acceptability ratings of actions suggesting child sexual abuse (percentages)

ACTION EXPLORED WITH RATINGS ON ACCEPTABILITY		P %	SW %	D %	N %	L %	ED %	Pooled Prof. %	PUB %
Having sex with the child	<i>Always</i>	0	1.3	0	0.7	0	0.7	0.5	0
	<i>Sometimes</i>	1.6	0	0	1.0	0	0	0.6	0.5
	<i>Never</i>	<b>98.4</b>	<b>98.8</b>	<b>100</b>	<b>98.3</b>	<b>100</b>	<b>99.3</b>	<b>98.9</b>	<b>99.5</b>
* Parent not protecting child from sexual advances of other family members	<i>A</i>	0.5	0	0	1.7	0	0.7	0.8	0
	<i>S</i>	1.1	1.3	3.0	2.7	0	0.4	1.7	2.3
	<i>N</i>	<b>98.4</b>	<b>98.8</b>	<b>97.0</b>	<b>95.5</b>	<b>100</b>	<b>98.9</b>	<b>97.5</b>	<b>97.7</b>
* Adult appearing naked in front of child	<i>A</i>	1.1	0	2.5	0.2	1.7	0.4	0.8	2.3
	<i>S</i>	14.8	31.7	47.3	17.3	43.3	15.2	23.5	13.4
	<i>N</i>	<b>84.1</b>	<b>68.3</b>	<b>50.2</b>	<b>82.4</b>	<b>55.0</b>	<b>84.5</b>	<b>75.6</b>	<b>84.4</b>

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

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

### *Acceptability of having sex with the child*

From the ratings for this action, it is obvious that the action is generally perceived as never acceptable. No other choice was selected by more than 2% of each group. Overall, the professionals (i.e., refer to the column “all professionals”) and the public were highly similar, with less than 1 % of either who regarded the action as sometimes, or always acceptable. Amongst the professions, there were certain

respondents who rated the action as sometimes acceptable (i.e., amongst the Police, Nurses and the Public), or always acceptable (i.e., amongst the Social Workers, Nurses and Educators). However, ANOVAs comparing the responses of the groups revealed no significant difference at the pre-set alpha level ( $p$  ns).

It seems overwhelmingly likely that respondents indicating ‘always acceptable’ may have made a mistake in completing the questionnaire, as it seems improbable that any responsible professional respondent could ever have actually believed this. We tend to regard such responses as essentially measuring the error rate for the survey, rather than telling us anything meaningful about respondents’ attitudes.

However, the possibility cannot be dismissed that some respondents did consider there to be circumstances that might make sex with a child acceptable, especially if an older child is envisaged. While the questionnaire only explored differences in the acceptability of the action in general, there may be differences in the levels of acceptability with regards to varying situations and circumstances, e.g., the possibility that certain cultures do not regard child marriages as unacceptable, or that the child may be an adolescent having attained puberty and may be participating in the act with informed and willing consent.

#### *Acceptability of parent not protecting child from sexual advances of other family members*

As with having sex with a child, this action is also not condoned. The choice of ‘never acceptable’ was selected by at least 95.5% of each group explored. Overall, the professionals and the public were similar in their ratings, while there was less than 3% of each who regarded the action as sometimes acceptable. Slightly less than 1% of the pooled professionals regarded the action as always acceptable while the public did not regard it as such. Amongst the professionals, less than 3% of the groups indicated that the action was sometimes acceptable. A few respondents (0.5-1.7%) from some groups (i.e., the Police, Nurses and Educators) considered it as always acceptable. The Lawyers unanimously regarded the action as never acceptable. As before, we tend to regard ‘always acceptable’ responses as erroneous responses, especially since in this question the issue is protection of a child, and so it is harder to appeal to cultural norms or age as implicit mitigating circumstances.

#### *Acceptability of appearing naked in front of child*

Amongst the 3 actions suggesting Sexual Abuse, this was the only action that displayed any significant difference when using public as a baseline for comparison.

The respondents were less uniform in their rating of this action. Unlike the previous 2 actions, a relatively higher proportion of each profession and the public regarded the action as ‘sometimes’ acceptable, while some respondents (0.2-2.5%) from each specific group regarded the action as ‘always’ acceptable (except the Social Workers, where none selected this option). This indicates that there may be situations or circumstances that may be influencing the respondents’ rating of acceptability of the action.

## 5.6 Abuse Status

The proportions of each group’s responses for each action with regards to abuse status are displayed in Table 5.2.

**Table 5.2**

Abuse status ratings of actions suggesting child sexual abuse (percentages)

ACTION EXPLORED WITH RATINGS ON ACCEPTABILITY		P %	SW %	D %	N %	L %	ED %	Pooled Prof %	PUB %
Having sex with the child	<i>Is Not</i>	1.1	0	0	0.7	0	0.4	0.5	1.5
	<i>Can be</i>	2.2	0	0	2.0	0	1.8	1.4	1.5
	<i>Is</i>	<b>96.8</b>	<b>100</b>	<b>100</b>	<b>97.3</b>	<b>100</b>	<b>97.9</b>	<b>98.1</b>	<b>97.0</b>
* Parent not protecting child from sexual advances of other family members	<i>IN</i>	0.5	1.3	1.0	0.5	0	0	0.5	2.0
	<i>CB</i>	4.8	6.3	5.0	7.3	1.7	4.3	5.4	7.3
	<i>I</i>	<b>94.7</b>	<b>92.5</b>	<b>94.1</b>	<b>92.2</b>	<b>98.3</b>	<b>95.7</b>	<b>94.1</b>	<b>97.0</b>
* Adult appearing naked in front of child	<i>IN</i>	15.0	7.3	19.4	11.7	6.7	5.0	11.3	13.4
	<i>CB</i>	34.8	<b>48.8</b>	<b>51.2</b>	<b>31.4</b>	66.7	32.6	38.4	19.9
	<i>I</i>	<b>50.3</b>	<b>43.9</b>	<b>29.4</b>	<b>56.9</b>	<b>26.7</b>	<b>62.4</b>	<b>50.3</b>	<b>66.8</b>

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

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

### *Is having sex with the child considered abuse?*

As with acceptability, it is obvious that the action is generally perceived as abuse. No other choice was selected by more than 3% of each group explored. Overall, the professionals (i.e., refer to the column ‘all professionals’) and the public were similar, with less than 2% of either who regarded the action as ‘can be’ or ‘is not’ abuse. Amongst the professions, there were certain respondents who considered the action as ‘can be’ abuse (i.e., amongst the Police, Nurses, Educators and the Public), or ‘is not’ abuse (i.e., also amongst the Police, Nurses, Educators and the Public). In contrast, none of the Social Workers, Lawyers or Doctors considered the action as ‘Can be’ or ‘Is not’ abuse.

While this clearly indicated that the action of having sex with the child is generally regarded as abuse, there were some respondents, though only very small proportions of each group, who did not regard it as abuse. This proportion was consistently higher than for acceptability status. Evidently, something unacceptable is not necessarily regarded as ‘abuse’.

### *Is parent not protecting child from sexual advances of other family members considered abuse?*

As with the previous action, this action is also therefore generally regarded as abuse. The modal choice was selected by at least 90.7% of each group explored. Overall, the pooled professionals and the public were similar in their ratings. There was less than 8% of each who regarded the action, as ‘Can be abuse’. Moreover, not more than 2% of the pooled professionals or the public regarded the action as ‘Is not abuse’. Across the professions, less than 8% of the groups indicated that the action ‘Can be

abuse'. A few respondents (0.5-2.0%) from some groups (i.e., the Police, Social Workers, Doctors, Nurses and the Public) considered that it 'Is not abuse'. None of the Lawyers or Educators regarded it as 'Is not abuse'.

#### *Is appearing naked in front of child considered abuse?*

Unlike the 2 actions examined above, the respondents were less uniform in their categorisation of the abuse status of this action. Overall, the pooled professionals and the public rated the action as 'Is abuse'. A higher proportion of pooled professionals rated the action as 'Can be abuse', while a higher proportion of the public regarded the action as 'Is not abuse'. Amongst the professions, the modal choices were not similar. The modal choice among Police, Nurses, Educators, Pooled Professionals and the Public was 'Is abuse' (50.3 – 62.4%). However, the modal choice among Social Workers (48.8%), Doctors (51.2%) and Lawyers (66.7%) was 'Can be abuse'.

Unlike the previous 2 actions, relatively higher proportions of each profession, the pooled professionals and the public regarded the action as 'Can be abuse' and 'Is abuse'. As with the groups' responses in the ratings on acceptability for this same action, it may be that there may be situations or circumstances that may be influencing the responses such that the action may not be perceived as abuse.

## **5.7 Summary and Conclusions**

The results also suggested that, in line with findings in earlier monographs, the respondents consistently rated actions as 'always acceptable' more readily than 'is abuse'. Evidently unacceptability is not synonymous with an action being considered abuse, even for actions as overwhelmingly disapproved of as those considered here.

In general it was noted that there were different levels of acceptability for the different actions even though all were actions that suggested child sexual abuse. In comparison to actions explored in previous monographs, higher proportions of the participating groups indicated that each action was never acceptable. The opinions of the respondents are in general strongly opposed to sexually abusive actions, but the specific action itself also plays a role in influencing their opinion.

It should also be noted that the present research method does not ensure that the responses are a reflection of the actual, honest opinion of each and every respondent.

In the next chapter, 2 of the 3 actions will be examined with regards to the influence of mitigating circumstances.

# CHAPTER 6: ANALYSES OF THE INFLUENCE OF MITIGATING CIRCUMSTANCES ON ACCEPTABILITY

## 6.1 Data Analysis

Cross-tabulation of responses (in proportions) was conducted for each action (see tables 6.1 & 6.2). Data were also recoded so that there were only 3 levels of acceptability and in the following order: 1 = acceptable without conditions, 2 = acceptable with conditions, 3 = not acceptable regardless of conditions. A higher score therefore denotes a higher level of unacceptability. One-way Analyses of Variance (ANOVAs) were conducted, comparing responses by the Group of the respondents (e.g., whether they were Police, Social Workers, Doctors, Nurses, Lawyers, Educators or the Public). The independent variables were the specific circumstances (e.g., frequency, age etc.) explored for each of the actions of 'Appearing naked in front of a child' and 'Not protecting a child from sexual advances of other family members'. The significant results were further explored using Tukey's HSD tests for post-hoc analyses. As with the analyses in the previous chapter, only results with  $p < .001$  were regarded as significant.

**Table 6.1**

Comparison between pooled professionals and public on ratings of circumstances for the action: Appearing naked in front of a child

MITIGATING CIRCUMSTANCE	GROUP CONDITIONS	GROUP	P	SW	D	N	L	ED	ALLPUB	
			%	%	%	%	%	%	Prof. %	%
* Acceptability with respect to (wrt) frequency	<i>Acceptable regardless of condition/s (AO)</i>		1.6	7.6	12.9	2.7	15.5	3.9	5.4	2.3
	<i>Acceptable if condition/s present (AC)</i>		13.8	16.5	30.3	11.5	27.6	12.4	16.3	10.0
	<i>Not acceptable regardless of condition/s (NA)</i>		<b>84.6</b>	<b>75.9</b>	<b>56.7</b>	<b>85.7</b>	<b>56.9</b>	<b>83.7</b>	<b>78.3</b>	<b>87.8</b>
* age of child	<i>AO</i> <sup>1</sup>		3.7	0	7.0	1.2	8.5	1.8	3.0	2.5
	<i>AC</i>		19.1	34.2	42.8	18.1	45.8	18.8	24.9	12.5
	<i>NA</i>		<b>77.1</b>	<b>65.8</b>	<b>50.2</b>	<b>80.6</b>	45.8	<b>79.4</b>	<b>72.1</b>	<b>85.0</b>
* sex of child	<i>AO</i>		11.2	19.7	35.7	11.5	40.4	15.0	18.2	9.5
	<i>AC</i>		5.3	0	4.0	1.7	3.5	1.8	2.7	2.3
	<i>NA</i>		<b>83.4</b>	<b>80.3</b>	<b>60.3</b>	<b>86.7</b>	<b>56.1</b>	<b>83.2</b>	<b>79.2</b>	88.3
* treatment compared to siblings	<i>AO</i>		4.3	7.9	11.1	4.7	10.5	3.2	5.8	6.5
	<i>AC</i>		8.5	11.8	27.3	7.4	31.6	11.8	13.3	5.0
	<i>NA</i>		87.2	80.3	61.6	87.9	57.9	85.0	80.9	88.5
* physical or mental handicap of child	<i>AO</i>		9.6	17.1	32.8	8.6	31.0	9.6	14.6	8.8
	<i>AC</i>		3.2	2.6	6.1	2.9	13.8	5.3	4.5	2.0
	<i>NA</i>		87.2	80.3	61.1	88.5	55.2	85.1	80.9	89.3
* adult's intentions	<i>AO</i>		3.2	1.3	4.0	2.0	1.8	0	2.0	2.0
	<i>AC</i>		10.2	21.1	34.7	10.7	43.9	14.9	17.8	9.5
	<i>NA</i>		<b>86.6</b>	<b>77.6</b>	<b>61.3</b>	<b>87.3</b>	<b>54.4</b>	<b>85.1</b>	<b>80.2</b>	<b>88.5</b>
* adult's stress level	<i>AO</i>		7.4	10.7	22.7	5.4	25.9	6.4	10.1	4.8
	<i>AC</i>		5.3	5.3	14.6	4.9	13.8	7.9	7.7	5.3
	<i>NA</i>		<b>87.2</b>	<b>84.0</b>	<b>62.6</b>	<b>89.7</b>	<b>60.3</b>	<b>85.7</b>	<b>82.2</b>	<b>90.0</b>
* family's financial status	<i>AO</i>		12.8	16.0	36.0	9.8	39.7	12.5	17.0	9.8
	<i>AC</i>		0.5	0	0.5	0.7	0	1.1	0.7	0.8
	<i>NA</i>		<b>86.7</b>	<b>84.0</b>	<b>63.5</b>	<b>89.5</b>	<b>60.3</b>	<b>86.5</b>	19.8	<b>89.5</b>

<sup>1</sup> (age not specified)

P = Police, SW = Social Workers, D = Doctors, L = Lawyers, ED = Educators, All Prof. = All/pooled professionals, PUB = Public



## 6.2 Appearing naked in front of child

The proportions of each group's responses for each action with regards to 'Appearing naked in front of child' are displayed in Table 6.1. Across the circumstances explored for the action 'Appearing naked in front of a child' there were significant effects for group for all circumstances.

### *Frequency*

There was a significant effect for group ( $F_{6,1608} = 23.053, p < .001$ ). Post hocs revealed that Doctors (mean = 2.44) and Lawyers (mean = 2.41) were significantly different from the Police (mean = 2.83), Nurses (mean = 2.83), Educators (mean = 2.80) and the Public (mean = 2.85).

### *Age*

There was a significant main effect for group ( $F_{6,1610} = 22.097, p < .001$ ). Post hocs revealed that Doctors (mean = 2.43) and Lawyers (mean = 2.37) were significantly different from the Police (mean = 2.73), Nurses (mean = 2.79), Educators (mean = 2.77) and the Public (mean = 2.83).

### *Sex of child*

There was a significant main effect for group ( $F_{6,1599} = 19.360, p < .001$ ). Post hocs revealed that Doctors (mean = 2.25) and Lawyers (mean = 2.16) were significantly different from the Police (mean = 2.72), Nurses (mean = 2.75), Educators (mean = 2.68) and the Public (mean = 2.79).

### *Treatment compared to siblings*

There was a significant main effect for group ( $F_{6,1597} = 13.423, p < .001$ ). Post hocs revealed that Doctors (mean = 2.51) and Lawyers (mean = 2.47) were significantly different from the Police (mean = 2.83), Nurses (mean = 2.83), Educators (mean = 2.82) and the Public (mean = 2.82).

### *Handicap*

There was a significant main effect for group ( $F_{6,1602} = 21.762, p < .001$ ). Post hocs revealed that Doctors (mean = 2.28) and Lawyers (mean = 2.24) were significantly different from the Police (mean = 2.78), Nurses (mean = 2.80), Educators (mean = 2.76) and the Public (mean = 2.81).

### *Adult's intentions*

There was a significant main effect for group ( $F_{6,1595} = 16.335, p < .001$ ). Post hocs revealed that Doctors (mean = 2.57) and Lawyers (mean = 2.53) were significantly different from the Police (mean = 2.83), Nurses (mean = 2.85), Educators (mean = 2.85) and the Public (mean = 2.86).

### *Adult's stress level*

There was a significant main effect for group ( $F_{6,1600} = 21.124, p < .001$ ). Post hocs revealed that Doctors (mean = 2.40) and Lawyers (mean = 2.34) were significantly different from the Police (mean = 2.80), Nurses (mean = 2.84), Educators (mean = 2.79) and the Public (mean = 2.85). In addition, Doctors were significantly different from the Social Workers (mean = 2.73).

### *Financial status*

There was a significant main effect for group ( $F_{6,1600} = 9.673, p < .001$ ). Post hoc revealed that Doctors (mean = 2.27) and Lawyers (mean = 2.21) were significantly different from the Police (mean = 2.74), Nurses (mean = 2.80), Educators (mean = 2.74) and the Public (mean = 2.80). In addition, Doctors were significantly different from the Social Workers (mean = 2.68).

### *Summary of observations*

The results suggested there were two subgroups. In one subgroup there were Doctors and Lawyers who were similar in their opinions. In another subgroup, there were Police, Nurses, Educators and the Public, who were similar to each other. Groups within each subgroup were never significantly different from each other, but the subgroups were significantly different from each other. Across the eight circumstances explored for this action, the Doctors and Lawyers seemed to be more permissive of appearing naked compared to the Police, Nurses, Educators, and the Public.

## **6.3 Not protecting child from sexual advances of family members**

The proportions of each group's responses for each action with regards to 'Not protecting child from sexual advances of family members' are displayed in Table 6.2.

### *Summary of observations*

Across the circumstances explored for the action of 'Not protecting child from sexual advances of family members' there were no significant differences. The lack of significant effect for group indicates that for this action, regardless of the circumstances, the groups explored did not have a significant effect in influencing the acceptability of the behaviour. Together with the consistent modal selection of 'Never acceptable regardless' by each group for all circumstances explored, it is clear that all professions explored were similar. This action was not acceptable regardless of circumstances.

**Table 6.2**

*Comparison between pooled professionals and public on ratings of circumstances for the action: A parent not protecting a child from sexual advances of other family members*

MITIGATING CIRCUMSTANCE	CONDITIONS	GROUP	P	SW	D	N	L	ED	Pooled PUB Prof.	
			%	%	%	%	%	%	%	%
* Acceptability with respect to frequency	<i>Acceptable regardless of condition/s (AO)</i>		1.1	0	0	0.5	0	0.4	0.4	0.8
	<i>Acceptable if condition/s present (AC)</i>		1.1	1.2	1.0	0.5	0	0.4	0.7	2.0
	<i>Not acceptable regardless of condition/s (NA)</i>		<b>97.9</b>	<b>98.8</b>	<b>99.0</b>	<b>99.0</b>	<b>100.0</b>	<b>99.3</b>	<b>98.9</b>	<b>97.2</b>
* age of child	<i>AO</i> <sup>1</sup>		2.1	0	0.5	0.5	1.7	0.4	0.7	0.3
	<i>AC</i>		0	0	0	0.7	0	0.7	0.4	2.3
	<i>NA</i>		<b>97.9</b>	<b>100.0</b>	<b>99.5</b>	<b>98.8</b>	<b>98.3</b>	<b>98.9</b>	<b>98.9</b>	<b>97.5</b>
* sex of child	<i>AO</i>		2.1	0	0.5	0.5	1.7	0.7	0.8	0.8
	<i>AC</i>		0.5	0	0	0	0	0.4	0.2	1.0
	<i>NA</i>		<b>97.4</b>	<b>100.0</b>	<b>99.5</b>	<b>99.5</b>	<b>98.3</b>	<b>98.9</b>	<b>99.0</b>	<b>98.2</b>
* treatment compared to siblings	<i>AO</i>		1.6	0	0.5	0.7	0	0.3	0.7	1.0
	<i>AC</i>		0	0	0	0.5	1.7	0.7	0.4	1.0
	<i>NA</i>		<b>98.4</b>	<b>100.0</b>	<b>99.5</b>	<b>98.8</b>	<b>98.3</b>	<b>99.0</b>	<b>98.9</b>	<b>98.0</b>
* physical or mental handicap of child	<i>AO</i>		2.1	0	0.5	0.7	1.7	0.3	0.8	1.3
	<i>AC</i>		0	0	0	0.2	0	0.7	0.2	3.3
	<i>NA</i>		<b>97.9</b>	<b>100.0</b>	<b>99.5</b>	<b>99.0</b>	<b>98.3</b>	<b>99.0</b>	<b>98.9</b>	<b>98.5</b>
* adult's intentions	<i>AO</i>		0.5	0	0.5	0.5	0	0	0.3	0.3
	<i>AC</i>		2.1	0	0	0.5	1.7	1.1	0.8	3.3
	<i>NA</i>		<b>97.4</b>	<b>100.0</b>	<b>99.5</b>	<b>99.0</b>	<b>98.3</b>	<b>98.9</b>	<b>98.9</b>	<b>96.5</b>
* adult's stress level	<i>AO</i>		1.1	0	0.5	0.2	1.7	0.7	0.6	0.5
	<i>AC</i>		1.1	2.5	0	0.7	0	0.7	0.7	1.3
	<i>NA</i>		<b>97.9</b>	<b>97.5</b>	<b>99.5</b>	<b>99.0</b>	<b>98.3</b>	<b>98.6</b>	<b>98.7</b>	<b>98.2</b>
* family's financial status	<i>AO</i>		1.6	0	0.5	0.5	1.7	0.7	0.7	1.0
	<i>AC</i>		0	0	0	0.2	0	0.3	0.2	0.8
	<i>NA</i>		<b>98.4</b>	<b>100.0</b>	<b>99.5</b>	<b>99.3</b>	<b>98.3</b>	<b>99.0</b>	<b>99.1</b>	<b>98.2</b>
* parents' work schedule	<i>AO</i>		1.6	0	0.5	0.5	1.7	0.3	0.7	0.8
	<i>AC</i>		1.1	1.2	0.5	0.7	0	0.7	0.7	1.3
	<i>NA</i>		<b>97.4</b>	<b>98.8</b>	<b>99.0</b>	<b>98.8</b>	<b>98.3</b>	<b>99.0</b>	<b>98.6</b>	<b>98.0</b>

<sup>1</sup> (age not specified)

P = Police, SW = Social Workers, D = Doctors, L = Lawyers, ED = Educators, All Prof. = All/pooled prof., PUB = Public

## 6.4 Summary and Conclusions

All circumstances explored revealed significant differences between professions for the action adult appearing naked in front of a child. However, not protecting a child from sexual advances of family members revealed no significant difference for any of the circumstances explored. Circumstances seemed to matter when considering an adult appearing naked in front of a child. However, not protecting a child from sexual advances was unacceptable regardless of the circumstance explored. This suggests that appearing naked in front of a child is tolerable to a certain extent. However, while professionals differ somewhat, there is not much difference across circumstances. Therefore, it is not that individual respondents paid a lot of attention to circumstances – acceptability or otherwise depended more on their general interpretation of the action than their consideration of the circumstances.

The next chapter provides a brief overview of cases of child sexual abuse encountered by professionals.

# CHAPTER 7: CHARACTERISTICS OF MOST RECENT ENCOUNTERS

## 7.1 Ratings of Incidents

In monograph 2, the results of professionals' ratings on seriousness with regards to 17 different scenarios were discussed (Elliott, *et al.*, 2000). Three of the 17 actions explored pertained to child sexual abuse. The professional respondents were requested to rate each scenario on a 9-point increasing scale of seriousness (i.e., 1 indicated 'not serious' and 9 indicated 'very serious') on the assumption that the statements refer to a seven-year-old child. The scenarios considered were as follows:

- The parent fondles the child's genital area.
- The mother's boyfriend frequently bathes the girl.
- The parent repeatedly shows the child pornographic pictures.

It was noted that the highest ratings were for the incidents, "The parent fondles the child's genital area" and "The parent repeatedly shows the child pornographic materials". Comparisons of the mean scores across professions using one-way ANOVAs (alpha level 0.001) revealed no significant differences across the professions. Only for the action of "The mother's boyfriend frequently bathes the girl", were there any significant differences revealed. For this scenario, the Educators' ratings were significantly higher than all other professions compared. This implied that educators regarded this scenario as more serious than the other professions. The results indicated the seriousness with which such incidents and perhaps sexual abuse itself are viewed.

Fontanella, Harrington and Zuravin (2000) examined children aged 2-5 yrs on demographics, abuse characteristics, to investigate if abuse discovery was accidental or purposeful, children's symptoms, and child and family factors. They noted that boys and girls experienced different forms of abuse. Boys were more likely to experience fondling, oral and anal intercourse. Furthermore, the majority of abusers were males who were non-strangers. Older children were more capable of self-disclosing, while boys were revealed to have more developmental delays and aggressive symptoms than girls. Furthermore, Heger, Ticson, Velasquez and Bernier (2002) noted that biological parents are less likely to engage in severe abuse than parental substitutes, extended family members or strangers. They also felt that history from the child is more crucial than medical examinations when determining if sexual abuse has occurred. However, the ability to obtain an accurate history from a child cannot be assumed, especially if leading questions are not avoided.

In the present study, professionals were asked to describe their most recent encounter of a child abuse and/or neglect case. The next section provides the number of professionals who had indicated encounters of any child maltreatment cases, as well as those who had encountered sexual abuse.

## 7.2 Case Encounters

The proportions of each profession who generally encountered child maltreatment cases and specifically encountered child sexual abuse cases is displayed in Table 7.1. This revealed only *the most recently* encountered child maltreatment case by each professional and does not imply it was the only case encountered by the respondent or the profession. Whether or not these cases ever came to the attention of the relevant authorities is not known. These cases reflect what in the respondents' opinions were child sexual abuse cases.

Overall, over half of the professionals surveyed indicated a recent encounter of what they thought was child maltreatment. The Police, Doctors and Social Works seemed to be the professions who had the most encounters of child maltreatment cases. These are the main groups who manage child maltreatment cases in Singapore. It was observed that at least 40% of each professional group had indicated a recent encounter of child maltreatment. The Social Workers had the highest proportion of respondents with recent encounters of child maltreatment cases. In contrast, the Lawyers had the lowest proportion of respondents of such encounters.

**Table 7.1**

Numbers (and percentage) of child abuse and neglect (CAN) cases, and child sexual abuse (CSA) cases encountered by respondents within each profession

Profession	CAN Cases Encountered	CSA Cases Encountered
Police %	128/190 67.4%	18/190 9.5%
Social Workers %	66/91 72.5%	12/91 13.2%
Doctors %	121/207 58.5%	16/207 7.7%
Nurses %	195/414 47.1%	27/414 6.5%
Lawyers %	25/61 40.9%	8/61 13.1%
Educators %	128/289 44.3%	10/289 3.5%
TOTAL %	663/1252 53.0%	91/1252 7.3%

*Note.* There may be repeated descriptions of the same case by different respondents within or between the professions explored.

With regards to child sexual abuse cases, very few respondents from each profession seemed to have recently encountered child sexual abuse cases. Less than 10% of the professionals surveyed seemed to recall a recent encounter in that category. This is a cause for some concern since cases of child sexual abuse are actually the most common form of abuse, but were evidently noticed less, or were less willingly mentioned by the respondents. The Social Workers and Lawyers had the highest proportions of respondents (within their respective professions) with recent encounters of child maltreatment cases, including sexual abuse cases. In contrast, Educators had the lowest proportion of respondents of such encounters.

### **7.3 Perpetrators of child sexual abuse**

Amongst the cases encountered by the professionals, it was noted that the perpetrators were usually the father or the step-father. Other perpetrators noted included neighbour, mother's boyfriend, uncle, inmate at Home, mother, female babysitter, brother's friend and instructor. This does not correspond with the official statistics that indicate 'others' as the most common perpetrators. Child sexual abuse in Singapore is also perpetrated by females, as reflected in the literature earlier.

### **7.4 Descriptions of encountered sexual abuse cases**

An overview of the range of child sexual abuse cases encountered by the respondents is provided in Table 7.2. The responses of both professionals and the public were noted, but only one member of the public mentioned a case they regarded as sexual abuse. This strongly suggests that either the public were unwilling to mention such cases, or they were unaware of them. It should be noted that the table does not include all responses of recently encountered child sexual abuse cases. Similar situations and/or cases (if obvious) were omitted from the Table. Responses with inadequate descriptions (e.g., responses such as "Sexual Abuse"), were also excluded from the Table. However, all such responses were included for tabulation in Table 7.1.

#### *Range of cases seen by each group*

Multiple victims within individual cases were noted among the Police, Social Workers and Lawyers, though rarely. Most of the cases encountered seemed to involve individual victims who may or may not have been the only child in their families.

**Table 7.2**

Descriptions of cases which appear to entail child sexual abuse

Case No.	Victim/s	Source	Description
1.	Girl	Police	Father reported case. Girl reported that for over two months, her 16-year-old uncle molested her. This happened when victim's mother brought her to a relative's flat where the incidents took place.
2.	Girl	Police	She was frequently taught to masturbate by inserting her fingers into her vagina. 2 years later activity became a habit she indulged in.
3.	Girl	Police	The child was molested and raped occasionally, and was put in fear under the pretext that he will harm the child's mother if child informed mother of the event that took place. No basic meal, clothing nor love was provided.
4.	Girl	Police	3 men sexually abused child, one of whom she regards as her own 'uncle' though they are not related to one another. The child came across the 'uncle' who subsequently befriended her.
5.	Girl	Police	The child informed that her mother's boyfriend touched her private part. It had happened several times.
6.	Uncertain	Police	Their grandfather sexually abused the children twice.
7.	2 Girls	Police	Natural father- drinker raped two daughters. While he had sex with one, the other stood beside to watch the act. Mother had gone to JB to have her passport stamped.
8.	Girl	Police	The stepfather forced her to have sex with him on several occasions.
9.	3 Girls	Police	Child was molested. Father of child was in DRC while mother had passed away. Family was known in neighbourhood as "cheap". Victim has three other sisters. Residents in the neighbourhood usually molested two of the sisters.
10.	Girl	Police	Stepfather was caning child at times for no apparent reason especially when he got drunk. Mother was working. Often child and siblings are at home unsupervised. On many occasions stepfather had tried to take advantage of her.
11.	1 Girl, 1 Boy	Social Worker	Wife claims husband played with son's penis. Behaviour of daughter indicates sexual abuse.
12.	Girl	Social Worker	Uncle sexually abused girl. Father knew but ignored. Grandmother verbally abused girl when she reported, to protect uncle.
13.	Girl	Social Worker	Girl woke up in the middle of the night to discover mother's boyfriend fondling her breasts. She fought him off and did not dare go to sleep. This happened 2-3 times.
14.	Girl	Social Worker	Stepfather touching, fondling and sleeping stepchild's breasts and private parts when mother was not at home.
15.	Girl	Social Worker	Mother accused spouse (father) of poisoning the food and molesting child. Father later overdosed the child.



Case No.	Victim/s	Source	Description
16.	Girl	Social Worker	Child was unable to verbalise events. Parents noticed a great change in child's behaviour, such as wanting to touch father's private parts and persistently point at her own vagina.
17.	Girl	Social Worker	Child was poked with fingers at her stomach, vaginal area and anal region until there was bloodstain on panty. She was threatened not to complain about it. This took place at school in boy's toilet.
18.	Girl	Doctor	Father (suspected) impregnated mentally subnormal child.
19.	Girl	Doctor	Child was changing in the room when her father forced his way into the room. This was discovered and stopped by the mother before anything else could happen. According to mother, father has history of molesting other children as well.
20.	Boy	Doctor	Sexual abuse by fellow inmate in boy's home.
21.	Uncertain	Doctor	Fondling of genitalia.
22.	Uncertain	Doctor	Uncertain of frequency but discovery was because child was found to have gonorrhoea due to passage from female baby sitter. Possibly due to digital transmission.
23.	Girl	Doctor	The child exhibited hypersexualised behaviour by practicing masturbation-like behaviour several times a day with her mother, commencing from the time she was brought back to stay with the parents.
24.	Girl	Doctor	Molested by neighbour on several occasions. Child claimed neighbour fondled private parts and inserted his finger into her vagina and anus.
25.	Girl	Doctor	Statutory rape by boyfriend. Child was a willing partner.
26.	Uncertain	Doctor	Molested by uncle while alone with him on at least three occasions.
27.	Uncertain	Nurse	Sodomy-may be frequent due to scarring tissue around anus.
28.	Girl	Nurse	Father sexually abused child. He forced her to fondle his genitals and to masturbate for him.
29.	Girl	Nurse	Mother noticed child to be touching, fondling own genitals and breasts. On examination vagina was slightly gaping.
30.	Girl	Nurse	Neighbour's teenage son raped girl who died from profuse bleeding from the vagina.
31.	Girl	Nurse	Happened when mother and sibling are not at home. Father ill-treated the child until she got pregnant without her knowledge, when she complained of severe abdominal pain.
32.	Girl	Nurse	The child's uncle tried to rape her by inserting his penis into her vagina when parents were out and she was under his care. Had torn her vagina and in panic had stopped and called for an ambulance. She had second degree tear.
33.	Girl	Nurse	Stepfather many times during past year sexually assaulted child.

Case No.	Victim/s	Source	Description
34.	Uncertain	Lawyer	Rape over a period of time and outrage of modesty
35.	Uncertain	Lawyer	Sexual assaults by father four times over three months.
36.	2 Girls	Lawyer	Stepfather had sexual intercourse and fellatio with elder stepdaughter and fellatio with younger stepdaughter while natural mother was out working nightshift. Sexual intercourse occurred three times, fellatio once in about 2 months.
37.	Uncertain	Lawyer	Father molested child.
38.	2 Girls(at least)	Lawyer	Father sexually molested daughters through fondling and creeping into bed and demanding sex, oral foreplay.
39.	Boy	Lawyer	Warden of boy's home brought the boy home to be sexually abused by his own wife.
40.	Girl	Educator	Girl playing with private parts often. Also not as bubbly, jovial as before.
41.	Girl	Educator	Child subjected to a single room flat, to watch mother and boyfriend having intimate relationship. Mother's boyfriend often alone with the child.
42.	Girl	Educator	Girl reported that an uncle had molested her three times.
43.	Uncertain	Educator	Sexual abuse by natural father and third stepfather.
44.	Girl	Educator	Brother's friend lifted her skirt and touched her underwear on two occasions. She reported to her mother. Her brother did not believe her.
45.	Uncertain	Educator	The instructor fondled the child's genital area once.
46.	Boy	Public	The child's body was burnt with cigarette butts and the child was sexually harrassed.

Note. Descriptions were edited for grammar, but were otherwise unchanged. Age of victims was not included as descriptions did not mention the age of children most of the time.

It was not surprising to note that the victims of child sexual abuse were predominantly female, in line with the officially reported figures. However, boys were also victims in some instances. In some cases the gender of the victim was unclear due to the vagueness of the descriptions.

Another observation was that sexual abuse of the child victim was mostly the only form of abuse the child experienced. Only in a few cases (e.g., case nos. 3, 10) were multiple forms of maltreatment noted.

Most of the child sexual abuse encounters involved children undergoing multiple occasions of sexual victimisation. In some cases (e.g., case no. 9), it was observed that the children had experienced long term sexual abuse. For such victims, rehabilitation is possibly harder. This is because the abusive

behaviour might have become almost habitual, where the children may have adapted themselves to accept the abuse, regardless of their ability to prevent it.

Death of the sexually abused victims, such as in case no.30, was rarely noted in the recent encounters. However in this case the perpetrator was a teenager who was probably ignorant of the possibility of such a consequence.

## **7.5 Summary and Conclusions**

Social Workers and Lawyers were the respondents most likely to mention recent encounters of child sexual abuse cases, and child maltreatment cases generally. However, reports of child sexual abuse were rarer than their occurrence in official figures would have suggested. Perpetrators noted in the recent encounters were usually the father or the step-father. This is entirely consistent with what is known of the nature of familial child abuse; but it is notable also that few cases of extra-familial abuse were noted although this is officially the largest category.

# CHAPTER 8: DISCUSSION AND CONCLUSION

## 8.1 Summary of findings

As seen in Chapter 1, legal definitions are not identical across countries. This may be due to the different concerns that need to be addressed in each country. There are several types of child sexual abuse. Types of child sexual abuse can be classified by the act involved (i.e., direct or indirect acts) or by the relationship of the perpetrator to the victim (i.e., intra-familial or extra-familial).

As observed in Chapter 2, child sexual abuse while not hard to define, is not always easy to detect, nor can potential perpetrators be easily predicted. Child sexual abuse may be defined as “the exploitation of a child or young person for sexual gratification, or any sexual activity between an adult and a child (see page 1)”. Child sexual abuse cases are managed by MCDS, and in larger numbers by MHA. These ministries take their data from different perspectives even though both use the legal definition in the C & YP Act (2001). MCDS notes cases requiring rehabilitation and protection, while MHA notes offences. However, all cases of “child sexual abuse” (as noted by MCDS) and “sexual offences against children” (as noted by MHA) fall clearly within the definition of child sexual abuse and are likely to have an impact on the child.

As noted in Chapter 3, child sexual abuse is a phenomena that cannot be categorised as paedophilia or incest only. Multi-factor explanations are more useful for theoretical explanations of perpetrator behaviour and child victimisation than single factor explanations. An ecological multi-factor model is widely referred to when considering risk factors, but it does not give insight into the actual mechanisms by which child sexual abuse occurs.

The consequences of child sexual abuse (Chapter 4) can involve a range of short- and/or long-term effects. However, the eventual effect depends on the nature of the abuse and, on its detection, halting and treatment by professionals and the public, if not the child’s own family.

The actions studied were generally considered unacceptable and as abuse (see Chapter 5). Only one of the two actions explored with respect to mitigating circumstances revealed significant differences (Chapter 6). For the action involving an adult not protecting a child from the sexual advances of other family members, the responses of the different participating groups were similar and all regarded the action as unacceptable regardless of the circumstances provided. For the action involving an adult appearing naked in front of a child, the Police, Nurses, Educators and the Public regarded the action as more unacceptable than Doctors and Lawyers.

Only small proportions of each profession explored reported recent encounters of what they would regard as child sexual abuse (Chapter 7). Most recent encounters of child maltreatment cases as well as child sexual abuse cases seemed to be noted by Social Workers and Lawyers.

## 8.2 Implications of findings

### *Child welfare and child protection are important*

Child protection should begin at the point where perpetrators pose a risk to the child. Detection of child sexual abuse, as with other forms of child maltreatment, usually involves an evident event that occurred. However, signs of sexual abuse can be hard to detect without a medical examination, or in cases when no physical signs are left. Behavioural signs can help, but it is important not to risk an incorrect judgement on a matter with serious repercussions for both the child and the suspected perpetrator. It is therefore important that observations of behaviour not be confined to the child; rather, all sources of evidence should be utilised in the assessment. It is also, however, important to prevent child sexual abuse from ever occurring in the first place, and an ecosystems approach is valuable in so far as it allows identification of the many societal and personal risk factors which need to be addressed. For example, secure attachment in early childhood would seem to have a part to play in diminishing the risk of abuse, and policies which promote or assist it are to be encouraged.

### *Need for social responsibility*

This requires the combined efforts of professionals and the public. It is usually a lay person, often a family member, who is first to encounter a child maltreatment case. As such there is some obligation for the individual to report to the relevant authorities because only after receiving a report, can professional investigation and intervention begin. Individuals need to exercise concern and responsibility to detect and report child sexual abuse.

### *Need for greater awareness*

Anderson (1999) regarded having a multidisciplinary professional team with clear roles and ongoing team meetings to keep communication open and boundaries clear as vital for preventing incest. Singapore already has in place inter-ministry case conferences to discuss and manage child abuse and neglect cases. There is a certain willingness, among the professionals and the public, to regard actions as unacceptable and denoting sexual abuse. To some extent, this disapproval is qualified by the exact action and circumstances, but in general, tolerance of actions perceived as abusive is low. As the actions pertaining to child sexual abuse in the present study were all mostly regarded as abuse, it should not be surprising that the tolerance for these actions were also low.

It is also clear from the results of the present study that child sexual abuse within the family (i.e., intra-familial child sexual abuse) is considered unacceptable. This is noticed from the clear abhorrence the professional and public samples revealed to 'a parent not protecting a child from sexual advances of other family members'. Nonetheless, it is embarrassing to report a case of child sexual abuse within the family. Even though there is a high rate of child sexual abuse cases officially reported, the MHA data do suggest that extra-familial abuse comprises the majority of the child sexual abuse cases. This is consistent with the possibility that people are more reluctant to come forward when child sexual abuse occurs within the family.

Children can themselves report child sexual abuse, and hotlines such as Singapore Children's Society's Tinklefriend help to serve that purpose. Unfortunately, as with other forms of abuse, child sexual abuse victims can be psychologically influenced into submission as they are unsure of who to tell, who will believe, if it is normal, if it is abnormal, what will happen, etc. All these factors leave victim with feelings of powerlessness to avoid the abuse or the abuser.

Ensink (1992) summarised the dynamics of child sexual abuse in five phases. An understanding of these phases helps to explain why reporting of sexual abuse within the family (i.e., intra-familial sexual abuse) can be problematic:

- the engagement phase,
- the sexual interaction phase,
- the secrecy phase,
- the disclosure phase, and
- the phase of suppression

In the engagement phase, when the adult is a position of authority (e.g., father, uncle close to the family) the child interprets that sexual abuse is acceptable. However, at this stage there is no sexual intercourse. Body contact (i.e., even if amounting to sexual abuse) is vague to the child and family.

In the sexual interaction phase body contact is more explicit, where the perpetrator instigates the child to participate in sexual activities. At this stage it is possible to note when 'boundaries' are crossed. Ensink (1992) points out that oral sex, mutual masturbation, anal and vaginal penetration are frequently noted but need not always be present.

In the secrecy phase, "blackmail and coercion" occur (Ensink, 1992:58). The perpetrator threatens the child to ensure that the crime is not revealed to other family member. The children have to keep the abuse a secret for fear of the perpetrator and/or the perpetrator's threat.

In the disclosure phase, the child reveals to the family the secret, which may be by accident or on purpose. However as Ensink (1992) highlighted, the family's reaction to the revelation is often influenced by the perpetrator's role and loyalty in the family. Ensink also pointed out that often non-family members tend to act towards protecting the child, while the immediate family members react by protecting the perpetrating adult first.

The final phase involves suppression of the child's report. The family members may attempt to minimise the severity of the crime or the child's report, even if they believe the report. Ensink (1992) reasoned that family members may do so to avoid anger and discomfort over the situation, avoid adverse publicity, or avoid intervention by police and social services. Suppressing the truth, when done well, enables the family to appear as a 'normal family' in the public eye. It is hard even for professionals to detect child sexual abuse in such families. However, for families who are unable to suppress the truth well, there are usually other family problems which when investigated, would reveal the occurrence of child sexual abuse. As discussed in the earlier in the chapter on theories, common indicators or risk factors can be used to detect these families.

#### *Tolerance for naked bodies?*

Partial nakedness is not uncommon in the media. Everyday, drama series, lingerie advertisements, and even cartoons contain examples of nakedness and sexual allusion. The child is exposed and perhaps sensitised to accept nakedness to a certain level. However, the child needs to know when the exposure is inappropriate relative to the standards of modesty prevailing in his or her family and

society. Excessive prudishness is not necessary, but children and adults alike should not accept or allow exposures with sexual overtones.

#### *Children's vulnerability and information technology*

Singapore places importance in developing and keeping up with technological advancements. Accessibility to the internet has become commonplace in many homes locally. However, without adequate supervision and control, children can access inappropriate information or images, even though they are under-aged and a certain level of censorship already exists for internet users in Singapore. There are also several avenues to meet new 'friends' via the internet or mobile phone services. Sadly, children fall prey to some 'friends' seeking sexual exploitation and/or sexual gratification. While technological advancement is useful and necessary for the economical progress of the country, there should also be greater caution for the protection of children as they may become more vulnerable to child sexual abuse. This is not a cautionary note for parents to be over-protective or to over-control their children. Instead, it is more important that the care-giving adults be aware to protect their own children's well-being.

### **8.3 Recommendations**

#### *Education on safety from child sexual abuse for local families*

Local parents should be more willing to discuss the risks of child sexual abuse with their children, despite the apparent discomfort. There needs to be adequate education for parents and children on child protection issues especially in the area of child sexual abuse. Such efforts should ensure that children know about the possible risks and how to avoid or prevent them. If things are not explained to them through parents or other education efforts, then children would not know how to protect themselves from sexual abuse. A resource for parents or members of the public to get advice on what to do if they suspect child sexual abuse is occurring might be considered. Existing hot-line facilities tend to be seen as focused on reporting cases, rather than giving advice in cases of doubt.

#### *Awareness of sexual abuse amongst adolescents*

Adolescents are an especially vulnerable group with regards to child sexual abuse, due to the developmental stage they are in. Sexual interests and intimate relationships are common to the developing adolescent. There needs to be sufficient efforts to educate the maturing children to be alert and act wisely to avoid sexual exploitation.

#### *Professionals need to be sensitised to note physical and psychological signs of sexual abuse*

Due to the secrecy that usually accompanies child sexual abuse, it can be extremely difficult to detect a sexually abused child. Professionals across disciplines need to manage the cases carefully and in a sensitive manner. While the basic requirement would be to note the signs and symptoms of child sexual abuse, it is crucial that professionals also manage the case to protect the psychological wellbeing of the child. Professional bodies could make an effort to ensure wider awareness, and if necessary training, among their members.

#### *Cross-disciplinary professional education*

In light of the above recommendation, it would be beneficial to have professional education that caters to a range of professions. This enables knowledge sharing, while it also promotes better understanding of the roles of each profession in the management of child sexual abuse in Singapore.

This would be a step beyond current efforts of multi-disciplinary platforms for case conferencing and information sharing locally.

## **8.4 Suggestions for future studies**

### *Longitudinal or cross-sectional studies on victims and perpetrators*

It would be useful to gather information on local cases of child sexual abuse with regards to detection and management of such cases. Such information would be crucial in informing on the range and extent of services and intervention required for stopping and preventing the abuse.

### *Research on case management*

Apart from understanding victims and perpetrators, the professional management of child sexual abuse in Singapore also needs examination. The range of information noted by each profession involved could be compared and suggestions could be made for greater unity in data gathering and information storage. Such efforts would enable better information sharing across professions, while also reducing stress on victims who may be subjected to repeated interviews on similar questions by different professionals.

### *Studies on recidivism or repeat offences*

The issue of ‘repeat offenders’ is often examined where criminals and addictions are concerned. With regards to child sexual abuse, there have been local cases involving multiple offences by single perpetrators, or multiple victimisations of certain individuals. Such studies would help improve remedial efforts for perpetrators and victims, and they may also enable detection and protection of at-risk victims.

### *Parenting studies*

An examination of actual parenting practices locally, especially in relation to sexual matters might provide valuable information regarding possible limits to child sexual abuse, and would provide a better basis for public education efforts necessary to equip parents to teach their children on child protection adequately and accurately.

## **8.5 Conclusion**

Child sexual abuse is an emotional topic. An unjust accusation of abuse is a grave risk if reporting is done too readily or with little evidence, but an unassisted victim of abuse is also unacceptable. Great sensitivity and care is needed in trying to detect genuine cases, and a wider preventive approach is essential. For these reasons, research that throws light on current practice or on the underlying explanation of child sexual abuse is still needed.



## REFERENCES

- Alexander, P.C. (1992). Application of attachment theory to the study of sexual abuse. *Journal of Consulting and Clinical Psychology, 60*, 185-195.
- Alexander, P.C., and Lupfer, S.L. (1987). Family characteristics and long-term consequences associated with sexual abuse. *Archives of Sexual Behavior, 16*(3), 235-245.
- Anderson, D.M. (1999). Sexual Abuse, Professional Boundaries and the Rural World. *Journal of Child Sexual Abuse, 8*(3), 85-94.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington, USA: Author. Retrieved April 22, 2003, from <http://home.tiscali.nl/~ti137156/helping/articles/dsm.htm>
- American Psychological Association. (2001). *Publication Manual of the American Psychological Association* (5<sup>th</sup> ed.). USA: Author.
- Baron, R.A. (1989). *Psychology* (2<sup>nd</sup> ed.). USA: Allyn & Bacon.
- Beitchman, J.H., Zucker, K.J., Hood, J.E., DaCosta, G.A., Akman, D., Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect, 16*, 101-118.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist, 35*, 320-335.
- Bolen, R.M. (2001). *Child sexual abuse: Its scope and our failure*. New York: Kluwer Academic/Plenum Publishers.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*, 513-531.
- Browne, A. & Finkelhor, D. (1986). Initial and long-term effects : A review of the research. In D. Finkelhor, S. Araji, L. Baron, A. Browne, S.D. Peters & G.E. Wyatt (Eds.), *A sourcebook on child sexual abuse*. California, USA: Sage Publications.
- Burnam, M.A., Stein, J.A., Golding, J.M., Sieal, J.M., Sorenson, S.B., Forsythe, A.B., & Telles, C.A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology, 56*, 843-850.
- Burns, J.F. (1999, March 1). *Child Marriages, Though Illegal, Persist in India*. Message posted to All Together International, archived at <http://www.alltogether.org/wwwboard/messages/7.html>
- 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 & Young Persons Act. (1989). Version No. 072 of Act No. 56/1989 comprising amendments as at June 19, 2002. Retrieved February 18, 2003, from [http://www.dms.dpc.vic.gov.au/12d/C/ACT00797/7\\_2.html](http://www.dms.dpc.vic.gov.au/12d/C/ACT00797/7_2.html)
- Corby, B. (2000). *Child abuse: Towards a knowledge base* (2<sup>nd</sup> Ed.). Great Britain, UK: Open University Press.
- Davison, G.C., & Neale, J.M. (1994). *Abnormal psychology* (6<sup>th</sup> Ed.). New York, USA: John Wiley & Sons.
- DeSalvo, L.A. (1989). *Virginia Woolf: The impact of childhood sexual abuse on her life and work*. Boston : Beacon Press.
- Ensink, B. I. (1992). *Confusing realities: A study on child sexual abuse and psychiatric symptoms*. Amsterdam: Free University Press.
- 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.
- Elliott, J.M., Chua, Y.S., Thomas, J.I. (2002). *Emotional maltreatment of children in Singapore: Professional and public perceptions*. Singapore: Singapore Children's Society.
- Erickson, M.T. (1993). Rethinking Oedipus: An evolutionary perspective of incest avoidance. *American Journal of Psychiatry*, 150 (3), 411-416.
- Finkelhor, D. (1984). *Child sexual abuse: New theory & research*. New York, USA: The Free Press.
- Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children*, 4(2), 31-53. Retrieved February 18, 2003, from [http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc\\_id=7421](http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=7421) 5
- Finkelhor, D., Araji, S., Baron, L., Browne, A., Peters, S.D., & Wyatt, G.E. (1986). *A sourcebook on child sexual abuse*. Newbury Park, USA: Sage Publications, Inc.
- Fontanella, C., Harrington, D., & Zuravin. (2000). Gender differences in the characteristics and outcomes of sexually abused preschoolers. *Journal of Child Sexual Abuse*, 9(2), 21-40.
- Green, A.H. (1988). Overview of the literature on child sexual abuse. In D.H. Schetky, A.H. Green (Eds.), *Child sexual abuse – A handbook for health care and legal professionals* (pp. 30-56). New York, USA: Brunner/Mazel.

- Gomes-Schwartz, B., Horowitz, J., and Cardarelli, A. (1990). *Child Sexual Abuse: The Initial Effects*. Newbury Park, CA: Sage.
- Health Today Online. (2002, December 3). *Lack of recognition of domestic violence in Singapore scored*. Retrieved December 3, 2002, from <http://www.healthtoday.net/disphltnews.cfm?filename=violence.htm>
- Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: Medical findings in 2384 children. *Child Abuse and Neglect*, 26(6/7), 645-659.
- Herman, J.L. (1981). *Father-daughter incest*. Massachusetts, USA: Harvard University Press.
- Hewitt, S.K. (1999). *Assessing allegations of sexual abuse in preschool children. Understanding small voices*. California, USA: Sage Publications.
- Ingram, M. (2002). *Virginia Woolf's psychiatric history: Summary and site guide*. Retrieved February 6, 2003, from <http://ourworld.compuserve.com/homepages/malcolmi/VWFRAME.HTM>
- Interpol. (2003a). *Legislation of Interpol member states on sexual offences against children – India*. Retrieved March 4, 2003, from <http://www.interpol.int/Public/Children/SexualAbuse/NationalLaws/csaIndia.asp>
- Interpol. (2003b). *Legislation of Interpol member states on sexual offences against children – Japan*. Retrieved March 4, 2003, from <http://www.interpol.int/Public/Children/SexualAbuse/NationalLaws/csaJapan.asp>
- Interventions for Support Healing and Awareness (IFSHA). (2002). *Rape and child sexual abuse*. Retrieved December 30, 2002, from <http://www.ifsha.org/law.htm>
- Larson, N.R. & Maddock, J.W. (1986). Structural and functional variables in incestuous family systems: Implications for assessment and treatment. In T.S. Trepper & M.J. Barrett (Eds.), *Treating incest: A multimodal systems perspective*. New York: Harworth Press.
- Ministry of Community Development and Sports (2001). *Management of child abuse in Singapore: A manual for professionals and service providers working with children*. Singapore: Ministry of Community Development and Sports.
- Ministry of Community Development and Sports. (2002a). *Love our Children Prevent Child Abuse* [Brochure]. Singapore: Author.
- Ministry of Community Development and Sports. (2002b). *National standards for protection of children*. Retrieved May 22, 2003, from [http://www.mcds.gov.sg/MCDSFiles/Resource/Materials/Standards\\_Protection\\_Children.pdf](http://www.mcds.gov.sg/MCDSFiles/Resource/Materials/Standards_Protection_Children.pdf)

- National Clearinghouse on Child Abuse and Neglect Information. (2001, April). *Definitions, Scope, and Effects of Child Sexual Abuse*. Retrieved February 7, 2003, from <http://www.calib.com/nccanch/pubs/usermanuals/sexabuse/effects.cfm>.
- Parker, H. & Parker, S. (1986). Father-daughter sexual abuse: An emerging perspective. *American Journal of Orthopsychiatry*, 56(4), 531-549.
- Penal Code (Amendment) Act (1995). No. 22 of 1995. Sri Lanka: Department of Government Printing.
- Quah, S.R. (1999). *Study on the Singapore family*. Singapore: Ministry of Community Development.
- Ray, K.C., Jackson, J.L. & Townsley, R.M. (1991). Family environments of victims of intrafamilial and extrafamilial child sexual abuse. *Journal of Family Violence*, 6(4), 365-374.
- Republic of Singapore. (1993). *Children and Young Persons Act*. Singapore: Singapore National Printers Ltd.
- Russell, D.E.H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Seneviratne, M. (1999, January 18). *Family, Social and Economic Perspective: Origins, Prevention and Care: Sexual Abuse of Children*. Paper presented at the 1999 UNESCO Expert Meeting (Paris) on Sexual Abuse of Children, Child Pornography and Paedophilia on the Internet: An International Challenge. Retrieved March 3, 2003, from [http://www.unesco.org/webworld/child\\_screen/documents/seneviratne.rtf](http://www.unesco.org/webworld/child_screen/documents/seneviratne.rtf).
- Shaw, K. (2002). *A summary of the literature on child sexual abuse and exploitation: An introduction*. Retrieved November 26, 2002, from <http://www.ispcan.org/Resources/Literature%20Search%20Project.htm>.
- Silbert, M. & Pines, A. (1981). Sexual abuse as an antecedent to prostitution. *Child Abuse and Neglect*, 10, 283-291.
- Singapore Children's Society (2000). *Preventing child abuse and neglect - recognition and response. A call to professionals*. Singapore: Singapore Children's Society.
- Social Welfare Department. (1998). *Procedures for handling child abuse cases*. Hong Kong: Author.
- The Law Revision Commission. (2001). *Children and young persons act (revised ed., Chapter 38)*. Singapore: Author.
- The Literature Network. (2003). *Oedipus trilogy*. Retrieved April 22, 2003, from <http://www.online-literature.com/sophocles/oedipus/>.

- The Straits Times. (2002). *Stepdad charged with molesting, raping girl*. 5 Oct, Home, H9.
- The Straits Times. (2002). *NSman jailed for sex with girl, 13*. 15 Oct, Home, H5.
- The Straits Times. (2002). *Sex with underage girls land two men in prison*. 17 Oct, Home, H4.
- The Straits Times*. (2002). *Man gets jail, caning for sex with niece, 13*. 22 Oct, Home, H4.
- The Straits Times. (2002). *Molester preyed on girls in lifts*. 25 Oct, Home, H4.
- The Straits Times. (2002). *Accused of having sex with girl*. 30 Oct, Home, H3.
- The Straits Times. (2002). *Stepdad jailed for 24 years for raping child*. 31 Oct, Home, H5.
- The Straits Times. (2002). *Fined for sex with underage girl*. 15 Nov, Home, Casefile, H10.
- The Straits Times. (2002). *20 months' jail for sex with underage girl*. 22 Nov, Home, H2.
- The Straits Times. (2002). *Teacher probed for allegedly molesting boys*. 28 Nov 2002, Home, H2. The Straits Times. (2002). *Stepdad made girl do sex acts on him*. 30 Nov, Home, H14.
- The Straits Times. (2003). *23 years' jail, 24 strokes for Internet sex fiend*. 5 Feb, p.4.
- Tong, C.K., Elliott, J.M., & Tan, P.M.E.H. (1996). *Public perceptions of child abuse neglect in Singapore*. Singapore: Singapore Children's Society.
- Troy, M., & Srouf, L.A. (1987). Victimization among preschoolers: Role of attachment relationship history. *Child and Adolescent Psychiatry, 26*, 166-172.
- Trocme, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Touringny, M., *et al.* (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Ontario, Canada: Minister of Public Works and Government Services Canada.
- UNICEF Hanoi. (2001). *A proposal to reduce child exploitation in Vietnam*. Retrieved January 13, 2003 from <http://www.unicef.org.vn/Exploitation.PDF>
- Wolf, A.P. (1993). Westermarck recidivus. *Annual Review of Anthropology, 22*, 157-175.
- Woolf, V. (1985). *Moments of being*. London: Hogarth Press.
- World Health Organisation (Eds.) (1999). *Report of the consultation on child abuse prevention* (pp. 13-16). Geneva: World Health Organization.

## Additional readings

- Bibby, P.C. (Ed.). (1996). *Organised abuse: The current detail*. England: Arena, Ashgate Publishing Ltd.
- Briere, J.N. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, USA: Sage Publications, Inc. (Interpersonal Violence: the practice series)
- Briggs, F., Hawkins, R. (1997). *Child protection: A guide for teachers and child care professionals*. Sydney, Australia: Allen & Unwin Pty Ltd.
- Browne, K., Davies, C., Stratton, P. (Eds.). (1988). *Early predication and prevention of child abuse*. Great Britain: John Wiley & Sons Ltd.
- Browne, K., Herbert, M. (1997). *Preventing family violence*. West Sussex, UK: John Wiley & Sons.
- Etherington, K. (1995). *Adult male survivors of childhood sexual abuse*. Brighton, UK: Pavilion Publishing Ltd.
- Gelles, R.J., Loseke, D.R. (Eds.). (1993). *Current Controversies on family violence*. Newbury Park, USA: Sage Publications, Inc.
- J. Briere, L. Berliner, J.A. Bulkeley, C. Jenny, T. Reid (Eds.) (1996). *The APSAC handbook on child maltreatment*. USA: SAGE Publishing, Inc.
- Jance, J.A. (1985). *It's not your fault*. USA: The Chas. Franklin Press. (The Children's Safety Series: Book 4)
- M.E. Helfer, R.S. Kempe, R.D. Krugman (Eds.). (1997). *The Battered Child* (5th Ed.). Chicago, USA: The University of Chicago Press.
- Macdonald, K., Lambie, I., Simmonds, L. (1995). *Counselling for sexual abuse: A therapist's guide to working with adults, children, and families*. Auckland, New Zealand: Oxford University Press.
- Macfarlane, K., Waterman, J. (Eds.). (1986). *Sexual abuse of young children: Evaluation and Treatment*. London, UK: Cassell Publishers Ltd.
- Monahan, C. (1993). *Children and trauma: A guide for parents and professionals*. San Fransisco, USA: Jossey-Bass Publishers.
- Monteleone, J.A. (1994). *Recognition of child abuse for the mandated reporter*. St. Louis, USA: G.W. Medical Publishing, Inc.
- Moore, J. (1992). *The ABC of child protection*. Great Britain: Arena, Ashgate Publishing Ltd.

- Morgan, M. (1995). *How to interview sexual abuse victims: including the use of anatomical dolls*. Thousand oaks, USA: Sage Publications, Inc. (Interpersonal Violence: the practice series)
- Murray, K., Gough, D.A. (Eds.) (1991). *Intervening in child sexual abuse*. Edinburgh, Scotland: Scottish Academic Press Ltd.
- O'Brian, C., Cheng, C.Y.L., Rhind, N. (Eds.). (1997). *Responding to child abuse: Procedures and practice for child protection in Hong Kong*. Hong Kong: Hong Kong University Press.
- Peace, G., McMaster, J. (1989). *Child sexual abuse: Professional and personal perspectives. Part 1: Aspects of investigation*. Cheshire, UK: Boys' and girls' Welfare Society.
- Rogers, W.S., Hevey, D., Roche, J., Ash, E. (1992). *Child abuse and neglect: Facing the challenge* (2nd Ed. revised). London, UK: B.T. Batsford Ltd.
- Rossmann, B.B.R., Rosenberg, M.S. (Eds.). (1998). *Multiple victimization of children: Conceptual, Developmental, Research, and treatment Issues*. New York, USA: The Harworth Maltreatment & Trauma.
- Salter, A.C. (1988). *Treating child sex offenders and victims: A practical guide*. Newbury Park, USA: Sage Publications, Inc.
- Saphira, M. (1986). *The sexual abuse of children* (2nd Ed.). Auckland, New Zealand: Inter Print.
- Ward, C., Inserto, F. (1990). *Victims of sexual violence: A handbook for helpers*. Singapore: Singapore University Press.

**APPENDIX:**  
**QUESTIONNAIRE FOR PROFESSIONALS**



**Appendix A:** Questionnaire for professionals (Elliott *et al.*, 2000) (only questions pertaining to child sexual abuse 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**.

<p>1. <i>Professional:</i></p> <p>Social Worker _____</p> <p>Doctor _____</p> <p>Nurse _____</p> <p>Police _____</p> <p>Lawyer _____</p> <p>Teacher _____</p> <p>Childcare professional _____</p> <p>Psychologist _____</p> <p>Others, specify _____</p>	<p>3. <i>Sex:</i></p> <p>Male _____</p> <p>Female _____</p>
<p>2. <i>Number of years in profession:</i></p> <p>4 years or less _____</p> <p>5 - 9 years _____</p> <p>10 - 14 years _____</p> <p>15 - 19 years _____</p> <p>20 years or more _____</p>	<p>4. <i>Age:</i></p> <p>19 and below _____</p> <p>20 - 24 _____</p> <p>25 - 29 _____</p> <p>30 - 34 _____</p> <p>35 - 39 _____</p> <p>40 - 44 _____</p> <p>45 - 49 _____</p> <p>50 - 54 _____</p> <p>55 - 59 _____</p> <p>60 and above _____</p>

# 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? <b>Some-</b> <b>Always times Never</b>	In your opinion, is this abuse/neglect? <b>Is not Can be Is</b>
• Having sex with child	i ——— ii ——— iii	1 ——— 2 ——— 3
• Parent not protecting child from sexual advances of other family members	i ——— ii ——— iii	1 ——— 2 ——— 3
• Adult appearing naked in front of child	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.

### **Appearing naked in front of a child 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 parent not protecting a child from sexual advances of other family members 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.

## Section B Ratings of Incidents

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

- The parent fondles the child’s genital area.  
not serious 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 very serious
- The mother’s boyfriend frequently bathes the girl.  
not serious 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 very serious
- The parent repeatedly shows the child pornographic pictures.  
not serious 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 very serious

## 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.

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

---

---

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? \_\_\_\_\_

4. *Language most often spoken at home:*

- English \_\_\_\_\_
- Mandarin \_\_\_\_\_
- Chinese dialect \_\_\_\_\_
- Malay \_\_\_\_\_
- Tamil \_\_\_\_\_
- Other, specify \_\_\_\_\_

2. *Race:*

- Chinese \_\_\_\_\_
- Malay \_\_\_\_\_
- Indian \_\_\_\_\_
- 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 \_\_\_\_\_

3. *Religion:*

- Buddhist \_\_\_\_\_
- Taoist \_\_\_\_\_
- Christian \_\_\_\_\_
- Muslim \_\_\_\_\_
- Hindu \_\_\_\_\_
- Free thinker \_\_\_\_\_
- Others, specify \_\_\_\_\_

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: 6753-733 1, fax: 6753-2697.

**The End**  
**Thank You For Your Participation**

## About the Authors

John M. Elliott, Ph.D., is Associate Professor in the Department of Social Work & Psychology, National University of Singapore. He is currently the Representative Director of the Child Abuse and Neglect Prevention Standing Committee, and Chairman of the Research Sub-Committee at Singapore Children's Society. He has been a volunteer committee member with the Society since 1974. He has also co-authored all monographs in the study series on Perceptions of Child Abuse and Neglect in Singapore published by Singapore Children's Society. His other research interests include psychological factors in industrial safety, the biological and evolutionary basis of behaviour, the development of cognitive, mathematical skills and strategies in children, and the nature and evolution of hand function.

Joyce I. Thomas, B.Sc. (Hons) is Senior Research Officer at Singapore Children's Society. She has been involved in research on child abuse and neglect since 1997. She has co-authored 2 other monographs entitled *Professionals and Public Perceptions of Child Abuse and Neglect: An Overview* (Monograph 2) and *Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions* (Monograph 4). Her other research interests include children's rights, culture and context, parenting styles, developmental dyslexia and the influence of semantic categorisation on motor action.

Yee Sian Chua, B.Soc.Sci. (Hons) is Research Officer at Singapore Children's Society. He has been involved in research on child abuse and neglect since 2001. He has also co-authored another monograph, entitled *Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions* (Monograph 4). His other research interests include voluntary childlessness and parenting styles.

**Other Publications in the monograph series on  
Perceptions of Child Abuse and Neglect in Singapore**

*Monograph 1:-* Public Perceptions of Child Abuse and Neglect in Singapore

*Monograph 2:-* Professional and Public Perceptions of Child Abuse and Neglect in Singapore:  
An Overview

*Monograph 3:-* Professional and Public Perceptions of Physical Child Abuse and Neglect in Singapore

*Monograph 4:-* Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions