

# A Review of Research on Child Abuse in Malaysia

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## ABSTRACT

The aim of this review was to summarise published literature on child abuse and neglect and its consequences in Malaysia, to discuss the implications of the research findings and to identify gaps in the local literature on child abuse and neglect. Medical and social literature in the English language published between the year 2000 to 2015 were searched for, resulting in forty four papers to be reviewed inclusive of a few key papers in the earlier years to provide some background information. The literature shows that child abuse and neglect is an important impact factor on mental health outcomes, involvement in substance abuse and delinquency due to the slant of the research interest from social studies. At least 70% of perpetrators are known to the affected children according to school-based prevalence studies. Safety programs and rehabilitation outcome studies involve small cohort groups. Studies on childhood mortality from child abuse or neglect are very limited. Overall, there are a few comprehensive studies involving school children but overall available studies are too patchy in to advocate for resource allocation, change in statutory procedures or training requirements. More extensive studies looking at the complex interaction of social environment, parenting skills, societal attitudes and responses, resilience factors and child safety nets and statutory response and their impact on different types of abuse or neglect are required.

## INTRODUCTION

Child abuse and related experiences (or known as child maltreatment) have recently been recognised by the World Health Organisation as having broad implications for human development and the prevention of public health problems.<sup>1</sup> It is an important cause of childhood morbidity in terms of its impact on physical health and disability, emotional health, and healthy child development. In addition, the long term impact is not limited to the individual child victim but also on society from its effects on family, psychosocial consequences, juvenile delinquency, substance abuse and crime.<sup>2</sup> The economic burden of child maltreatment is also substantial, with an estimated economic value of DALYs lost ranging from 1.24% to 3.46% of GDP across sub-regions in the Asia and Pacific region defined by the World Health Organization. When updated to 2012 dollars, the estimated economic burden totaled US \$194 billion. This indicates the importance of preventing and responding to child maltreatment at the country and regional level.<sup>3</sup>

Malaysia ratified the Convention of the Rights of the Child (CRC) since 1995, which recognises the universally accepted right of the child as contained within this convention and the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).<sup>4</sup> The Ministry of Women, Family and Community Development has been tasked by the government to lead and coordinate issues regarding women, family and children.

In the past, the public, as well as related professionals, often perceived instances of child abuse to be isolated cases rather than part of a widespread phenomenon. As a result, child maltreatment did not receive widespread attention until late-80s when a few high-profile abuse incidents of children were highlighted in the media.<sup>5</sup> These acted as the catalyst in prompting the government to introduce the Child Protection Act in 1991. In addition, the one-stop crisis centres were set up in government hospitals around Malaysia beginning mid 1998 providing services for victims of domestic violence, sexual assault and child abuse.<sup>4</sup> The government initiated a hotline, which was launched in April 1998.<sup>5</sup> Since the introduction of *Child Protection Act 1991*, doctors are subject to mandatory reporting of any suspected child abuse case to the relevant authorities. The *Child Protection Act 1991* has been superseded by the *Child Act 2001* in an attempt to deal more effectively with issues relating to children.

Under the *Child Act 2001*, "child abuse" is defined as when the child has been or is at substantial risk of being physically or emotionally injured or sexually abused or neglected in terms of adequate care, food, shelter, clothing, medical attention, supervision and safety, or abandonment or others such as being on the street or used for begging by the parents or persons in charge of the child at any one time<sup>1</sup>. From the health perspective, child abuse constitutes all forms of physical abuse and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm, to the child's *health, survival, development or dignity* in the context of a relationship of responsibility, trust or power<sup>6</sup>.

There is mandatory reporting for all cases of suspected child abuse by doctors, family members and childminders under the *Child Act 2001*<sup>1</sup>. Data on reported child abuse are compiled annually mainly by the Department of Social Welfare, the Royal Malaysian police and various hospitals. Efforts by various agencies to setup a coordinated system of data collection between agencies are still ongoing. This is to ensure documentation of reported cases besides identifying

<sup>1</sup> Laws of Malaysia, Child Act 2001, Section 17 (i)-(k)

**Table I: Total cases of child abuse and neglect reported to Department of Social Welfare, Malaysia from 2000-2010 according to type of abuse**

| Year      | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Abandoned | n.a  | n.a  | n.a  | 71   | 70   | 121  | 98   | 26   | 68   | 53   | 63   | 58   | 62   | 115  |
| Neglect   | 252  | 252  | 250  | 183  | 303  | 357  | 389  | 563  | 601  | 682  | 761  | 952  | 981  | 1250 |
| Physical  | 476  | 489  | 413  | 362  | 287  | 354  | 410  | 445  | 431  | 495  | 586  | 863  | 895  | 846  |
| Sexual *  | 219  | 270  | 291  | 258  | 251  | 324  | 430  | 529  | 566  | 679  | 754  | 733  | 728  | 937  |
| Incest    | n.a  | 30   | 57   | 49   | 21   | 72   | n.a. | n.a. |
| Emotional | 55   | 36   | 17   | 24   | 56   | 32   | 32   | 63   | 77   | 50   | 45   | 90   | 98   | 71   |
| Others    | 147  | 104  | 136  | 36   | 69   | 54   | 31   | 0    | 0    | 0    | 49   | 12   | 25   | 38   |
| Total     | 1149 | 1161 | 1107 | 934  | 1036 | 1242 | 1390 | 1656 | 1800 | 1999 | 2279 | 2780 | 2789 | 3257 |

Source: Department of Social Welfare, 2012

Note: \*Excludes incest if figures for incest available

overlapping reports or cases which may have been recorded only by one of the agencies and not the others. The Ministry of Health has also developed a guideline for hospital management on child abuse and neglect by Suspected Child Abuse and Neglect (SCAN) teams in hospitals<sup>7</sup> as well as the One Stop Crisis Centers (OSCC) in emergency departments.<sup>8</sup> Table I shows the annual data from reports to the Department of Social Welfare according to the various types of child abuse, showing increasing numbers of reports.

#### AIM AND METHODS

The aim of this review was to summarise published literature on child abuse and neglect and its consequences in Malaysia, to discuss the implications of the research findings and to identify gaps in the local literature on child abuse and neglect.

The following search strategies were used to retrieve relevant articles for this review. Literature in English language was systematically searched using the following databases; PubMed, OVID and SciDirect. Searches were carried out for studies published from 2000 to 2015. Reference lists of all selected articles were reviewed to identify other relevant papers. The full-text containing sufficient details to determine the eligibility of all potentially relevant studies was reviewed. Key papers before the year 2000 were also included to provide some background to the development of child abuse recognition and research in Malaysia.

The databases were searched using controlled terms (e.g. Medical Subject Headings in Medline) and free text words. The following search was used most frequently: "Child abuse and neglect, child maltreatment, child protection or childhood trauma" OR "physical" or "sexual" or "emotional" or "psychological" or "neglect" or "incest" or "rape" or "corporal punishment" or "victimization" or "violence" or "injury" or "bully" AND "Malaysia" or "Asia". The search through database resulted in 1468 titles. Upon screening, there were potentially 76 useful titles for the review. Two reviewers (ICGS and CWY) screened all the titles to find eligible studies. Forty-four publications broadly related to child abuse and neglect in Malaysia were found to be relevant.

#### SECTION 1: REVIEW OF LITERATURE INCIDENCE AND PREVALENCE OF CHILD ABUSE AND NEGLECT IN MALAYSIA

There are relatively few studies on child abuse prevalence in Malaysia. The earliest prevalence study on childhood sexual abuse was published in 1996.<sup>9</sup> Data on CAN prior to this publication were based on notification of cases. Singh and colleagues (1996) conducted a self-administered survey among 616 student nurses and trainee medical assistants at a nursing school and a medical assistant training school. About 6.8% of the students reported being sexually abused (questions included exhibitionism, molestation, sodomy and vaginal rape) during childhood of which 2.1% were males and 8.3% females. Less than 1% reported having experienced sexual penetration. Sexual abuse was reported to have begun under 10 years of age in 38.1% of the cases. About two-thirds of them were repeatedly abused and one third of them experienced abuse from more than one perpetrator. About 71.4% of the abusers were persons known to the respondent. A marked difference in prevalence between ethnic groups were found where more Chinese reported being sexual abuse victims than Malay and Indian. However, it cannot be determined if this was a result of under-representation from Chinese participants, or under-reporting of other ethnic groups due to local sociocultural limitations in disclosing abuse. Kamaruddin (2000) in another publication had cited several barriers to reporting of sexual abuse including societal discrimination against people who have been sexually abused, cultural taboos in relation to 'losing face' and lack of specialized 'one stop' centres at the time for the sexually abused.<sup>10</sup> Though the target sample of Singh et al's study may not be entirely reflective of the population due to underrepresentation of Chinese and non-random sampling limiting the generalizability of the results, this study marked the beginning of systematic examination on the magnitude of the CAN at the population level in Malaysia.

Subsequent community based studies had measured CAN among school-going students,<sup>11,12</sup> trainees in national service camps<sup>13</sup> and incarcerated youths.<sup>14</sup> Choo and colleagues (2011) conducted a cross-sectional survey among 1,870 students aged 16 years attending 20 randomly selected urban and rural secondary schools in the year 2005 in Selangor.<sup>11</sup> In this survey, a comprehensive set of questions addressed four domains of victimisation including sexual, physical, emotional and neglect, were administered. Emotional and physical maltreatment were the most common forms of child maltreatment reported. Depending on the type of abusive

behaviours, lifetime prevalence reported ranged from 13.5% - 72.3% for emotional abuse and 1.8% to 63.3% for physical abuse. A significant proportion of adolescents (22%) were exposed to multiple types of abuse. Compared with females, males reported more physical, emotional and sexual victimisations. Interestingly, there was no difference between males and females in reporting the most severe form of sexual abuse, penetrative or intercourse (3.0%), which differs from western literature suggesting that females are of higher risk of CSA. One such study showed a lifetime experience of sexual abuse of 26% in 17 year old females vs. 5.1% prevalence in males.<sup>15</sup> The relative gender equivalence in unwanted sexual experiences in our study appeared to be consistent with other studies reported in some parts of Asian countries.<sup>16-18</sup>

In another cross-sectional study of 6786 adolescents aged 17-18 years in nine national youth camps between year 2008 and 2009,<sup>13</sup> the rate of lifetime sexual abuse involving physical contact was 21.3% comparatively higher than in Choo and colleagues' study.<sup>11</sup> Although this study cannot be extrapolated to national prevalence as there is over-representation of Bumiputera Sabah (18.4%) and Bumiputera Sarawak (7.5%) indigenous groups in the study population, the findings suggest a possibility of a higher prevalence of sexual abuse among Sabah and Sarawak indigenous groups that should be further explored.

Ahmad and Mazlan (2014) compared the prevalence of childhood trauma in young adults who were and were not in detention. In the non-detained group of 674 participants, less than 10% of boys and less than 5% of girls had experienced moderate to extreme abuse. In comparison, about 30% of the detained boys had experienced moderate to extreme physical neglect and 15% experienced emotional neglect in the past. Thirty nine percent of incarcerated girls had experienced moderate to extreme physical abuse and sexual abuse.<sup>14</sup>

More recently, a separate cross sectional study involving 3509 ten to 12-year old children selected using a random sampling of public primary schools in Selangor estimated the prevalence of parental physical and emotional maltreatment, parental neglect and teacher-inflicted physical maltreatment.<sup>12</sup> Results were adjusting for weighted samples to extend results to a population level. Three quarters of 10-12 year-old children reported at least one form of maltreatment, with parental physical maltreatment being most common. The prevalence of parental physical maltreatment (53%), approaches the upper end of the range of physical abuse recorded in surveys from other countries reported in East Asia and the Pacific region (from as low as 0.4% for very severe abuse to as high as 66.3% for moderate physical abuse).<sup>19</sup> Teacher-inflicted physical maltreatment was reported by 29% whilst approximately 1 in 5 children reported being emotionally maltreated. Males had higher odds of all types of maltreatment except for emotional maltreatment.<sup>12</sup>

The prevalence figures reported in these studies support the observation that child abuse and neglect is not an uncommon phenomenon in Malaysia, in particular physical maltreatment, neglect and emotional maltreatment. More

importantly, child sexual abuse is far more prevalent than actually reported to the authorities.

#### RISK FACTORS OF CHILD ABUSE AND NEGLECT

Early hospital-based studies indicate that low socioeconomic status (social classes IV and V), family disharmony or disruption, and divorced or separated parents, personality disorders and parental substance abuse were associated with child physical abuse.<sup>20</sup> Another study among cases confirmed in Kuala Lumpur General Hospital showed that sociodemographic factors surrounding child sexual abuse included being female, absence of another adult at home, unemployment, and history of drug abuse among the perpetrators.<sup>21</sup> Ahmad *et al* (2010) in their qualitative interviews with incest survivors found that hardship and financial difficulties faced by the families forced the parents especially the mothers to work long duration of hours. This situation allowed children to be unsupervised by their mothers, allowing fathers to take advantage of their time alone with their children to sexually abuse them.<sup>22</sup> While these studies provide information about probable determinants of child maltreatment in Malaysia, they are limited to clinical cases, which may reflect the more severe end of the spectrum and provide less indication of the risk factors associated with unreported cases.

Community based studies investigating risk factors of child maltreatment remains lacking. Among those reported possible risk factors of child maltreatment, domestic violence has been consistently linked with child maltreatment and this pattern is observed in two school-based studies.<sup>11, 12</sup> Poor quality of child-parent relationship also shown to be a significant factor. Low regard of child relationship with parents might reflect poor parenting style and poor paternal attachment or impaired parental bonding, which has an indirect causal relationship with maltreatment. Interestingly, family structure (parental divorce, presence of step-parent or single parent, or household size), parental drug use, and geographical location (urban/rural) were not influential in both studies probably due to low incidence of single parents and drug abuse reported in this study.<sup>11, 12</sup>

The existing research examining the effect of the larger environment such as neighbourhood and community context to CAN is less explored in Malaysia although several studies in developed countries have documented a possible relationship, using a number of measures of neighbourhood such as demographic composition, economic disadvantage or poverty, residential mobility, proportions of neighbourhoods on public assistance, level of crime, density of alcohol outlets.<sup>23-25</sup> Although it is unclear why neighbourhood characteristics are correlated with child maltreatment, other studies suggested it may be explained by differences in availability of social resources, social network or social supports, social disorganisation and lack of social coherence,<sup>26, 27</sup> or collective efficacy.<sup>25</sup> Choo and colleagues (2011) utilised subjective measurement asking respondents' perception of their neighbourhood and school environment. The findings suggest that after adjusting for various sociodemographic and familial factors, poor neighbourhood and school environments had the strongest associations with victimization including multiple types of abuse.<sup>11</sup> However,

this issue should be studied in more depth in future research in Malaysia.

## **TYPES OF REPORTED CHILD ABUSE OR NEGLECT**

### **Physical abuse or non-accidental injuries**

Intracranial haemorrhage is a major cause of severe morbidity and mortality in child abuse cases in developed countries. The earliest study in Malaysia looking specifically on intracranial haemorrhage amongst all cases of child physical abuse was published in 1994.<sup>28</sup> Among 369 cases of physical abuse treated in Hospital Kuala Lumpur over a 4-year period, 41 (11.4%) had intracranial haemorrhage, of whom 37 (90%) were 2 years old or less. A history of trauma was present in only eight (20%), of which only two were compatible with the injuries incurred. Subdural haemorrhages accounted for 80% of the cases, with skull fractures present in only nine cases. Fifty-four per cent of the 37 children aged 2 years of age or less had no external signs of trauma, but 11 of them had retinal haemorrhages. This is in contrast to the children older than 2 years of age who all had external signs of trauma. The overall prognosis was dismal with an early mortality of almost 30% (13 cases) and at least seven cases with severe neurological sequelae. These findings are comparable with studies from developed countries which have established that non-accidental injury must be considered as a cause of intracranial haemorrhage in any young child, despite the absence of external signs of trauma.

In another retrospective review reporting head injury cases between January 2005 and December 2006, there were 81 referrals for head injury to the Neurosurgical Unit at Hospital Kuala Lumpur.<sup>29</sup> Out of these, about half (53.1%) were suspected to be of non-accidental cause. The median age of the non-accidental head injury group was 4.9 months, with a significantly greater male preponderance (74%,  $p=0.023$ ). This group of infants only represented those with head injuries severe enough for neuro-surgical intervention to be considered and thus did not include the milder cases of NAHI in the community who may have been misdiagnosed, e.g. as gastroenteritis or viral infection. Prevalence rates on NAHI thus cannot be drawn from this data. Features which could help differentiate accidental head injury from non-accidental head injury (NAHI) in infancy was conducted.<sup>29</sup> Lack of history of any injury that could lead to significant head trauma together with an acute onset of severe encephalopathy in a previously well child were two of these features. Accidental head injuries had been found to present early before worsening of symptoms or seizures whereas the non-accidental head injuries were more likely to present after status epilepticus or onset of encephalopathy. Delay in presentation has been described as a marker of child abuse. In the study above, 89.5% of 38 infants from accidental head injury were brought immediately for medical review as compared to a delay of more than 12 hours in seeking medical attention in 44% of the 43 infants in the NAHI group. Retinal haemorrhage was found in at least 58% of the NAHI infants. Only two of the accidental group had a retinal examination. The NAHI group was significantly more likely to have signs of increased intracranial pressure such as apnoea, vomiting, lethargy, limpness, irritability, seizures

and a Glasgow coma scale below 8 on admission compared to the accidental head injury group ( $p<0.001$ ) or signs of prior minor illness that is, fever ( $p=0.002$ ) and upper respiratory tract infection ( $p=0.027$ ). On the other hand, those in accidental head injury group were more likely to have presented with parental concern after a fall or other consistently stated injury or facial or head swelling post injury ( $p<0.001$ ). Subdural haemorrhages occurred more frequently in the NAHI group (88% vs 42%) whereas extradural haemorrhage was more frequent in accidental cases.

### **Sexual abuse or child neglect**

There were no studies published which focused on the types of sexual abuse or child neglect, injuries sustained, pregnancy, profile of victims such as age of children, sites of abuse or profile of perpetrators. This data is available with the Social Welfare Department in view of mandatory reporting but there is no official publication. In local published studies on consequences related to sexual abuse, most were related to psychological and behavioural outcomes. Most of the published studies on sexual abuse in Malaysia are related to statutory rape.

### **Statutory rape and teenage pregnancy**

Pre-marital sex and pregnancy outside wedlock are largely socially unacceptable in Malaysia and may be kept hidden from others. Many parents reported premarital sex in their children as rape because their teenagers initially report the sexual act as being against their will out of fear of parents' anger. It is also considered a statutory rape if the girl is below 16 years of age at the time of the sexual activity. The gap between age at first sexual intercourse and age at marriage has notably widened in many developing countries, with more young people sexually active before marriage than in the past. Malaysia faces a similar phenomenon. Mean age of premarital sexual activity was around 15 years.<sup>30, 31</sup> An erosion of traditional and religious values were found in a survey of 389 Muslim adolescents in Malaysia and Indonesia on their sexual experiences, religiosity and a few youth cultural elements.<sup>32</sup> Instead, peers and youth culture play a more significant role in their influence on engagement in premarital sex.

The prevalence of adolescents involving in premarital sex varied slightly depending to the age of the population under study. Generally, prevalence of premarital sex has increased and age of sexual debut has lowered. The recent Malaysian Global School-based student Survey (2012)<sup>2</sup> study involving students aged 13 – 17 years old reported about 8.3% school children had premarital sex, with male reported higher prevalence (9.6%) compared to female (7.1%). About one in every five students reportedly had their first sexual intercourse at age 11 years or younger. In Anwar et al's study involving adolescent respondents aged 15-20 years, a slightly higher prevalence of premarital sexual experience at 12.6% was found, of which 75.7% had their sexual debut at 15-19 years and 38.2% were having multiple partners (at least 3 partners).<sup>30</sup> Other studies also found that premarital sexual activity was significantly associated to gender, with males generally being more sexually active as compared to the females.<sup>31, 33</sup> Nik Farid *et al* (2013) in her study amongst 1082

<sup>2</sup> [http://www.who.int/chp/gshs/Malaysia\\_2012\\_GSHS\\_FS\\_national.pdf](http://www.who.int/chp/gshs/Malaysia_2012_GSHS_FS_national.pdf)

incarcerated adolescents aged 12-19 years living in 22 welfare institutions in Malaysia, found that age of sexual debut was much earlier in this group with mean age at first sexual intercourse for both gender at 14.0 years old.<sup>34</sup> At the time of the interview, 62.3% had already initiated sexual intercourse at least once. Sexual abuse during childhood has the greatest influence on initiation of sexual intercourse, followed by permissive attitude towards premarital sex and use of substance abuse such as illicit drug and alcohol.

One exception to these findings, was a study that reported very low prevalence of pre-marital sex (4.6%) among 1328 youth trainees who were undergoing a national skill training programme at the time of the study. About 6.2% of the female trainees reported had pre-marital sex as compared to 2.6% of their male counterpart. The study also found that religion, race, having a partner, reading or watching porn, masturbation and bullying were related to premarital sex.<sup>35</sup> A comprehensive review on youth sexuality suggests that the method of obtaining the information related to sexual activity determines the reliability of the response since this is influenced by social and cultural sensitivity.<sup>36</sup>

The continuing increasing prevalence of premarital sexual activity in this age group and the low contraceptive usage means increasing risk of rising number of teenage pregnancies. The recent increase in reports of abandoned babies has raised concerns about unwed teenage girls among the public as well as the policy makers. Adolescent mothers were significantly more likely to have a low educational level, to be unemployed, have a low socioeconomic status, being raised by a single parent, not engaging in extracurricular school activities, engaging in unsupervised activities with peers after school, and substance abuse. Teenage mothers are more likely to be anaemic, unsure of the expected delivery date, had few antenatal visits and late delivery booking; and low Apgar scores and more perinatal complications.<sup>37</sup> Adverse neonatal outcomes are also found to be more common in the newborns of nulliparous adolescents with a perinatal mortality rate of 14 per 1000 livebirths in mothers below 15 years of age and 7 per 1000 livebirths in those 15-19 years old compared to an average rate of 3 per 1000 livebirths in mothers aged 25 to 34 years old, according to the Malaysian Perinatal and Mortality report in years 2003 and 2004.<sup>38</sup> In a Canadian study,<sup>39</sup> the risk of preterm delivery was 4.5 times higher and risks of birth defects and infant death were 1.8 and 3.78 times higher in those newborns of nulliparous adolescents 19 years and below compared to the group of newborns of nulliparous women between 20 to 29 years of age.

#### Cyberbullying on internet and social networks

ICT-mediated communication is becoming an indispensable part of modern living, exposure to interpersonal violence related to the use of this technology is an unwanted consequence. A cross-sectional survey of secondary school students (n= 3426) in Selangor and Kuala Lumpur found that social networking was the most commonly reported purpose of Internet use. Online experiences of being bullied or harassed, receiving threatening messages and being invited to offline meetings with online acquaintances were not uncommon. Of those who received invitation to meet offline,

about one-third of them complied. About 26% of adolescents who went to these meetings found that the person they met was not a fellow peer as expected but actually an adult who gave a different profile while communicating online. Male gender, Malay ethnicity, online access at an Internet cafe, viewing pornography on the Internet, the absence of parental restrictions on visiting certain website and chat rooms, not being explicitly forbidden to meet strangers encountered online, and disclosure of personal information were significantly associated with increased odds of face-to-face meetings with online acquaintances. During such face-to-face encounters reported by 1,005 adolescents, 5.5% experienced either verbal, physical, or sexual assaults including 13 males and five females who reported forced sexual intercourse.<sup>40</sup>

Another survey among secondary school users of social networking sites (SNS) in Negri Sembilan (n = 1364), found that more than half had experienced victimizations in the form of online aggression or unwanted sexual solicitation on SNS. Victimization was found to be higher in those who reported multiple risky behaviours online, especially engagement in online aggression towards others. In addition, offline experiences of bullying others, being a victim of abuse as well as high levels of parental conflict were found to increase the risk of online victimization.<sup>41</sup>

#### School bullying

In a cross sectional study of 12 year old school children in seven randomly selected schools in the Federal territory of Kuala Lumpur, the overall prevalence of those involved in bullying were 20% out of 410 recruited children; 2.4% were exclusive bullies and 17.6% were bullying as well as victims of bullying as assessed using The Malaysian Bullying Questionnaire. Male gender, attention deficit hyperactivity disorder (ADHD) as reported by the subjects or ADHD symptoms and conduct behaviour as reported by the teachers were found to be risk factors for bullying behaviour. There were no significant differences in the demographic characteristics of parents such as age, educational level, marital status and amount of time spent with children with regard to bullying behaviour. However the numbers of exclusive bullies in this study were small (n=10), and this was a self-reporting questionnaire.<sup>42</sup>

#### PERPETRATORS

Many abused children, in particular sexual abuse, do not disclose the matter to the parents and/or authorities. Data suggest that from the cases being reported, the abuse often comes from someone within a trusted relationship. Choo et al in their study revealed that most perpetrators of physical abuse were adults (71.7%), with parents making up the largest group (39.9%). This is similar to data from SCAN team Hospital Kuala Lumpur and the Social Welfare Department. In addition, more than one quarter (28.3%) were peers. Thus, physical violence was experienced most commonly in the context of intra-familial victimization and bullying by peers. A substantial proportion of perpetrators were female (38.3%). Only 13.2% sought medical treatment suggesting a possibility of under-reporting. On sexual abuse, adult males (42.9%) were the largest group of perpetrators of

acts involving contact and penetration, most commonly male friends and relatives. Male peers (30.6%) were predominantly boys in the neighbourhood and friends outside school. Approximately one-quarter of perpetrators of sexual victimization were females, equally split between adults and peers. The largest groups were adult friends and peers outside school with little evidence of intra-familial sexual victimization by females. Overall, 44.6% of respondents who reported contact sexual victimization nominated more than one perpetrator. Only a small proportion of perpetrators were “unknown”.<sup>11</sup>

Traditionally, parents depend on the extended family to provide care for children. A study on Childcare and Parenting Styles among Working Parents in Malaysia conducted in 1998 by the National Population and Family Development Board found that working parents rely on family members to care for their children with grandparents (60.4%) playing a major role.<sup>43</sup> However, there is a growing use of domestic servants (6.6%) for childcare with many coming from Indonesia and the Philippines, while about 9% of the children have no caregivers while their parents work outside of the home. Notably, a study based on reported hospital cases found that some children suffered both physical and sexual abuse while in the care of the child minders.<sup>44,45</sup>

The majority of perpetrators of non-accidental head injuries in infants have been suspected to be their child minders. In the study by Thalayasingam et al (2012), most of the infants were symptomatic at the time the infants were with home-based child minders, 60% of whom could not give any explanation as to the head injury.<sup>29</sup> Home-based childminders and workers in nurseries in urban areas generally do not have formal training in child development and some are caring for more than one infant or toddler at the same time.<sup>46</sup> Under the recently reviewed Akta Taska 1963, the only requirement with regards to child care and knowledge in child development as part of the registration to be a home-based childminder is to attend a one-day course on basic child physical care.

In Kelantan, a study conducted on cases of sexual offences seen in the One Stop Crisis Centre (OSCC) in Hospital Universiti Sains Malaysia (HUSM) from the year 2000 to 2003,<sup>47</sup> there was a total of 439 reported sexual offence cases. Slightly a quarter (26.4%) of these cases were children of ages 0-12 years of age where the perpetrators were relatives in 49% of these children. The majority (61%) of sexual abuse survivors attending the OSCC in HUSM were adolescents and their perpetrators comprised a known person(s), 70% being boyfriend or acquaintance and 20% a relative. This study exemplifies the finding in most child sexual abuse literature that the majority of perpetrators are known to the child sexual abuse survivors. One hundred and twenty cases of child sexual abuse (27.3%) to this referral centre were incestuous in nature, ranging from survivor’s grandfather to their cousins.

There are also reported incidents of sexual abuse which involve individuals in position of power. In particular, one case report on sexual abuse of an adolescent girl perpetrated by a purported religious leader-cum-traditional healer illustrated how she had been sent to a “religious” person after

she had dissociative symptoms only to be sexually abused by the “religious healer”.<sup>48</sup> Her parents had not taken the actions of the “religious” person as sexual abuse, even though the girl had disclosed that she had been fondled and digitally penetrated, but encouraged her to continue the “healing rituals” for another week. She only received psychotherapy and antidepressant after another relative reported the abuse. This is not an unusual case where adolescents or women are sexually abused in the guise of traditional treatment (from news reports) but there is no prevalence data on such incidents to determine the size of the problem.

## MANAGEMENT

Management of the abused child involves looking at child safety such that to prevent further abuse as well as that related to the rehabilitation of the child and/or family. The agencies involved in child safety are the social workers who are gazetted as Child Protectors under the Department of Social Welfare and the Police. There are multidisciplinary teams called Suspected Child Abuse and Neglect (SCAN teams) and One Stop Crises Centres within hospitals where the health workers attend to emotional, psychological and physical health needs of the child, psychodynamics of the family. The police and legal agencies focus into legal protection of the child and prosecution of perpetrators. In addition there are dedicated police units in the major towns to attend to children suspected to have been sexually abused.<sup>49</sup> There are no published studies in Malaysia auditing the accessibility and effectiveness of these services. Unlike medical illnesses, abused children are usually dependent on the perpetrator to access such services resulting in high default rates unless there is legal compulsion. There are no papers evaluating the role of Courts in ensuring access to rehabilitation services by the parents or guardians or audit on the effectiveness of rehabilitation or incidence of repeated abuse or neglect.

## TREATMENT

Of the studies examining factors that influence the survivor’s experience of sexual abuse, one qualitative study by Ping and Sumari (2012) looked at the element of spirituality in the healing experience from sexual abuse amongst seven women survivors.<sup>50</sup> Inclusion criteria were women aged at least 21 years old, had at least 2 episodes of sexual abuse in one year and considered themselves healed or in the process of healing from sexual abuse. In this group of women survivors, they utilised positive spiritual coping to gain inner strength and love to overcome past trauma and they used spiritual prayers and readings to gain calmness and peacefulness, enabling the survivors to experience less anger and less likely to develop depression. Women with negative spiritual coping perceived sexual abuse experience as being a punishment from God, thus suffered from greater negative impact. The study highlighted the need for awareness of professionals and researchers that the effect of spiritual coping depends on the type of spiritual coping used and not to assume that all spiritual copings will have a positive impact and further research was required to look at intervention frameworks to assist survivors’ healing from sexual abuse through spiritual means.

One literature review of publications by Muslim and Western scholars on school violence and juvenile delinquency was conducted by Ismail and Rahman (2012).<sup>51</sup> It was emphasised that in the eleven relevant publications, the psychologists focused more on the behavioral, biological, social, family, and cognitive as the preventative methods of reducing school violence and juvenile delinquency without paying much attention to the human spirituality. It was found that there were limited studies done from the Islamic perspective to develop, test, and deliver evidence-supported intervention focused on juvenile violence and the authors exhorted on a need for such studies as this was a potential treatment intervention in a Muslim predominant country like Malaysia.

Husain and colleagues (2009) interviewed 65 Malay female aged between 8 to 17 years seen in the OSCC Hospital Universiti Sains Malaysia from June 2005 to March 2006 within 6 months of the initial attendance. Sixteen (25%) of participants were found to be depressed using the Children Depression Inventory.<sup>52</sup> Incest cases were excluded in this study with the majority of perpetrators being boyfriends or close friends. Using semi-structured questionnaires and descriptive evaluation, the investigators found that 59 participants (90.8%) used emotion-focused strategies and 6 participants (9.2%) used problem or task-focused strategies. Among emotion-focused coping strategies, participants coped by deciding that nothing could be done to change things, were in denial, or suppressed their feelings. The authors postulated that such strategies were chosen probably due to cultural issues and beliefs that sexual abuse was a taboo subject and not to be disclosed. Avoidant strategy, although viewed as less effective, was thought to be a practical and helpful coping strategy in our cultural context of feeling of lack of control and helplessness experienced by survivors of sexual abuse, especially in school. More infrequently used was problem focused coping strategy, the most utilised type was the use of positive interpretation. Having a confidante was a protective factor against depression in this study. The incidence of depression was significantly associated with a duration of less than 28 days after the presentation for sexual abuse at the time of the interview. However, the authors opined that emotion-focused strategies such as avoidant coping although seemingly beneficial in the short term may be more harmful in terms of long term and negative psychological effects, as compared to expressive coping.

Lack of knowledge among health care providers in the management of domestic violence may also impact on the holistic management of physical abuse if they only attend to aspects of child physical abuse but not to domestic violence which may be present concurrently. In one survey, all clinicians and nursing staff of the outpatient, casualty and antenatal clinics in University Malaya Medical Centre (N=188) reported using a self-administered questionnaire (53). Sixty-two percent of the clinicians and 67% of the nursing staff perceived the prevalence of domestic violence within their patients to be very rare or rare. Time factor, concern about offending the patient and unsure of how to ask were reported as barriers in asking for domestic violence by 66%, 52.5% and 32.8% of the clinicians respectively.

Victim-blaming attitude existed in 28% of the clinicians and 51.1% of the nursing staff.

## OUTCOME

### Psychological and behavioural

It is well documented that abused children experience psychological problems such as depression, anxiety, regressive or withdrawal behaviours, self-harm, post-traumatic stress disorders in prospective studies.<sup>54, 55</sup> Specifically, reviews have suggested that survivors of child sexual abuse are significantly at risk of a wide range of medical, psychological, behavioural, and sexual disorders. Prospective studies have shown that child abuse especially sexual abuse carries negative psychological consequences into adulthood.<sup>56</sup> The effects of sexual abuse may vary with the gender, type and extent of abuse, the extent of force involved, the age of the victim, the relationship with the perpetrator, resilience of the child and how the family and society treat the abuse. The more severe the sexual abuse in terms of degree of sexual contact and the closer in relationship between the child and perpetrator, the greater the impact of the sexual abuse on mental health according to many of the publications in the developed countries.<sup>57-59</sup>

In a cross-sectional study of 51 females aged ranging from 12-20 years who were referred to the SCAN team in Kuala Lumpur Hospital for 'sexual abuse', the severity of the sexual abuse did not correlate with the presence of depression, but rather correlated with living away from the parents.<sup>60</sup> Sixty-eight per cent of the girls were below 16 years of age and referred for statutory rape and thus not as traumatised by the consensual sexual contact. Thirty percent of the participants were found to be depressed using the *Strength and Difficulty Questionnaire (SDQ)*, *Schedule for Affective Disorders and Schizophrenia for School Aged Children (K-SADS)* and *K-SADS-PL (Present and Lifetime version)*, diagnostic tools for assessment of depression. Living away from parents, rather than the severity of the sexual abuse was the sole predictor of depression in this group. Good family support is thus important to reduce the impact of sexual abuse on adolescents, as is the avoidance of sending them to live with others after sexual abuse to avoid stigma. It was not clear from the study whether the girls were living away from the parents prior to or as a consequence of being sent to live with family members or institutions after the sexual abuse. This has implications in mental health outcome in sending sexually active adolescents to institutional care when they are deemed to be "beyond control". Counselling, detection of depression and psychological management is important in children who are sent away from home after disclosure of sexual abuse or statutory rape.

One adverse outcome of child abuse is substance abuse and resultant incarceration as found in a study conducted in 2010 by Ahmad and Mazlan (14). They studied the relationship between substance abuse and childhood trauma experiences defined as experiences of various types maltreatment before the age of 18 years. There were four groups of study participants, i.e. 123 incarcerated boys and girls from detention schools under the Malaysian Prison Department and 642 non-incarcerated boys and girls with ages ranging

from 15-20 years and no prior history of past conviction or physical or mental health problems. The instruments used were a screening instrument to assess alcohol and drug use, and a Childhood Trauma questionnaire. The prevalence of substance abuse and childhood trauma experiences are higher among incarcerated youth compared to the non-incarcerated youth. In addition, it was found that childhood trauma, particularly abusive rather than neglectful experiences, significantly contributed to substance abuse among incarcerated girls but not boys. These findings are potentially useful to provide empirical knowledge for designing rehabilitation programmes for incarcerated youth.

Children who have been abused and thought to be unsafe to be left in the care of their family are often placed in residential care. In 2009, 1127 children were reported to have been placed in welfare homes run by the Malaysian Social Welfare Department and 74 children placed in foster homes.<sup>61</sup> Reasons for care included abuse and neglect, family dysfunction, disability, parental illness or disability, low income, at risk of significant harm, challenging behaviour or beyond parental control and criminal offences. This study by Abdul Rahman *et al* (2013) was a comparative cross-sectional study comparing school-going residential care children aged 7-12 years from one such welfare institution with a control group of school classmates living with at least one birth parent and had no previous history of contact with the Social Welfare Department. The child/ carer ratio varied from one carer to 11 children to one carer to 20 children and the carers changed from one day to the next. Out of 53 residential care children from one centre and 61 control classmates, the former group had significantly higher scores on the rule-breaking ( $p<0.001$ ) and Diagnostic and Statistical Manual of Disorders (DSM) conduct problem scores ( $p<0.001$ ). Rule breaking, DSM conduct problems and externalizing scores were positively correlated with duration of stay. Abuse and neglect cases which comprised two-thirds of the 53 children had higher anxiety and depression scores ( $p=0.024$ ). The number of reasons for residential care of each child positively correlated with several subscales. As the questionnaire were completed by the carers, the authors considered the possibility that externalized behaviours may have been more easily detected by the carers as compared to internalised behaviours such as withdrawal.

The association of childhood adversity with depression was explored in 52 adult depressed patients compared to 52 controls matched for age and sex in a Malaysian population. There was a positive relationship between childhood abuse in general and childhood physical abuse with adult depressive disorder.<sup>62</sup> Nearly a quarter (23%) of depressed patients reported being abused in childhood compared with none in the control group. There was no significant association between childhood loss and depression in adulthood. Low level of parental care during childhood was significantly correlated with adult depressive disorder. Mental health professionals should explore past history of childhood abuse or neglect including poor parental attachments in all depressed patients.

The link between childhood abuse and prostitution in Malaysia was demonstrated in a study involving semi-

structured interviews and narrative interviews of 63 young women safeguarded from prostitution in two rehabilitation centers.<sup>63</sup> Half of them were sexually abused during childhood before being drawn into prostitution. Sixty-seven percent (67%) of respondents had suffered multiple types of abuse and at the time of the study had negative feelings of hurt, anger, revengeful, depression, isolation from family and low self-esteem.

A qualitative study looking at 10 female adolescent incest victims illustrates some of the risk factors and protection issues associated with incest i.e. dysfunctional families, mothers not being home much of the time due to financial difficulties, threats and coercion from the perpetrators as found in most sexual abuse, lack of support from mothers who are more protective of the fathers after disclosure and being displaced from home due to stigma.<sup>22</sup> Out of these 10 victims, 5 suffered emotional trauma with 3 having tried to commit suicide. None of the perpetrators in this group had been successfully charged and prosecuted for incest. Perpetrators may not be successfully prosecuted because of the pressure on the incest victim to recant and reported cases.

#### **Mortality**

There have been no recent published studies looking directly at childhood deaths from non-accidental injury in Malaysia. One particular published work dated back to 1995 by Kasim and colleagues.<sup>64</sup> They reported the major cause of death due to child abuse was subdural haemorrhage in 17 out of 30 fatal cases of suspected child abuse reported from 1985 to 1991. Other causes were due to blunt abdominal trauma, septicaemia from inflicted burns, drowning in river in infants, strangulation and poisoning.

In the Federal Territory of Putrajaya, 33 infants were reported as brought-in-dead from home-based nurseries for the years 2007-2009.<sup>65</sup> Only 40% had post mortem were performed. The deaths were attributed to be due to non-accidental head injury, asphyxiation or aspiration. Of the 56 cases who were brought to Putrajaya Hospital then, 16 cases who were infants (28.6%) had intracranial haemorrhage. More publications are required on NAHI in terms of true incidence and risk factors as this is an important cause of significant morbidity and mortality in infancy from child abuse. Without post-mortem examination in many of these unexpected infant deaths, especially in those brought-in dead, deaths from NAHI may be under-diagnosed. Some of these infant deaths could also be due to suffocation, accidental or otherwise.

Accidental childhood injuries or death could also be seen as a form of child neglect. A case report<sup>46</sup> of an 11-month old found drowned in a half filled pail in the toilet of a nursery was reported by pathologist Faridah and Khariani in the year 2003 to highlight the case as that would probably have been charged as neglect in the United Kingdom since it was a 'breach of the duty of care' and that strict regulations for nurseries and proper supervision of the children should be imposed.<sup>46</sup> There is no data published on accidental drowning in toilet or bucket deaths, preventable deaths which can be attributed to neglect or lack of awareness of risks by the carers. Similarly, there were 14 cases of fan blade

injuries, an otherwise rare accidental injury, referred to the Neurosurgery Department in Hospital Kuala Lumpur in the year 2000 alone,<sup>66</sup> due to children jumping on the upper bunk bed placed near ceiling fans and 2 cases of children being lifted by an adult in play. In a cross-sectional survey of infant sleep and care practices conducted among parents of babies aged below 8 months,<sup>67</sup> 24.7% of 263 infants were placed to sleep in the non-supine position. The most common modifiable risk factor for Sudden infant death syndrome (SIDS) was the presence of soft toys or bedding in the infants' bed or cot (89.4%).

### Prevention

A recent systematic review of reviews revealed a significant imbalance in the distribution of child maltreatment prevention research. Low- and middle-income countries contributes only 1% to this body of evidence.<sup>68</sup> There is a lack of epidemiological data on effectiveness of policies and programmes preventing child maltreatment and a particularly large research gap between developed and developing countries. Malaysia is of no exception, with very limited data on what works in the local context.

In a multi-countries' study to assess prevention programmes on CAN implemented in various countries, Cheah and Choo (2013) found that Malaysia scored a moderate (44%) overall readiness score according to WHO child maltreatment prevention readiness assessment tool.<sup>49</sup> Whilst there is scientific data and some knowledge of child abuse prevention and strong legislation and policies for child abuse tertiary prevention, Malaysia was under-resourced in human and technical resources as well as there being a lack of focus in programme implementation and evaluation by the policy makers and gaps in the delivery of services. Majority of survey respondents from both government and non-government bodies felt that the public did not perceive child abuse as a major problem and could be controlled by legal deterrents. Programmes to promote stronger families and prevent child abuse are listed in the publication. In order to attain political will to tackle the problem, there should be a repository of data related to child abuse as in a national clearing house, more studies to determine risk factors and high risk populations to provide focus for large scale implementation. Large scale universal programmes for prevention would largely involve the public health, education and welfare sectors in which there should be training of staff dedicated to the delivery of prevention services. Child abuse prevention requires multi-sectoral and multi-agency networking and linkages and the recommendations are to formalise and systematise collaboration between government agencies and NGO's, religious organisations as well as corporate sectors in their corporate social responsibility role.

Prevention and management of child abuse cannot be seen in isolation from other social issues faced by the parents or family. In the study on victimisation experiences on adolescents in Selangor,<sup>11</sup> of the 1870 adolescents 10% reported witnessing parental domestic violence, 4% reported parental alcoholism, and almost 2% reported parental mental illness. Reports of parental drug use were very rare (0.2%). In this study, adolescents exposed to domestic

violence or parental alcoholism were, respectively, two and three times more likely to report physical and sexual victimization. Resources have to be placed to address these social issues as part of the prevention of child abuse in the community.

Under the Child Act 2001, doctors, family members and nursery workers are mandated to report child abuse or neglect. There is no available study regarding the impact of mandatory reporting in Malaysia. One advantage is having epidemiological data available and to be compiled by a statutory body like the Social Welfare Department and bringing the cases to the attention of officers with legal clout. However, mandatory reporting does have its controversies depending on the effectiveness of prompt assessment, rehabilitation, protection and prosecution after reporting.

Mandatory child abuse and neglect reporting laws apply to teachers in many countries of the world. However, such laws have not yet been introduced for teachers in Malaysia, and there is debate about whether the laws should be extended to teachers at all. Choo and colleagues (2013) investigated the level of support to assume mandatory reporting duties among 668 randomly selected teachers.<sup>69</sup> Results showed that 44.4 percent of the respondents supported legislation requiring teachers to report child abuse. Teachers do not unanimously support the introduction of mandatory reporting legislation for teachers in Malaysia, and there is a lack of clarity about what such laws will mean for teachers. This study provides important insights into factors influencing teachers' support. Teachers of Indian ethnicity, those with shorter duration of service in teaching (less than 5 years), availability of a knowledgeable and supportive school staff, and higher level of commitment to reporting were significant factors affecting teachers' support for mandatory reporting. Specific training programs are needed to raise teachers' awareness, build their confidence and enhance their willingness to report child abuse.

"Safe touch" programs have been used in developed countries to teach young children to inform parents early if touched inappropriately before the further progression of sexual abuse. In a study looking at personal safety teaching to 9 year-old school students in five schools, featuring games and role play to teach children about potentially unsafe situations and touches, and to teach children how to say "no, run and tell", it was found that there was substantial gains for two-thirds of the personal safety curriculum but some students still could not grasp the concept of reporting inappropriate touches by an adult to a trusted adult.<sup>70</sup> There are no publications of the effectiveness of such programs or the difficulties in implementation of such programs in kindergartens or preschool setting.

### Adolescent sexual and reproductive health (SRH)

This topic is considered relevant in the prevention of child abuse and neglect in view of the risks of statutory rape in adolescents due to lack of knowledge on what constitutes statutory rape. In addition to having unplanned pregnancies after casual sex, the girls are at risk of domestic violence from their husbands who may have felt forced to marry to avoid a jail sentence. Majority of the studies that were conducted on

adolescent sexual and reproductive health (SRH) in Malaysia were largely focused on adolescents' knowledge on SRH or HIV issues, premarital sex and teenage pregnancy. Most studies examined factors on the issues which focused primarily on the individual level, although an increasing number of studies within the past decade have focused on family-level or school factors. None of the studies examined factors at the community or neighbourhood level, which, to date, has largely been ignored.

Several studies conducted highlighted the lack of knowledge among Malaysian adolescents in SRH issues.<sup>71,72</sup> For instance, Ab Rahman et al (2011) in their study among 1035 secondary school children in Kelantan found that 69.6% respondent did not think that one may get pregnant after a single act of sexual intercourse, only 12% of them correctly responded to the statement regarding sexual intercourse being a cause of sexually transmitted infections (STIs). Although some students were aware that pregnancy can be prevented using condom (60%), misconception about sexual intercourse and pregnancy still prevailed then, where approximately 17% of the students thought that washing the vagina or having a hot shower after sexual intercourse could prevent against pregnancy. Very few students obtained information about sexual health from their teachers (17.2%) and parents (6.5%), whilst peers (64.3%), mass media (60.2%) and internet (53.6%) played a major influence on their sexual information seeking behaviour.<sup>71</sup>

In a study by Zulkifli and Low (2000) examining premarital sexual practices amongst 468 unmarried participants aged between 15-20 years found 13% of them reported early sexual experience and found that living away from parents and family were significantly associated with higher rate of early sexual experience.<sup>33</sup> A more conservative attitude towards promiscuity, infidelity, casual sex or engaging in sex with prostitutes was found in those without sexual experience. Seventy-two percent of those who had sexual experience had not used any contraception on first intercourse. Pregnancy in adolescents or unmarried young adults are less likely to be wanted and these newborn babies are at risk of abandonment. The authors stressed that sex education should be made available and focused on risks from sexual activities, as an integral part of schooling, with support from parents and the community. From the findings of the study, courses clarifying and educating on sexual values and decision-making skills may prove useful in delaying sexual activity. This may help to reduce cases of statutory rape and the attendant problems of teenage pregnancies.

The most basic rights of adolescents in sexual reproductive health is to obtain accurate and complete information about their body functions, sex, safer sex, reproduction, consequences of STIs and early pregnancy in order to build life skills for inter-personal communication and decision making in sexual matters. Without accurate information, adolescents are likely to make poorly informed decisions that may have profound negative effects on their lives. However, a qualitative study conducted among boys echoed earlier findings that their knowledge on safe sex was still vague (73). While the interviewed boys perceived themselves to be at risk

of HIV infection, they admitted their lack of skills in handling these issues. Sources of sexual information were mainly from male friends or through the mass media, and none of their parents talked to them about sexual matters.

The effectiveness of sex education programme in reducing adolescent sexual risk behaviours and promoting sexual health has been shown in literature elsewhere. In a review on the effect of 83 evaluated sex education programmes on one or more of five sexual behaviours: sexual initiation, frequency of sexual intercourse, number of sexual partners, condom use, and contraceptive use, showed substantial evidence that curriculum-based programmes can have positive effects on risky sexual behaviours in young people. About two-thirds (65%) of the studies found a significant positive effect on one or more reproductive health outcomes; only 7% found a significant negative effect.<sup>74</sup> However, the effectiveness of sexual health education in Malaysia remains to be tested. Findings from a recent study amongst 1706 university students aged mainly between 18-19 years suggests that recollection of sexual health education previously taught in school was low.<sup>75</sup> Most recalled having learnt about "sexual and reproductive systems" (69.4%) followed by "puberty" (65%) and the least (58.8%) on "relationship with the opposite sex". More than 80% of respondents requested more in-depth information to be taught regarding STIs, HIV, body development during puberty, sexual respect and reproductive health topics. The study found that although the program prescribed was the best for teaching a culturally sensitive topic, there remains significant gaps of what was actually received at ground level. Monitoring efforts have revealed that teachers either shy away from the teaching this component or are themselves not skilled and not trained to deal with such a sensitive subject.<sup>36</sup>

#### Research tools related child maltreatment

Several instruments has been tested and piloted to measure several aspects of child abuse in Malaysia. The ISPCAN Child Abuse Screening Tool—Retrospective (ICAST-R) questionnaire was developed to gather retrospective self-report information regarding abuse and neglect by adolescents or young adults.<sup>76</sup> The ISPCAN Child Abuse Screening Tool - Parent Version (ICAST-P) has been developed as a survey instrument to be administered to parents for the assessment of child maltreatment.<sup>77</sup> Other recently developed tools include the Readiness Assessment for the Prevention of Child Maltreatment methods to assess countries' readiness to implement evidence-based child maltreatment prevention programs on a large scale,<sup>78</sup> whilst the Teacher's Reporting Attitude Scale (TRAS) is a tool to assess teachers' attitudes and willingness toward reporting child abuse and neglect.<sup>79</sup>

## SECTION 2: RELEVANCE OF FINDINGS FOR CLINICAL PRACTICE

This review has provided an insight into the substantial research gap on child abuse and neglect in Malaysia. There are a few studies in schools with larger sample size but the majority of local published studies are localised to single centre studies and small numbers making strong conclusions difficult especially in this area of study which have many confounding variables. Incidence of child abuse and neglect

is collected nationally but available only upon request from the Social Welfare Department and the Police. Large epidemiological data especially prospective cohort studies and social anthropology studies looking comprehensively at risk factors including resilient factors that protect the child from the effects of child abuse remains lacking.

There is no local published research looking at the public perception of child abuse and there is usually a gap between that and the actual reality. There are no local studies focusing on the impact of emotional abuse which is commonly associated with other forms of child maltreatment but often not reported or classified as concurrently present with physical abuse or neglect. By having local data regarding public perception of child abuse and neglect, social marketing campaigns can be a valuable tool for informing the public and policy makers to advocate for prevention and care services and appropriate law reform.<sup>80</sup> When physical abuse or sexual abuse is depicted as only the type at the severe scale, parents may not be aware that their corporal punishment can be abusive or that inappropriate touch is sexual abuse.

A database on fatality or injuries from supervisory neglect, deprivation of needs and medical neglect is currently not available. Under 5 mortality reports presently collected should be systematically compiled to look at child fatality from supervisory neglect or medical neglect. Supervisory deaths include deaths from unintentional drowning in bathrooms or home pools, accidental poisoning, being knocked down on reversing vehicles, sudden death in homes or child care centres. Medical neglect include late presentation for medical treatment or psychiatric neglect leading to suicide. Research into incidence and types of fatal neglect, risky parenting and a review into what is the line between accidental death and that caused by lack of appropriate supervision according to the age of the child is important to develop effective preventive measures.

The majority of studies on sexual abuse involve adolescence and there is no differentiation between the outcomes in consensual sex in statutory rape as compared to actual sexual abuse. In addition the lack of knowledge about sexual reproductive health amongst Malaysian adolescents suggests the need to strengthen the SRH education programme in schools. As the school setting is an ideal one for promoting adolescent health and for building gender sensitisation, the challenge is to review teaching methodology, skilled persons to teach and fully utilise the school based program.<sup>36, 75</sup>

Abused children placed in welfare institutions were found to have higher anxiety and depression scores.<sup>61</sup> It is important to continuously screen and examine the mental health status of residents in statutory residential care especially involving those coming from abusive homes or experienced child abuse and neglect, as well as monitoring behavioural problems arising from prolonged stay in institutional care or lack of appropriate rehabilitation.

### SECTION 3: FUTURE RESEARCH DIRECTION

Prevalence studies are more useful than incidence studies in the field of child abuse and neglect. Unlike medical diseases,

the incidence rate is not the real rate due to reporting patterns. This is particularly so in intra-familial abuse especially incest where reporting may happen only years later. In addition to epidemiological data that could be published by the Social Welfare Department, prevalence or incidence studies could focus on various types of abuse other than physical or sexual such as emotional abuse, various neglect, cyberbullying, school bullying, exposure to pornography or domestic violence, as well as deaths from physical abuse, non-accidental head injuries or neglect including those from 'accidental' home injuries, and study risk factors for each type of abuse or neglect in greater detail to better enable effective prevention work.

For outcome data, studies looking at prevalence of child abuse or neglect in adults and comparing to health and social outcomes as described here could be done on a larger scale. The burden of child abuse ranging from physical and mental health cost, reproductive, legal, police work, prison, social work, public property damages, shelter home costs is important to raise awareness of the societal effects of child abuse and neglect. Information regarding institutionalised children and their outcomes needs to be collected prospectively to evaluate its effectiveness and identify any weaknesses in the system.

More studies in our local context as to the type of psychological treatment or domestic violence counselling, the impact of various forms of rehabilitation or relief of social stressors, as well as the topics mentioned in the previous sections, are required. Furthermore, many children do not receive long term assessment and follow-up as they are dependent on their parents to bring them for review. Child sexual abuse has been shown in almost every country to be strongly linked to poor mental health and self-harming behaviour and this may not necessarily be obvious at the outset.

Research in the area of sexual abuse should separate statutory rape cases (a legal definition based on age of consent in the case of consensual sexual contact) from those cases where the sexual act is abusive i.e coercive or forced. Emotional trauma from the former is more likely to arise from the events post discovery such as system abuse after reporting and any non-supportive reactions or actions of family members and the community. The degree of trauma from consensual sexual contact in statutory rape results from the effects of reporting rather than the sexual act.

Evaluation studies on sexual reproductive health education programs, rehabilitation programs including those on perpetrators, prevention programs including public health ones or outreach and reporting systems such as Child Help line or Talian Nur, could help policy makers determine the allocation of resources for those found to be effective and reproducible. Qualitative studies especially in mental health programs are equally as important.

Effectiveness of treatment programs are affected by the perception, knowledge and attitudes of professionals working in the field and whilst reporting and prevention programs are affected by what is defined as child abuse or neglect by public and professionals. Research could be designed to look into

factors which hinder reporting of child abuse, actions taken by the professionals and hindrances to effective handling and rehabilitation of reported cases.

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