

Abusing children or abusing the system?

By Dr Daniel Fung

Not long ago, a colleague asked my opinion on mandatory reporting of child abuse. Coincidentally, the newspapers reported the following day that the government was looking into making primary education compulsory for all Singapore citizens. These two incidents, though seemingly unrelated, set me thinking about how best to protect children from abuse. After all, not providing for a child's education is also a form of neglect, or a passive form of abuse through omission.

Child abuse is a difficult social-cultural concept to grasp. It is a concept based on norms and biases of a particular society or country. Even within countries, different ethnic groups may have differing views. Consensus is often based on compromise rather than a universally accepted notion of child wellbeing. What is deemed abuse today may have been acceptable and widely practised 100 years back.

Definitions of child abuse have ranged from overly inclusive ones such as causing harm to the development of the child to well defined ones found in the laws of the land. In Singapore, some definitions can be found in the Children and Young Persons Act, the Women's Charter, the Penal Code, the Kidnapping Act and the Employment Act. The common theme in these laws is that children have rights and that these rights should be respected.

I was involved in a survey of doctors and lawyers in 1996 and it showed that about 80% felt that mandatory reporting of abuse was necessary. A more recent study by the Singapore Children's Society continues to show that most people believe that some form of compulsory reporting is useful. On the surface, such laws appear beneficial and there has been some clamouring for such social legislation from a number of quarters. This has resulted in informal forums on this topic by the Singapore Children's Society and the Society Against Family Violence. Recently, the Ministry of Community

Development and Sports (MCDS) requested for feedback on the issue from a number of organisations including the Singapore Psychiatric Association.

BENEFITS OF MANDATORY REPORTING OF CHILD ABUSE

Mandatory reporting may serve a number of roles such as ensuring the child's safety, improving the response of the medico-social system to child abuse, holding perpetrators accountable and improving the documentation on child abuse cases. Though mandatory reporting has its obvious benefits, it is also fraught with difficulties. Some of this is discussed below, along with possible solutions.

• *Difficulty in defining child abuse*

Although child abuse is frequently quoted to consist of 4 entities, namely: emotional abuse, neglect, physical abuse and sexual abuse. In practice, the type of child abuse is not so clearly identified. Often, several forms of abuse occur at the same time and some forms are more easily identified than others. For example, physical abuse with visible injuries and fractures would be much more prominent than a child who was scolded daily. Emotional abuse and neglect are harder to identify than physical and sexual abuse. Therefore, much controversy and divergence of views make defining child abuse a thorny issue. A way to approach this is to define child abuse clearly and provide necessary training for doctors on more ambiguous cases. In Canada, various child protection agencies allow for consultations before deciding whether a case should be reported to the authorities. In Singapore, the MCDS has set up a multidisciplinary Child Abuse Team and this has the potential of being developed into such a consultancy service.

• *Failure to protect children*

Children may fail to be protected because there may be retaliatory violence to the

child. Perpetrators may take the child away and it may be difficult to trace them. Some perpetrators may even limit access to health care once reporting is suspected. Naturally, a good mandatory reporting law must take into account what steps need to be in place so that children are well protected. Thus, the law must also consider the follow-up process beyond the simple reporting of child abuse.

• *Reduce the responsibilities of professionals*

Mandatory reporting alone does little to ensure that appropriate care is provided to the abused child. Clinicians may feel that once they have reported the case, the responsibility of ongoing care is thus abdicated. Here it would be important that child protection services keep the clinician informed and involved in the process. This would encourage doctors to work closely with the child protection services as they may find the process helpful in their own understanding of the problems of the family whom they still have a duty of care.

• *Refusal to inquire*

Some clinicians who view reporting as detrimental to the child and his family may choose not to inquire about abuse at all. After all, asking about potential abuse situations would make the clinician responsible if he did not report. Yet by not inquiring, the attending doctor cannot help to resolve potential family problems. Some clinicians may also find the process of report both tedious and time consuming and would choose to ignore the entire topic. A good mandatory reporting law would have to make the process simple yet comprehensive enough to discourage false reporting. Once again, close consultation between doctors and the child protection services, where communication is both ways, is probably best.

◀ Page 8 – *Abusing children or abusing the system?*

• *False reporting*

The argument here is that doctors may refer all cases they deem as potentially abusive and this would overload the services meant to help protect children. When does a situation arise in which the threshold of suspecting abuse is reached? Some cases of physical abuse are clear-cut if there are injuries but what of situations in which the doctor is aware that the family relationships are strained and the risk of abuse exists? The legislation in Canada for example, requires physicians to report all suspicions, regardless of reasons, and to err on the side of safety. In Singapore, training of doctors in child abuse and its identification can reduce the degree of false reporting.

• *Harm the patient-doctor relationship*

Confidentiality of medical information encourages people to seek medical care. Breaches of this confidentiality may undermine trust and deter patients from confiding in their doctors. Exceptions to confidentiality are justified to prevent serious harm to children, who may be incapable of seeking assistance on their own. Yet such an exception is warranted only when the risk of harm is great and the benefits of intervention substantial, which may not be a consideration in mandatory reporting. In such situation, clinician will have to make a difficult decision. Doctors can also choose to involve the families right from the start. If parents go to see the doctor for help because they have difficulties managing

their children with non violent means, the doctor can suggest help in a number of ways, one of which is to involve the MCDS.

• *Not all countries subscribe to the concept*
Hong Kong has an active and coordinated child abuse reporting system but does not have mandatory reporting in its legislature. The Americans have also been reviewing their own laws and some quarters have expressed reservations about mandatory reporting. If legislation is being considered, the laws of countries that have mandatory reporting need to be scrutinised and for those countries which do not have such laws, a careful assessment of how their laws protect children is needed (see chart below).

I was asked if child abuse is a real problem in Singapore or of potentially big enough societal impact that laws have to be enacted to ensure that all suspected cases be reported. I suppose the question should be, whether it is alright to turn a blind eye just because only a few children are abused? I believe that all children deserve a right to a warm, caring and loving home where they can develop to their full potential. Legislation, by itself, cannot protect children. What will protect children are the people around them who are looking after their best interests. And that includes us, the doctors who look after them. We have a responsibility in helping parents who are under stress by directing them to ways and means in which they can improve as parents, and when the situation is clearly untenable, to protect the children from serious physical and emotional harm.

But as doctors, we may also need to acknowledge that our training may not have equipped us with the specialised expertise needed to evaluate the seriousness of the abuse risk. It is here that we must not be afraid to ask for the help of some of our non-medical colleagues who have a wealth of experience and are trained to handle such cases.

However, I do not personally believe that mandatory reporting, by itself, is useful in our present system in Singapore. Besides the reasons that I have cited above, creating such legislation will add unnecessary stress to our already overworked social services. It is probably better to utilise our energies in developing a good system of education of frontline professionals who deal with children such as family physicians, paediatricians, teachers, child care workers and social workers on child abuse and what can be done when suspicions are aroused. How such cases can be referred to the MCDS must be spelt out clearly for doctors as MCDS already has the legal mandate as child protector. A manual for handling child abuse cases has been published by MCDS for all frontline professionals handling children. Doctors should refer to this manual which is available at the Child Welfare Service, MCDS. At the same time, local research into the causes of child abuse and what strategies can be employed to prevent child abuse should be looked into.

I believe we should start considering how we can develop laws to protect children; be it mandatory reporting or in making more comprehensive definitions of child abuse within existing legislation. As a profession, we have an ethical responsibility in reporting child abuse, even if it's not a legal one. ■

A summary of the advantages and disadvantages for mandatory reporting of child abuse

Advantages	Disadvantages
Child abuse will be defined clearly in the law.	Difficulty in definitions may mean that the law will either be over-inclusive or restrictive.
Children's best interests are protected.	Parents authority to discipline may be undermined.
Professionals who deal with children are looking out for the children's welfare.	Over zealous professionals may overreact in non-abuse situations.
Perpetrators of child abuse will be held accountable.	Perpetrators may prevent children from contact with agencies that can help.
Improve the documentation and statistical analysis in child abuse.	There may be false reporting.
Improve the response and follow-up on child abuse cases.	The child protection services may be overwhelmed by an increase in the investigatory process.

Some reasons why doctors fail to report child abuse, quoted by the College of Physicians and Surgeons of Ontario:

- *There is a lack of confidence in the investigatory process.*
- *Lack of confidence in the diagnosis*
- *Difficulty believing that abuse is present in a family*
- *Discomfort with confrontation*
- *Belief that reporting is a violation of patient confidentiality*
- *Fear of legal reprisals*
- *Time demand of initiating child abuse reporting is too great*
- *Belief that the system does not have adequate resources*

It is therefore important that in developing a reporting system for doctors, these worries and fears are specifically addressed.