



MINISTRY OF HEALTH
SINGAPORE

MH 69:07/71

MOH Circular No. 91/2021

9 July 2021

All registered medical practitioners
CEOs and CMBs of Restructured Hospitals
CEOs and Medical Directors of Community Hospitals
CEOs and Directors of Clinical Services of Polyclinics
General Managers of Private Sector Hospitals
Licensees and Managers of Medical Clinics

MANAGEMENT OF CASES SUSPECT OF ABUSE

With the recent cases of abuse involving migrant domestic workers (MDWs) and domestic violence, medical practitioners are generally one of the first touchpoints to screen and review such alleged abuse cases in their licensed premises. Therefore, it is important that medical practitioners stay vigilant in identifying suspect cases, be familiar with their clinical management, referring them to the appropriate authority where appropriate and be aware of the medico-legal aspects of handling such cases.

2. This circular outlines the types of abuse cases one might encounter, and the management and reporting of suspect cases.

Duty of Care

3. Medical practitioners are reminded that their duty of care is to their patients, and not to the patient's family or employer. This is even in the case of statutory examinations, including the regular medical examination for foreign workers.

4. Establishing a conducive environment is essential for helping the patient confide and trust in the medical practitioner. While doing a consultation with third parties in attendance, medical practitioners should ensure that the patient is comfortable with the presence of the third parties, and that their presence would not disrupt the patients' care. An abused patient would be less likely to divulge truthful information while their abuser is present¹. If the medical practitioner suspects that the third party or caregiver in attendance would affect the patient's care, they should respectfully request for the third party to leave for the duration of the consult.

¹ For more information on the ethics of duty of care, healthcare practitioners are advised to refer to the Singapore Medical Council Ethical Code and Ethical Guidelines – Sections on Duty of Care, and on Relationships with patients.



Identification of Suspect Abuse Cases

5. Abuse can occur through intentional action, or wilful inaction of the abuser. Often, the abuser would have a responsibility of care over the victim – such as an adult caring for an elderly parent, or an employer who employs a MDW.
6. There are also various types of abuse, such as physical, sexual or emotional abuse. The prevalence of the types of abuse differs based on the relationship between the abuser and the victim. This circular largely focuses on the identification and management of physical abuse. However, medical practitioners are advised to be knowledgeable in the various forms of abuse.
7. Practitioners are advised to maintain a high level of suspicion for abuse when dealing with vulnerable parties – such as the young, the infirm, those without mental capacity, and MDWs under employ.
8. Symptoms can include direct sequelae of the abuse such as injuries, pain, or malnutrition and dehydration. Other indirect symptoms such as decline in functional or cognitive ability, poor self-care or mood disorders may be observed.
9. Clinical signs can include those of non-accidental injuries (NAI) such as bruises, lacerations or burns, especially those that could not be adequately explained. A high level of suspicion should be held when the patient cannot adequately explain their injuries, or if they are on unusual locations such as the back, buttocks or ears. In contrast, accidental injuries are often on the anterior surfaces of the body, and over bony prominences.
10. Patterned injuries, those with distinct patterns that may reproduce the characteristics of an object such as a belt, or the circular burns of a cigarette butt, can indicate the method of injury. Injuries in multiple areas, as well as injuries of multiple ages, would warrant further investigation. An example would be bruises or other injuries on multiple spots throughout the body, at different stages of healing. The age of the injuries can give an indication into the minimum chronicity of the abuse. Severe injuries indicative of abuse would include fractures – often in the ribs, sternum or scapula, and spiral fractures.
11. Do note that patients may not offer abuse as their first presenting complaint. They can present for various acute symptoms such as acute respiratory infections, chronic disease management, or for routine health screenings. Victims may also minimise or deny their symptoms of abuse. A high level of suspicion for abuse and the above signs and symptoms would be key to identifying such cases.
12. Clinicians should also have a higher suspicion of abuse if the offered history does not match the physical findings. For instance, physical injuries that are not well explained can be indicative of possible abuse. In such cases, a more in-depth consultation should be performed. If there is not enough information from the history and physical examination, there should also be a low threshold for further

investigations if abuse is suspected. If available, biochemical and radiological investigations can aid in investigating NAIs.

13. Aside from clinical features, medical practitioners would benefit from observation of non-verbal cues from the patient. Features such as the patient being overly submissive or afraid, the patient being always accompanied by the abuser, or the patient often minimizing their symptoms can be signs to indicate further investigation may be required. It can often take a close doctor-patient relationship for them to begin to 'open up' and share such details that could leave them emotionally vulnerable.

14. In addition, direct questions can aid in the identification of abuse, if appropriate to the situation. This can especially help if there are language barriers, or additional barriers to communication. Examples of direct questions include:

- Are you being beaten, harmed or hurt by someone?
- Do you have enough food?
- Is your workload manageable?
- Do you have enough sleep?

Effective Documentation

15. Clear, detailed and accurate documentation of clinical findings are crucial to facilitate clinical management of the patient and investigation of the suspected abuse. For injuries on the patient such as lacerations and bruises, a written or pictorial description of the injuries would aid the investigation.

Management of Suspect Cases

Hospital and Polyclinic Based Doctors

16. Inter-agency policies had been previously worked out with public sector hospitals and polyclinics. As such, hospital (both public and private sector) and polyclinic-based doctors are advised to follow your institutions' policies on the management of suspect abuse cases.

General Practitioners (GPs) and Private Clinics

(See **Annex A** for the workflow for managing and reporting suspect abuse cases by GPs and Private Clinics)

Patient Requiring Emergent Care

17. For GPs and Private Clinics, the management of suspect cases of abuse would first involve appropriate medical management of any injuries. Referral to acute hospitals and Emergency Departments may be indicated if the injuries are severe. At your discretion, practitioners may also wish to lower the threshold for sending suspect cases to the Emergency Departments, e.g. referring suspect cases with minor injuries to the Emergency Departments for an X-ray. In the referral form,



practitioners are advised to indicate potential NAI as the description. In addition, if the patient is in imminent danger, practitioners should call the Police at 999 for immediate police intervention.

Patient not Requiring Emergent Care

18. Occasionally, the above signs of abuse would not be so well-defined, and the medical practitioner may be unsure of the diagnosis. If the medical practitioner assesses that abuse may be possible, but unlikely, they could still take care to discharge the patient safely. Practitioners should counsel patients to seek help where necessary before discharge. Patients can be advised to seek help from:

Table 1: Avenues of assistance for abuse cases

Type of Abuse Cases	Avenue of Assistance	Details
Cases of family violence (e.g. spousal or child abuse)	National Anti-Violence Helpline (NAVH) ²	1800 777 0000
	Family Violence	https://www.msf.gov.sg/policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence/Pages/default.aspx
	Child Abuse	https://www.msf.gov.sg/policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence/Pages/Child-Abuse.aspx
Cases involving MDWs	MOM Helpline for Helpers	1800 339 5505

19. Practitioners should also emphasize that medical services should be a safe haven for the patient if needed, and the patient could seek help at Emergency Departments of any hospitals, if required.

20. In cases of suspected child abuse, referral to NUH or KKWH Children's Emergencies should be undertaken in order to afford the child a safe haven.

Reporting

Hospital and Polyclinic Based Doctors

21. Hospital and polyclinic-based doctors are advised to follow your institutions' policies on the reporting of suspect abuse cases, taking reference from the relevant joint MOH and Singapore Police Force (SPF) circulars³ (where applicable).

² As of Jan 2021, the Child Protection Services hotline has been converted to the NAVH.

GPs and Private Clinics

22. For GPs and Private Clinics, medical practitioners are reminded that there is a legal obligation for medical practitioners to notify the Police as early as possible if there is suspicion that an offence under Section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition)⁴ has taken place. This includes Child / Elder / Spousal / MDW Abuse. Medical practitioners are to notify the Police as soon as possible by making a police report via the *Police Report E-services Portal* at <https://eservices.police.gov.sg/content/policehubhome/homepage/police-report.html>.

The practitioner should make a report no later than 2 hours after examining the patient and assessing that it was necessary for Police to be notified of the case. The examining medical practitioner should sign off for cases reported to the Police. See **Annex A** for the workflow for managing and reporting suspect abuse cases by GPs and Private Clinics.

23. In order for the Police to establish whether a case is an offence listed in section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition), medical practitioners are required to briefly describe the injuries sustained as observed and the circumstances of the accident or incident as relayed by the patient or accompanying person (if applicable), including the incident location where the injuries were sustained. This information is needed for Investigation Officers to promptly conduct follow-ups at the accident or incident location. Hence, medical practitioners are encouraged to find out from the patient or accompanying person the location information and document it.

24. For cases involving MDWs, practitioners should notify the Police immediately if the MDW is assessed to be in imminent danger. If the practitioner is unsure if the patient falls within a suspect of an abuse case warranting notifying the police, they should also notify the Ministry of Manpower via the MOM Helpline for Helpers at 1800 339 5505.

25. If practitioners are unsure of the need to report to the Police, practitioners may consult NAVH for family violence-related matters or the MOM Helpline for Helpers for MDW-related matters as listed in **Table 1**.

³ MOH Circular Nos. 01/2020 and 02/2020: *Ministry of Health and Singapore Police Force Joint Guidelines on Reporting of Cases to the Police*.

⁴ Section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition) provides as follows: Every person aware of the commission of or the intention of any other person to commit any arrestable offence punishable under Chapters VI, VII, VIII, XII and XVI of the Penal Code (Cap. 224) or under any of the following sections of the Penal Code:

Sections 161, 162, 163, 164, 170, 171, 211, 212, 216, 216A, 226, 270, 281, 285, 286, 382, 384, 385, 386, 387, 388, 389, 392, 393, 394, 395, 396, 397, 399, 400, 401, 402, 430A, 435, 436, 437, 438, 440, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 489A, 489B, 489C, 4891) and 506, shall, in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer of the commission or intention.

26. Please see *Frequently Asked Questions (FAQ)* in **Annex B** for more details.
27. Please ensure that a copy of this circular is circulated to all your medical staff or other healthcare professionals who might screen or manage such suspected cases of abuse for their information and compliance.
28. For clarifications, please email MOH_INFO@moh.gov.sg.



A/PROF KENNETH MAK
 DIRECTOR OF MEDICAL SERVICES
 MINISTRY OF HEALTH

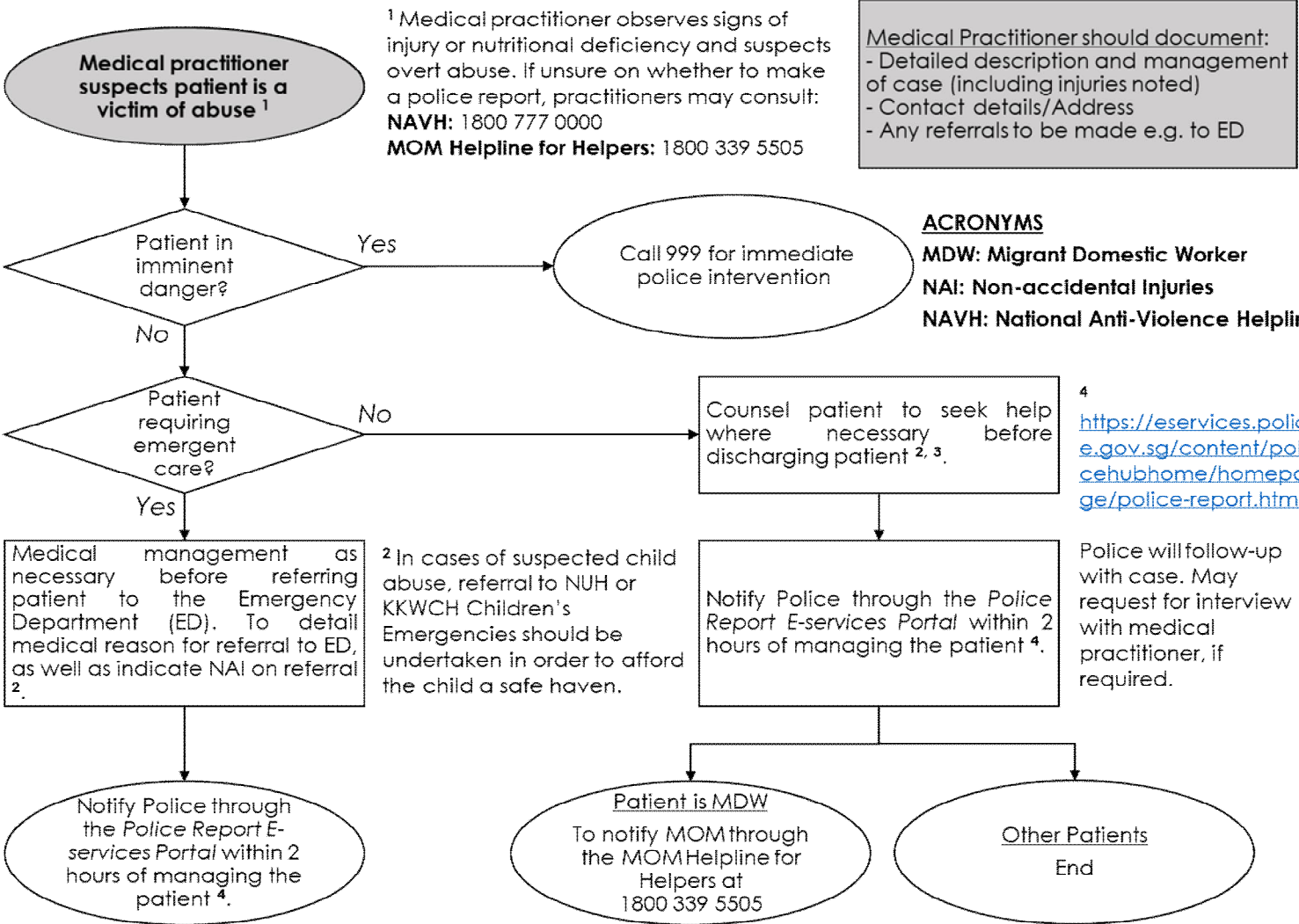
Annexes

Annex A	WORKFLOW FOR THE REPORTING OF SUSPECT ABUSE CASES BY GPS / PRIVATE CLINICS
Annex B	FREQUENTLY ASKED QUESTIONS



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 College of Medicine Building
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Workflow for the reporting of suspect abuse cases by GPs / Private Clinics



¹ Medical practitioner observes signs of injury or nutritional deficiency and suspects overt abuse. If unsure on whether to make a police report, practitioners may consult:
NAVH: 1800 777 0000
MOM Helpline for Helpers: 1800 339 5505

Medical Practitioner should document:
 - Detailed description and management of case (including injuries noted)
 - Contact details/Address
 - Any referrals to be made e.g. to ED

ACRONYMS
MDW: Migrant Domestic Worker
NAI: Non-accidental Injuries
NAVH: National Anti-Violence Helpline

³ Patient can be advised to seek help from:

Cases of family violence (e.g. spousal or child abuse)
 • **NAVH: 1800 777 0000**
 • **Family Violence:**
<https://www.msf.gov.sg/policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence/Pages/default.aspx>
 • **Child Abuse:**
<https://www.msf.gov.sg/policies/Strong-and-Stable-Families/Supporting-Families/Family-Violence/Pages/Child-Abuse.aspx>

Cases involving MDWs
 • **MOM Helpline for Helpers: 1800 339 5505**

² In cases of suspected child abuse, referral to NUH or KKWCH Children's Emergencies should be undertaken in order to afford the child a safe haven.

⁴ <https://eservices.police.gov.sg/content/policehubhome/homepage/police-report.html>

Police will follow-up with case. May request for interview with medical practitioner, if required.

FREQUENTLY ASKED QUESTIONS

S/N	Question
1	<p>If I report a case that eventually turns out not to be an abuse case, would I be penalised?</p> <p>No. As long as there was a reasonable suspicion for abuse, you would not be penalised if the case was further investigated, and no abuse was found. In contrast, failing to report a case when there was reasonable suspicion for abuse is an offence, under Section 424 of the Criminal Procedure Code. To aid in the investigations, you should take care to exercise diligence in the documentation of possible cases of abuse.</p>
2	<p>What should I do if I suspect abuse, but the patient does not wish to report the abuse?</p> <p>It is a legal obligation for medical practitioners to notify the Police as early as possible if there is suspicion that an offence under Section 424 of the Criminal Procedure Code (Chapter 68, 2012 Revised Edition) has taken place. This includes Child / Elder / Spousal / MDW Abuse.</p> <p>For suspected child abuse or abuse involving MDWs, patient safety is first and foremost. Hence, you should report the case to the police. This is the same for cases involving family violence (e.g. domestic abuse of adults). While patient autonomy and consent should be respected, a suspect case of abuse should still be reported in this case for reasons of patient safety. The case will be investigated anonymously, to preserve the doctor-patient relationship.</p>
3	<p>How can I ensure a patient's safety after they are discharged?</p> <p>First, ensure that the patient receives any medical care they require. A referral to the Emergency Department of an acute hospital would be indicated if the patient's injuries are severe.</p> <p>If the patient does not require a referral to an acute hospital, and may be safely discharged, provide them with discharge advice. Ensure that they have the required information needed to protect themselves at home, such as a hotline number to report abuse (See Table 1 of the main circular). Advise them to approach the police, or an acute hospital, if urgent help is required.</p>