Protecting Children in Singapore
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Every child is precious. Every child deserves to grow up in a safe and loving environment. Every child should achieve his/her full potential.

Singapore is committed to protect children from abuse and neglect. We have been a State Party to the United Nations Convention on the Rights of the Child since October 1995. When a case of abuse or neglect is reported to my Ministry, we will act to ensure the child’s safety and wellbeing.

However, my Ministry cannot do this work well without the support of the community. A big network of committed organisations and professionals works together with us to keep children in Singapore safe. I appreciate the close working relationship we have established with our partners including the schools, pre-schools, hospitals, social service agencies, Prisons, Courts, Attorney-General’s Chambers, Police and other partners and professionals in the child protection ecosystem. Our vigilance and intervention has helped and will continue to help vulnerable children receive timely intervention so that they can grow up as healthy individuals, meet life’s challenges with resilience and achieve their full potential.

This document provides an overview of the guiding principles, legislation, services, trends and developments pertaining to Singapore’s child protection system. I hope the information within will help educate all, as well as strengthen our collective efforts in protecting vulnerable children and supporting them on their road to recovery.

TAN CHUAN-JIN
MINISTER FOR SOCIAL AND FAMILY DEVELOPMENT
## GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>CANS</td>
<td>Child and Adolescent Needs and Strengths</td>
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<td>CAPT</td>
<td>Child Abuse Protection Team</td>
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<td>CARG</td>
<td>Child Abuse Reporting Guide (tool in Structured Decision Making)</td>
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<td>CART</td>
<td>Child Abuse Review Team</td>
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<td>CFPS</td>
<td>Clinical and Forensic Psychology Service</td>
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<td>CIC</td>
<td>Children In Care</td>
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<td>CIU</td>
<td>Counselling and Intervention Unit</td>
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<td>COF</td>
<td>Committee on Fostering</td>
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<td>CPC-CBT</td>
<td>Combined Parent-Child Cognitive Behavioural Therapy</td>
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<td>CPO</td>
<td>Child Protection Officer</td>
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<td>Child Protective Service</td>
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<td>CPSCs</td>
<td>Child Protection Specialist Centres</td>
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<td>CYP</td>
<td>Child or Young Person</td>
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<td>CYPAs</td>
<td>Children and Young Persons Act</td>
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<td>CYPs</td>
<td>Children and Young Persons</td>
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<td>DDP</td>
<td>Dyadic Developmental Psychotherapy</td>
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<td>EAF</td>
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<td>FGC</td>
<td>Family Group Conference</td>
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<td>Family Violence Specialist Centres</td>
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<td>IPAC</td>
<td>Interim Placement and Assessment Centre</td>
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<td>IWCP</td>
<td>Inter-Ministry Workgroup on Child Protection</td>
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<td>MSF</td>
<td>Ministry of Social and Family Development</td>
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<td>NFVNS</td>
<td>National Family Violence Networking System</td>
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<td>OHC</td>
<td>Out of Home Care</td>
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<td>SAFe</td>
<td>Solution-focused Agreements with Families</td>
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<td>SDM</td>
<td>Structured Decision Making</td>
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<td>SSI</td>
<td>Social Service Institute</td>
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<td>SSSSG</td>
<td>Sector Specific Screening Guide (tool in Structured Decision Making)</td>
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<tr>
<td>TF-CBT</td>
<td>Trauma-Focused Cognitive Behavioural Therapy</td>
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<td>TGHs</td>
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CHAPTER 1

Introduction
CHAPTER ONE: INTRODUCTION

This chapter introduces the key principles of child protection work, definitions of abuse and the role of the government and the community in protecting children and young persons (CYPs). CYPs are defined under the Children and Young Persons Act (CYPA) as those aged below 16 years.

A: GUIDING PRINCIPLES

Best Interests of the Child

Singapore acceded to the United Nations Convention on the Rights of the Child (UNCRC)\(^1\) in October 1995 and adheres to the four guiding principles of the UNCRC:

- **Non-Discrimination:** Whatever their race, colour, gender, language, belief or status, all children should enjoy equal opportunities;

- **The Best Interests of the Child:** Actions or decisions affecting our children should benefit them in the best possible way;

- **Survival, Development and Protection:** Children deserve a childhood free from abuse. By providing a safe and nurturing environment, our children can grow into healthy, well-rounded individuals;

- **Participation:** Children should be encouraged to share their opinions and to take part in cultural and artistic activities.

These principles have guided Singapore’s policies and service provisions for CYPs in areas such as health care, education, legal and social services and child protection. The principle of the best interests of the child or young person is a primary consideration underpinning the CYPA. More details on the CYPA can be found in Chapter Three.

Key Pillars of Child Protection Work in Singapore

Child protection work in Singapore is governed by legislation and child-centric policies and practices. The key pillars of child protection work are:

- Partnership with parents and the community;

- Inter-agency and multi-disciplinary information sharing and collaboration;

- Training and development of professional knowledge and skills in the child protection sector.

More information on how the above are put in practice is provided in subsequent chapters.

\(^1\) For a summary of the UNCRC, refer to: http://www.unicef.org/crc/files/Rights_overview.pdf
B: DEFINING CHILD ABUSE

Child abuse is a term professionals use to describe any act by parents, caregivers or any other persons entrusted with the care of the child or young person (CYP) that causes harm to a CYP's physical, emotional and/or psychological well-being, and is judged by community values and professionals as abusive. Child abuse is generally classified into the following categories:

- **Physical Abuse:** Any act that causes physical injury, which is not accidental in nature, to a CYP. It includes deliberately causing bruises, burns, cuts and broken bones by a range of actions such as beating, shaking and excessive discipline.

- **Emotional and Psychological Abuse:** Any act that harms a CYP emotionally or psychologically. The acts can be repeated or be an isolated extreme incident.

- **Neglect:** Neglect occurs when a CYP is harmed because a parent or caregiver fails to provide adequate supervision, food, medical care and/or clothing appropriate to the CYP's age and level of development. It may include situations when the parent or caregiver exposes the CYP to unsafe and/or unhygienic living conditions.

- **Sexual Abuse:** Any act where a CYP is used for sexual pleasure or is taken advantage of sexually. It also includes exposing a CYP to sexual acts or pornography.

C: ROLE OF GOVERNMENT

The Ministry of Social and Family Development (MSF) is the lead agency for protecting CYPs from abuse and neglect in Singapore. MSF works closely with other government and non-government agencies to form the Child Protection System to safeguard the interests and welfare of CYPs in Singapore.

The Child Protective Service (CPS) in MSF undertakes the statutory role in investigating and intervening into cases of CYPs who have been harmed or who are at high risk of future harm. While CPS undertakes a social investigation into the safety and protection of CYPs, the Singapore Police Force conducts a concurrent criminal investigation into an offence against the CYP. There is close collaboration between both agencies in investigating an allegation of child abuse and to keep CYPs safe. CPS also works with various stakeholders as part of its ongoing intervention to deliver a child-centred, family-focused and community-based intervention. The majority of the cases CPS handles involves CYPs who are abused by a family member (intra-familial abuse). If the perpetrator is a stranger or non-family member, the Police will investigate the case as a criminal case. Such cases may be referred to MSF subsequently if there are serious safety concerns posed to the CYP.

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2 These are cases where the parents are assessed to have taken the necessary actions to protect the child from further harm. For such cases, CPS will not be involved.
Introduction

The immediate focus of CPS’s intervention is to ensure the immediate and longer term safety of the child abuse/neglect victim. This is done through safety planning, comprehensive investigations, holistic assessments and implementation of intervention plans. CPS works with the family and relevant agencies to ensure that a safe, caring and conducive home environment is provided for the CYP. Supportive services are provided to the family to improve its capacity to meet the CYP’s needs. The intervention will include identifying protective caregivers and significant persons in the CYP’s care environment, as well as equipping them with the skills and knowledge to help keep the CYP safe. Efforts are also made to work with the perpetrator through a series of rehabilitative programmes.

Child abuse impacts victims in different ways. Programmes are tailored to the needs of CYPs, to equip them with self-protection strategies, address their trauma or specific needs arising from the abuse and help them back on the road to recovery.
CHAPTER 2

The Child Protection System in Singapore
Chapter Two: The Child Protection System in Singapore

This chapter gives an overview of Singapore’s child protection system, how child abuse/neglect cases are managed and the partnerships between government and community partners.

A: The Child Protection System

Child protection concerns operate on a continuum, with corresponding responses from either the community, more specialised partners or the State. Generally, a more serious concern will necessitate higher levels and more intrusive interventions, with the State stepping in when warranted.

Child protection is everyone’s responsibility. The State should not come in prematurely to intervene. Instead, community support and outreach should first be considered to help families early. CPS will however intervene in situations where there are serious child protection concerns posed to the CYP e.g. sexual abuse, severe neglect and cases with serious injuries inflicted by parent/caregiver. Such cases must be immediately reported to CPS.

For situations that do not warrant immediate reporting to CPS, CPS may refer the families to community-based Child Protection Specialist Centres (CPSCs), for ongoing support. Examples include cases in which there was inappropriate or excessive discipline, but
caregivers were willing to receive help and improve on their parenting methods. More information on CPSCs is provided in Chapter Six.

For families facing high levels of emotional and economic stress, which may adversely impact CYPs in the future, CPS may refer the families to Family Service Centres (FSCs) and other social service agencies. Examples of such cases will include families who need caregiving support, financial assistance or counselling to better cope with stressors and provide adequate care for CYPs.

**B : MANAGEMENT OF CHILD ABUSE CASES BY MSF**

Diagram 2 gives a broad overview on CPS’s intervention.

Diagram 2: Overview of Management of Cases Referred to CPS

When suspected child abuse by a family member is reported to CPS and the case is taken up, a social investigation is initiated. The police may concurrently undertake a criminal investigation when a criminal offence is reported to have taken place or suspected to have taken place. A Child Protection Officer (CPO) is assigned to the case. The immediate objectives are to ascertain the safety of the CYP and work with the CYP and family to put in place a plan to address the safety concerns posed to the CYP. The CPO will also work with the CYP, family members, significant others and professionals in keeping the CYP safe. A care and protection plan is drawn up with the family. The CPO will also help the family
members and significant others understand the professional concerns over the current and future harm posed to the CYP, as well as identify services, protective factors and strengths of the family that can be tapped upon.

Subsequently, CPS will present its investigation findings at the Child Abuse Protection Team (CAPT) meeting. CAPT comprises a multi-disciplinary team of professionals that include consultant paediatricians and psychologists. CAPT will review CPS’s investigation findings, determine the risk of harm posed to the CYP, as well as endorse the goals and the service plan for the CYP and family.

CPS will provide ongoing intervention for some cases with safety concerns after the investigation period. Specialised services in the form of psychological support or counselling by in-house professionals may be provided in addition to services by community partners. The progress of intervention will be regularly reviewed. If new concerns emerge or the family’s efforts have not adequately addressed the CYP’s safety, the service plans and intervention goals will be reviewed. A revised plan will be drawn up. This may include engaging new services for the CYP, considering temporary alternative care/accommodation for the CYP or a family member or further strengthening the safety plan. The progress of cases are also reviewed by the Child Abuse Review Team (CART). CART members are similar to CAPT’s, with additional independent resource persons from the community. The review ensures that the safety and service plans for the CYP and family are followed and that interventions contribute to a safe, stable and permanent care plan for the CYP.

Parental involvement and cooperation is important throughout the investigation and intervention process. In instances where parents are unwilling to work with CPS, the CPO may apply to the Youth Court for a Care and Protection Order to protect the CYP from further harm. Under the Order, parents can be mandated to undergo assessments, counselling or other services to enhance the CYP’s safety and well-being. The CYP may also be committed to alternative care for a specified period by the Court.

Out of Home (OHC) Placements

A CYP may be removed from his/her home due to immediate safety concerns. Placement decisions are guided by the best interests of the CYP. Important considerations include the CYP’s safety and care needs. Placement decisions are explored and made usually in the following order:

- Family’s care with a safety plan;
- Kinship care;
- Foster care;
- Residential care.

The Children In Care (CIC) Service under MSF oversees the OHC placements of CYPs. When a CYP is placed in alternative care, CPS works closely with CIC Service on permanency planning. This involves developing a permanent care plan that would meet the CYP’s needs for safety, well-being, stability and a sense of belonging. Steps are taken to prepare the CYP and the parents for eventual reunification as far as possible, if this is in the interests of the CYP. Appropriate intervention is provided to improve the family’s ability to ensure safe care of the CYP. More details on the work of the CIC Service are provided in Chapter Six.

Kinship Care

If alternative care is needed, efforts are made to place the CYP in kinship care as far as possible. It provides a familiar environment
for the CYPs to recover and enables them to retain their identity and relationship with their families. Family members may also feel more reassured if the CYP remains within the extended family’s care.

**Foster Care**

When kinship care is not possible, the next option is *foster care*. Foster care provides a safe and secure home environment for the CYP to recover from trauma. It also helps the CYP to form positive relationships and ensures that he/she receives individualised care and attention. MSF’s Foster Care Officers and MSF’s volunteers support foster parents in caregiving, training on child development and caring for the CYP.

CPOs and Foster Care Officers conduct regular home visits and telephone calls to monitor the progress and well-being of CYPs in foster care. The *Committee on Fostering (COF)* also monitors the progress of CYPs in foster care and discusses the services needed to support the foster parents. The COF comprises a multidisciplinary team of professionals with relevant experience and knowledge of CYPs’ needs.

**Residential Care**

CYPs may be placed in *residential care* as a last resort or when it is assessed to be necessary for their safety and well-being. CYPs placed in residential care include those who require structured and intensive support or those who may have difficulty adapting to a foster care environment. Residential care ensures that these CYPs receive targeted and specialised intervention in a supportive environment.

For CYPs residing in licensed Children and Young Persons Homes, an independent *Review Board* set up under the CYPA periodically reviews and discusses the CYP’s progress. This Board complements the internal assessment and review procedures of each Home. The Youth Court may also review cases in the Homes.
C : INTER-AGENCY NETWORK

Multiple agencies work closely to safeguard the well-being of CYPs. These include MSF, the Singapore Police Force, Central Narcotics Bureau, Singapore Prisons Service, Ministry of Education, the Courts, restructured hospitals, family service centres and other professionals in social service agencies and private practice.

These agencies are guided by the Manual on the Management of Child Abuse in Singapore which was released in 1999 and revised in 2003 and 2008. The manual sets out the intervention framework for all partners by outlining their roles and responsibilities in managing child abuse. Key information included in subsequent revisions were the roles and responsibilities of mental health care professionals, the management and prosecution of child abuse cases by the Attorney-General’s Chambers and the inter-agency management of child sexual abuse.

The key inter-agency platforms for child protection are described below:

The Inter-Ministry Workgroup on Child Protection (IWCP)

The IWCP is chaired by MSF and comprises representatives from government agencies, statutory boards and social service agencies. The IWCP sets the strategic policy direction for service planning and development in child protection, as well as defines the roles and responsibilities of various partners.

The IWCP envisions a child protection system that is child-centric and family-oriented, supported by an active community and dedicated professionals operating on a knowledge-based and seamless system. The workgroup is guided by five vision pillars:

- **Child-Centric and Family-Oriented:** A child protection system that is child-centric and family-oriented that provides an array of accessible support services that promotes and strengthens families;

- **Seamless System and Services:** A seamless and multi-disciplinary child protection system;

- **Active Community Support:** An informed community that takes ownership to protect and care for children;

- **Dedicated and Competent Professionals:** Dedicated and competent professionals working together to protect children;

- **Knowledge-based System:** Excellence in research and evidence-based practices to advance child protection work.

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3 Members include the Ministry of Education, Ministry of Health, Ministry of Home Affairs, Ministry of Law, Singapore Police Force, Attorney-General’s Chambers, National Council of Social Service, Ministry of Health hospitals and voluntary welfare organisations. The IWCP’s predecessor was the Inter-Ministry Workgroup on the Management of Child Abuse formed in November 1997. The Workgroup was restructured in February 2012 to allow for wider representation of partners and more strategic policy charting, after the then Ministry of Community Development, Youth and Sports (MCYS) conducted a review of the CPS as well as the child protection system.
The Child Protection System in Singapore

The IWCP’s desired outcomes for children include:

- **Safety**: Children grow up in a safe environment that is free from violence and abuse;

- **Stability**: Children grow up in stable environments;

- **Holistic development**: Children’s well-being and potential are maximised through their holistic development;

- **Empowerment**: Children are respected and their voices heard;

- **Positive contributors to society**: Children grow up to be socially responsible and contribute positively to society.

**National Family Violence Networking System (NFVNS)**

NFVNS is a tight network of support and assistance that provides multiple points of contact for those affected by family violence. It links MSF and its partners to ensure sources of help are accessible to victims. The key stakeholders comprise the Singapore Police Force, hospitals and FSCs (community-based voluntary welfare organisations). The NFVNS comes under the purview of the inter-agency Family Violence Dialogue Group co-chaired by MSF and the Singapore Police Force. It includes representatives from voluntary welfare organisations, the Courts, the Attorney-General’s Chambers and hospitals.
CHAPTER 3

Legislation
CHAPTER THREE: LEGISLATION

This chapter highlights the legislative provisions governing the protection of CYPs.

A: WHEN IS A CHILD OR YOUNG PERSON IN NEED OF CARE OR PROTECTION?

The CYPA defines various scenarios when a CYP is in need of care or protection. These include a CYP who:

- has no parent or guardian;

- has been abandoned by his/her parent or guardian who cannot be found despite reasonable enquiries and no other suitable person is willing and able to care for the CYP;

- has been, is being or is at risk of being ill-treated by his/her parent or guardian or by any other person and his/her parent or guardian although knowing of such ill-treatment or risk, has not protected or is unlikely or unwilling to protect the CYP;

- behaves in a manner that is, or is likely to be, harmful to himself/herself to any person and his/her parent or guardian, is unable or unwilling to take the necessary measures to prevent the CYP from causing harm to himself/herself, or if the measures taken by the parent or guardian fail;

- is emotionally injured due to serious or persistent conflict between the CYP and his/her parent or guardian, or between his/her parents or guardians, that seriously disrupts family relationships;

- is a victim of an offence committed or believed to have been committed under the CYPA (for example physically or sexually abusing the CYP) and the parent or guardian is unable, unlikely or unwilling to protect the CYP from such offence;

- is a member of the same household as another CYP, who is a victim of an offence committed or believed to have been committed under the CYPA, and the CYP is in danger of a similar offence being committed against him/her and the parent or guardian is unable, unlikely or unwilling to protect the CYP from such offence;

- is destitute or wandering without any settled place to stay and without any visible means of subsistence, begging, receiving alms, loitering for the purpose of begging or receiving alms, engaged in carrying out illegal lotteries, illegal hawking or other undesirable activities or using or inhaling any intoxicating substance\(^4\) for the purpose of inducing or causing in himself/herself a state of intoxication.

A CYP is also defined as in need of care or protection if the parent or guardian of the CYP:

- is unable or has neglected to provide adequate food, clothing, medical aid, lodging, care or other necessities of life for the CYP;

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\(^4\) As defined in the Intoxicating Substances Act (Cap. 146A)
The CYPA\(^5\) is the key piece of legislation which protects CYPs below the age of 16 years. The CYPA is reviewed from time to time to take into account the latest trends and developments on the ground.

The following are the guiding principles of the CYPA:

- that parents or guardians of CYP have the primary responsibility for their care and welfare and should discharge their responsibilities to promote the welfare of the CYP; and

- the welfare and best interests of the CYP shall be the first and paramount consideration in the administration and application of the CYPA.

Some key aspects of the CYPA in relation to protecting CYP include\(^6\):

- Providing for a protector\(^7\), where he has reasonable grounds to believe that an offence under the CYPA has been, is being or will be committed against any CYP, or that any CYP is in need of care or protection, to obtain information from a person he has reason to believe can furnish information on the commission of the offence or which will assist him in ascertaining whether the CYP is in need of care or protection (Section 8).

- Providing for the Director of Social Welfare, protector or police officer not below the rank of a sergeant, if satisfied on reasonable grounds that a CYP is in need of care or protection, to order (by issuing a notice in writing) any person to produce the CYP before him or before a medical practitioner, psychologist or approved welfare officer for an assessment or for treatment. Following this, if he thinks it is necessary, he may remove the CYP and commit him/her to a

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5 The CYPA can be accessed at http://statutes.agc.gov.sg.

6 The relevant sections of the CYPA are referred to in brackets. Please visit http://statutes.agc.gov.sg for the full version of the CYPA.

7 A "protector" under the CYPA is defined as the Director of Social Welfare and includes any public officer or other person who is authorised by the Director under the CYPA to exercise the powers and perform the duties of a protector.
place of temporary care and protection\(^8\) or to the care of a fit person\(^9\) until the CYP can be brought before the Court (Section 8A);

- Providing for the Director of Social Welfare, a protector or a police officer, to remove a CYP from any place in which the CYP is found if he is satisfied on reasonable grounds that the CYP is in need of care or protection and commit him/her in a place of temporary care and protection or to the care of a fit person (Section 9);

- Providing for the Director of Social Welfare or a protector to restrict or place conditions on any person who wishes to contact or have access to a CYP who has been removed from his/her home, if such contact or access is not in the CYP’s best interests (Section 9);

- Providing for the Court, if it is satisfied that a CYP is in need of care or protection, to order:
  - the parent or guardian of the CYP to enter into a bond to exercise proper care and guardianship of the CYP for a period specified by the Court;
  - the CYP to be committed to the care of a fit person for a period specified by the Court;
  - the CYP to be committed to a place of safety\(^10\) or a place of temporary care and protection for a period specified by the Court; or
  - without making any other order or in addition to those stated above, make an order placing the CYP under the supervision of a protector, an approved welfare officer or any other person appointed for that purpose by the Court, for a period specified by the Court (Section 49).

- Providing for the Court to decide, either on its own or on the application of the Director of Social Welfare or a protector, to make additional orders requiring either or both the CYP and his/her parent or guardian to undergo counselling, psychotherapy or other assessment or treatment or to undertake any activity the Court thinks necessary for:
  - resolving any relationship problems between the CYP and the parent or guardian;
  - rehabilitating or assisting in the rehabilitation of the CYP;
  - enabling the parent or guardian of the CYP to manage the CYP; or
  - enhancing, promoting or protecting the physical, social and emotional well-being and safety of the child or young person.

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\(^8\) A “place of temporary care and protection” (PTCP) means any place or institution appointed and declared to be a place of temporary care and protection under Section 27 of the CYPA. A PTCP also includes any other suitable place the occupier of which is willing temporarily to receive a CYP committed under Section 8A, 9 or 49 under the CYPA. Some examples of PTCPs are Children and Young Persons Homes and hospitals, such as KK Women’s and Children’s Hospital, National University Hospital and the Institute of Mental Health.

\(^9\) A “fit person” means a person whom the court or the protector thinks is competent to provide care, protection and supervision of the CYP after considering the person’s character.

\(^10\) A “place of safety” means any institution appointed or established under Part VI of the CYPA as a place of safety. An example of a place of safety is a Children and Young Persons Home.
In addition to the above, the Court may require the parent or guardian of the CYP to enter into a bond to comply with the court order. Failure to comply with the court order is considered an offence (Section 51).

- Requiring all Children and Young Persons Homes to be licensed. With the introduction of licensing, all Homes are required to apply for a license and comply with licensing requirements. The Homes are guided in their management and operations by the Regulations made under the CYPA and the Standards of Care for Homes, which is a set of administrative guidelines by MSF (Section 52A);

- Requiring the cases of all CYPs residing in such Homes to be reviewed by a Review Board to ensure that proper care plans are in place for the CYP (Section 52G);

- Prohibiting the publication or broadcast of information that may identify a CYP who:
  - has been or is a subject of any investigation under the CYPA (Section 27A),
  - has been taken into care or custody by the Director of Social Welfare, a protector or police officer under the CYPA (Section 27A),
  - is a subject of a court order under the CYPA (Section 27A);
  - is concerned in any court proceedings (Section 35).

- Formalising voluntary care agreements made between CPOs and parents for the CYP (Section 48A).

**Offences and Penalties under the CYPA**

The CYPA specifies that persons found guilty of the following offences against CYP are liable upon conviction to certain penalties such as a fine or imprisonment or both. Some of the offences are stated below.

- Ill-treating a CYP (only a person who has the custody, charge or care of a CYP e.g. a parent or caregiver, would be liable for ill-treatment of the CYP under the CYPA);

- Contributing to the delinquency of a CYP by causing or procuring any CYP or allowing (for persons having the custody, charge or care of a CYP) a CYP to be in any place for the purpose of:
  - begging or receiving alms, or of inducing the giving of alms, whether or not there is any pretence of singing, playing, performing or offering anything for sale; or
  - carrying out of illegal hawking, illegal lotteries, gambling or other illegal activities or activities detrimental to the health or welfare of the CYP.

- Sexually exploiting a CYP;

- Causing or procuring a CYP (or in the case of a parent or guardian, allowing the CYP) to take part in public entertainment which is of an immoral nature, dangerous to life or prejudicial to the health, physical fitness and kind treatment of a CYP;

- Unlawfully transferring possession, custody or control of a CYP for valuable consideration (trafficking in children);

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"Entertainment" includes an exhibition or performance. 'Public entertainment' means an entertainment to which the public or any section of the public, is admitted, or an entertainment in connection with which there is an admission or other charge.
Legislation

- Importing CYPs by false pretences;
- Disclosing, without authorisation, information about a CYP that was shared with the person by the Director of Social Welfare in the process of exercising any powers or duties under the CYPA.

The full description of all offences against CYP and the penalties for each can be found in the CYPA.

C: OTHER RELEVANT LEGISLATION

Other legislation in Singapore that seeks to ensure the welfare and safety of CYP include:

Child Care Centres Act

The Child Care Centres Act safeguards the well-being of children in child care centres by providing for the licensing, inspection and control of child care centres. All child care centre licensees who have reasonable cause to suspect any case of child abuse are required to immediately report the matter to the Director of Social Welfare. Additionally, child care centre licensees must ensure that the child care centre staff shall not discipline children by, amongst other things, the use of corporal punishment and any verbally, emotionally or physically harsh, humiliating or degrading responses.

Women’s Charter

The Women’s Charter contains measures to protect women and girls against exploitation, as well as a framework to protect all persons against family violence, including CYPs. There are also provisions concerning the making and enforcement of maintenance orders by the Court in favour of wives, ex-wives, incapacitated husbands and children.

Penal Code

The Penal Code makes it an offence for a person to have sexual penetration with a minor below 16 years of age and for a person to have commercial sex (including outside Singapore) with a minor below the age of 18 years. The Penal Code also contains provisions regarding the abandonment of a child under 12 years of age and the sexual grooming of a CYP under 16 years of age.

12 Authorisation for disclosure of such information has to be given by the Director of Social Welfare.
CHAPTER 4
Trends and Profiles of Child Abuse Cases
CHAPTER FOUR: TRENDS AND PROFILES OF CHILD ABUSE CASES

This chapter presents some statistics of abuse cases managed by CPS from 2005 to 2014.

Outcomes of Child Abuse Complaints

From 2005 to 2014, a total of 1,935 allegations of child abuse (or an average of 194 cases per year) were taken up by the CPS. These came to attention either through calls from the public or referrals from various professionals in agencies such as the police force, schools and healthcare and social service sectors.

Of the cases investigated, most were substantiated by evidence of abuse or neglect (68%). Some lacked evidence of abuse or neglect but required supervision or assistance (30%). For the latter category, intervention was provided to address concerns that impacted the family’s care of the CYP and reduce the risks of future harm to the CYP. Support in the form of marital and child management counselling, financial support and services to address related family stressors were provided. A small percentage (1%) were false complaints (see Figures 1a and 1b).

Figure 1a: Outcome of Investigations (2005-2014)

- Evidence of abuse/neglect
- Lack of evidence of abuse/neglect but needs supervision and assistance
- False complaint

Figure 1b: Outcome of Investigations in Percentage (2005-2014)

- Evidence of abuse/neglect
- Lack of evidence of abuse/neglect but needs supervision and assistance
- False complaint
Nature of Abuse\(^{13}\) (For Cases with Evidence of Abuse)

For allegations with evidence of abuse or neglect, physical abuse was the most dominant form of abuse, accounting for 60% of all abuse cases. Sexual abuse accounted for 30% of the cases investigated (Figure 2a).

There is a general increase in the number of victims of physical abuse from 2005 to 2014. Sexual abuse figures have remained fairly constant over the same years. Physical neglect and emotional abuse figures have been fairly low (Figure 2b). It must be noted however, that physical neglect and emotional abuse are generally harder to detect as victims may not present readily observable signs. Additionally, emotional abuse may also be present in cases where the victim primarily suffered from physical and/or sexual abuse.

\(^{13}\) The nature of abuse captures the most predominant or severe form of abuse. However each case can involve more than one form of abuse.
**Trends and Profiles of Child Abuse Cases**

**Court Orders Issued for Cases with Evidence of Abuse**

14% of the cases investigated by the CPS and substantiated by evidence of abuse or neglect were brought before the Court (Figure 3). CPS seeks the oversight and direction of the Court when there are serious concerns on the safety and well-being of the CYP, for instance when parents are not motivated to work in the interest of the CYP and the risk of further harm to the CYP is high.

The Court may commit the CYP to a place of safety, a place of temporary care and protection, the care of a fit person or place the CYP under the supervision of a protector, an approved welfare officer or any other person appointed for that purpose by the Court.

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![Figure 3: Percentage of Court Orders Issued for Investigated Cases with Substantiated Evidence of Abuse or Neglect (2005-2014)](image)

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**Profile of Child Abuse Cases with Evidence of Abuse**

Females accounted for 54% of the total child abuse victims from 2005 to 2014 (Figure 4). Female victims are more highly represented for sexual abuse cases, while male victims are more highly represented where physical abuse is involved. The majority of child abuse victims (51%) was between 7 and 12 years of age (Figure 5).

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![Figure 4: Gender of Child Abuse Victims in Percentage (2005-2014)](image)

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![Figure 5: Age of Child Abuse Victims in Percentage (2005-2014)](image)
CHAPTER 5

Services and Programmes
CHAPTER FIVE: SERVICES AND PROGRAMMES

MSF undertakes the necessary assessments and provides appropriate services for victims of child abuse as well as family members. Efforts are also made to rehabilitate the perpetrator and to enhance the capacity of significant others to protect the CYP. This chapter provides information on such services.

A: SPECIALISED PROGRAMMES AND INTERVENTION

CPS is supported by two in-house specialist teams in MSF, namely, the Clinical and Forensic Psychology Service (CFPS) and the Counselling and Intervention Unit (CIU). They provide specialised services (e.g. therapeutic programmes and systemic intervention) for abused CYPs and their families where needed.

For **CYPs who have been abused**, intervention is geared towards helping them:

- overcome the trauma of abuse;
- build their resilience; and
- take proactive steps to protect themselves from further abuse.

For **carers who did not inflict the abuse**, intervention is directed to help them:

- overcome any guilt of being unable to protect their children from the abuse;
- assume a supportive and nurturing relationship with the CYP;
- deal with any ambivalence or denial they may be experiencing; and
- implement and monitor safety plans to prevent further abuse.

For **perpetrators of the abuse**, intervention aims to help them:

- acknowledge their abusive behaviours and the impact on the victims and family members; and
- implement relapse prevention plans.

More information on other programmes provided to abused CYPs and their families can be found in Annex One.
B: ACCESS

Some CYPs are placed in alternative care when they are not able to remain with their families. However, it is important to maintain ongoing contact between the CYP and his/her family in a safe environment.

Such contact facilitate positive child management and parenting strategies and help to eventually reintegrate the CYP back to his/her family. The nature of access is paced according to the CYP’s needs and regularly reviewed. The types of contact include:

- Centre-based supervised contacts
- Centre-based unsupervised contacts
- Out of centre supervised contacts (e.g. outings, at caregiver's residence)
- Supervised handovers
- Home leaves

The type of contact is dependent on the safety concerns for the CYP, as well as both the family and CYP’s readiness to have progressively longer and more open contacts.
C : INTERPRETATION AND TRANSLATION SERVICES

CPS works with CYPs and families from different nationalities and language groups. To facilitate communication with clients, interpretation and translation services may be provided during interviews and access.

D : ENABLE-A-FAMILY VOLUNTEERS

Under the Enable-A-Family (EAF) Volunteer Scheme, the CIC Service recruits volunteers to provide additional support for children who have been abused or neglected by their families. The volunteers befriend the families and their children, as well as provide different forms of support to the children and/or the foster families, such as tuition and bringing the children out for outings.
CHAPTER 6

Developments in Child Protection
CHAPTER SIX: DEVELOPMENTS IN CHILD PROTECTION

In recent years, there has been a slew of initiatives aimed at strengthening services and inter-agency collaborations. These contribute to a more progressive, responsive and robust child protection system.

REVIEW OF CHILD PROTECTION SYSTEM

A comprehensive and independent review of the CPS and the child protection system was undertaken from May 2010 to February 2011. Among the recommendations implemented was the revamping of the inter-ministry committee on child abuse. A wider and higher level of representation of key partners for the inter-ministry committee was necessary to oversee strategic and integrated service planning, policy reviews, inter-agency collaborations and child-centric practices. Details on the committee, renamed Inter-Ministry Workgroup on Child Protection (IWCP), can be found in Chapter Two.

Below are some of the other developments and initiatives arising from the review:

A : BETTER INTEGRATION OF THE CHILD PROTECTION SECTOR

1) Joint Collaboration in the Management of Child Sexual Abuse Cases

To minimise the possible distress to the CYP in having to undergo repeated interviews during investigation, MSF and the police conduct joint interviews with victims of sexual abuse. This joint interviewing protocol was formalised in 2008. There has been a stronger emphasis on joint training involving law enforcement, prosecutors and CPOs. Such training strengthens evidence-led practices and collaborative efforts.

2) National Database on Child Abuse

A Child Abuse Registry (CARE II) was introduced in September 1998 to facilitate investigations by agencies involved in the management of child abuse cases. Through the system, police and healthcare personnel can screen if a CYP was previously known to the system for child abuse. Such information alerts staff of the potential risks of harm to a CYP who comes in contact with these professionals again. The alerts will prompt these professionals to pay careful attention to the presenting concerns in light of the previous history and contributes to child-safe practices in the community. In 2015, MSF rolled out a new Sector Specific Screening Guide (SSSG) and Child Abuse Reporting Guide (CARG) to various agencies, as part of the Structured Decision Making (SDM) System (see details below). These tools will enhance the screening and referral protocols for agencies in the child protection system such as the police, healthcare institutions, schools, voluntary welfare organisations and child care centres.
B: TRAINING AND INCREASING THE COMPETENCY OF STAKEHOLDERS IN THE CHILD PROTECTION SYSTEM

1) Common Risk and Assessment Framework

The use of common assessment tools and frameworks guides professionals in the child protection system in conducting needs assessments for child protection cases.

Child and Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths (CANS) tool was adopted as part of a drive towards a standardised and systematic assessment process that is theoretically informed, empirically guided and evaluated. CANS was selected as an assessment tool for its flexibility, ease of use, good face validity and good inter-rater reliability. It was customised to the Singapore context and implemented in 2011.

CANS is used by social service practitioners who work with CYPs in out of home care. It enables officers and service practitioners, such as staff of Children and Young Persons Homes, to speak a common language in understanding and measuring the needs and strengths of CYPs. Service practitioners can then agree on the intervention needs of the CYP and families across different settings and channel resources towards meeting those needs. The tool also enables tracking of the CYP’s and his/her family’s progress.

Structured Decision Making (SDM)

SDM is a suite of tools designed for statutory child protection work and the child protection sector. It is a research and evidence-based decision support system, developed by the Children’s Research Centre, National Council on Crime and Delinquency, USA. The SDM is used in many child protection jurisdictions across the United States, Canada, Australia and Taiwan and identifies common and critical decision points in child protection work. In Singapore, the continuum of assessment tools under SDM will be rolled out in phases from 2015:

For Partners in the child protection system

- Sector Specific Screening Guide; and
- Child Abuse Reporting Guide.

For MSF Child Protective Service

- Screening and Response Priority Tool;
- Safety Assessment;
- Likelihood of Future Harm Assessment;
- Family Strengths and Needs Assessment;
- Reintegration Assessment; and
- Likelihood of Future Harm Re-assessment.

2) Child Protection Training Framework

MSF conducts regular training to equip officers and key partners in the child protection system such as school counsellors, community social workers and police officers with the fundamental principles, knowledge and skills in detecting and managing child abuse cases. This includes undertaking preliminary inquiries or assessments and upholding ethical and professional practice in the management of child abuse cases. With the adaptation of the SDM, frontline staff and professionals will continue to receive the requisite training on SSSG and CARG.

MSF also organises briefings on child protection for touch-point agencies like childcare operators and social service officers. The briefing helps partners understand what child abuse entails, the signs and symptoms of child abuse, roles of professionals in managing child abuse and the resources to tap on for suspected child abuse cases.
Developments in Child Protection

For the larger out of home care sector, the CANS remains a relevant tool for service planning to meet the needs of CYPs. To train and enhance the competency of more sector partners in administering the CANS assessment tool, MSF is partnering the Social Service Institute (SSI) to run CANS training.

C : MORE TARGETED SERVICES FOR CLIENTS

1) Children In Care (CIC) Service

The CIC Service in MSF was set up in July 2013 to provide a coordinated strategy and oversight of the CIC sector. The branch comprises units managing the Children and Young Persons Homes, the Fostering Service as well as service development of the CIC sector. It aims to improve outcomes for vulnerable children in the following areas:

- **Safety**: to ensure CYPs are protected from abuse and neglect;
- **Stability**: to ensure that CYPs are placed in appropriate care options in a timely manner and for such placements to be stable;
- **Well-being**: to ensure CYPs receive appropriate services to meet their needs; and
- **Permanency**: to ensure that CYPs are moved to permanency quickly.

Future plans include growing family and community-based options for most CYPs in care and catering residential care mainly for CYPs with higher needs. These are based on the principle that a family environment is best for a CYP’s development.

The following are some of the CIC Service’s recent or upcoming initiatives.

**Therapeutic Group Homes**

Therapeutic Group Homes (TGHs) provide specialised and intensive treatment for CYPs known to CPS who have severe emotional, behavioural issues and/or sexualised behaviours. TGHs will enable these CYPs to recover from their past traumatic experiences and promote their overall well-being.

**Interim Placement and Assessment Centres**

The Interim Placement and Assessment Centre (IPAC) provides an interim care option for child protection victims who need a safe care environment while there are ongoing social investigations and assessments of the CYP’s needs. This allows sufficient time for CPOs to work with family members to explore family or kinship care or other alternative care options. There are safeguards to ensure that the CYP’s stay in the IPAC is kept as short as possible.

**Fostering Agencies**

MSF partners Fostering Agencies to help broaden foster family outreach and recruitment efforts, as well as provide support to foster parents to extend better care for their foster children.

2) Community-Based Child Protection Specialist Centres (CPSCs)

As the intention is to keep CYPs in the community as far as possible, CPS channels cases assessed to be of low to moderate risk to community-based agencies, while CPS takes on the high risk cases. CPSCs are examples of such community-based agencies. Two CPSCs were set up by MSF in June 2013 and a third CPSC will be established in early 2017. The CPSCs provide case management support for moderate risk cases and work closely with various agencies to provide intensive home-based services. They help families observe safe care plans and improve their parenting capacities. This initiative has also allowed for greater community ownership in reaching out to families at-risk.

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14 SSI was appointed by the Singapore Workforce Development Agency on 1 October 2013 to be a Continuing Education and Training centre for community and social services.
15 Big Love under Montfort Care and HEART@ Fei Yue (Fei Yue Community Services)
CHAPTER 7
Public Education
CHAPTER SEVEN: PUBLIC EDUCATION

Ongoing public education efforts in child protection serve two important purposes. First, as a preventive measure so that families who are highly stressed can seek help early. Second, as a remedial measure to inform victims, family members and the public on the signs and symptoms of abuse, as well as the avenues to report the abuse and get help for the victim and family.

Together with partners in the National Family Violence Networking System (NFVNS), MSF adopts a two-pronged public education strategy in child protection:

- Mass Media Campaign - Messages relating to child protection are incorporated into TV dramas and radio capsules; and
- Community Outreach - This includes community roadshows, production and distribution of public education materials and child-friendly collaterals to touch-points to raise awareness amongst at-risk groups and the public.

In 2008, MSF set up a funding scheme to encourage community agencies to develop and implement public education initiatives on family violence. The scheme empowers the community agencies to take on a greater role in reaching out to at-risk groups and galvanising the community to action. Past collaborative efforts include the production of television series, radio capsules, delivering educational talks and organising targeted roadshows on family violence.

MSF launched a family violence public education programme in 2009. A series of media publicity, roadshows and carnivals were rolled out to raise general public awareness on the impact of family violence on child victim and witnesses as well as to heighten the sensitivity of professionals who work with children. The “Tell Someone“ initiative launched in 2011 included a roadshow and a dedicated child protection website which helps children, parents and teachers learn more about child abuse and available help avenues.

MSF has been roving plays on different forms of family violence, ranging from child abuse, spousal abuse to elder abuse at various community touch-points and events. These plays aim to educate the public in an accessible and non-threatening way, expounding on the signs and symptoms of abuse and what the victim and witnesses may do to help.

In 2013, MSF began screening family violence videos with a quiz component at all Singhealth’s hospitals, healthcare institutions, polyclinics as well as clinics, reaching out to over two million people islandwide for each run. A family violence roadshow was launched in March 2014 under the auspices of the NFVNS. The roadshow educated the public on the various types of family violence, the available help-channels and how the community can be empowered to help the affected families. The roving roadshows were held in various neighbourhoods across the regions on a regular basis to reinforce issues relating to family violence to the community.
Since August 2015, MSF has been bringing the A.C.T. Community Ambassador Programme to various volunteer groups in Singapore. This interactive sharing is in collaboration between MSF and SSI and aims to equip participants with knowledge on detecting the signs and symptoms of abuse, and the appropriate and safe next steps after detection. Video accounts from abused victims, perpetrators or witnesses of family violence are used at training sessions with professionals and/or volunteer groups and on other suitable platforms.

Roving play launched in 2014 family violence roadshow at VivoCity.

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A.C.T. is a community ambassador programme which aims to raise awareness that family violence is unacceptable and not a private affair. It also aims to encourage and inspire the community to play a part in stopping family violence by reaching out and helping affected families.
CHAPTER EIGHT: THE ROAD AHEAD

Jane* (14 years old)

Jane was 14 years old when her form teacher found her crying in school. She subsequently confided in her teacher and school counsellor that her stepfather had been sexually abusing her since she was 8 years old. It had begun with her stepfather showing her pornographic materials while her mother was not at home. This progressed to him masturbating in front of Jane and several incidents where he had touched her private parts against her wishes and forced her to perform oral sex on him.

Upon her disclosure, a police report was made and Jane was interviewed jointly by the police and a CPO from MSF. Her mother, upon hearing this, expressed doubt that Jane was telling the truth and instead sided with her stepfather. For Jane’s safety, CPS placed her in a Children and Young Persons Home designated as a place of safety. She was also referred to the MSF’s psychologists for psychological support services to help her cope with the trauma of the abuse. Her aunt later stepped forward to take care of Jane and Jane was placed under her care. Ongoing work was also done with the mother in understanding sexual abuse, the dilemmas faced by the victims and their families and the support needed.

However, Jane continued to experience nightmares and frequent flashbacks of the abuse. She also began to engage in self-harming behaviour as a result of her strong feelings of self-blame and shame. She was also caught engaging in inappropriate sexual activity with her boyfriend. Jane’s aunt had difficulty coping with these behaviours. CPS and psychologists had to work with both Jane and her aunt on multiple occasions to stabilise the situation and prevent a breakdown of the care arrangement.

Jane continues to be supported by her school, peers and relatives. Her mother continues to disbelieve the abuse despite intervention by MSF’s psychologists. Her stepfather continues to deny that the abuse ever took place.

As shown in this case study, child protection work is often complex and requires the involvement of many different systems and partners at each stage of the process. Members of the community such as teachers who have day-to-day contact with CYPs are often the first to know about the abuse. Everyone can play a part in the early detection of child abuse.

While the government can step in to protect a CYP from further harm, victims of abuse often continue to experience long-lasting and complex trauma as a result of the abuse. This sometimes manifests in challenging behaviours which may cause distress to those close to them. In such situations, the support of the CYP’s family, school and peers is even more crucial for their restoration. Additionally, each CYP is affected differently by the abuse. Hence, there is a need to tailor interventions according to the different risks and needs levels of CYP and their families. MSF is constantly looking at ways to improve the assessment and evidence-based intervention for our clients. This is in line with international practices.

In some cases, despite the best efforts of MSF and community partners, the CYP’s immediate family is unable to process the abuse and provide the protective and supportive environment necessary for the CYP. In such

* Name changed to protect the identity of the young person.
cases, MSF works with relatives or community agencies and volunteers to provide an alternate supportive family environment as far as possible.

Ultimately, the responsibility to protect and support our CYPs belongs not only to the government, but also to the community at large. MSF endeavours to work closely with community partners to strengthen upstream measures to prevent abuse. This is done through public education and supporting at-risk families, especially those who have experienced inter-generational cycles of abuse. Play a part by reporting abuse immediately and seek help early for affected CYPs and their families. Together we can give our CYPs a life that is free from abuse.
A : PROGRAMMES FOR ABUSED CHILDREN

1. Recovery for Kids (R4kids)

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

2. Recovery and Empowerment for Survivors of Sexual Abuse (RES)

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

3. Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

TF-CBT is an evidence-based treatment designed to help victims of physical, emotional and sexual abuse. TF-CBT is appropriate for children aged 3 to 18 years and their non-offending parents/caregivers. Children experience improvement in their post-traumatic stress symptoms, depression and other behavioural and emotional difficulties. Children and parents learn new skills to therapeutically process traumatic memories, overcome problematic thoughts, feelings and behaviours, as well as develop effective coping and safety skills. Parenting skills and family communication skills are also enhanced and parents learn to cope with their own distress and respond effectively to their children's trauma reactions. This is an intensive trauma intervention delivered to families, where the child receives individual therapy. Joint sessions are also conducted with the child and parent.

4. Dyadic Developmental Psychotherapy (DDP)

DDP is an attachment-focused treatment approach for children and adolescents with symptoms of emotional disorders, including complex trauma and disorders of attachment. When a child's early attachment history consists of abuse, neglect and/or multiple placements, the child may fail to experience parent-child interactions which are necessary for normal development. Hence, the core treatment of DDP is based on the premise that the development of the child is dependent and influenced by the nature of adult-child relationships. By using the primary caregiver as a secure base, the child would feel safe to explore past hurts and trauma, thus increasing his or her capacity to tolerate difficult emotions. Consequently, through the modelling of a healthy attachment cycle, the child develops a more coherent sense of self, increased trust as well as self-esteem.

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17 Cognitive-behavioural treatment is a treatment approach that helps people alter the way they think about themselves and their world. This leads to a change in the way they behave.
5. Programme for Optimistic, Well-Equipped and Resilient Kids (POWERkids)

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

B : PROGRAMMES FOR NON-PERPETRATOR CARERS

1. Positive Parenting Programme (Triple P)

This programme teaches parents to apply parenting skills to a broad range of target behaviours in both home and community settings. Parents are taught a variety of child management skills which include: 1) systematic ways of observing problem behaviour; 2) activities that can be used in high risk situations; 3) how to give clear and calm instructions and to back up instructions with logical consequences; and 4) the use of quiet time and time out.

2. Carer’s Recovery and Support Programme (CRES)

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

C : PROGRAMMES FOR PERPETRATORS

Positive Psychotherapy Group (PPG)

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

The primary objective of the programmes is to provide a comprehensive and specialised treatment to reduce re-offending by the perpetrators. The programmes are based on a cognitive-behavioural/relapse prevention model of treatment and aims to develop the essential skills, knowledge and awareness needed to change the perpetrator’s sexual offending behaviour. The programmes are also designed to help the perpetrators work on changing offence-related thinking, attitudes and feelings. During the programme, participants are expected to take responsibility for their offending behaviour, examine victim issues, identify their offence cycle and develop a detailed relapse prevention plan.
Combined Parent-Child Cognitive Behavioural Therapy (CPC-CBT)

CPC-CBT is a treatment model designed to address the needs of children aged 3 to 17 years and their parents who are at-risk of engaging, or who have engaged in child physical abuse or are experiencing high levels of parenting stress. Goals of CPC-CBT include helping children heal from their abusive experiences, empowering parents to effectively parent their children in a non-coercive manner, strengthening parent-child relationships and enhancing the safety of all family members. Every session begins with the parent and child meeting individually with the clinician and concludes with the parent, child and clinician together. The amount of time spent jointly with the parent, child and clinician increases as therapy progresses. By the end of the 16-session course of treatment, the majority of the session is spent jointly with the parent, child and clinician.

The Counselling and Intervention Unit (CIU) offers a combination of systemic interventions targeted at the child, the immediate family as well as the extended familial, caregiving and professional network. These interventions may be used jointly with individual and family therapy depending on the presenting needs. They are rooted in family therapy, restorative practice and solution-focused approaches.

1. Words and pictures

Words and Pictures is an intervention that was developed by Andrew Turnell and Susie Essex. The aim is to put together a story to help communicate difficult information to children so that they can make sense of events such as the death of a parent, abandonment, abuse, domestic violence, mental health issues or their involvement with CPS. Making sense of past and present events is important for the healthy development of children and adults. The story is pieced together by a counsellor and uses the family’s own words, refined through dialogue with both professionals and the family. What results is a shared story between professionals and the family, conveying both the concerns of CPS, as well as the hopes and strengths of the family. The story also includes drawings to illustrate the important parts. The shared story is presented to the child by the counsellor in the presence of the family and the CPO. Once it is presented, the story is given to the child in the form of a book.

2. Family Group Conference (FGC)

FGC is an internationally recognised practice first piloted by MSF in 2004. Generally, it is held when CPS has concerns about a child who has been harmed or is at risk of harm by their family. FGC supports families to work out a concrete plan to ensure their child remains safe. The FGC is convened by a neutral facilitator. It is attended by the child, the immediate and extended family, the CPO, professionals who have been involved with the family and other individuals whom the family thinks can provide support or help. Central to the FGC is the time when professionals give the family private time to talk about their concerns and discuss how they can be addressed. The family then formulates a plan which is shared and refined with the professionals when they rejoin the FGC meeting. The CPO will then endorse the plan and implement it.
3. Solution-focused Agreements with Families (SAFe)

SAFe is a three-party meeting between the family, CPO and CIU counsellor who acts as the facilitator to help bridge differences within the family, so as to (re)establish common goals and bring about positive and accelerated child protection outcomes. SAFe promotes continuing parental responsibility as CPOs share their assessment of what might be concrete signs of change that would indicate a safer environment for the child. A SAFe agreement, focusing on outcomes, concrete goals and plans with time frames, is then reached between the family and the CPO. The SAFe agreement makes it clear to the family and CPO on what needs to change, the family's expectations and goals, as well as how to recognise and act on positive change.
Annex Two: Useful Contacts

**MSF Child Protective Service**
Tel: 1800-777-0000  
Email Address: MSF_CPSintake@msf.gov.sg

**Big Love (Community-Based Child Protection Specialist Centre)**
Tel: 6445-0400  
Website: http://www.biglove.org.sg/

**HEART @ Fei Yue (Community-Based Child Protection Specialist Centre)**
Tel: 6690-1000  
Website: http://www.fycs.org/

**PAVE (Family Violence Specialist Centre)**
Tel: 6555-0390  
Website: http://www.pavecentre.org.sg/

**TRANS SAFE Centre (Family Violence Specialist Centre)**
Tel: 6449-9088  
Website: www.transfamilyservices.org.sg/safe.html

**Care Corner Project StART (Family Violence Specialist Centre)**
Tel: 6476-1482  
Website: http://carecorner.org.sg/start.html

**ComCare Call**
1800-222-0000

**SOS (Samaritans of Singapore) (24 hours daily)**
1800-221-4444

**Tinkle Friend Helpline (for Child Abuse)**
1800-274-4788

*You can also find more information at: http://www.stopfamilyviolence.sg.*