

## UNIT NO. 2

## MANAGEMENT OF CHILD ABUSE IN SINGAPORE

A/Prof Goh Lee Gan

*Extracted and summarised from "Protecting Children in Singapore" MCYS, 2005*

**ABSTRACT**

**Child abuse and neglect happens across all social, economic and cultural groups. All of us including government, community and public need to play a part in ensuring that children are protected from harm. Suspected child abuse cases are reported to the Child Protection Service or the Police. Inquiry to confirm the report is indeed child abuse and the level of protection required will be activated. The lead agency in child protection in Singapore is the Child Protection Service (CPS) under the Ministry of Community Development, Youth and Sports (MCYS) and the duties are spelt out in the Children and Young Persons Act. MCYS protects children from ill-treatment through effective detection, incisive investigations, and rehabilitation of perpetrators. Abused or neglected children are placed under a care programme to help them through the trauma of their experience. Wherever possible, the family unit is assisted to provide a more positive and caring setting for the continued upbringing of the child.**

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**INTRODUCTION**

Child abuse and neglect happens across all social, economic and cultural groups. All of us including government, community and public need to play a part in ensuring that children are protected from harm.

The lead agency in child protection in Singapore is the Child Protection Service (CPS) under the Ministry of Community Development, Youth and Sports (MCYS) and the duties are spelt out in the Children and Young Persons Act. MCYS protects children from ill-treatment through effective detection, incisive investigations, and rehabilitation of perpetrators. Abused or neglected children are placed under a care programme to help them through the trauma of their experience. Wherever possible, the family unit is assisted to provide a more positive and caring setting for the continued upbringing of the child.

In this background paper, the definition and types of abuse, Singapore data, legislative framework on child protection in Singapore, MCYS' roles in child protection, preventive

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measures, reporting a case of suspected child abuse, and managing a case of suspected child abuse will be described.

**DEFINITION AND TYPES OF CHILD ABUSE**

Child abuse is defined as any act of omission or commission by a parent or guardian which would endanger or impair the child's physical or emotional well being, or that is judged by a mixture of community values and professionals to be inappropriate (MCYS, 2005)<sup>1</sup>.

There are 4 main types of child abuse:

- Physical Abuse.
- Sexual Abuse.
- Emotional/Psychological Abuse.
- Neglect.

**Physical abuse**

Physical abuse occurs when a child or young person is physically injured by non-accidental means. Examples are:

- Excessive discipline or physical punishment.
- Forceful shaking.
- Burning or tying up the child.
- Attempted suffocation.

Physical signs that increase the suspicion of possible abuse are:

- Injuries to the head, genitalia or eyes.
- Abrasions and bruises of varying ages.
- Broken bones and sprains that cannot be easily explained.
- Burns and scalds.

**Sexual abuse**

Note that sexual abuse is not confined to girls. Boys can also be victims of sexual abuse by members of the same sex or opposite sex. Sexual abuse includes:

- The exploitation of a child or young person for sexual gratification or any sexual activity between an adult and a child.
- Exposing a child to forms of sexual acts e.g., fondling of the genitalia, or pornographic materials.

**Emotional/psychological abuse**

Research has shown that emotional/psychological abuse often exists where there is physical and/or sexual abuse. Emotional/psychological abuse refers to:

- The significant impairment of a child's social, emotional and intellectual development; and/or
- Disturbances in the child's behaviour resulting from the adult's persistent hostility, ignoring, blaming, discrimination or blatant rejection of the child.

**Neglect**

This form of child abuse includes:

- Deliberate denial of a child or young person’s basic needs.
- Failure to provide adequate food, shelter, clothing medical care and supervision by parents or caregivers.
- Forcing the child or young person to undertake duties inappropriate to his /her physical strength or age to the extent that injury or impairment to normal development is sustained.

**Effects of child abuse**

Abused children suffer physical, emotional and psychological pain. They may become physically or intellectually disabled. Abused children may become maladjusted adults later in life and may even become abusive parents themselves.

**SINGAPORE DATA ON CHILD ABUSE**

The starting point in the investigation of suspected child abuse is the report to the Child Protection Service or Police. Care and Protection orders may be issued and this number gives an idea of the size of the child abuse problem in Singapore. Between 2000 and 2004, 206 Care and Protection Orders were issued and this was 22% of the total number of alleged child abuse cases in these 5 years. It should be noted that Care and Protection Orders may be issued to multiple children within the same household. As such, the number of Orders issued will be smaller than the children protected with such Orders.

**Family structure**

About half of the child abuse cases across the 5 years from 2000 to 2004 came from nuclear two-parent families (51%), as compared to nuclear one-parent families (18%) or other types of family structures.

**Income strata**

At the first point of contact with Child Protection Service (CPS), about 50% of victims’ biological fathers, and 36% of biological mothers were reported to be gainfully employed. The remaining parents were either transiting between odd jobs, unemployed, homemakers, completing National Service, schooling or were unfit for work. Child abuse cases are spread across all income ranges. However, slightly more than 50% of the families are in the income group of less than \$2,000 per month. The remaining percentage of families are equally split between those earning between \$2,000 and \$4,000 per month, and those earning more than \$4,000 per month.

**Gender of victim**

There are slightly more female victims of abuse (57%) than males (43%). Girls are generally more highly represented when sexual abuse is implicated. Boys on the other hand, are more

highly represented where physical abuse is involved. There are no significant gender differences for emotional/psychological abuse and neglect cases.

**Type of abuse**

Physical abuse is the dominant type of abuse, accounting for 55% of the total number of child abuse cases in 2004. While other forms of abuse have showed an upward trend, physical neglect cases have reduced over the period 2000 to 2004.

Sexual abuse figures have increased gradually over the 5 years from 2000 to 2004, making up 29% of the total number of cases. In relation especially to sexual abuse, it needs to be noted that it is not possible to measure any trend of greater openness, or willingness to report. An increase in the number cases, therefore, does not necessarily reflect an increase in the number of child sexual abuse offences committed.

Cases of emotional abuse showed an increase from 1 in 2000 to 11 in 2004, although in proportion this makes for only 5% of the total. It is a challenge to detect and gain evidence on emotional abuse.

**Profile of perpetrator(s) involved in the case**

Over the 5 years from 2000 to 2004, 54% of perpetrators in child abuse cases were biological parents, while the remaining perpetrators comprised step-parents, grandparents, parents’ partners outside marriage and other relatives. 59% of the perpetrators also tended to be male. Most of the perpetrators were between 30 and 39 years old (38%).

**Factors associated with child abuse**

Data gathered on child protection cases indicate that poor management of children was often inherent in such families. For the abused child, ill-treatment began as a reaction by the caregiver to the child’s difficult behaviour.

Factors such as poor understanding of the child’s developmental needs, feeling overwhelmed and unable to cope with the child’s challenging behaviour and unrealistic expectations of the child on the part of the caregiver served to weaken the parent-child relationship and escalate the ill-treatment. In a number of cases, “parents’ unrealistic expectations of the child’s performance in school” was a key factor of abuse.

Family crisis was often noted as a factor in abuse cases. Others included superstitious or cultural beliefs that resulted in emotional rejection of the child and propensity to ill-treat the child. These beliefs usually served as justification, although some other source of tension was apparent. Factors such as financial stressors, marital conflicts, social isolation, substance abuse or mental health concerns also served to precipitate the abuse.

**Source of referral**

Typically, the top 3 sources that refer suspected child abuse cases to CPS are the agencies involved in the inter-agency

network - the Police, Healthcare services and Schools. In some cases, these referring agencies may have received referrals from other sources.

## LEGISLATIVE FRAMEWORK OF CHILD PROTECTION IN SINGAPORE

### The Children and Young Persons Act (CPYA)

The Children and Young Persons Act is the key legislation in the protection of children in Singapore. The CPYA provides legal protection for children below the age of 14 years, as well as for young persons aged 14 and below 16 years.

Under the Act, a person “shall be guilty of an offence if, being a person who has the custody, charge or care of a child or young person, he ill-treats the child or young person or causes, procures or knowingly permits the child or young person to be ill-treated by any other person”.

### Key Amendments to the CPYA in 2001

Amendments to the CPYA enacted in October 2001 has enhanced child protection in Singapore. (MCYS, 2005):

- Scope of child abuse widened to include emotional/psychological abuse.
- The Protector is empowered to remove and send the child for medical treatment where parental consent cannot be obtained. Under Section 2(1) of the CPYA, a “Protector” refers to “the Director (of Social Welfare) and includes any public officer or other person who is appointed or authorised by the Director... to exercise the powers and perform the duties of a protector.
- Parents or guardians may be mandated by the Court to attend counselling, psychotherapy, assessment and other treatment programmes. (Section 51)
- Print and broadcast media are prohibited from disclosing any picture or particulars of the child or young person who has been involved in any court proceedings, not just within the Juvenile Court. (Section 35)
- The Protector also has the authority to require the assistance of parents and other significant persons to provide information regarding the circumstances of abuse.
- The Act protects MCYS welfare officers and Police officers from civil and criminal liability if they are acting in good faith as well as an informant of suspected child abuse from personal liability.

### Child Care Centres Act

The Child Care Centres Act, which safeguards the well-being of children by providing for the licensing, inspection and control of child care centres, also requires all child care centre operators to report immediately to the Director of Social Welfare (Regulation 21), whenever they have reasonable cause to suspect any case of child abuse.

## MCYS' ROLES IN CHILD PROTECTION

### Key roles

The MCYS is the lead agency in child protection. Its key roles are:

- Care and protection of children who are suspected of abuse -- The family is the basic building block of society. Recognising this, MCYS uses a systems approach in all issues relating to the care and protection of children in Singapore. In working with the family, kinship care is always a preferred option as opposed to foster care. Nevertheless, the security and safety of the child or young person is of highest priority. Institutional care of a child or young person will be considered where needed albeit only as a last resort.
- Helping the family to address problems -- An equally important aspect is to address the problems within the family which lie behind the negative behaviours and mindsets of the perpetrators. The goal of this aspect of protection work is to ensure for the child a safe and caring family environment, conducive for his or her well-being and healthy development.

### Partnership work

In the “Many Helping Hands approach”, MCYS works in partnership with multi-agencies through the Inter-Agency Network, and Inter-Ministry Working Group on the Management of Child Abuse. (MCYS, 2005)

Inter-Agency Network -- MCYS works in partnership with government and non-government agencies in the prevention of ill-treatment of children and the care of child victims of abuse. Others active in the field include the Singapore Police Force, Ministry of Education, Ministry of Health, Ministry of Home Affairs, the Subordinate Courts, as well as professionals both in social service agencies and in private practice.

### Inter-Ministry Working Group on the Management of Child Abuse

-- The Inter-Ministry Working Group on the Management of Child Abuse was set up in 1997 to monitor, review and improve inter-ministry procedures on the protection of children and to determine actions to close the gap between policy and practice.

### Other activities

**Child Abuse Register** -- In September 1998, the Child Abuse Register was introduced to facilitate investigations by agencies involved in the management of child abuse cases. The Register serves as an alert system for police and healthcare personnel dealing with suspected cases of child abuse. Through the system, the police and healthcare personnel can screen for known and previously reported cases with MCYS. This has enhanced our response to child protection concerns in the community.

**Manual** -- The Manual for the Management of Child Abuse in Singapore was launched in 1999 and later revised in 2003, to set the intervention framework for all partners. The manual outlines the different roles and responsibilities of each partner, and serves as a guide for their intervention. Partners include child care centres, voluntary welfare organisations, schools, health care services and the police.

**National Standards for Protection of Children** -- In addition, the National Standards for Protection of Children was launched in February 2002. These Standards lend transparency to the processes of inter-agency work in Singapore.

## PREVENTIVE MEASURES

### Advising a parent with difficulty in managing his/her children

Children with challenging behaviours are a risk factor to parental child abuse. Advice that would help the parent are the following parenting tips:

- To establish firm and clear rules with the child.
- Give clear and calm instructions.
- Be consistent.
- Back up instructions with logical consequences.
- Seek assistance on child management from social workers at Family Service Centres (FSCs), or Counselling centres, school counsellor, or child psychiatrist.

### Teaching children to prevent sexual abuse

Parents, teachers, and care providers can help to prevent sexual abuse in children by teaching children the following:

- Help children learn about parts of their bodies.
- Let children know that some parts of their bodies are private and no one else should touch them (except by the carer in the course of toileting or washing).
- Tell children that they have a right to refuse anybody's unfriendly touch.
- Tell children that they can refuse sexual contact by various means such as shaking their heads, saying "No" firmly, screaming or running away.
- Let children know that they should seek help by telling an adult whom they trust of any sexual touching by any adult.
- Teach children that sexual abuse should not be kept secret.

## REPORTING A CASE OF SUSPECTED CHILD ABUSE

To report a case of suspected child abuse, a call can be made to either:

- National Anti-Violence helpline (1800-777 0000) – The operating hours are Monday – Sunday, 24 hours.

MCYS – Monday to Friday 8.30 am to 5.00 pm, and Saturday 8.30 am to 1.00 pm, or

- Police Divisional HQ, Neighborhood Police Post/Centre or call 999.

To accompany the report, it would be helpful if the following information is made available as well:

- Child's name, gender, age, school, contact number and address if available.
- What happened to the child and when.
- Who were the persons involved in the reported incident.
- The names and addresses of the parents or caregivers, and
- Any other information that may be helpful.

## MANAGEMENT OF REPORTED CHILD ABUSE

A flowchart depicting the management of reported child abuse cases is shown in Figure 1. Upon receipt of a report, an inquiry will be conducted.

### The child protection process

The Protector initiates an investigation as soon as a case of suspected child abuse is reported to the Child Protection Service (CPS) of MCYS. The immediate objective is to ascertain if a child is indeed a victim of abuse. An assessment is made to decide on the level of protection required for the child and the Police may also be called upon for criminal investigation, where this appears to be justified. Alternative care arrangements are made for the child to ensure his safety and well being where deemed necessary. Assistance and support will also be rendered to the family.

### Child Protection Service (CPS)

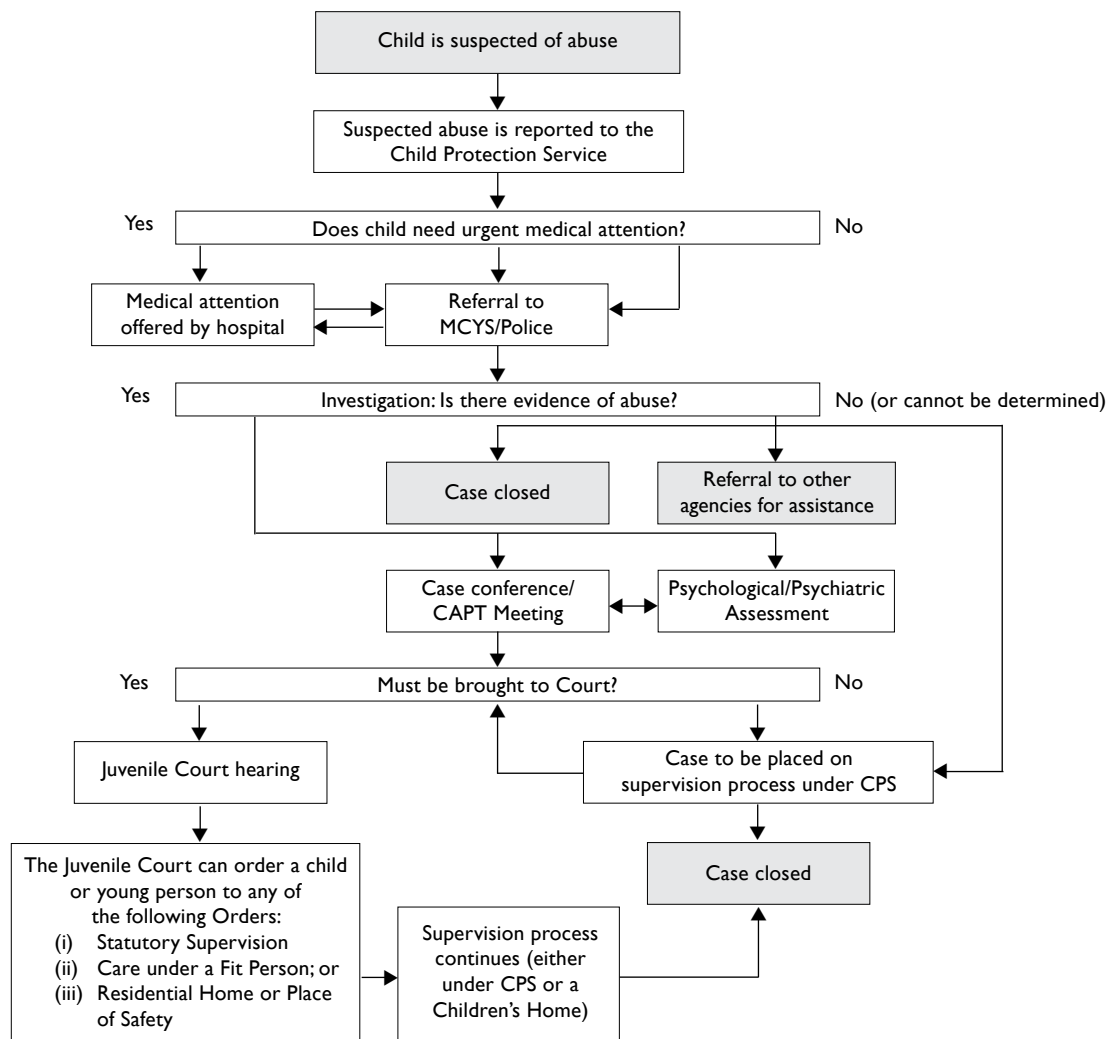
The safety and welfare needs of the child are assessed initially by the CPS, and these issues are subsequently brought before a multi-disciplinary team of professionals. This team, otherwise known as the Child Abuse Protection Team (CAPT) provides a collective, professional view to arrive at the best approach and management of each child protection case. Following initial investigation, the case could be transferred to the Supervision Unit of CPS for further monitoring and intervention. The objectives of the supervision process are to:

- Prevent recurrence of abuse.
- Work with the family on their problems with an aim to reconcile the child with the parents, without compromising the safety and interest of the child.

### The Child Abuse Protection Team (CAPT)

The Child Abuse Protection Team (CAPT) comprises senior Child Protection Officers, Psychologists, Consultant Paediatricians and other professionals. Relevant agencies working with the family are also invited to CAPT. Together, the team meets to discuss the nature of abuse, assess the degree

**Figure 1: Management of Child Protection in Singapore**



Source: MCYS. *Protecting Children in Singapore*. Singapore: MCYS, 2005

of risk, and work together to decide on a care and protection plan for the child. This is done to ensure that the child’s best interest is safeguarded.

- Provide support and assistance to the family, so as to improve the family’s functioning in caring for the child.
- Tap relevant resources in assisting the child/family; and
- Ensure that the parents/significant others maintain regular contact with the child, if the child is placed temporarily in residential or alternative care.

The CPS is supported by two specialist in-house teams - the Clinical and Forensic Psychological Branch and the Counselling and Intervention Unit. The Clinical and Forensic Psychological Branch provides assessment of cases, offers support where crisis intervention is required, and conducts specialised treatment for both victims and perpetrators. The list of programme run by the Unit is shown in Table 1. The team of specialist counsellors from the Counselling and Intervention Unit

provides additional treatment for families where there has been a history of abuse.

Generally, CPS adopts a partnership approach and works with families on a voluntary basis. However, when it is evident that parents are unwilling to work with CPS in safeguarding their children’s interest, a court order would be taken up to mandate the parents to take the necessary actions to ensure that their children’s well- being is provided for. In such situations, a Care and Protection Order is issued by the Juvenile Court.

The case management process, services and programmes that may be activated are given below:

**(a) Case Management.** Child Protection Officers from MCYS provide case management services to victims and their families. Where necessary, cases will be referred to specialised in-house programmes or various community resources to better support the family for the longer term.

**(b) Specialised Counselling and Intervention Programmes.** The Counselling and Intervention Unit within MCYS provides specialised counselling services and in-depth therapeutic programmes for children and families. Programmes include counselling on family violence, parenting and marital issues. Programmes are also organised for children to help them overcome the trauma of abuse and build their resilience. The Unit has also embarked on Family Group Conferencing as a platform to empower families to find alternative ways of ensuring the safety of the children.

**(c) Programmes by Psychologists.** The Clinical and Forensic Psychological Branch within MCYS offers a range of specialised individual and group programmes for victims, non-offending carers as well as perpetrators of child abuse. These programmes include the Positive Parenting Programme (Triple P), Recovery for Kids, Recovery & Empowerment for Survivors of Sexual Abuse, Carer's Recovery and Support, treatment programme for adult perpetrators of sexual abuse, Positive Adolescent Sexuality Treatment Programme, and Programme for Optimistic, Well-Equipped and Resilient Kids. Further details on these programmes described in Protecting Children in Singapore (MCYS, 2005)<sup>1</sup> are given below:

**(i) Positive Parenting Programme (Triple P)** -- Parents are taught a variety of child management skills including systematic ways of observing problem behaviour; providing brief contingent attention following desirable behaviour; engaging activities to be used in high risk situations; using directed discussion and planned ignoring for minor problem behaviour; giving clear and calm instructions; backing up instructions with logical consequences; and using quiet time and time out. It teaches parents to apply parenting skills to a broad range of target behaviours in both home and community settings with the target child and siblings.

**(ii) Recovery for Kids** -- 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 of 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. Psychometric testing is conducted at pre-test, post-test and three-month follow-up to evaluate the effectiveness of the programme as well as to assess the therapeutic gains of the children who participate in the programme. The ideal group size is between eight to ten participants.

**(iii) Recovery & Empowerment for Survivors of Sexual Abuse**

-- 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. Parent sessions are conducted with non-offending parents with the intention of increasing their level of understanding and support for their adolescents. Psychometric testing is conducted at pre-test, post-test and three-month follow-up to evaluate the effectiveness of the programme as well as to assess the therapeutic gains of the adolescents who participate in the programme. The ideal group size is between eight to ten participants.

**(iv) Carer's Recovery and Support Programme** -- 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 two 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. Psychometric testing is conducted at pre-test, post-test and three-month follow-up to evaluate the effectiveness of the programme as well as to assess the therapeutic gains of the carers who participate in the programme. The ideal group size is between five to ten participants.

**(v) Treatment Programme for Adult Perpetrators of Sexual Abuse and the Positive Adolescent Sexuality Treatment Programme** -- 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 objectives of the programmes are to provide a comprehensive and specialized 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.

**(vi) Programme for Optimistic, Well-Equipped and Resilient Kids** -- This is a group programme for children aged between 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.

**(d) Psychiatric Programmes.** In instances of severe psychopathology, referrals are made to the Child Guidance Clinic for psychiatric treatment.

**(e) Enable A Family Volunteer Scheme.** This Scheme started in 2003 and engages volunteers to ensure the safety of children and young persons who have been abused, or are at risk of abuse, so that they can continue to live with their families instead of being placed in alternative care. Volunteers also encourage and help the family to better cope with parenting roles and crisis situations, as well as assist families in utilizing community resources.

**(f) Practical and Financial Assistance.** Financial and social assistance schemes from the Community Development Councils and other donated funds can be tapped to help low income families. Within the Child Protection Service, case managers also assist the families to meet such needs such as childcare, before and-after-school student care, as well as job placement for unemployed family members.

**(g) Fostering Service.** Under this scheme, foster mothers provide temporary alternative home-based care for children whose family environments have been assessed to be unstable and not conducive for the child's safety and wellbeing. Foster parents take on the role of surrogate parents to these children and provide a safe, nurturing family environment for the growth and development of the children placed under their care.

Foster care is the preferred choice for a child who needs to be removed from his/her own home. Caring for children who have been subject to damaging experiences can be very challenging. In recognition of this fact, the Fostering Service runs a 24-hour hotline that provides emotional and practical support for foster parents in their caregiving roles.

**(h) Kinship Care and Family Care Programmes.** The FamCare Scheme taps on kinship support to provide care for child abuse victims when alternative care arrangements need to be made. Care provided by relatives can often reduce the fear and anxiety of the child as the child is usually more familiar with relatives than with an unrelated family. Like foster parents, relatives who are willing to provide care for the child will be assessed based on the standard criteria for selection of

alternative caregivers. Relatives are also supervised and supported by the Child Protection Officers, and have access to the hotline mentioned above.

**(i) Placement in Residential Care.** Placing a victim of abuse in a Children's Home run by a voluntary welfare organisation is the last resort. With the availability and preference for foster care and kinship care, the number of new admissions into residential facilities has gradually decreased. Residential care may be the most suitable and necessary option where other options fail to effectively ensure the safety and security of victims of abuse. This might be true, for example, where a child is so damaged by his/her experiences that even a loving foster home is unlikely to be able to cope with the child's challenging behaviour. The security of good residential care may be preferable to the risk of repeated rejection by foster families who are unable to tolerate the disruptions to family life caused by excessively disturbed behaviours. Where children are placed in alternative care, appropriate arrangements are also made to ensure the child maintains links with his/her family of origin. This is done through supervised access, or outings and home leave. Through such arrangements, the suitability of reintegrating the child back to the family of origin on a more permanent basis is also assessed.

In-house, the CPS is supported by the Counselling and Intervention Unit, the Clinical and Forensic Psychological Branch, the Volunteer and Fostering Service, all of which are part of the Rehabilitation, Protection and Residential Services Division of MCYS. This arrangement allows for speedy cross-service discussions and intra-divisional referrals, ensuring better outcomes for children and families.

## CONCLUSIONS

Child abuse and neglect happens across all social, economic and cultural groups. All of us including government, community and public need to play a part in ensuring that children are protected from harm. Suspected child abuse cases are reported to the Child Protection Service or the Police. Inquiry to confirm the report is indeed child abuse and the level of protection required will be activated.

## ACKNOWLEDGEMENTS

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## REFERENCES AND FURTHER READING

1. Ministry of Community Development, Youth and Sports. Protecting Children in Singapore. Singapore: MCYS, 2005.
2. Ministry of Community Development, Youth and Sports. Prevent Child Abuse. Love our children. Singapore: MCYS, 2007.

### **LEARNING POINTS**

- **Child abuse and neglect happens across all social, economic and cultural groups. All of us including government, community and public need to play a part in ensuring that children are protected from harm.**
  - **Suspected child abuse cases are reported to the Child Protection Service or the Police. Inquiry to confirm the report is indeed child abuse and the level of protection required will be activated.**
  - **The lead agency in child protection in Singapore is the Ministry of Community Development, Youth and Sports (MCYS) and the duties are spelt out in the Children and Young Persons Act.**
  - **MCYS protects children from ill treatment through effective detection, incisive investigations, and rehabilitation of perpetrators.**
  - **Abused or neglected children are placed under a care programme to help them through the trauma of their experience.**
  - **Wherever possible, the family unit is assisted to provide a more positive and caring setting for the continued upbringing of the child.**
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