1. The diagnosis of child abuse is not easy. It requires a high index of suspicion by the professional who sees the child. It is based on a combination of medical findings that are unexplained, implausible, and inconsistent with the history obtained; patterns of injury that suggest they have been caused by abuse rather than by accident, and certain characteristics and behaviour of the child and the family. Appropriate medical and social investigations are required to confirm or elaborate on the diagnosis, and a period of observation of the child’s response may be necessary in non-organic failure to thrive. Medical professionals should continue to upgrade their skills in the recognition of child abuse and neglect.

2. Although child abuse may occur without any known underlying social factors, the following are some characteristics in the social environment associated with child abuse:

**Abused Child:**
- was unwanted and there may have been denial of pregnancy, requests for abortion or talk of adoption;
- was separated from the mother soon after birth and initial bonding was prevented or interrupted;
- is a disappointment, whether because of a defect or because a child of the opposite sex was wanted;
- is highly irritable and demanding;
- is difficult to manage because of illness;
- is different from the rest of the family.

**Abusive Parents:**
- were abused or experienced family disruption in their childhood;
- lack family support and are unreassuringly fearful of caring for their child;
- lack parenting skills and/or knowledge of child development, having unrealistic expectations;
- have poor impulse control and are generally rigid and authoritarian;
- were ten parents;
- abuse alcohol and/or other substances;
- have physical or mental illness.

The Family:
- has employment and financial stress;
- has marital conflict and domestic violence;
- experiences crises due to stressful events: death in family, recent move, fighting, etc.;
- loneliness or isolation of mothers when their partners have left or are working away from home; heavy childcare responsibility;
- experiences geographic isolation, lack of transportation, and lack of social support.

3. When to suspect abuse?

**Social Indicators**
- experiences geographic isolation, lack of transportation, and lack of social support.
- loneliness or isolation of mothers when their partners have left or are working away from home;
- has employment and financial stress;
- abuse alcohol and/or other substances;
- has poor impulse control, and are generally rigid and authoritarian;
- were ten parents;
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4. Behavioural symptoms of physical abuse
- Fear of parent / caregiver
- Overly compliant, withdrawn, unusual fear of authority
- Worniness of physical contact
- Unusual hunger for affection
- Fear of going home after school or child care
- Sudden change in behaviour, e.g. from noisy to shy and passive, or becoming aggressive
- Wearing / soiling pants inappropriate for age group
- Sleep problems including nightmares
- Constantly watching for possible danger; apprehensive when other children cry

5. Some physical signs
- Consistent and regular hunger
- Malnutrition
- Low weight for age
- Gaining weight when hospitalised or placed in alternative care
- Poor language skills and coordination
- Poor hygiene (child constantly unwashed)
- Poor teeth, gum disease, untreated sores, not immunised against illness
- Consistent lack of supervision

6. Some behavioural symptoms:
- Poor bonding with parents
- Clings to any adult, goes too easily with strangers
- Unusually tired, listless, or motionless
- Feeds hungrily or hardly at all
- Hungry for adult affection and attention
- Habitual school truant or late-comer
- Injuries are seen repeatedly and not adequately explained by normal childhood activities
- The parent’s or caretaker's story of the child’s injury is vague, inadequate or implausible, e.g. a 5-month old infant cannot climb into a tub of hot water
- Delay in seeking medical attention for the injury
- The story may be inconsistent or contradictory and the parent's reaction to the seriousness of the injury is inappropriate
- Injuries such as abrasions and bruises of varying age
- Injuries with patterns (circular, square, tramline, herringbone)
- Circular marks around the wrists, ankles or penis
- Clustered or grouped injuries (e.g. three to four oval bruises suggestive of a slap on the face, or a grasp around a limb)
- Injuries over body parts that are usually clothed
- Injuries to genitalia, with vague history
- Injuries to eyes, ears, and internal organs
- Head injuries with vague history
- Broken bones and ribs of varying ages, swollen/painful and dislocated joints
- Burns and scalds, especially over the buttocks or soles of feet
- Gaining weight when hospitalised or placed in alternative care
- Low weight for age
- Malnutrition
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7. Emotional abuse can harm children just as much as other forms of abuse. It can be difficult to identify because it does not leave any physical injuries and it often goes unrecognised until a child shows signs of emotional problems.

8. Some key features:
- Stunted growth: Non-organic failure to thrive
- Accelerated growth away from family
- Feeding behaviour grossly disturbed
- Delayed mental and emotional development
- Unusual patterns of urination and defecation
- Poor social adjustment, anti-social behaviour, unhappy, irritable, and defiant

9. Some behavioural symptoms:
- Changes in behaviour
- Lying and stealing
- Destructive or violent behaviour
- Child rooks, sucks, or bites self
- Being very shy, passive, compliant
- Being aggressive and constantly seeking attention
- Low self-esteem, negative statements about self
- Inability to mix with other children

10. Some physical signs:
- Pain, itching, discharge, or bleeding in genital area
- Bruises to breasts, buttock, lower abdomen or thighs
- Venereal infection with or without associated urinary tract infections
- Abdominal pain suggestive of pelvic inflammatory disease
- Recurrent headaches which are not neurological in origin
- Sexually-transmitted diseases
- Painful urination, bedwetting inappropriate for age
- Pregnancy, especially teenage pregnancy
- Tom, stained, bloody underclothes
- Symmetrical bruises over the medial aspects of both thighs which suggest that the child’s hips were forcibly abducted during the act of sexual assault

11. Some behavioural symptoms:
- Fear of being hurt during dressing / nappy change
- Inappropriate sexual activity
- Fear of being alone with a particular adult
13. Warning signs:

- MSP was first described in 1977 on children whose parents (usually mothers and rarely fathers) invented stories of illness about their child and then substantiated the stories by fabricating false physical signs.

- The illness is unexplained, prolonged, or extremely rare.

- The symptoms and signs have a temporal association with the mother's presence.

- The symptoms may also be incongruous, e.g. blood-stained vomit in a child who is pink and laughing and has good pulse.

- The mother is a hospital addict and more anxious to impress the doctor than she is worried about her child's illness.

- The treatment prescribed is ineffective and not tolerated.

- The mother is a problem child and more anxious to impress the doctor than she is worried about her child's illness.

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- The treatment prescribed is ineffective and not tolerated.

- In the family there are multiple illnesses and similar symptoms in other members of the family.

- Poor relationships with other children.

- Unwilling to participate in normal physical or social activities.

- Regressive behaviour, e.g. sudden return to wetting or soiling.

- Delinquent, aggressive, or truant behaviour at school not explained by other causes in a previously well-behaved child.

- The symptoms and signs have a temporal association with the mother's presence.

- The symptoms may also be incongruous, e.g. blood-stained vomit in a child who is pink and laughing and has good pulse.

- The mother is a hospital addict and more anxious to impress the doctor than she is worried about her child's illness.

- The treatment prescribed is ineffective and not tolerated.

- In the family there are multiple illnesses and similar symptoms in other members of the family.

- Other siblings may be similarly affected, and there has been non-accidental injury or unexplained death of other children.

Private Medical Practitioners

1. Children suspected to be abused are usually brought to the attention of private medical practitioners by their parents, caregivers, and other members of the family, relatives or friends. Private medical practitioners should be alert to signs and symptoms of child abuse by making reference to the section on Recognition of Child Abuse and Neglect. If there is any concern or suspicion about non-accidental injury, or the child’s explanation does not account for the injury, or the child is making an allegation, private medical practitioners should record precise descriptions of injuries and inform Child Welfare Services (CWS) of Ministry of Community Development and Sport (MCDS) immediately for investigation. For suspected child sexual abuse cases, private medical practitioners should keep the interview and medical examination to a minimum in order to avoid contamination of evidence and traumatization of the child and leave the detailed interview and examination to the medical professionals with expertise in child abuse examination. For cases which require further medical attention, they should be referred to the A&E Department of one of the two designated hospitals with Paediatric Department, i.e. KKHH or NUH, after immediate treatment. In referring the case to CWS, the private medical practitioners should provide the available identifying data of the child and family as follows:

- i) the name, date and frequency of the child abuse;
- ii) the name, date of birth or age, and any disability or special needs of the child;
- iii) child’s whereabouts;
- iv) whether the child is in immediate danger;
- v) name and NRIC No. of parents/caregivers and others involved;
- vi) name of other children in the household and whether the children are at risk or potentially at risk;
- vii) name of school or child care centre, if known;
- viii) name of other persons who know the situation and other agencies or government bodies involved;
- ix) medical report, if any.

Munchausen Syndrome by Proxy (MSP)

12. MSP was first described in 1977 on children whose parents (usually mothers and rarely fathers) invented stories of illness about their child and then substantiated the stories by fabricating false physical signs.

- In the family there are multiple illnesses and similar symptoms in other members of the family.
- The treatment prescribed is ineffective and not tolerated.
- Unwilling to participate in normal physical or social activities.
- Regressive behaviour, e.g. sudden return to wetting or soiling.
- Delinquent, aggressive, or truant behaviour at school not explained by other causes in a previously well-behaved child.
- The symptoms and signs have a temporal association with the mother’s presence.
- The symptoms may also be incongruous, e.g. blood-stained vomit in a child who is pink and laughing and has good pulse.
- The mother is a hospital addict and more anxious to impress the doctor than she is worried about her child’s illness.
- The treatment prescribed is ineffective and not tolerated.
- In the family there are multiple illnesses and similar symptoms in other members of the family.
- Other siblings may be similarly affected, and there has been non-accidental injury or unexplained death of other children.

2. CWS should be informed of the above information by telephone immediately (Contact number: 1800-2586379 or 3548260). Written referral should follow on the next working day for documentation.

3. The private medical practitioner will be consulted throughout the investigation process, including the attendance of case conference and welfare planning of the child, if necessary.

USEFUL CONTACT NUMBERS

- KK Women’s and Children’s Hospital
  - 2940044
- National University Hospital
  - 7795555
- Child Welfare Service, Ministry of Community Development and Sports
  - 1800 - 2586378 or 3548260
- Forensic Pathologist on-call via Duty Officer Police Radio
  - 2206857
- Senior Investigating Officer, Tanglin Police Division
  - 7330000
- Senior Investigating Officer, Clementi Police Division
  - 7740000

FLOW CHART FOR MANAGEMENT OF CHILD ABUSE

- Alleged Abuse
  - Referral from MCDS
  - Primary Health Care: Polyclinics and Private Practitioners
  - Police
  - Others: School, Child Care & Kindergarten

- A&E Departments
  - Specialist Outpatient Clinics: Whether Child Abuse?
  - Child Abuse suspected
  - Child Abuse not suspected

- Admission
  - Medically managed by Non-Paediatric Unit
  - Refer Paediatrician or Paediatric Dept

- Admission to Pediatric Ward
  - Medically managed by Paediatric Unit
  - Refer Paediatric SOC

- Review
  - Case Conference
  - Decision on Child Abuse and Management Plan for Child & Family

- Notify Police
  - MCDS

- CASE CONFERENCE
  - Decision on Child Abuse and Management Plan for Child & Family

- Follow-up of Medical Problems

- Other Sub-Specialties
  - Referral to Other Sub-Specialties
  - Sen. by Paediatric Specialist
  - On-call/in-charge

- Medical Social Worker
  - Refer to Hospital Medical Social Worker

- Other
  - Public Health Care: Police

- School, Child Care & Kindergarten

- Others: School, Child Care & Kindergarten

- FLOW CHART FOR MANAGEMENT OF CHILD ABUSE