



Protecting Children in Singapore

A publication by the
Rehabilitation and Protection Division
Ministry of Community Development, Youth and Sports
October 2005

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Protecting Children in Singapore is published by the
Ministry of Community Development, Youth and Sports (MCYS)
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512 Thomson Road
Singapore 298136
<http://www.mcys.gov.sg>

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ISBN 981-05-4663-7

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Chapter One introduction

Formal protection of children in Singapore began with the 1927 Children's Ordinance, enacted "to afford children protection against cruelty"¹. In June 1946, following the Second World War, Singapore's first Social Welfare Department was established to look into various areas of social policy. From this mandate came the enactment in 1949 of the much more comprehensive Children and Young Persons Ordinance, the precursor of our present day legislation.

Today, the Ministry of Community Development, Youth and Sports (MCYS) bears the statutory responsibility to protect children from abuse and neglect, with duties spelt out in the current Children and Young Persons Act. Under the Act, a person "shall be guilty of an offence if, being a person who has the custody, charge or care of a child or young person, he ill-treats the child or young person or causes, procures or knowingly permits the child or young person to be ill-treated by any other person".

MCYS protects children from ill treatment through effective detection, incisive investigations, and rehabilitation of perpetrators. Abused or neglected children are placed under a care programme to help them through the trauma of their experience. Wherever possible, the family unit is assisted to provide a more positive and caring setting for the continued upbringing of the child.

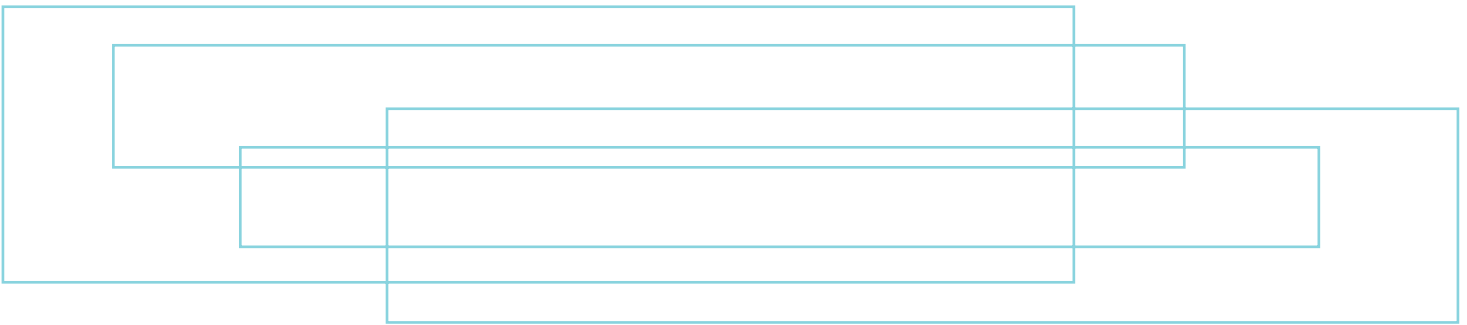
In the past ten years, several key milestones have been set in the policies and processes of protecting children and young persons in Singapore.

What is Child Abuse?

Child abuse is defined as any act of omission or commission by a parent or guardian which would endanger or impair the child's physical or emotional well-being, or that is judged by a mixture of community values and professionals to be inappropriate. There are 4 main types of abuse:

- 1) Physical Abuse
- 2) Sexual Abuse
- 3) Neglect
- 4) Emotional/Psychological Abuse

¹ Wee, A. (2004), Where we are coming from: The evolution of social services and social work in Singapore. From Mehta, K.K., & Wee, A. (eds.), *Social work in context: A reader*, Singapore: Marshall Cavendish Academic.



Best Interests of the Child

In October 1995, by acceding to the United Nations Convention on the Rights of the Child (CRC), Singapore made a commitment to meet the minimum standards in the provision of health care, education, legal and social services for children. In many areas, provisions for Singapore children were already well above these minimum standards. The principle, “in the best interests of the child” (already long incorporated in certain statutes) has since guided Singapore’s policies and service provision for children and young persons, including the area of child protection.

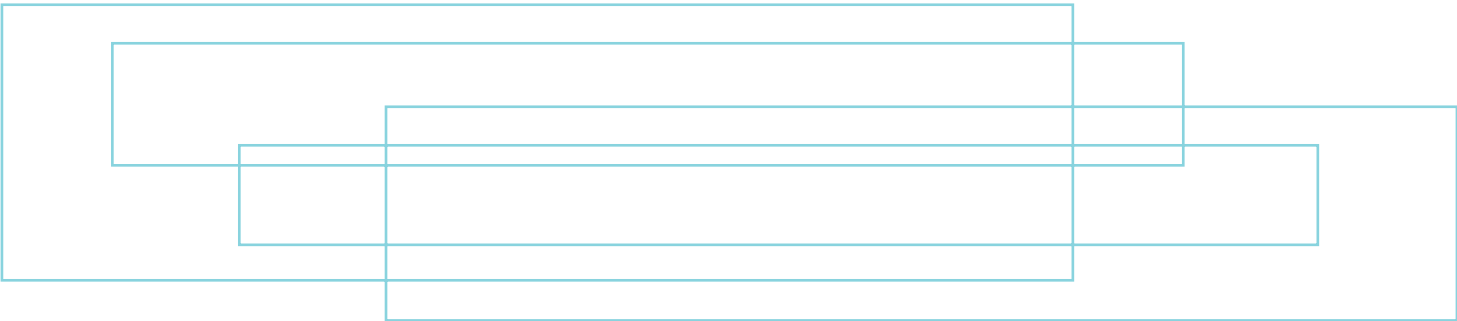
4 basic principles affirmed in the Convention on the Rights of the Child (CRC)

- **Survival** (that children have a right to life and the needs that are basic to existence)
- **Development** (that children should have opportunities to reach his or her fullest potential)
- **Protection** (that children should be safeguarded against all forms of abuse, neglect and exploitation)
- **Participation** (that children have an active role in the community)

Legal Protection for Children and Young Persons

The Children and Young Persons Act (CYPA) provides legal protection for children below the age of 14 years, as well as for young persons aged 14 and below 16 years.

Amendments to the CYPA enacted in October 2001 has enhanced child protection in Singapore. One key amendment expanded the definition of child abuse to include **emotional/psychological abuse**. While difficult to detect, emotional and psychological abuse can seriously undermine a child’s healthy development.



What is Emotional/Psychological Abuse?

Emotional/psychological abuse refers to:

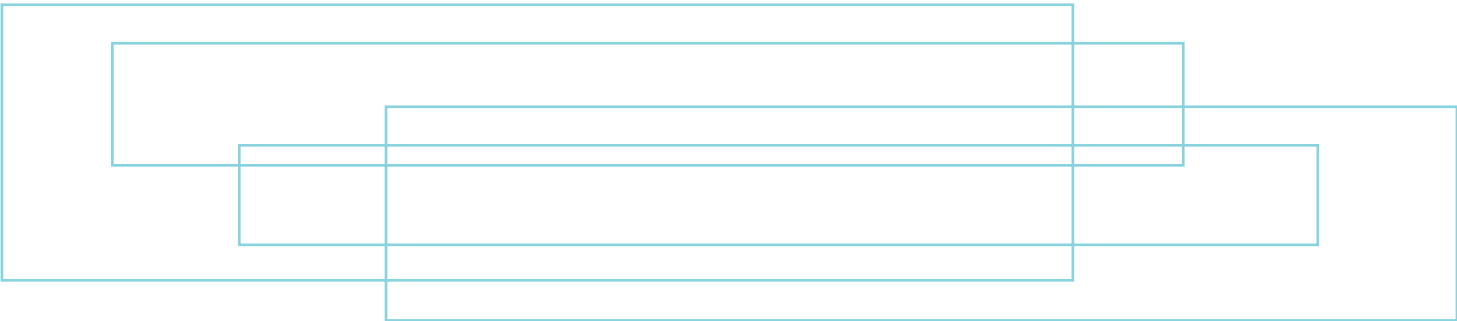
- the significant impairment of a child's social, emotional and intellectual development; and/or
- disturbances in the child's behaviour resulting from the adult's persistent hostility, ignoring, blaming, discrimination or blatant rejection of the child.

Research has shown that emotional/psychological abuse often exists where there is physical and/or sexual abuse.

Section 35 of the CYPA prohibits the media from disclosing any information relating to any court proceedings that will lead to the identification of any child or young person who is involved in the proceedings. This helps to protect children and young persons from undue public attention and media glare, facilitating effective protection, normalisation and reintegration of such children and young persons into society. This section was amended to apply, in addition to the Juvenile Court, to all other Courts as well.

Where a child or young person has been found to be in need of care and protection by the Court, an additional order can now also be made under **Section 51** of the CYPA. The Court can now require the child or young person concerned, and/or the parent or guardian to undergo counselling, psychotherapy or other assessment and treatments. These orders aim to resolve any parent-child relationship problems, enable the parent or guardian to manage the child or young person more positively, as well as to enhance, promote and protect the well-being and safety of the child or young person. Any parent or guardian who fails to comply with the above requirements may be liable to a fine of up to \$2000.

The **Child Care Centres Act**, which safeguards the well-being of children by providing for the licensing, inspection and control of child care centres, also requires all child care centre operators to report immediately to the Director of Social Welfare (Regulation 21), whenever they have reasonable cause to suspect any case of child abuse.



As laid out in the CYPA, any parent or guardian responsible for the ill-treatment of a child or young person may be liable to prosecution. If convicted, the person may be fined up to \$4,000 and/or sentenced up to imprisonment of up to 4 years. Where death of the child or young person is caused, the conviction may amount to a fine of up to \$20,000 and/or to imprisonment of up to 7 years.

In lieu of (or in addition to) the above punishment, the Court may require the convicted parent or guardian to execute a bond which may include requiring him/her to undergo some form of psychotherapy or treatment. If the parent or guardian fails to comply with the conditions of the bond, he/she may then be liable to the original penalty, or to additional penalties.

Some Key Amendments to the CYPA in 2001

- **Scope of child abuse** widened to **include emotional/ psychological abuse**.
- The Protector² is **empowered to remove** and send the child for medical treatment where parental consent cannot be obtained.
- Parents or guardians may be **mandated** by the Court **to attend** counselling, psychotherapy, assessment and other **treatment programmes**.
- Print and broadcast media are **prohibited from disclosing any picture or particulars of the child** or young person who has been involved in any court proceedings, not just within the Juvenile Court.
- The Protector also has the **authority to require the assistance of parents** and other significant persons to provide information regarding the circumstances of abuse.
- The Act **protects** MCYS welfare officers and Police officers **from civil and criminal liability** if they are acting in good faith as well as an informant of suspected child abuse from personal liability

² Under Section 2(1) of the CYPA, a “Protector” refers to “the Director (of Social Welfare) and includes any public officer or other person who is appointed or authorised by the Director... to exercise the powers and perform the duties of a protector.

Chapter Two the child protection system in Singapore

The family is the basic building block of society. Recognising this, MCYS uses a systems approach in all issues relating to the care and protection of children in Singapore.

The work of the Ministry extends beyond protecting the victims of child abuse and neglect. An equally important aspect of the helping process is to address the problems within the family which lie behind the negative behaviours and mindsets of the perpetrators. The goal of this aspect of protection work is to ensure for the child a safe and caring family environment, conducive for his or her well-being and healthy development.

In working with the family, kinship care is always a preferred option as opposed to foster care. Nevertheless, the security and safety of the child or young person is of highest priority. Institutional care of a child or young person will be considered where needed albeit only as a last resort.

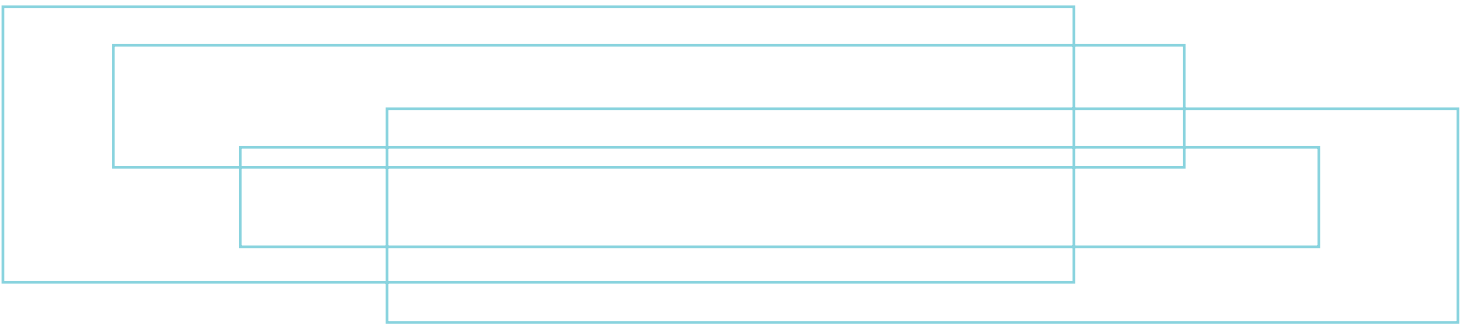
Inter-Agency Network

MCYS works in partnership with government and non-government agencies in the prevention of ill-treatment of children and the care of child victims of abuse. Others active in the field include the Singapore Police Force, Ministry of Education, Ministry of Health, Ministry of Home Affairs, the Subordinate Courts, as well as professionals both in social service agencies and in private practice.

The **Inter-Ministry Working Group on the Management of Child Abuse** was set up in 1997 to monitor, review and improve inter-ministry procedures on the protection of children and to determine actions to close the gap between policy and practice.

In September 1998, the **Child Abuse Register** was introduced to facilitate investigations by agencies involved in the management of child abuse cases. The Register serves as an alert system for police and healthcare personnel dealing with suspected cases of child abuse. Through the system, the police and healthcare personnel can screen for known and previously reported cases with MCYS. This has enhanced our response to child protection concerns in the community.

The **Manual for the Management of Child Abuse in Singapore** was launched in 1999 and later revised in 2003, to set the intervention framework for all partners. The manual outlines the different roles and responsibilities of each partner, and serves as a guide for their intervention. Partners include child care centres, voluntary welfare organisations, schools, health care services and the police.



In addition, the **National Standards for Protection of Children** was launched in February 2002. These Standards lend transparency to the processes of inter-agency work in Singapore.

The Child Protection Process

The Protector initiates an investigation as soon as a case of suspected child abuse is reported to the Child Protection Service (CPS) of MCYS. The immediate objective is to ascertain if a child is indeed a victim of abuse, and the Police may also be called upon for criminal investigation, where this appears to be justified.

The safety and welfare needs of the child are assessed initially by the CPS, and these issues are subsequently brought before a multi-disciplinary team of professionals. This team, otherwise known as the Child Abuse Protection Team (CAPT) provides a collective, professional view to arrive at the best approach and management of each child protection case.

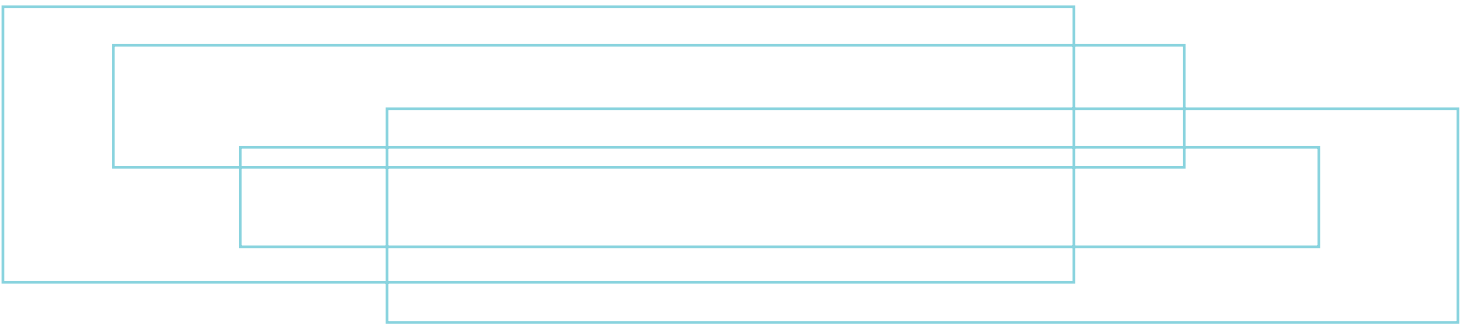
Who comprises CAPT?

The Child Abuse Protection Team (CAPT) comprises senior Child Protection Officers, Psychologists, Consultant Paediatricians and other professionals.

Relevant agencies working with the family are also invited to CAPT. Together, the team meets to discuss the nature of abuse, assess the degree of risk, and work together to decide on a care and protection plan for the child. This is done to ensure that the child's best interest is safeguarded.

Following initial investigation, the case could be transferred to the Supervision Unit of CPS for further monitoring and intervention. The objectives of the supervision process are to:

- (i) Prevent recurrence of abuse;
- (ii) Work with the family on their problems with an aim to reconcile the child with the parents, without compromising the safety and interest of the child;



- (iii) Provide support and assistance to the family, so as to improve the family's functioning in caring for the child;
- (iv) Tap relevant resources in assisting the child/family; and
- (v) Ensure that the parents/significant others maintain regular contact with the child, if the child is placed temporarily in residential or alternative care.

The CPS is supported by two specialist in-house teams - the Psychological Services Unit and the Counselling and Intervention Unit. The Psychological Services Unit provides assessment of cases, offers support where crisis intervention is required, and conducts specialised treatment for both victims and perpetrators (please see **Annex One** for a list of programmes run by the Unit). The team of specialist counsellors from the Counselling and Intervention Unit provides additional treatment for families where there has been a history of abuse.

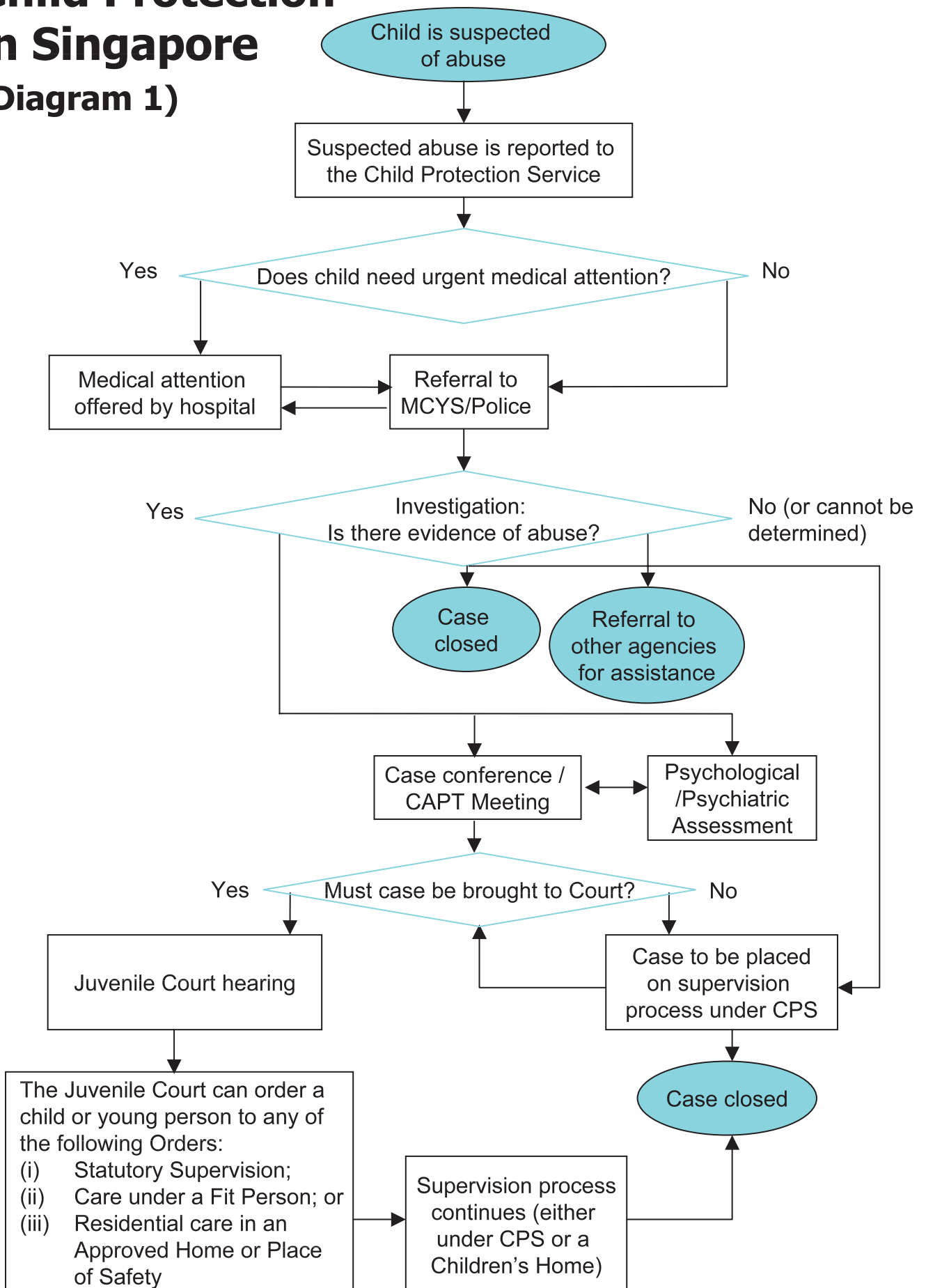
Generally, CPS adopts a partnership approach and works with families on a voluntary basis. However, when it is evident that parents are unwilling to work with CPS in safeguarding their children's interest, a court order would be taken up to mandate the parents to take the necessary actions to ensure that their children's well-being is provided for. In such situations, a Care and Protection Order¹ is issued by the Juvenile Court. Between 2000 and 2004, there has been a gradual increase in the number of Care and Protection Orders issued, culminating to a total of 206 cases, or 22% of the total number of alleged child abuse cases.

A flowchart depicting the management of child abuse cases can be found on page 8 (Diagram 1) .

¹ Care and Protection Orders may be issued to multiple children within the same household. As such, the number of Orders issued differs from the no. of children issued with such Orders.

Management of Child Protection in Singapore

(Diagram 1)



Chapter Three trends and profiles

The Child Protection Service (CPS) in MCYS is responsible for the protection of child victims of intra-familial violence. Abuse cases unrelated to the home setting, and where the perpetrator is a stranger, are in the first instance under the purview of the Police, and may or may not be later referred to MCYS, depending on circumstances. Hence, the trends and profiles shared in this chapter are based on the abuse cases that fall under the purview of CPS between 2000 and 2004 only.

Each year, the CPS receives a large number of enquiries from the public via the Child Protection Hotline (see Figure 1). The number peaked in 2002 with 3,572 enquiries, and has subsequently dropped to a low of 1,626. Of these enquiries, only a small percentage relate specifically to child abuse issues.

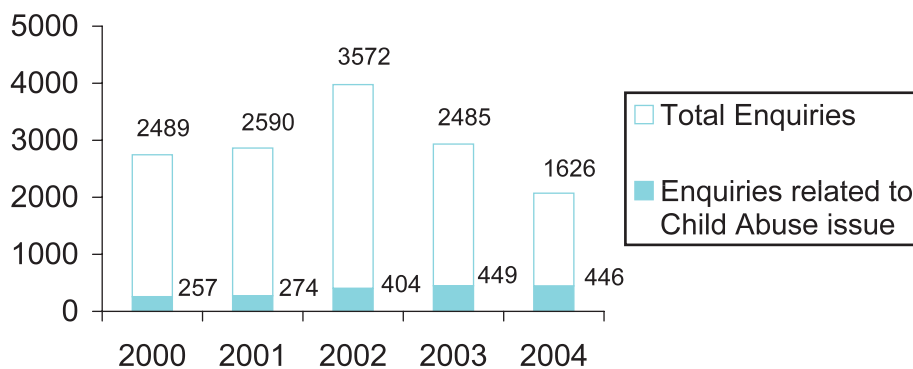


figure 1: No. of enquiries made to the Child Protection Service

In addition to CPS, Family Service Centres (FSCs) and other social service agencies are also common access points for enquiries and help in parenting issues. Counselling, referral and family life programmes are some of the key services offered by such agencies. The help provided by these centres serves as a form of early intervention for families experiencing difficulties in managing their children, or coping with parental roles.

According to the Family Services Department of MCYS, from 2002 to 2004, a total of 3,330 cases relating to parenting, child behavioural issues were serviced by FSCs. Of these, 4% were cases of suspected child abuse and neglect.

What is a Family Service Centre (FSC)?

A FSC is a neighbourhood-based focal point of family resources and social services that are readily available to the public.

The centre is staffed by mainly social workers, and offer a full range of preventive, developmental and remedial programmes for the family.

There are currently 36 FSCs located around Singapore. A central 'hotline' directs callers to the FSC nearest to their home.

Outcomes of child abuse complaints

Between 2000 and 2004, a total of 940 cases of alleged child abuse were taken up by CPS. These came to the attention either through direct enquiries from the public, or referrals from various sources (refer to page 15).

The number of complaints peaked in 2003 with 205 cases (Figure 2). The increase in the number of cases was possibly due to the increase in public awareness and education on child abuse in the media. The expansion of the legal definition of child abuse in 2001 to include emotional /psychological forms of abuse could also have contributed to the increase in the number of cases reported.

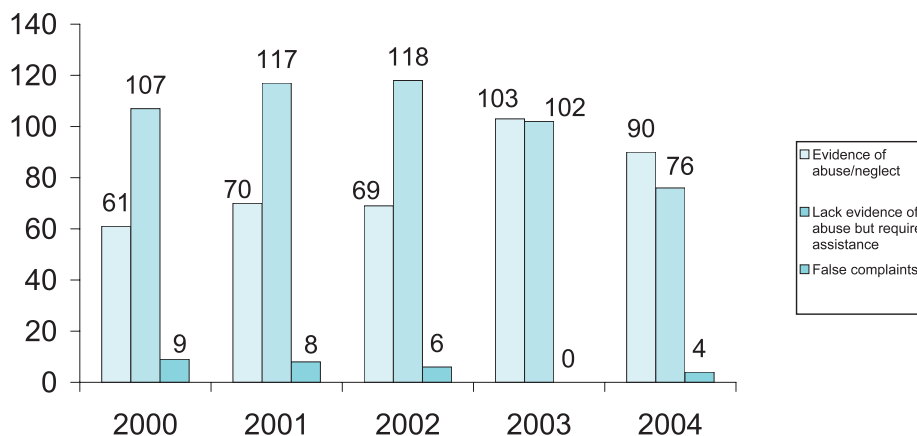
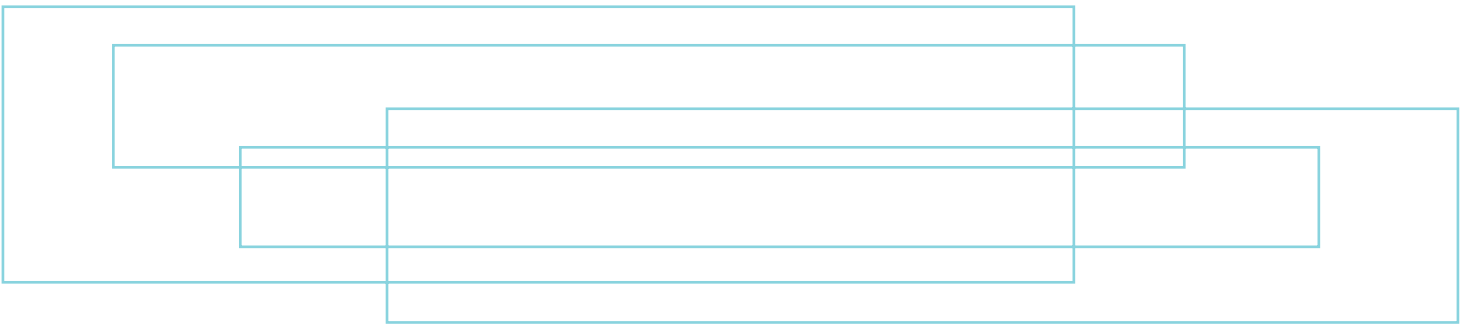


figure 2: Outcome of alleged child abuse cases investigated



In 2004 however, the complaints which were found to lack evidence of abuse decreased. Actual cases of child abuse (with evidence of abuse/neglect) increased from 61 in 2000 to 90 in 2004, averaging about 79 cases yearly.

The following sections are findings based on the 393 reported cases with evidence of abuse from 2000-2004.

Type of Abuse¹

Physical abuse is the dominant form of abuse, accounting for 55% of the total number of child abuse cases (Figure 3). Sexual abuse figures have increased gradually over the years, making up 29% of the total number of cases. Cases of emotional abuse also showed an increase from 1 in 2000 to 11 in 2004, although in proportion this makes for only 5% of the total. It is a challenge to detect and gain evidence on emotional abuse. However, while other forms of abuse have showed an upward trend, physical neglect cases have reduced over the last 5 years.

In relation especially to sexual abuse, it needs to be noted that it is not possible to measure any trend of greater openness, and willingness to report. An increase in the number cases, therefore, does not necessarily reflect an increase in the number of child sexual abuse offences committed.

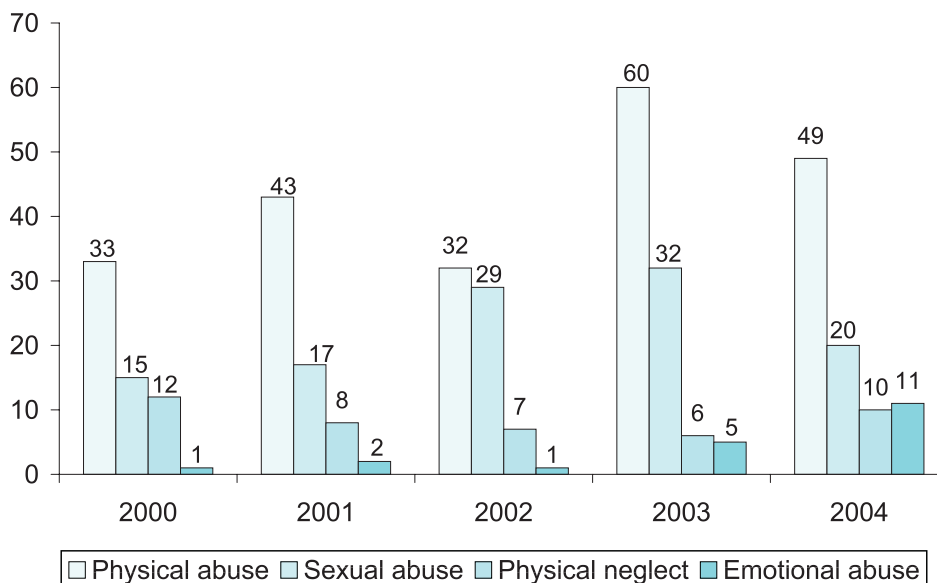
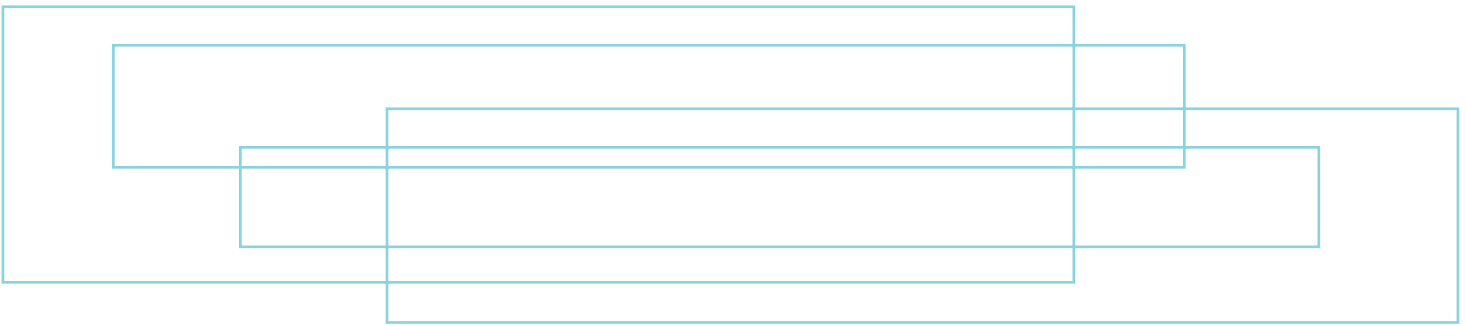


figure 3: Type of abuse between 2000 and 2004

¹ Type of abuse recorded in Figure 3 point to the most predominant or severe form of abuse. Each case can involve more than one form of abuse.



Gender

Over the 5 years, there are slightly more female victims of abuse (57%) than males (43%). Girls are generally more highly represented when sexual abuse is implicated. Boys on the other hand, are more highly represented where physical abuse is involved. There are no significant gender differences for emotional/psychological abuse and neglect cases.

Age

Statistics in this section refer to the age of victims at which the abuse was first reported to CPS. The number of abused and neglected victims of primary school-going age (i.e. 7 to 12 years age) saw a sharp increase in 2003 and 2004 (Figure 4).

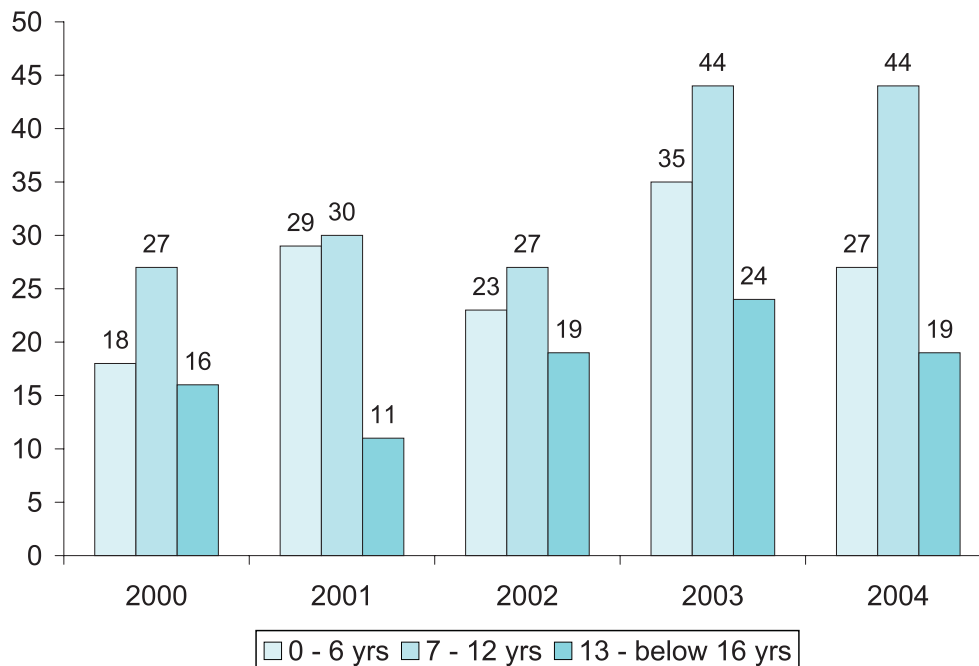
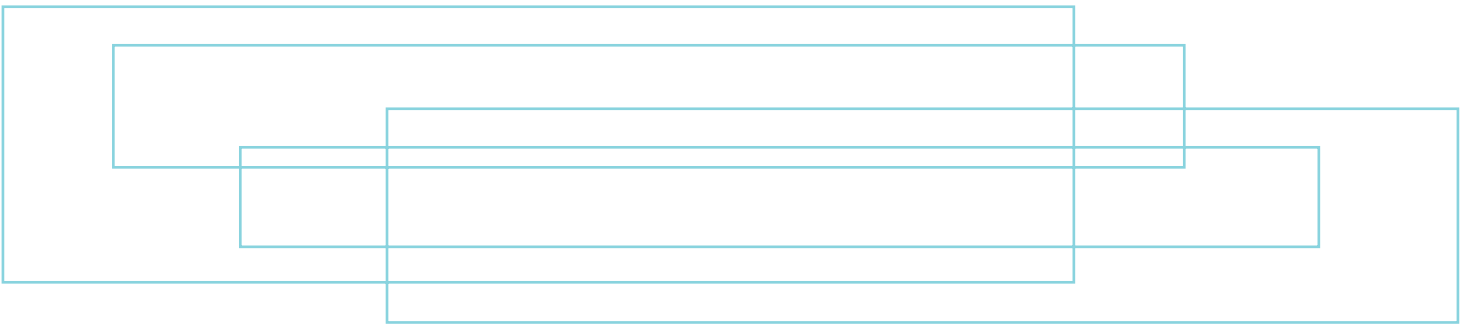


figure 4: Age of child abuse victims between 2000 and 2004



Family Background

About half of the child abuse cases across the 5 years came from nuclear two-parent families (51%), as compared to nuclear one-parent families (18%) or other types of family structures.

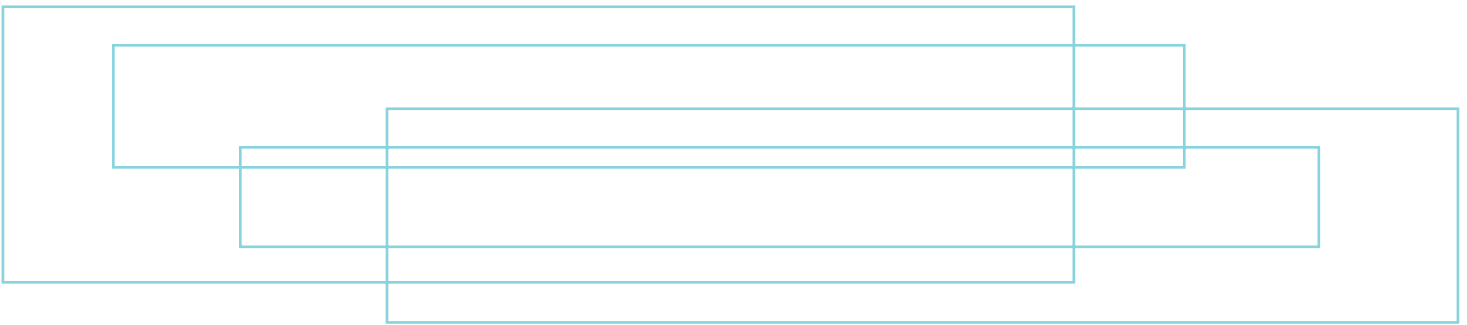
Employment Status and Family Household Income

At the first point of contact with CPS, about 50% of victims' biological fathers, and 36% of biological mothers were reported to be gainfully employed. The remaining parents were either transiting between odd jobs, unemployed, homemakers, completing National Service, schooling or were unfit for work.

Child abuse cases are spread across all income ranges. However, slightly more than 50% of the families are in the income group of less than \$2,000 per month. The remaining percentage of families are equally split between those earning between \$2,000 and \$4,000 per month, and those earning more than \$4,000 per month.

Profile of Perpetrator(s) Involved in the Case

Over the 5 years, 54% of perpetrators in child abuse cases were biological parents, while the remaining perpetrators comprised step-parents, grandparents, parents' partners outside marriage and other relatives. 59% of the perpetrators also tended to be male. Most of the perpetrators were between 30 and 39 years old (38%).



Factors associated with Child Abuse

Data gathered on child protection cases indicate that poor management of children was often inherent in such families. For the abused child, ill-treatment began as a reaction by the caregiver to the child's difficult behaviour. Factors such as poor understanding of the child's developmental needs, feeling overwhelmed and unable to cope with the child's challenging behaviour and unrealistic expectations of the child on the part of the caregiver served to weaken the parent-child relationship and escalate the ill-treatment. In a number of cases, "parents' unrealistic expectations of the child's performance in school" was a key factor of abuse.

Family crisis was often noted as a factor in abuse cases. Others included superstitious or cultural beliefs that resulted in emotional rejection of the child and propensity to ill-treat the child. These beliefs usually served as justification, although some other source of tension was apparent. Factors such as financial stressors, marital conflicts, social isolation, substance abuse or mental health concerns also served to precipitate the abuse.

Source of Referral

Typically, the top 3 sources that refer suspected child abuse cases to CPS are the agencies involved in the inter-agency network - the Police, Healthcare services and Schools. In some cases, these referring agencies may have received referrals from other sources.

Figure 5 reflects the various sources of referrals of child abuse cases to the CPS between 2000 and 2004. Hospitals and medical centres form the largest source. Agencies that detect any injury on a child are likely to seek medical help for the child in the first instance.

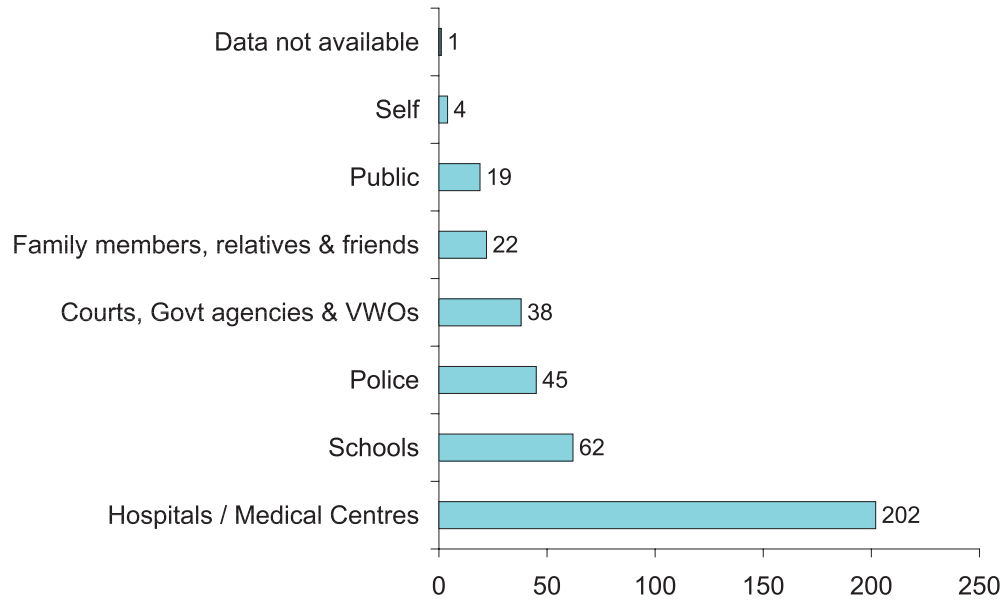
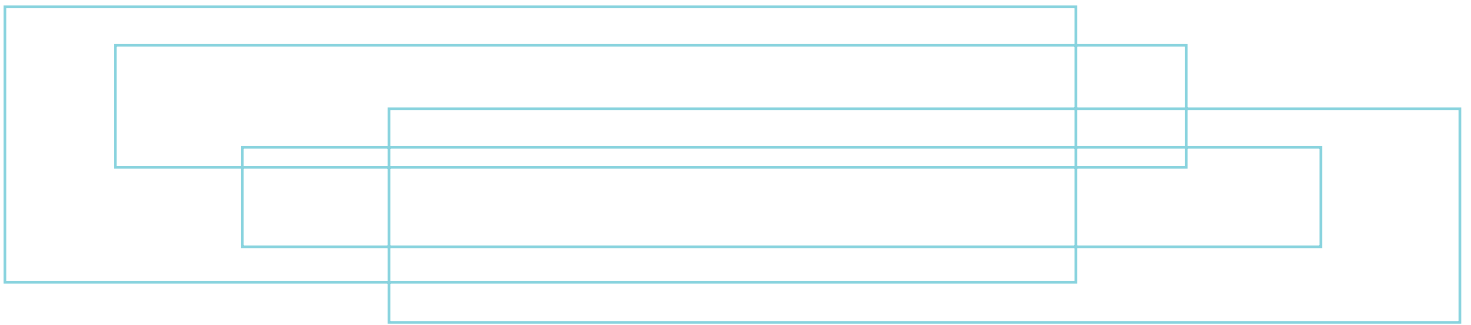


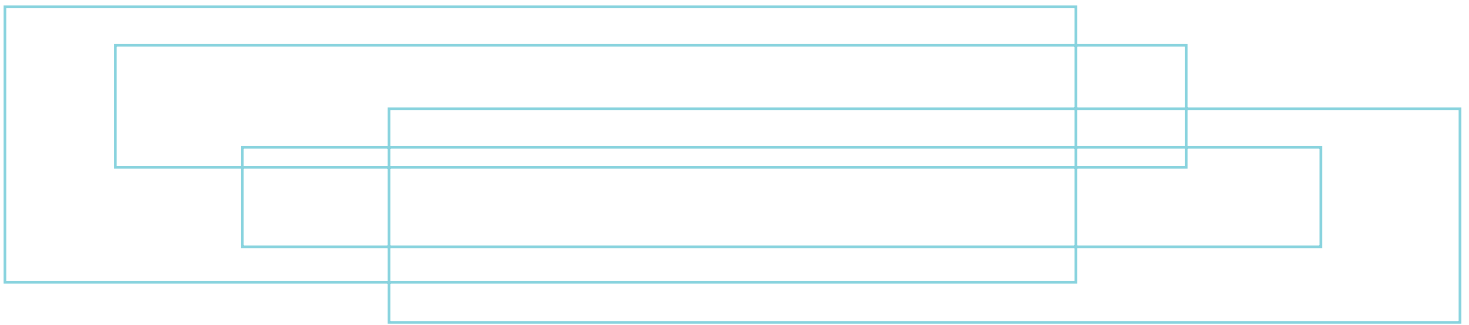
figure 5: Source of referral of cases between 2000 and 2004

Chapter Four services and programmes

Once a child abuse case has been confirmed and the victims and perpetrators identified, the CPS seeks to ensure that the victim is protected from further harm, and that the child's emotional and psychological needs are addressed.

Depending on CPS's assessment, help given to victims and their families is either on a voluntary or court-mandated basis. These services and programmes include:

- (i) **Case Management.** Child Protection Officers from MCYS provide case management services to victims and their families. Where necessary, cases will be referred to specialised in-house programmes or various community resources to better support the family for the longer term.
- (ii) **Specialised Counselling and Intervention Programmes.** The Counselling and Intervention Unit within MCYS provides specialised counselling services and in-depth therapeutic programmes for children and families. Programmes include counselling on family violence, parenting and marital issues. Programmes are also organised for children to help them overcome the trauma of abuse and build their resilience. The Unit is also piloting Family Group Conferencing as a platform to empower families to find alternative ways of ensuring the safety of the children.
- (iii) **Programmes by Psychologists.** The Psychological Services Unit within MCYS offers a range of specialised individual and group programmes for victims, non-offending carers as well as perpetrators of child abuse. These programmes include the Positive Parenting Programme (Triple P), Recovery for Kids, Recovery & Empowerment for Survivors of Sexual Abuse, Carer's Recovery and Support, treatment programme for adult perpetrators of sexual abuse, Positive Adolescent Sexuality Treatment Programme, and Programme for Optimistic, Well-Equipped and Resilient Kids (see **Annex One** for the programme descriptions).



- (iv) **Psychiatric Programmes.** In instances of severe psychopathology, referrals are made to the Child Guidance Clinic for psychiatric treatment.

- (v) **Enable A Family Volunteer Scheme.** This Scheme started in 2003 and engages volunteers to ensure the safety of children and young persons who have been abused, or are at risk of abuse, so that they can continue to live with their families instead of being placed in alternative care. Volunteers also encourage and help the family to better cope with parenting roles and crisis situations, as well as assist families in utilising community resources.

- (vi) **Practical and Financial Assistance.** Financial and social assistance schemes from the Community Development Councils and other donated funds can be tapped to help low income families. Within the Child Protection Service, case managers also assist the families to meet such needs such as childcare, before-and-after-school student care, as well as job placement for unemployed family members.

- (vii) **Fostering Service.** MCYS currently has 142 foster mothers volunteering under the Fostering Scheme (as of June 2005). Foster mothers provide temporary alternative home-based care for children whose family environments have been assessed to be unstable and not conducive for the child's safety and well-being. Foster parents take on the role of surrogate parents to these children and provide a safe, nurturing family environment for the growth and development of the children placed under their care.

The number of children placed on foster care has risen significantly in 2003 and 2004. A total of 362 children have been placed under foster care between 2000 and 2004 (Figure 6).

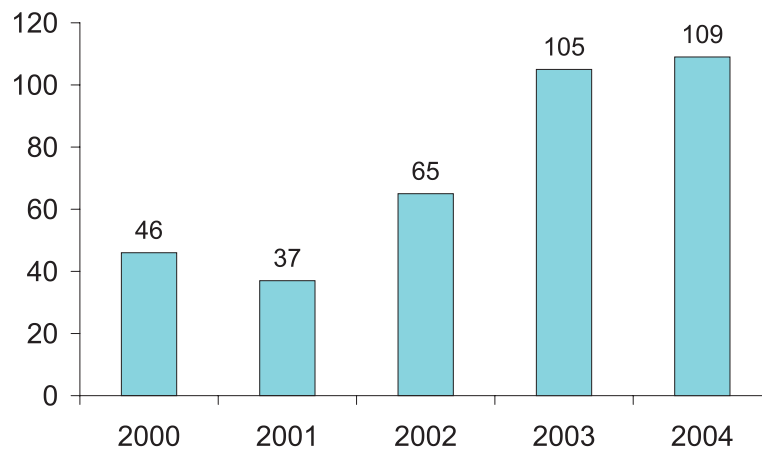


figure 6: Number of new placements on the fostering scheme between 2000 and 2004

Foster care is the preferred choice for a child who needs to be removed from his/her own home. Caring for children who have been subject to damaging experiences can be very challenging. In recognition of this fact, the Fostering Service runs a 24-hour hotline that provides emotional and practical support for foster parents in their caregiving roles.

(viii) Kinship Care and Family Care Programmes. The FamCare Scheme taps on kinship support to provide care for child abuse victims when alternative care arrangements need to be made. Care provided by relatives can often reduce the fear and anxiety of the child as the child is usually more familiar with relatives than with an unrelated family. Like foster parents, relatives who are willing to provide care for the child will be assessed based on the standard criteria for selection of alternative caregivers. Relatives are also supervised and supported by the Child Protection Officers, and have access to the hotline mentioned above.

(ix) **Placement in Residential Care.** Placing a victim of abuse in a Children’s Home run by a voluntary welfare organisation is the last resort. With the availability and preference for foster care and kinship care, the number of new admissions into residential facilities has gradually decreased in the last 5 years (Figure 7).

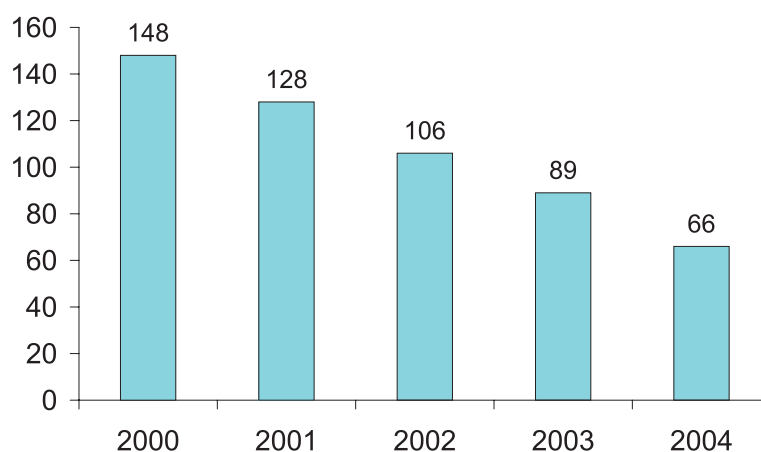


figure 7: Number of new admissions to Children’s Homes between 2000 and 2004

Yet, residential care may be the most suitable and necessary option where other options fail to effectively ensure the safety and security of victims of abuse. This might be true, for example, where a child is so damaged by his/her experiences that even a loving foster home is unlikely to be able to cope with the child’s challenging behaviour. The security of good residential care may be preferable to the risk of repeated rejection by foster families who are unable to tolerate the disruptions to family life caused by excessively disturbed behaviours.

Where children are placed in alternative care, appropriate arrangements are also made to ensure the child maintains links with his/her family of origin. This is done through supervised access, or outings and home leave. Through such arrangements, the suitability of reintegrating the child back to the family of origin on a more permanent basis is also assessed.

Chapter Five new initiatives

Singapore's CPS is able to be effective and responsive to the needs of child abuse victims and their families, due to the supportive network developed with other agencies.

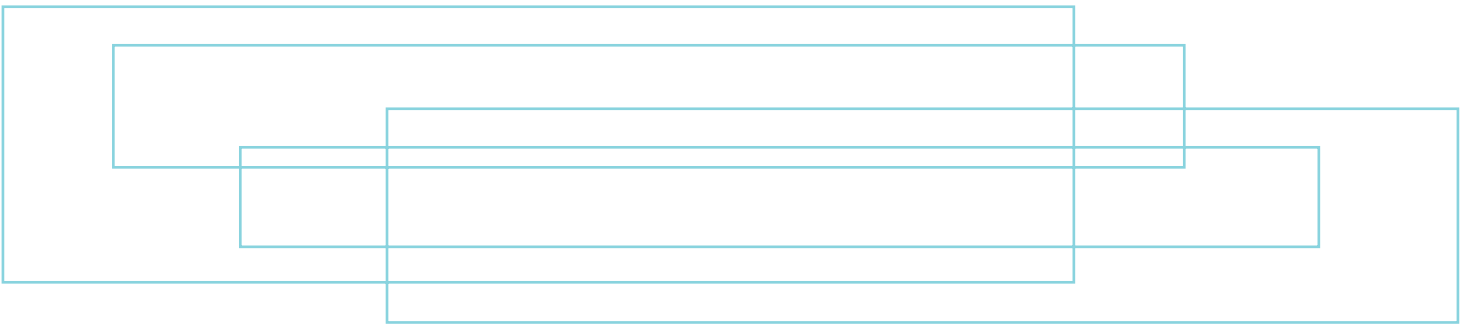
In-house, the CPS is supported by the Counselling and Intervention Unit, the Psychological Services Unit, the Fostering Service and the Adoption Service, all of which are part of the Rehabilitation and Protection Division of MCYS. This arrangement allows for speedy cross-service discussions and intra-divisional referrals, ensuring better outcomes for children and families.

At the same time, CPS also leads in driving initiatives among other key players in Singapore. Below are some of the new strategies put in place to improve and further strengthen child protection processes.

Permanency Planning

Permanency planning was instituted in February 2004 as part of child protection work protocol. Permanency planning is a process which results in informed and timely decisions made on a child's long term care. It is undertaken through comprehensive interventions, assessments and discussions with various professionals, the parents, kinship and significant others who have been involved with the family. Such planning is initiated in the early process of case supervision with a view to provide a permanent care plan that would meet the child's need for stability, safety, security and an identity. Additionally, for children placed under alternative care, such planning also ensures their care is not left to drift indefinitely.

The monthly meetings comprise senior staff of CPS. The meeting also taps on the knowledge of supporting Units and Services within the Rehabilitation and Protection Division. In determining what would be in each child's best interest, the meeting would also be mindful of attachment issues and the child's wishes. As far as possible, the child would be supported within the natural family or the extended family environment where there can be continuity in his or her upbringing.



Implementation of Crisis Management Team

The Crisis Management Team is based on the concept of bringing together a multi-disciplinary, cross-sectional team to attend to a crisis situation in a swift and coordinated manner. The team comprises the Child Protection Officer, managers from CPS, as well as representatives from the various supporting Units and Services in the Rehabilitation and Protection Division. Crisis Management Teams were instituted as part of child protection work processes in August 2005.

Enhancing Joint Collaboration in the Management of Child Sexual Abuse Cases

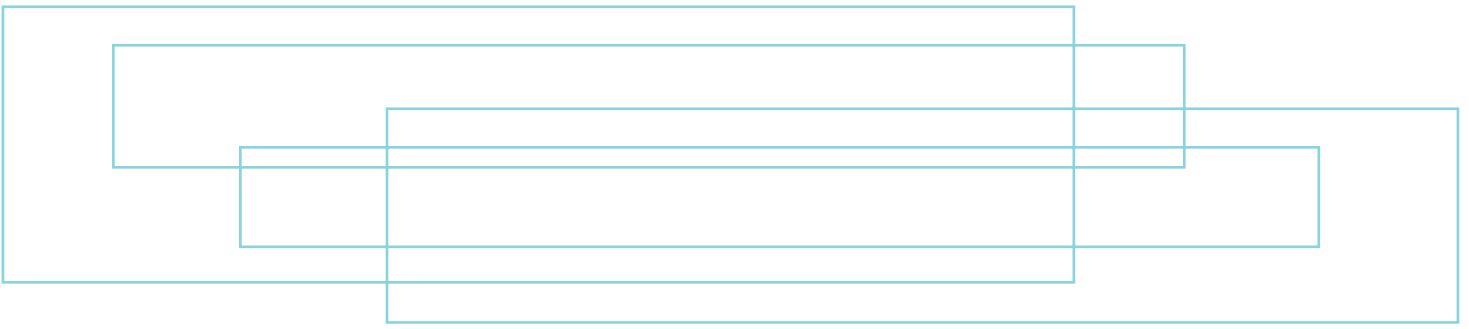
Victims of child abuse often have to relive the trauma of their experiences during the investigation period. Repeated interviews can confuse a child victim and retard his/her recovery. To ease the trauma of repeated interviews, MCYS and the police have embarked on joint interviews of child victims of sexual abuse, where the perpetrators are family members. Training of Police Investigation Officers and Child Protection Officers in the skills of joint investigative interviewing began in July 2005.

Enhancing Competency through Staff Training and Inter-Agency Training for Key Partners

Training is essential in ensuring that Child Protection Officers have the skills to deal effectively with child abuse cases. It is also crucial that the other agencies involved in the child protection network are also similarly trained to ensure that the same principles and level of professionalism are observed.

In 2000, MCYS began to conduct inter-agency training on child protection for Police Officers, Medical Social Workers, and Child Protection Officers. This sought to increase knowledge towards child protection and helped to enhance collaboration between partners.

Since 2001, MCYS has developed training videos on physical and emotional child abuse for other professionals and service providers in the field, such as child care teachers and trainee teachers. This video has helped to raise the awareness of these partners towards child abuse, and alert them to the signs and symptoms of child abuse and the supporting mechanisms in place where reporting needs to take place. MCYS is also currently developing a training video on sexual abuse to specifically help teachers effectively handle students' disclosure of sexual abuse.



Other initiatives include a training video on joint investigative interviewing of child sexual abuse victims for Police Investigation Officers and Child Protection Officers, as described earlier.

Review Board for Child Protection Cases in Voluntary Children’s Homes

MCYS intends to set up an independent review board to periodically review and discuss the progress of children and young persons residing in Approved Homes or Places of Safety under a Care and Protection Order. This board will serve to complement the internal assessment and review procedures of each Home, as well as the court reviews undertaken by the Juvenile Court.

Chapter Six public education

The sharing of information with partners in the field of child protection as well as the general public, is an important area of work for MCYS. The Ministry's public education initiatives are centred around the following key areas:

Educating Children on their Rights

MCYS propagates the basic principles of the United Nations CRC through various media channels. This includes the production of assorted materials that are distributed to children through family service centres, schools, etc. Several creative channels such as the use of drama have also been brought to schools to inform children on their rights. An internationally acclaimed poster on the rights and responsibilities of children was widely distributed.

Educating Partners on the Identification and Referral of Abuse Victims

In February 2004, a handbook for teachers, "Children at Risk" was developed by MCYS to inform teachers on the appropriate management of children who need specialised intervention including child abuse victims. The handbook outlines the definition of child abuse, and highlights practical information such as the symptoms of abuse, how to respond to detection and disclosure of child abuse, as well as on when and how to report promptly any possible case of child abuse.

Ongoing networking symposiums and sharing sessions have also been organised by MCYS. These see the coming together of various key partners where experiences are shared and key trends and practices are reviewed and updated.

General Information for the Public

There has been an increase in the reporting of child abuse cases over the years. This has largely been due to the increasing public education on child abuse. Pamphlets and education media distributed through various platforms have helped to reduce the inertia of members of public towards the reporting of abuse.

The Regional Family Violence Working Groups formed within the community in six regions island-wide have been strategic in bringing together representatives from the Police, Family Service Centres, hospitals, crisis shelters and various service providers. Projects undertaken by these groups include awareness campaigns and activities organised at grassroots level or within schools.

Chapter Seven conclusion

The area of child abuse is still relatively new in terms of the amount of local literature generated. Completed research has so far revolved mainly around perception studies of both Singaporean professionals and the public toward the various forms of abuse, as well as evaluation studies of programmes (see **Annex Two** for a list of local reports, studies and publications on child abuse). There is a need for more local research on child abuse. These studies would help to intensify evidence-based practice and policy to gain better outcomes in child welfare and protection work.

Description of Psychological Programmes

Positive Parenting Programme (Triple P)

Parents are taught a variety of child management skills including systematic ways of observing problem behaviour; providing brief contingent attention following desirable behaviour; engaging activities to be used in high risk situations; using directed discussion and planned ignoring for minor problem behaviour; giving clear and calm instructions; backing up instructions with logical consequences; and using quiet time and time out. It teaches parents to apply parenting skills to a broad range of target behaviours in both home and community settings with the target child and siblings.

Recovery for Kids

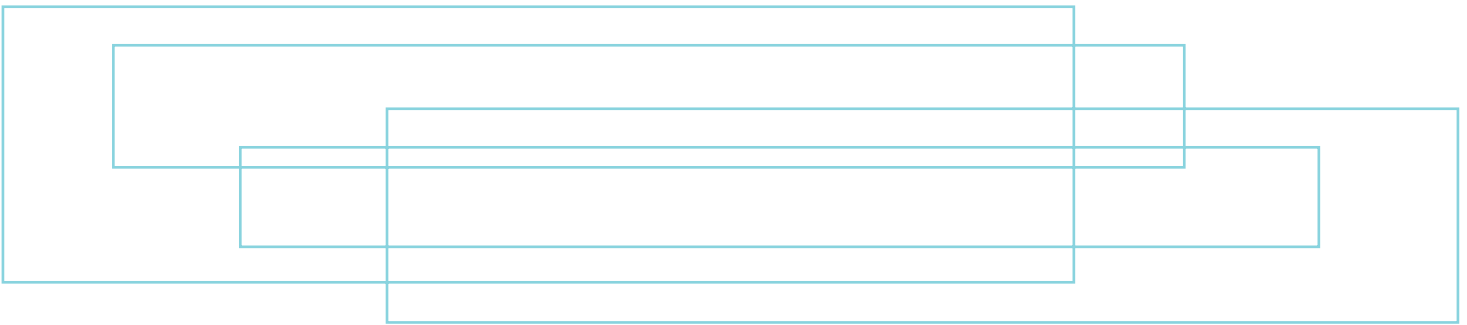
This is a systematic group programme for children aged 6 to 12 years who have experienced sexual abuse. The programme approach is cognitive-behavioural*, with an emphasis on complex cognitions such as false beliefs, attributions, decision-making processes and how these may influence the child's behaviours. Treatment components comprise of sex education, coping skills training and strategies to prevent future episodes of sexual abuse. Parents' sessions are conducted with non-offending parents with the intention of increasing their level of understanding and support for their children.

Psychometric testing is conducted at pre-test, post-test and three-month follow-up to evaluate the effectiveness of the programme as well as to assess the therapeutic gains of the children who participate in the programme. The ideal group size is between eight to ten participants.

Recovery & Empowerment for Survivors of Sexual Abuse

This is a specialised group programme for adolescents with a history of sexual abuse. It is based on cognitive-behavioural* treatment model with strong psycho-educational and skills training components to address abuse issues. Adolescents are taught ways to manage abuse-related emotions, thoughts and behaviours, and overcome their negative sexual abuse experience. Parent sessions are conducted with non-offending parents with the intention of increasing their level of understanding and support for their adolescents.

Psychometric testing is conducted at pre-test, post-test and three-month follow-up to evaluate the effectiveness of the programme as well as to assess the therapeutic gains of the adolescents who participate in the programme. The ideal group size is between eight to ten participants.



Carer's Recovery and Support Programme

This is a structured group programme for non-offending parents and caregivers of children and adolescents who have experienced sexual abuse. The programme is best suited for carers whose children are concurrently participating in one of the two previous programmes mentioned. The sessions are designed to provide the carers with the necessary understanding of their children's traumatic experience. Essential skills on helping the children, as well as enabling the carers to cope with the abuse-related emotions, thoughts and behaviours are taught. They are also equipped with knowledge and practical skills to prevent future episodes of sexual abuse.

Psychometric testing is conducted at pre-test, post-test and three-month follow-up to evaluate the effectiveness of the programme as well as to assess the therapeutic gains of the carers who participate in the programme. The ideal group size is between five to ten participants.

Treatment Programme for Adult Perpetrators of Sexual Abuse and the Positive Adolescent Sexuality Treatment Programme

Treatment programmes are available for intra-familial adult perpetrators of sexual abuse and adolescent sex offenders. They could be seen either individually or in a group setting. Depending on the age of the client, the client is referred to either an adult group or an adolescent group treatment programme.

The primary objectives of the programmes are to provide a comprehensive and specialized treatment to reduce re-offending by the perpetrators. The programmes are based on a cognitive-behavioural*/relapse prevention model of treatment, and aims to develop the essential skills, knowledge, and awareness needed to change the perpetrator's sexual offending behaviour. The programmes are also designed to help the perpetrators work on changing offence-related thinking, attitudes and feelings. During the programme, participants are expected to take responsibility for their offending behaviour, examine victim issues, identify their offence cycle and develop a detailed relapse prevention plan.

Programme for Optimistic, Well-Equipped and Resilient Kids

This is a group programme for children aged between 8 to 12 years old who have a parent or sibling experiencing a mental health problem (specifically schizophrenia, anxiety or depression). It is a three-day programme designed to: - 1) provide age-appropriate education about mental illness and coping skills to manage their own feelings; 2) improve resiliency; 3) improve self-expression and creativity; 4) increase self-esteem; and 5) reduce feelings of isolation.

* *Cognitive-behavioural treatment is a treatment approach that helps people alter the way they think about themselves and their world. This leads to a change in the way they behave.*

List of local research

Monograph series "*Public Perceptions of Child Abuse and Neglect in Singapore*" (1996), Singapore Children's Society
[Available at <http://www.childrensociety.org.sg/doc/Monograph1.pdf>]

Doctors' and Lawyers' Perspectives of Child Abuse and Neglect in Singapore (1996), D.S.S. Fung and M.H. Chow, Singapore Medical Journal
[Available at <http://www.sma.org.sg/smj/3904/articles/3904a3.html>]

Patterns of Reported Child Physical and Sexual Abuse in Singapore (1997), Ministry of Community Development, Youth and Sports

Resilient Periwinkles: working with young children at risk (1999), M. Cherian & S.P. Tan, National Council of Social Services.

Monograph series "*Professional & Public Perceptions of Child Abuse and Neglect in Singapore: An Overview*" (2000), Singapore Children's Society
[Available at <http://www.childrensociety.org.sg/doc/Monograph2.pdf>]

Monograph series "*Professional & Public Perceptions of Physical Child Abuse and Neglect in Singapore*" (2000), Singapore Children's Society
[Available at <http://www.childrensociety.org.sg/doc/Monograph3.pdf>]

Monograph series "*Emotional Maltreatment of Children in Singapore: Professional and Public Perceptions*" (2002), Singapore Children's Society
[Available at <http://www.childrensociety.org.sg/doc/Monograph4.pdf>]

The amplification of child abuse among Malays in Singapore : folk devils, moral panics and institutional response (2002), Syahirah bte Nazimuddeen, Academic Exercise

Monograph series "*Child Sexual Abuse in Singapore: Professional and Public Perceptions*" (2003), Singapore Children's Society
[Available at <http://www.childrensociety.org.sg/doc/Monograph5.pdf>]

Study of Children and Young Persons in need of Care or Protection (2004), Subordinate Courts
[Available at http://www.subcourts.gov.sg/research_bulletin.htm]

Faces of Family Violence: A Profile Study on Family Violence (2005), Subordinate Courts
[Available at http://www.subcourts.gov.sg/research_bulletin.htm]

Protection of Children in Singapore - An Overview (2005), L.Y. Ho, KK Hospital Review, Volume 8, Issue 01, July 2005

Acknowledgements

Thank you to the Family and Child Protection and Welfare Branch, and the Psychological Services Unit of the Ministry of Community Development, Youth and Sports.

In particular, the following individuals for their inputs in this bulletin:

Ms Ang Bee Lian
Director of Social Welfare
Director of Rehabilitation and Protection Division

Mrs Corinne Koh
Deputy Director, Family and Child Protection and Welfare Branch

Ms Elizabeth Pang
Head, Psychological Services Unit

Ms Chee Liew Chin
Senior Assistant Director, Child Protection Service

Ms Fong Wai Mian
Assistant Director, Child Protection Service

and

a very special thank you to Mrs Ann Wee (retired Associate Professor)
for her invaluable insights and feedback.

