

Module code: C84FRP

Student no: 4302759

MSc Forensic and Criminological Psychology

2018

Public understanding, perception, and actions towards child neglect in
Singapore

Yiyan Yeo

Journal the paper is written for: Child Abuse & Neglect

Research proposal and ethics application

FRP Research Protocol

Project Title

Public understanding, perception, and actions towards child neglect in Singapore.

Overview

In Singapore, the number of child abuse and neglect enquires received and cases investigated by the Child Protective Service (CPS) has increased from 2009 to 2016. Of note, the number of cases of child neglect investigated has steadily increased from 103 cases in 2009 to 322 cases in 2016 (Ministry of Social and Family Development, 2017). Neglect cases form 36.9% of the total number of cases investigated by CPS in 2016, with physical abuse and sexual abuse forming 50.8% and 12.3% respectively. The ministry attributes the increase in number of investigated cases to the increased and improved efforts in training professionals who work with families and children to identify and screen for safety concerns for a child. In spite of this, it appears there is still much difficulty for professional groups, as well as for the public, to identify with certainty actions suggesting neglect are abusive (Briggs & Potter, 2004; Chan, Chow & Elliott, 2000; Elliott, Chua & Thomas, 2002; Tan, Elliott & Teo, 2016).

It is generally agreed that child neglect is often overlooked in research, under-reported, and difficult to define and identify (Chan, Chow & Elliott, 2000; Crosson-Tower, 2014; Doyle & Timms, 2014; Dubowitz, Black, Starr & Zuravin, 1993; Maguire & Naughton, 2016). In Singapore, the legal definition of child neglect is informed by the Children and Young Persons Act (CYPA) of 2001, which serves as the primary legislation safeguarding the welfare of children and young persons below age 16. The CYPA states that child neglect is the parent's or guardian's failure to provide adequate food, clothing, medical care, lodging,

care or other necessities of life for the child or young person, which may cause physical, emotional, health or development injury or suffering. Formal definitions of child neglect in Singapore are similar, focusing on parent's or caregiver's failure to provide adequate food, clothing, medical care, and supervision appropriate for the child or young person's age and level of development (Ministry of Social and Family Development, 2016).

Elliott, Chua & Thomas (2002) reviewed the legal and formal definitions of child abuse and neglect in several countries, and found that countries varied in their definitions and criteria of what situations constitute child abuse and neglect. There is growing recognition that there are many factors involved in child abuse and neglect, and growing research that considers societal and cultural factors influencing child-rearing practices and conceptualisation of child abuse and neglect (Chan, Elliott, Chow, & Thomas, 2002; Korbin, 1980; Korbin, 1991; Korbin, 2002; Nadan, Spilsbury, & Korbin, 2015). This is important in today's world as there is much diversity in any society, and parenting behaviours that may be culturally acceptable in one ethnic group might be unacceptable to another who co-exist in the same society. This difference between and also within cultures can be problematic for professionals and the lay person to identify child abuse and neglect, and report it to the relevant authorities.

In Singapore, researchers have looked into the changing public perceptions towards actions suggesting child abuse and neglect, and their attitudes towards mandatory reporting (Tong, Elliott & Tan, 1996; Elliott, Thomas, Chan & Chow, 2000; Chan, Chow & Elliott, 2000; Elliott, Chua & Thomas, 2002; Tan, Elliott & Teo, 2016). The studies found that the public continued to have great awareness of the seriousness of physical and sexual abuse, and continued to rate them as most abusive. Child neglect and emotional

abuse, on the other hand, continued to be rated least abusive, even though there was a shift in public perception that these behaviours could be abusive. Tan, Elliott & Teo (2016) found that even though the public increasingly recognised that neglect and emotional abuse could be abusive, they tended to be reluctant or have reservations labelling them explicitly as abuse. It appeared that the public had more difficulty in identifying neglectful and emotionally abusive behaviours than before, and there still seemed a lack of consensus of what might constitute child neglect. Despite the lack of consensus, more individuals were in support of mandatory reporting, and opined that such acts should be reported, supporting the shift in public perceptions that neglect and emotional abuse have negative impacts on the child (Tan, Elliott & Teo, 2016). However, the support was still lower than that for reporting physical and sexual abuse. Tong, Elliott & Tan (1996) found that even though majority of their survey respondents thought people close to the event of abuse or neglect, such as family members, family friends, neighbours and respondents themselves, should report the case, when they encountered cases of child abuse or neglect, only a minority of the cases were reported to the authorities.

This project builds on the earlier studies done in Singapore on public perception of child maltreatment. Even though the studies have shown a shift in public perception and their support for mandatory reporting of child abuse and neglect, child neglect remains most controversial in terms of identification and public perception. There also remains little research looking into how improved perceptions influence actual reporting behaviour in Singapore, and the factors that influence public's actual reporting. Hence, this project aims to look into the current public perceptions of child neglect specifically, its relationship with actual

reporting behaviour, and the factors influencing actual reporting of child neglect in Singapore.

Research Questions

Specifically, this project aims to investigate three areas of child neglect in Singapore:

1. What is the public's current ability to recognise child neglect in Singapore?
2. How does public perception of seriousness and acceptability of neglectful behaviours predict actual reporting of child neglect behaviours?
3. What are the factors that influence actual reporting of child neglect behaviours?

Proposed Methods

a) Participants

Participants will be the general public in Singapore, aged 18 and above. They will be recruited through an online link to the questionnaire, which will be disseminated through platforms such as social media Facebook, Twitter and different online forums for representativeness. These may also be accessed by family and friends in addition to strangers. The participants may be recruited through snowball sampling, where participants may share the link to the questionnaire with their contacts.

Inclusion criteria for the study includes (1) being a Singaporean citizen, (2) aged 18 years old and above, (3) able to understand English, and (4) able to give informed consent. Foreigners residing in Singapore will be excluded from the study.

A statistical power analysis was performed on G Power 3.1 to provide an estimated sample size for the study. With an alpha value = 0.05, power = 0.80, and effect size of 0.3, which is considered to have medium effect size using

Cohen's r , the estimated sample size required is 112 for comparison between groups using repeated measures, between factors ANOVA test. Thus, the proposed sample size for the study is 130, to allow for incomplete responses and requests for withdrawal from the study.

Consent will be collected electronically at the beginning of the questionnaire, and participants may withdraw at any time of the questionnaire without penalty and the data will not be saved. A participant number will be provided after consent is given. In cases where participants wish to withdraw their data from the study, they could quote their participant number when contacting the researcher. It will be stated in the participant information sheet that participants can only request for withdrawal of their submitted data within two weeks of closing of questionnaire. After which, the data will be analysed and cannot be withdrawn.

b) Procedure

The study type would be a within-group method, where all participants will receive the same set of questions, although the order of questions will be randomised (if possible). Online questionnaire was chosen for its benefits of retaining researcher and participant anonymity. This addresses the limitations of an earlier study in Singapore looking into public perceptions of child abuse and neglect (Tong, Elliott, & Tan, 1996), where they employed face to face interviews with participants and they recognised that participants' responses could be affected by social desirability. Possible limitations with an online questionnaire design include lower response rates and sample representativeness (Gosling & Mason, 2015). The questionnaire will be designed to be no more than 20 minutes and include a progress bar to lower rates of drop-out. The link to the questionnaire could also be disseminated across a

range of social media groups and online forums to achieve better representativeness.

The online questionnaire will be advertised and disseminated through social media platforms as Facebook, Twitter and online forum groups. The advertisement text can be found in Appendix A. These could also be assessed by family and friends, and participants may share the link with their contacts.

Upon clicking into the online questionnaire, participants will be linked to the participant information (Appendix B) and consent page (Appendix C) which provides an explanation of the study and what to expect. Participants are informed that participation is voluntary and they can withdraw at any time without penalty and their data would not be saved. They will be given a participant number, generated by the system, which they could quote if they wished to withdraw their data from the study at a later time, within two weeks of closing of questionnaire. Consent is sought when participants check the consent statements and click "next" to access the questionnaire.

The questionnaire (Appendix D) will include questions on participants' background information, perception of behaviours suggesting neglect, possible actions they might take and reasons for their decisions. At the end of the questionnaire, a study debrief sheet (Appendix E) will be presented which will also include contact details of organisations and authorities to approach if they wish to voice their concerns for any abusive or neglectful behaviours they have observed around them, and to seek additional support if they feel they have been affected by anything they have read.

c) Materials

The online questionnaire will include 2 sections:

1. Demographic information of participant

- This includes questions on age, gender, nationality, ethnicity, education level, marital status, if they have any children, type of housing, and combined household income.

2. Scenarios/vignettes of behaviours suggesting child neglect

- 5 vignettes are presented, comprising behaviours from components of child neglect such as inadequate supervision, food, medical care, emotional care and housing.
- The vignettes will be followed by questions on acceptability and seriousness of the behaviour, whether the behaviour constitutes neglect in their opinion, their likelihood of reporting and reasons for reporting or not reporting the behaviour.

The behaviours and vignettes in the questionnaire were developed with reference to questionnaires administered in previous studies investigating perception and likelihood of reporting child neglect (Bensley et al., 2004; Craft & Staudt, 1991; Giovannoni & Becerra, 1979; Rose & Meezan, 1996; Stewart, Kirisci, Long, & Giancola, 2015; Tan, Elliott, & Teo, 2016). Although child neglect is a sensitive topic, the vignettes have been developed using previous research and are not overly emotive and are designed to be as least distressing as possible.

d) Proposed Analytical Methods

Data will be analysed using SPSS. Descriptive analysis of demographic factors will be conducted to provide overview of the representativeness of the sample of participants. It will also be used to understand public's current understanding of child neglect behaviours.

To understand how public's perception of child neglect behaviours predict actual reporting, regression tests will be run with public perception of

seriousness, acceptability of behaviours and whether they constitute neglect as variables. ANOVA will be performed to test for differences in reporting behaviour against demographic factors such as gender, ethnicity, education and socio-economic classes.

To understand the factors that affect actual reporting behaviour in public, correlational tests will be performed against demographic factors and situational factors as variables. Demographic factors include gender, ethnicity, education and socio-economic classes. Situational factors include reasons that support reporting, such as seriousness of behaviour, and having a duty to protect the child from harm, as well as reasons that do not support reporting, such as fear of retaliation, and belief that it is a family matter.

e) Estimated Timescale

1. Advertising/Dissemination of link to online questionnaire
2. Data collection – 4-8 weeks from point of advertising
3. Analysis of data – 4 weeks
4. Writing up – 8-12 weeks

f) Staffing Issues/Equipment

N.A.

References

- Bensley, L., Ruggles, D., Simmons, K. W., Harris, C., Williams, K., Putvin, T., & Allen, M. (2004). General population norms about child abuse and neglect and associations with childhood experiences. *Child Abuse & Neglect*, 28(12), 1321-1337. DOI: 10.1016/j.chiabu.2004.07.004
- Briggs, F., & Potter, G. K. (2004). Singaporean early childhood teachers' responses to myths about child abuse. *Early Child Development and Care*, 174(4), 339-355. DOI: 10.1080/0300443032000153408
- Chan, J. S., Chow, Y., & Elliott, J. M. (2000). *Professional and public perceptions of physical child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.
- Chan, J. S., Elliott, J. M., Chow, Y., & Thomas, J. I. (2002). Does professional and public opinion in child abuse differ? An issue of cross-cultural policy implementation. *Child Abuse Review*, 11(6), 359-379. DOI: 10.1002/car.767
- Children & Young Persons Act, Rev. ed. Cap 38 of 2001 (Singapore).
- Craft, J. L., & Staudt, M. M. (1991). Reporting and founding of child neglect in urban and rural communities. *Child Welfare*, 70(3), 359-370.
- Crosson-Tower, C. (2014). The neglect of children. In *Understanding Child Abuse and Neglect* (pp. 60-85). London, U.K.: Pearson.
- Doyle, C., & Timms, C. (2014). Definitions and the roots of oppression. In *Child Neglect & Emotional Abuse: Understanding, Assessment & Response* (pp. 3-19). London, U.K.: SAGE.
- Dubowitz, H., Black, M., Starr, R. H. Jr., Zuravin, S. (1993). A conceptual definition of child neglect. *Criminal Justice & Behaviour*, 20(1), 8-26. DOI: 10.1177/0093854893020001003

- Elliott, J. M., Chua, Y. S., & Thomas, J. I. (2002). *Emotional maltreatment of children in Singapore: Professional and public perceptions*. Singapore: Singapore Children's Society.
- Elliott, J. M., Thomas, J. I., Chan, J. S., & Chow, Y. (2000). *Professional and public perceptions of child abuse and neglect in Singapore: An overview*. Singapore: Singapore Children's Society.
- Giovannoni, J. M., & Becerra, R. M. (1979). *Defining child abuse*. New York, NY: The Free Press.
- Gosling, S. D., & Mason, W. (2015). Internet research in Psychology. *Annual Review of Psychology*, 66(1), 877-902. DOI: 10.1146/annurev-psych-010814-015321
- Korbin, J. E. (1980). The cultural context of child abuse and neglect. *Child Abuse & Neglect*, 4(1), 3-13. DOI: 10.1016/0145-2134(80)90028-9
- Korbin, J. E. (1991). Cross-cultural perspectives and research directions for the 21st century. *Child Abuse & Neglect*, 15, 67-77. DOI: 10.1016/0145-2134(91)90010-B
- Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child Abuse & Neglect*, 26(6), 637-644. DOI: 10.1016/S0145-2134(02)00338-1
- Maguire, S., & Naughton, A. (2016). Neglect: Widespread, damaging and difficult to identify. *Paediatrics and Child Health*, 26(11), 485-487. DOI: 10.1016/j.paed.2016.06.010
- Ministry of Social and Family Development (2016). *Protecting children in Singapore*. Singapore: Rehabilitation and Protection Group, Ministry of Social and Family Development.

Ministry of Social and Family Development (2017). *Child abuse investigations*.

Retrieved 3 November 2017, from <https://www.msf.gov.sg/research-and-data/Research-and-Statistics/Pages/Child-Abuse-Investigations.aspx>

Nadan, Y., Spilsbury, J. C., Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighbourhood-based research. *Child Abuse & Neglect*, 41, 40-48. DOI: 10.1016/j.chiabu.2014.10.021

Rose, S. J., & Meezan, W. (1996). Variations in perceptions of child neglect. *Child Welfare*, 75(2), 139-160.

Stewart, C., Kirisci, L., Long, A. L., & Giancola, P. R. (2015). Development and psychometric evaluation of the Child Neglect Questionnaire. *Journal of Interpersonal Violence*, 30(19), 3343-3366. DOI: 10.1177/0886260514563836

Tan, J. C. G., Elliott, J. M., & Teo, C. E. S. (2016). *Changing public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.

Tong, C. K., Elliott, J. M., & Tan, P. (1996). *Public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.

Appendix A

Study Advertisement

Volunteers Needed for Research Study!!!

To help us understand more about child neglect and your views on it.

If you are interested, we are looking for Singapore citizens aged 18 and above! The questionnaire will take about 20 minutes of your time.

We would like to know your thoughts! Head over to [\[URL of questionnaire\]](#)

Appendix B

Participant Information for Online Questionnaire

Centre for Forensic & Family Psychology
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Public understanding, perception and actions towards child neglect in Singapore

Researcher: Yiyao Yeo (email: msxyy3@nottingham.ac.uk)
Supervisors: Assistant Professor, Lydia Bullock (email: lydia.bullock@nottingham.ac.uk),
Associate Professor, Shihning Chou (email: shihning.chou@nottingham.ac.uk)

University of Nottingham Faculty of Medicine and Health Sciences (FMHS) Ethics Committee
Research Ethics Reference Number: 247-1802

You are invited to participate in a research study titled **Public understanding, perception and actions towards child neglect in Singapore** as you are a Singapore citizen aged 18 years old and above. This study is being done by Yiyao Yeo, a Masters student from the University of Nottingham. The information we get from this study will help us to understand how the public views child neglect in Singapore.

About the study

There is a total of 5 questionnaires, and will take you about 20 minutes to complete.

Your participation in this study is entirely voluntary, and you may choose not to answer a particular question, without giving a reason. You are free to withdraw (i.e. pull out) at any point before or during the study by closing the browser window. It will not affect you in any way. The data will only be uploaded when you complete the questionnaire and click the "Submit" button.

You will be given a completion receipt number at the end of the survey if you consent to take part. You may take a screenshot, save to pdf, or email the receipt to yourself. If you wish to withdraw your data after you have submitted your responses, you can email the Lead Researcher by **8 June 2018** and quote your receipt number.

Are there any risks?

We believe there are no known risks associated with this research study. However, the risk of a breach is always possible with any online activity. We will do everything possible to ensure that all information you provide in this study remain confidential and anonymous. You will not be asked for your name or any other personal details, so it will not be possible to link you with the data. We will keep all information in password-locked computer files so that the data can only be accessed by the researcher and supervisors. Only overall anonymous data will be used when reporting the research findings. The UK Data Protection Act 1998 and Singapore Personal Data Protection Act 2012 will apply to all information gathered within the questionnaires.

How will my data be used?

The data will contribute to the researcher's MSc dissertation. The results of the study may be published in scientific journals and presented at scientific conferences. The data will be reported anonymously, without any identifying information. If you would like a summary of the results, you can contact the researchers at the above email addresses. The overall anonymous data from this

study may also be used in the future for research (with research ethics approval) and teaching purposes. All of the data will be stored for a period of 7 years before being destroyed.

If you have any questions about this project, you may contact the Lead Researcher Yiyan, or if you have any concerns about any aspects of this study, please contact the Research Supervisors, Assistant Professor Lydia Bullock, or Associate Professor Shihning Chou at the above email addresses. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. Email: FMHS-ResearchEthics@nottingham.ac.uk.

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (ref. no. 247-1802).

THANK YOU FOR PARTICIPATING!

Appendix C

Participant Consent

Centre for Forensic & Family Psychology
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Public understanding, perception and actions towards child neglect in Singapore

Researcher: Yiyan Yeo (email: msxyy3@nottingham.ac.uk)
Supervisors: Assistant Professor, Lydia Bullock (email: lydia.bullock@nottingham.ac.uk),
Associate Professor, Shihning Chou (email: shihning.chou@nottingham.ac.uk)

University of Nottingham Faculty of Medicine and Health Sciences (FMHS) Ethics Committee
Research Ethics Reference Number: 247-1802

Please tick each box to continue:

- ☐ I confirm that I have read and understood the information on the previous page.
- ☐ I understand that my participation is voluntary and I can end the study at any time by closing the browser and my data will not be saved.
- ☐ I understand that I can request for my data to be withdrawn after completing the questionnaire by quoting my participant number.
- ☐ I understand that my responses will be anonymous.
- ☐ I understand the overall anonymous data from this study may be used in the future for research (with research ethics approval) and teaching purposes.

I have read and understood the above information and consent form, I confirm that I am 18 years old or older and by clicking the "NEXT" button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to take part

EXIT – I do not give consent

Appendix D

Public Perception of Child Neglect Questionnaire

About You:

1. What is your age? _____

2. What is your gender?

☐ Male	☐ Female
☐ Other	☐ Prefer not to say

3. What is your nationality?

☐ Singaporean	☐ Others, please specify _____
--------------------------------------	---

4. What is your ethnicity?

☐ Chinese	☐ Malay	☐ Indian	☐ Others, please specify _____
----------------------------------	--------------------------------	---------------------------------	---

5. What is the highest level of schooling you have completed? (If you're currently enrolled in school, please indicate the highest qualification you have received)

☐ No formal education	☐ Primary School	☐ Secondary School	☐ Junior College
☐ ITE	☐ Polytechnic	☐ University	☐ Others, please specify _____

6. What is your marital status?

☐ Single (Never married)	☐ Married/Co-habiting
☐ Divorced/Separated	☐ Widowed

7. How many children do you have? _____

8. What type of housing do you stay in?

☐ 1-2 Room HDB (rental)	☐ 1-2 Room HDB (purchased)	☐ 3-4 Room HDB
☐ 5 Room HDB/ Executive Flats	☐ Condominium/ Other Apartment	☐ Landed Property
☐ Others, please specify _____		

9. What is your combined household monthly income?

☐ Less than \$1,900	☐ \$2,000 - \$6,000	☐ \$6,001 - \$10,000
☐ \$10,001 - \$15,000	☐ \$15,001 - \$20,000	☐ More than \$20,000

Below are some scenarios describing some behaviours that parents, or caregivers, have towards children. We would like to know what you think and may do if you encounter it, based on your personal experience and understanding of children.

Please rate each incident on a scale of increasing seriousness from 1 to 9, choosing a high number if you believe the incident is very serious and a low number if you believe the incident is not so serious. Base your decision on your personal experience with children.

1. You often see parents paying little attention to their 8-year-old child. They do not appear to talk or listen to them or comfort them when they are crying.

How serious is this?

Not serious					Somewhat serious				Very serious
1	2	3	4	5	6	7	8	9	

How acceptable is this?

Always acceptable					Sometimes acceptable				Never acceptable
1	2	3	4	5	6	7	8	9	

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely				Definitely
1	2	3	4	5	6	7	8	9	

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation

☐ The situation is not a serious one	☐ Others, please specify:
If you would report to social worker/MSF/Police, why? (tick all that applies)	
☐ It is easy to approach professionals for help	☐ Need to protect the child
☐ So the perpetrator can be caught	☐ So the family can receive help
☐ The situation is a serious one	☐ Others, please specify:
☐ So the child can receive help	☐ I have a responsibility to report

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

2. You often see a 8-year-old child who is very thin. They are often seen walking around hawker centres looking for food. They say they have not eaten for one day.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely					Definitely
1	2	3	4	5	6	7	8	9		

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	
If you would report to social worker/MSF/Police, why? (tick all that applies)		
☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

3. You visit your neighbour's house and see that the house is dirty. There is rubbish and food scraps on the dusty floor, the sofa is stained, and a 4-year-old child is on a mattress that is wet and dirty. It seems that the house is rarely cleaned.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely					Definitely
1	2	3	4	5	6	7	8	9		

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

4. You are aware that a 4-year-old child seems to have a persistent cough and is always crying. The parents say that this is normal so they did not visit a doctor.

How serious is this?

Not serious				Somewhat serious				Very serious
1	2	3	4	5	6	7	8	9

How acceptable is this?

Always acceptable				Sometimes acceptable				Never acceptable
1	2	3	4	5	6	7	8	9

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all	Somewhat likely				Definitely			
1	2	3	4	5	6	7	8	9

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

5. You are aware that a 7-year-old child is often left alone inside the house until dark. The parents sometimes only come home after midnight.

How serious is this?

Not serious					Somewhat serious				Very serious
1	2	3	4	5	6	7	8	9	

How acceptable is this?

Always acceptable					Sometimes acceptable				Never acceptable
1	2	3	4	5	6	7	8	9	

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely				Definitely
1	2	3	4	5	6	7	8	9	

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

Appendix E

STUDY DEBRIEF INFORMATION

PUBLIC UNDERSTANDING, PERCEPTION, AND ACTIONS TOWARDS CHILD NEGLECT IN SINGAPORE

BOS completion receipt acknowledgement: xxx-xxx-xxxx

This study was designed to understand what individuals in the general public think about behaviours suggesting neglect, and what they may do when they encounter such behaviours. Previous work has shown that child neglect is difficult to identify, and that affects reporting of neglectful behaviours to relevant organisations for the family and child to receive the help they need.

If you have any questions or concerns about this project, you may contact the Lead Researcher Yiyan at msxyy3@nottingham.ac.uk.

If you have any concerns about any abusive or neglectful behaviours you have observed around you, please contact the following agencies:

Child Protective Service Helpline: 1800-777 0000

Child Protection Specialist Centres

HEART@Fei Yue

6819 9170

<http://www.fycs.org/index.cfm?GPID=260>

heartadmin@fycs.org

Monday – Friday 9.30am – 5.30pm

Big Love Child Protection Specialist Centre

6445 0400

<http://www.biglove.org.sg/>

contact@biglove.org.sg

Monday – Friday 9.00am – 6.00pm

SAFE SPACE

6266 0171

<http://www.pave.org.sg/>

admincpssc@pave.org.sg

Monday – Friday 9.00am – 1.00pm; 2.00pm – 6.00pm

or the **Police Divisional HQ** or the nearest **Neighbourhood Police Post**.

Thank you very much for your participation!



Application form

Application for approval of all studies involving **Healthy Human Participants only conducted by Staff and Students of the University of Nottingham which don't involve an invasive procedure**

Please complete one application form, consent form (template attached) and participant information sheet (template attached), one detailed study proposal (template attached) Please e-mail 1 copy of each as attachments.

1 Title of Project: Public understanding, perception, and actions towards child neglect in Singapore.

Short title for use in footers of documents (ie Dynamic study): Child neglect in Singapore

2 Names, Qualifications, Job Title, School/Divisional/Unit/Address, email of all Researchers:

Chief Academic/Supervisor:

Lydia Bullock
Assistant Professor
Centre for Forensic & Family Psychology
University of Nottingham
B Floor Yang Fujia Building
Jubilee Campus
Nottingham, NG8 1BB
lydia.bullock@nottingham.ac.uk

Shihning Chou
Associate Professor
Deputy Director of Centre for Forensic & Family Psychology
University of Nottingham
B Floor Yang Fujia Building
Jubilee Campus
Nottingham, NG8 1BB
shihning.chou@nottingham.ac.uk

Other key researchers/collaborators: NA

Students name and course:

Yiyan Yeo
MSc (by Research) Forensic and Criminological Psychology
msxyy3@nottingham.ac.uk

3 Type of Project: (Please select one or more from list below and delete as appropriate)

~~Classroom procedures~~

UG, Masters or PhD Student project (please state which course): MSc (by Research) Forensic and Criminological Psychology

~~Development of technique~~

~~Pilot Study~~

Questionnaire-based study

~~Focus Group/Interviews~~



~~Qualitative only or mixed quantitative/qualitative methodology~~
~~Educational Evaluation~~
~~Workplace evaluation~~
~~Study involving Children~~
~~Study involving Vulnerable Adults~~
~~Basic Science study involving procedures, medicinal or Food products.~~
~~Clinical study of a medical device~~
~~Clinical study of investigational medicinal product~~
~~Study limited to working with human tissue samples or other human biological samples~~
~~Blood samples only~~
~~Other please specify.~~
Research database

4 Location of study:

Singapore

Start date: February 2018

End date: August 2018

Length of study: 6 months

5 Description and number of participants to be studied:

Participants will be the general public in Singapore, aged 18 and above. They will be recruited through an online link to the questionnaire, which will be disseminated through platforms such as social media Facebook, Twitter and different online forums for representativeness. These may also be accessed by family and friends in addition to strangers. The participants may be recruited through snowball sampling, where participants may share the link to the questionnaire with their contacts.

Inclusion criteria for the study includes (1) being a Singaporean citizen, (2) aged 18 years old and above, (3) able to understand English, and (4) able to give informed consent. Foreigners residing in Singapore will be excluded from the study.

A statistical power analysis was performed on G Power 3.1 to provide an estimated sample size for the study. With an alpha value = 0.05, power = 0.80, and effect size of 0.3, which is considered to have medium effect size using Cohen's *r*, the estimated sample size required is 112 for comparison between groups using repeated measures, between factors ANOVA test. Thus, the proposed sample size for the study is 130, to allow for incomplete responses and requests for withdrawal from the study.

6 **Summary of Experimental Protocol** - Please use 10pt typeface.

1. **Background**

In Singapore, the number of child neglect cases investigated has steadily increased from 2009-2016 (Ministry of Social and Family Development, 2017). The ministry attributes it to the improved efforts in training professionals to identify and screen for a child's safety concerns. In spite of this, there is still much difficulty for professional groups and the public to identify with certainty actions suggesting neglect are abusive (Tan, Elliott & Teo, 2016). Previous studies in Singapore investigated how public perceptions towards abusive and neglectful behaviours and attitudes towards mandatory reporting have changed (Tong, Elliott & Tan, 1996; Tan, Elliott & Teo, 2016). The studies found that even though the public increasingly recognized neglect could be abusive, they appeared to have more difficulty in identifying neglectful behaviours than before, and were more reserved in explicitly labelling them as abuse. Despite the lack of consensus, more individuals supported mandatory reporting, and majority of respondents thought people close to the event, such as family members, friends, neighbours and respondents themselves, should report the case. However, when respondents encountered cases of child abuse or neglect, only a minority of the cases were reported to authorities (Tong, Elliott & Tan, 1996).

2. **Aims (including hypothesis to be tested, primary and secondary endpoints)**

This project aims to build on the earlier studies done in Singapore by studying current public perceptions of child neglect specifically and its relationship with actual reporting behaviour and the factors that influence actual reporting of child neglect cases in Singapore. The research questions include: (1) What is the current public understanding of child neglect in Singapore, (2) How does public perception of seriousness and acceptability of neglectful behaviours predict actual reporting of child neglect behaviours, and (3) What are the factors that influence actual reporting of child neglect behaviours in Singapore?

Based on existing literature, it is hypothesised that, (1) majority of the public understands and perceives child neglect as abusive, (2) actual reporting of child neglect behaviours by the public is low and, (3) demographic and situational factors influence actual reporting behaviours. Demographic and situational factors and their relationship with actual reporting behaviours will be studied.

3. **Research protocol and methods**

The study type would be a within-group method, where all participants will receive the same set of questions, although the order of questions will be randomised. Online questionnaire was chosen for its benefits of retaining participant anonymity, which addresses the limitations of social desirability in previous studies. Possible limitations with online questionnaire design include lower response rates and sample representativeness. To address that, the questionnaire will be designed to be less than 20 minutes, and the link will be disseminated across a range of social media groups and online forums to achieve better representativeness. Participants will first be linked to the information and consent page, and consent is sought when participants check the consent statements and click "next" to access the questionnaire. The questionnaire will include questions on participants' background information, perceptions of behaviours suggesting neglect, possible actions they might take and reasons for their decisions. The behaviours and vignettes in the questionnaire will be adapted for Singapore's context from other available questionnaires used in similar studies. At the end, a study debrief sheet will be presented which will include contact details of organisations and authorities to approach if they wish to voice concerns for any abusive or neglectful behaviours they have observed in their surroundings.

4. **Measurable end points/statistical power of the study**

Data will be analysed using SPSS. Descriptive analysis of demographic factors will be conducted to provide overview of the representativeness of the sample, and public's current understanding of child neglect behaviours. To understand the relationship between public perception of child neglect and actual reporting behaviour, regression tests will be run with public perception of seriousness, acceptability of behaviours and whether they constitute neglect as variables. ANOVA will be performed to test for differences in reporting behaviour against demographic factors of gender, ethnicity, education and socio-economic classes. Correlation tests will be performed to understand factors that affect actual reporting behaviour, with demographic and situational factors as variables. Demographic factors include gender, ethnicity, education and socio-economic classes. Situational factors include reasons that support reporting, such as seriousness of behaviour, and reasons that do not support reporting, such as fear of retaliation.

5. **Key references**

Ministry of Social and Family Development (2017). *Child abuse investigations*. Retrieved 3 November 2017, from <https://www.msf.gov.sg/research-and-data/Research-and-Statistics/Pages/Child-Abuse-Investigations.aspx>

Tan, J. C. G., Elliott, J. M., & Teo, C. E. S. (2016). *Changing public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.

Tong, C. K., Elliott, J. M., & Tan, P. (1996). *Public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.

Do not go over the page

7 Lay Summary of project (in lay words): (maximum 200 words) ***Summaries which include language which is too technical for lay members of the Committee will be rejected.***

Cases of child neglect being investigated by the authorities in Singapore has been rising since 2009. Even though training related to child abuse and neglect for professionals have increased and improved over the years, past research has shown that there is still much difficulty for different professional groups and also the general public to identify neglectful behaviours as abusive. Despite this lack of consensus, the public showed greater support for mandatory reporting, and thought that lay people such as family members, friends, and neighbours should report the case. However, when asked about their encounters of child abuse or neglect cases, only a minority of the cases were reported to the authorities.

The project builds on the earlier studies in Singapore looking into the public perception of child neglect in Singapore. It aims to investigate if greater recognition of child neglect as abusive will result in greater reporting of the neglectful behaviours to authorities, and the reasons behind a lay person's decision to report a case or not.

8 Will written consent be obtained from all volunteers?

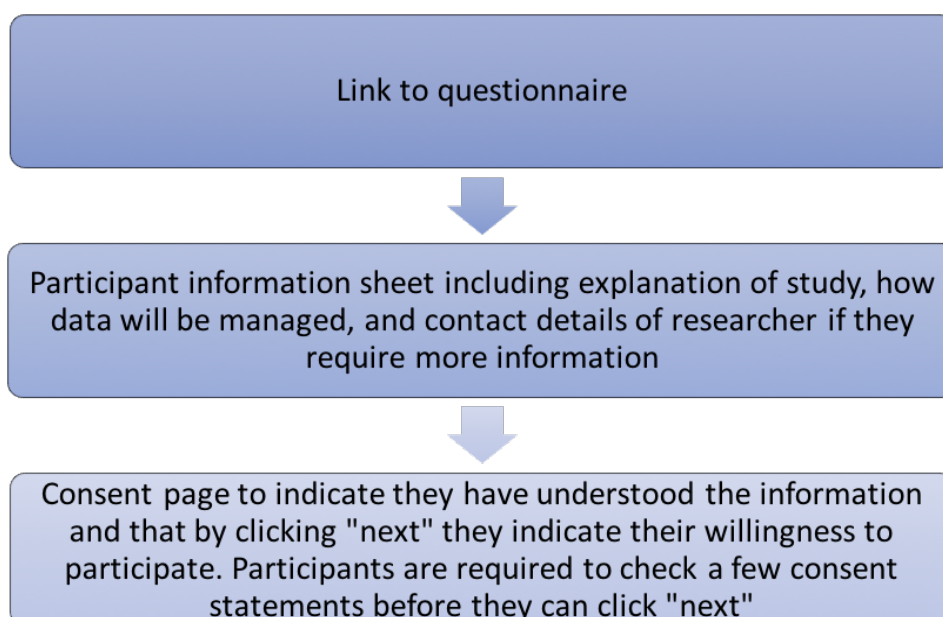
Yes/No

Please give the name, status and relevant qualifications of the person who will give a verbal explanation and obtain consent.

Please Include flowchart to show the process from recruitment to informed consent for this study.

If answer is no explain the reasons why and alternative methods of consent that may be used and why.

Consent will be collected electronically at the beginning of the questionnaire, after participants have read the information sheet which provides an explanation of the study and what to expect. Participants are informed that participation is voluntary and they can withdraw at any time without penalty and their data would not be saved. They will also be assigned a participant number, which they could quote if they wished to withdraw their data from the study at a later time, or obtain more information. Consent is sought when participants check the consent statements and click "next" to access the questionnaire.





9 Will an inconvenience allowance be offered

Yes/No

If Yes, give rate (*delete as appropriate)

*Per day:

*Per Study:

*Per procedure:

Give the maximum allowance payable to a participant:

Pro rata if a participant withdraws part way through?

10 FUNDING

Will there be any material benefits from the study for the Department or individual investigator?
(E.g. equipment, research salaries, consumables etc)

Yes/No

If yes please specify in general terms what the benefits will be:

11 Studies involving NHS Staff, organisations, Services

Does the study involve any premises, services staff who hold a contract with a hospital, Primary Healthcare or Social Care Trust?

Yes/No

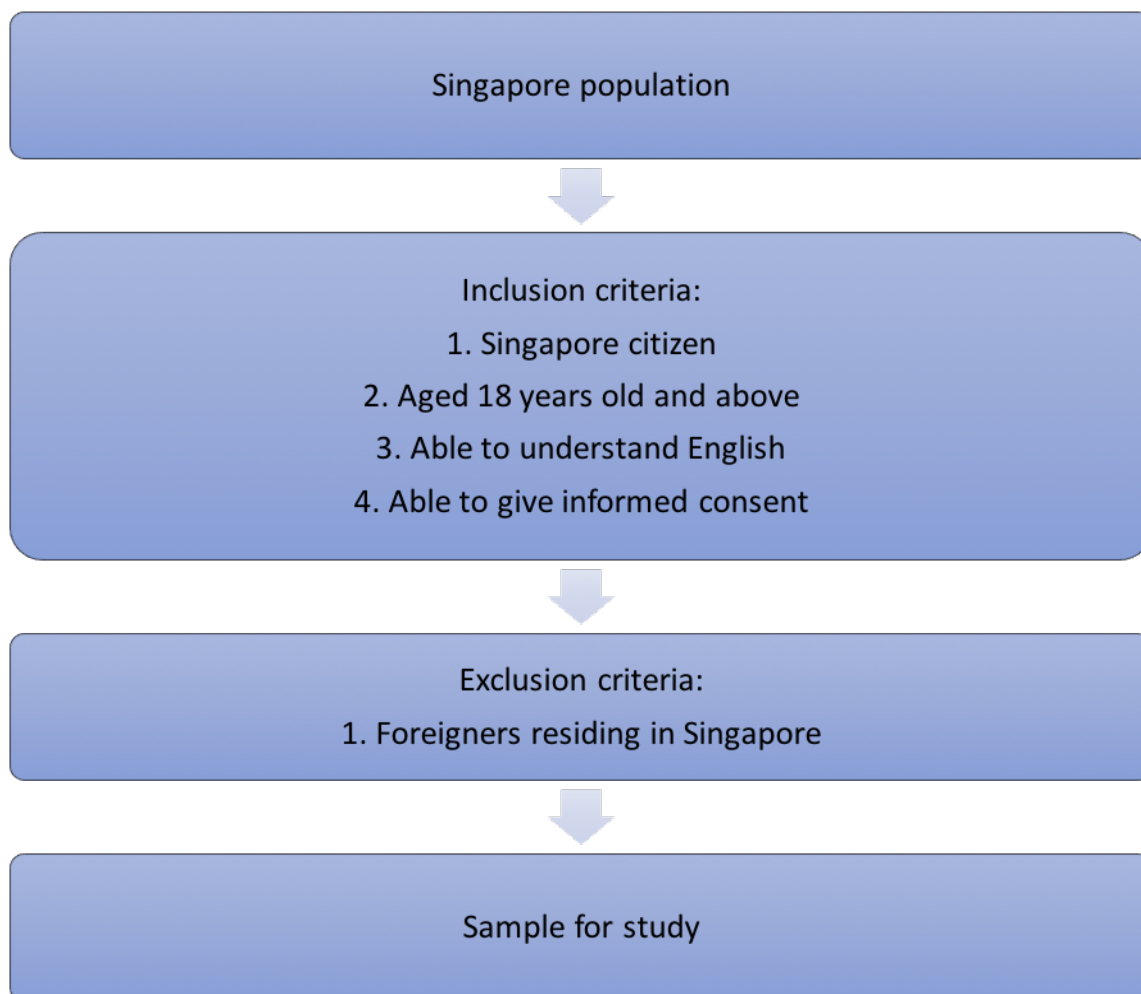
If you answer yes please contact the University Sponsor Office before you start and submit your application to this Committee: Please e-mail sponsor@nottingham.ac.uk who will advise you where you need to apply to for approvals i.e. HRA/Hospital Trust R&D approval which is a University research governance requirement.

12 How will the subjects be chosen?

Please specify what criteria will be used to include and exclude and which groups you wish to target.

If via charity or patient self-help groups give background information about the organisations. Include details of key contact. Please submit letters/e-mails of permission on official paper/e-format with logos, designation and contact details of person in charge. For students: include details of course and permissions from course leads. Please use a flow chart to show process for ease of understanding.

Inclusion criteria for the study includes (1) being a Singaporean citizen, (2) aged 18 years old and above, (3) able to understand English, and (4) able to give informed consent. Foreigners residing in Singapore will be excluded from the study.



Please include a copy (as a separate attachment) of your proposed poster or advert, e-mail/letter of invitation text to be posted on social media sites.

Nb avoid giving out personal mobile phone numbers on posters for personal safety reasons – dedicated pay as you go study phone number is strongly recommended.

Please see Appendix A.

13 Describe how possible participants will be approached. *Please specify whether posters will be used and where they will be placed ie via facebook etc. Direct approach should be avoided. How will you ensure that participants are not coerced. If you are in a position of authority or are a colleague how will you delegate this. Please describe the process of recruitment – use a flowchart for ease of understanding.*

Participants will be recruited through an online link to the questionnaire, which will be disseminated through platforms such as social media Facebook, Twitter and different online forums. These may also be accessed by family and friends in addition to strangers. The participants may be recruited through snowball sampling, where participants may share the link to the questionnaire with their family and friends.

14 What sources of information will be included? i.e, pre-existing research database, student records, visits to other organisation, online resource

Please submit a copy of your proposed questionnaire if you are a student please make sure your supervisor has reviewed and approved it. If it is an online survey please provide a link if possible.



Use of Survey Monkey is not recommended and the “Bristol University Survey service” (BOS) is preferred (details available from Graduate School). Please justify the reasons for using Survey Monkey or other online tool rather than Bristol Online Survey i.e specific functionality to download to stats packages, better security etc.

Please see

Appendix B - participant information sheet,
Appendix C - participant consent,
Appendix D - proposed questionnaire, and
Appendix E - study debrief sheet.

15 Whose permission will be sought to access this information (eg GP, consultant Head of Organisation)?

Please submit copies of letters/emails giving permission/support

N.A.

16 For interview/focus groups:

N.A.

17 Data Storage and Data management

Outline how both personal and research data will be collected, stored and handled. How will you ensure that it is kept secure and anonymous? How will you ensure that personal data is kept separate and confidential? How long will it be stored and who is responsible for it.

Research data will be collected, handled and stored using the Bristol Online Survey (BOS). Only pertinent, generic demographic factors such as age, gender, type of housing, and household income will be collected. All participants will be allocated participant numbers to ensure anonymity. The BOS is compliant with United Kingdom's data protection law, and only the student researcher and direct supervisors will have access to the data. In view that the study will be conducted in Singapore, the Personal Data Protection Act 2012 in Singapore, which was developed with reference to data protection laws in other countries such as EU and United Kingdom, will be adhered to as well. Research data will be stored with the University of Nottingham for a minimum of 7 years after publication of the study.

18 What ethical problems do you foresee in this project?

i.e. giving up their personal time, ensuring confidentiality, sensitivity of topic, method of approach. The nature setting and context. Projects involving students need to reassure that participation or withdrawing will not affect their course of study or relationships and treatment in their place of work.

Participants may start to think more about the behaviours they have observed in their surroundings and have concerns if they should report to organisations or authorities. A debrief sheet will be provided at the end of the questionnaire with contact details of organisations whom they can approach to address their concerns. Contact details of the student researcher is also provided at the beginning of the questionnaire in the information sheet, and participants are free to contact the student researcher if they have any concerns or questions arising from the study. The student researcher will in turn inform and seek advice from her supervisors about the concerns.

Responses will be kept anonymous, and access to the data will be restricted to the student researcher and her supervisors. All participants will be free to withdraw from the study at any time, and their data will not be saved and used for the study.



19 What are the possible limitations of the proposed design of this study?

Possible limitations with an online questionnaire design include lower response rates and sample representativeness. The questionnaire will be designed to be no more than 20 minutes and include a progress bar to lower rates of drop-out. The link to the questionnaire could also be disseminated across a range of Facebook groups to achieve better representativeness.

DECLARATION: I will inform the Medical School Ethics Committee as soon as I hear the outcome of any application for funding for the proposed project and/or if there are any significant changes to this proposal. I have read the notes to the investigators and clearly understand my obligations as to the rights, welfare and dignity of the subjects to be studied, particularly with regard to the giving of information and the obtaining of consent.

Signature of Lead Investigator:

Date: 29/01/2018

****Nb If you are student your supervisor must sign this form otherwise it will be rejected**

Name and address for correspondence with applicant:

Yiyan Yeo
School of Medicine
University of Nottingham
Medical School
Nottingham, NG7 2UH

Email: msxyy3@nottingham.ac.uk

Please submit your completed application to:

Administrative Support
Faculty of Medicine & Health Sciences Research Ethics Committee
c/o Faculty PVC Office
B Floor, Medical School (nr Bridge)
QMC Campus, Nottingham University Hospitals
Nottingham
NG7 2UH

e-mail: louise.sabir@nottingham.ac.uk

Appendix A

Study Advertisement

Volunteers Needed for Research Study!!!

To help us understand more about child neglect and your views on it.

If you are interested, we are looking for Singapore citizens aged 18 and above! The questionnaire will take about 20 minutes of your time.

We would like to know your thoughts! Head over to [\[URL of questionnaire\]](#)

Appendix B

Participant Information for Online Questionnaire

Centre for Forensic & Family Psychology
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Public understanding, perception and actions towards child neglect in Singapore

Researcher: Yiyao Yeo (email: msxyy3@nottingham.ac.uk)
Supervisors: Assistant Professor, Lydia Bullock (email: lydia.bullock@nottingham.ac.uk),
Associate Professor, Shihning Chou (email: shihning.chou@nottingham.ac.uk)

University of Nottingham Faculty of Medicine and Health Sciences (FMHS) Ethics Committee
Research Ethics Reference Number: 247-1802

You are invited to participate in a research study titled **Public understanding, perception and actions towards child neglect in Singapore** as you are a Singapore citizen aged 18 years old and above. This study is being done by Yiyao Yeo, a Masters student from the University of Nottingham. The information we get from this study will help us to understand how the public views child neglect in Singapore.

About the study

There is a total of 5 questionnaires, and will take you about 20 minutes to complete.

Your participation in this study is entirely voluntary, and you may choose not to answer a particular question, without giving a reason. You are free to withdraw (i.e. pull out) at any point before or during the study by closing the browser window. It will not affect you in any way. The data will only be uploaded when you complete the questionnaire and click the "Submit" button.

You will be given a completion receipt number at the end of the survey if you consent to take part. You may take a screenshot, save to pdf, or email the receipt to yourself. If you wish to withdraw your data after you have submitted your responses, you can email the Lead Researcher by **8 June 2018** and quote your receipt number.

Are there any risks?

We believe there are no known risks associated with this research study. However, the risk of a breach is always possible with any online activity. We will do everything possible to ensure that all information you provide in this study remain confidential and anonymous. You will not be asked for your name or any other personal details, so it will not be possible to link you with the data. We will keep all information in password-locked computer files so that the data can only be accessed by the researcher and supervisors. Only overall anonymous data will be used when reporting the research findings. The UK Data Protection Act 1998 and Singapore Personal Data Protection Act 2012 will apply to all information gathered within the questionnaires.

How will my data be used?

The data will contribute to the researcher's MSc dissertation. The results of the study may be published in scientific journals and presented at scientific conferences. The data will be reported anonymously, without any identifying information. If you would like a summary of the results, you can contact the researchers at the above email addresses. The overall anonymous data from this



study may also be used in the future for research (with research ethics approval) and teaching purposes. All of the data will be stored for a period of 7 years before being destroyed.

If you have any questions about this project, you may contact the Lead Researcher Yiyan, or if you have any concerns about any aspects of this study, please contact the Research Supervisors, Assistant Professor Lydia Bullock, or Associate Professor Shihning Chou at the above email addresses. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. Email: FMHS-ResearchEthics@nottingham.ac.uk.

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (ref. no. 247-1802).

THANK YOU FOR PARTICIPATING!

Appendix C

Participant Consent

Centre for Forensic & Family Psychology
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Public understanding, perception and actions towards child neglect in Singapore

Researcher: Yiyan Yeo (email: msxyy3@nottingham.ac.uk)

Supervisors: Assistant Professor, Lydia Bullock (email: lydia.bullock@nottingham.ac.uk),
Associate Professor, Shihning Chou (email: shihning.chou@nottingham.ac.uk)

University of Nottingham Faculty of Medicine and Health Sciences (FMHS) Ethics Committee
Research Ethics Reference Number: 247-1802

Please tick each box to continue:

- ☐ I confirm that I have read and understood the information on the previous page.
- ☐ I understand that my participation is voluntary and I can end the study at any time by closing the browser and my data will not be saved.
- ☐ I understand that I can request for my data to be withdrawn after completing the questionnaire by quoting my participant number.
- ☐ I understand that my responses will be anonymous.
- ☐ I understand the overall anonymous data from this study may be used in the future for research (with research ethics approval) and teaching purposes.

I have read and understood the above information and consent form, I confirm that I am 18 years old or older and by clicking the "NEXT" button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to take part

EXIT – I do not give consent



Appendix D

Public Perception of Child Neglect Questionnaire

About You:

1. What is your age? _____

2. What is your gender?

☐ Male	☐ Female
☐ Other	☐ Prefer not to say

3. What is your nationality?

☐ Singaporean	☐ Others, please specify _____
--------------------------------------	---

4. What is your ethnicity?

☐ Chinese	☐ Malay	☐ Indian	☐ Others, please specify _____
----------------------------------	--------------------------------	---------------------------------	---

5. What is the highest level of schooling you have completed? (If you're currently enrolled in school, please indicate the highest qualification you have received)

☐ No formal education	☐ Primary School	☐ Secondary School	☐ Junior College
☐ ITE	☐ Polytechnic	☐ University	☐ Others, please specify _____

6. What is your marital status?

☐ Single (Never married)	☐ Married/Co-habiting
☐ Divorced/Separated	☐ Widowed

7. How many children do you have? _____

8. What type of housing do you stay in?

☐ 1-2 Room HDB (rental)	☐ 1-2 Room HDB (purchased)	☐ 3-4 Room HDB
☐ 5 Room HDB/ Executive Flats	☐ Condominium/ Other Apartment	☐ Landed Property
☐ Others, please specify _____		

9. What is your combined household monthly income?

☐ Less than \$1,900	☐ \$2,000 - \$6,000	☐ \$6,001 - \$10,000
☐ \$10,001 - \$15,000	☐ \$15,001 - \$20,000	☐ More than \$20,000



Below are some scenarios describing some behaviours that parents, or caregivers, have towards children. We would like to know what you think and may do if you encounter it, based on your personal experience and understanding of children.

Please rate each incident on a scale of increasing seriousness from 1 to 9, choosing a high number if you believe the incident is very serious and a low number if you believe the incident is not so serious. Base your decision on your personal experience with children.

1. You often see parents paying little attention to their 8-year-old child. They do not appear to talk or listen to them or comfort them when they are crying.

How serious is this?

Not serious					Somewhat serious				Very serious
1	2	3	4	5	6	7	8	9	

How acceptable is this?

Always acceptable					Sometimes acceptable				Never acceptable
1	2	3	4	5	6	7	8	9	

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely				Definitely
1	2	3	4	5	6	7	8	9	

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation



☐ The situation is not a serious one	☐ Others, please specify:
If you would report to social worker/MSF/Police, why? (tick all that applies)	
☐ It is easy to approach professionals for help	☐ Need to protect the child
☐ So the perpetrator can be caught	☐ So the family can receive help
☐ The situation is a serious one	☐ Others, please specify:
☐ So the child can receive help	☐ I have a responsibility to report

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

2. You often see a 8-year-old child who is very thin. They are often seen walking around hawker centres looking for food. They say they have not eaten for one day.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely					Definitely
1	2	3	4	5	6	7	8	9		

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		



If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

3. You visit your neighbour's house and see that the house is dirty. There is rubbish and food scraps on the dusty floor, the sofa is stained, and a 4-year-old child is on a mattress that is wet and dirty. It seems that the house is rarely cleaned.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely					Definitely
1	2	3	4	5	6	7	8	9		



Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

4. You are aware that a 4-year-old child seems to have a persistent cough and is always crying. The parents say that this is normal so they did not visit a doctor.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		



In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all	Somewhat likely				Definitely			
1	2	3	4	5	6	7	8	9

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		



5. You are aware that a 7-year-old child is often left alone inside the house until dark. The parents sometimes only come home after midnight.

How serious is this?

Not serious					Somewhat serious				Very serious
1	2	3	4	5	6	7	8	9	

How acceptable is this?

Always acceptable					Sometimes acceptable				Never acceptable
1	2	3	4	5	6	7	8	9	

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely				Definitely
1	2	3	4	5	6	7	8	9	

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	



Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

Appendix E**STUDY DEBRIEF INFORMATION****PUBLIC UNDERSTANDING, PERCEPTION, AND ACTIONS TOWARDS CHILD NEGLECT IN
SINGAPORE**

This study was designed to understand what individuals in the general public think about behaviours suggesting neglect, and what they may do when they encounter such behaviours. Previous work has shown that child neglect is difficult to identify, and that affects reporting of neglectful behaviours to relevant organisations for the family and child to receive the help they need.

If you have any questions or concerns about this project, you may contact the Lead Researcher Yiyan at msxyy3@nottingham.ac.uk.

If you have any concerns about any abusive or neglectful behaviours you have observed around you, please contact the following agencies:

Child Protective Service Helpline: 1800-777 0000

Child Protection Specialist Centres**HEART@Fei Yue**

6819 9170

<http://www.fycs.org/index.cfm?GPID=260>

heartadmin@fycs.org

Monday – Friday 9.30am – 5.30pm

Big Love Child Protection Specialist Centre

6445 0400

<http://www.biglove.org.sg/>

contact@biglove.org.sg

Monday – Friday 9.00am – 6.00pm

SAFE SPACE

6266 0171

<http://www.pave.org.sg/>

admincpssc@pave.org.sg

Monday – Friday 9.00am – 1.00pm; 2.00pm – 6.00pm

or the **Police Divisional HQ or the nearest Neighbourhood Police Post.**

Thank you very much for your participation!

Ethics Approval Letter



**University of
Nottingham**
UK | CHINA | MALAYSIA

**Faculty of Medicine & Health Sciences
Research Ethics Committee**

c/o Faculty PVC Office
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH

Email: FMHS-ResearchEthics@nottingham.ac.uk

11 April 2018

Yiyan Yeo

MSc Forensic and Criminological Psychology Student
c/o Dr Shihning Chou
Associate Professor, Deputy Director
Centre for Forensic & Family Psychology
Psychiatry & Applied Psychology
B Floor, YANG Fujia Building
University of Nottingham, Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Yiyan

Ethics Reference No: 247-1802 – please always quote	
Study Title: Public understanding, perception, and actions towards child neglect in Singapore.	
Short Title: Child neglect in Singapore	
Chief Investigator/Supervisors: Dr Shihning Chou, Associate Professor, Deputy Director, Dr Lydia Bullock, Assistant Professor of Forensic Psychology Centre for Forensic & Family Psychology, Division of Psychiatry & Applied Psychology, School of Medicine.	
Lead Investigators/student: Yiyan Yeo, MSc Forensic and Criminological Psychology	
Type of Study: online internet mediated.	
Proposed Start Date: 01/02/2018	Proposed End Date: 31/08/2018 6 mths
No of Subjects: 130	Age: 18+years

Thank you for notifying the Committee of amendment no 1: 10.04.2018 which are changes made to improve the study survey as detailed. The following documents were received:

- FMHS REC Application form and supporting documents version 2.0: 10/04/2018.

These have been reviewed and are satisfactory and the study amendment no 1: 10.04.2018 is approved.

Approval is given on the understanding that:

1. All appropriate ethical and regulatory permissions are respected and followed in accordance with all local laws of the country in which the study is being conducted and those required by the host organisation/s involved.
2. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
3. The Chair is informed of any serious or unexpected event.
4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Research paper

Public understanding, perception, and actions towards child neglect in Singapore

Yiyan Yeo

Email address: msxyy3@nottingham.ac.uk

Supervisors:

Assistant Professor Lydia Bullock,

Associate Professor Shihning Chou

Centre for Forensic & Family Psychology

Division of Psychiatry and Applied Psychology, School of Medicine

University of Nottingham

Acknowledgements

First and foremost, I would like to thank both Lydia and Shihning for providing much appreciated advice and guidance in the past year. Thank you for making this research project possible. Thank you to my parents for always supporting me in the decisions I make and for always giving me the opportunities to pursue the things I am interested in. To my sister, thank you for being that strong pillar of support for me when we are both miles away from home. A big thank you to my friends for being so supportive, and especially Jasrin – for always inspiring me to do better; Sarah – for always being my cheerleader; Eric, Mariam, and Kiah Yin – for being that guiding light for my personal and professional development; and Penelope – for helping me with my questions on statistics! Lastly, a special thank you to Mao for always bringing a smile to my face even in the toughest days.

Abstract

In Singapore, studies found greater public recognition that child neglect is potentially harmful, and greater support for reporting child abuse and neglect. However, actual public reporting rates are low. This study examines the public's ability to identify different categories of child neglect, if perceptions of child neglect influence reporting behaviour, and the factors influencing reporting of child neglect to authorities. Participants were recruited through random and snowball sampling from several online social media platforms. 204 Singaporeans responded to the online questionnaire. There was greatest consensus in nutritional neglect identification (67.6%), some consensus in hygiene (54.4%) and supervision neglect (48.5%), and a lack of in medical care (26.0%) and emotional (19.1%) neglect. Demographic factors did not influence neglect identification. While perceptions of seriousness and acceptability influenced one's likelihood of telling someone, they did not influence reporting to authorities. Being a parent influenced overall reporting behaviour ($\beta = .15, p < .05$) but only accounted for 4.3% of the variance. Public members who would report such cases tended to approach social workers in the community. Common reasons for not reporting to authorities included worry about being wrong, not knowing how or who to report to, and seeing it as a family matter not for others to interfere. There may be some influence of an Asian culture on public reluctance to report, although differences between the cultures need to be further examined. Implications of the underreporting behaviour and preference for public to approach community resources for help are discussed.

Keywords: Child neglect, public perception, reporting, Singapore

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Declarations of interest: none.

Public understanding, perception, and actions towards child neglect in Singapore

Child neglect is the most common type of substantiated child maltreatment in the United States and United Kingdom, and has global prevalence rates of 16.3% to 18.4% for different categories of neglect (Maguire & Naughton, 2016). Yet it is often overlooked in research, and literature on child neglect in Asia is also limited. In Singapore, the number of child abuse and neglect enquiries received and cases investigated by the Child Protective Service (CPS) has increased since 2009. Child neglect cases investigated has increased from 103 cases in 2009 to 322 cases in 2016, and form 36.9% of total cases investigated by CPS in 2016 (Ministry of Social and Family Development [MSF], 2017). While the increase in cases may be due to increased and improved efforts in training professionals in the identification and screening of child safety concerns, it appears there is still much difficulty for professionals, and also the public, to identify with certainty that actions suggesting abuse and neglect are harmful (Briggs & Potter, 2004; Chan, Chow & Elliott, 2000; Tan, Elliott & Teo, 2016).

Child neglect identification is challenging, because it is difficult to conceptualise and define (Barnett, Miller-Perrin, & Perrin, 2011; Crosson-Tower, 2014). Elliott, Chua, and Thomas (2002) reviewed the legal and formal definitions of child abuse and neglect in several countries, and found variations in their definitions and criteria of what constitutes child abuse and neglect. In Singapore, the legal definition of child abuse and neglect is informed by the Children and Young Persons Act (CYPA, 2001), the primary legislation safeguarding the welfare of children and young persons below age 16. The CYPA states that child neglect is the parent's or guardian's failure to provide adequate food, clothing, medical care, lodging, care or other necessities of life for the child or young person, which may cause physical, emotional, health or development injury or suffering. Formal definitions of child neglect in Singapore are similar, focusing on parent's or caregiver's failure to provide

adequate food, clothing, medical care, and supervision appropriate for the child or young person's age and level of development (MSF, 2016). There is growing recognition that there are many factors involved in child abuse and neglect, and research studies that consider societal and cultural factors influencing child-rearing practices and conceptualisation of child abuse and neglect, and reporting behaviour (Chan, Elliott, Chow, & Thomas, 2002; Korbin, 1980; Korbin, 1991; Korbin, 2002; Lau, Liu, Yu, & Wong, 1999; Nadan, Spilsbury, & Korbin, 2015). This is important as there is much diversity in any society, and parenting behaviours that may be culturally acceptable in one group may be unacceptable to another who co-exist in the same society. This difference between and within cultures can be problematic for professionals and the lay person to identify child abuse and neglect, and affect reporting to relevant authorities.

In Singapore, researchers have looked into the changing public perceptions of actions suggesting child abuse and neglect, and attitudes towards mandatory reporting (Elliott, Thomas, Chan & Chow, 2000; Elliott, Tong, & Tan, 1997; Tan et al., 2016). Currently, Singapore does not mandate reporting of child abuse and neglect, although anyone may inform the authorities of suspected cases, and are protected from civil and criminal liability (CYPA, 2001). The earlier studies found greater public awareness of the seriousness of physical and sexual abuse, which were rated as most harmful, compared to neglect and emotional abuse. Elliott et al. (1997) found few demographic factors predicted the differences in ratings, and contributed little to the variation amongst their respondents. This suggested that as a multi-cultural society, the Singapore public appeared to have relatively similar opinions across different demographic groups. In a follow-up study, Tan et al. (2016) found that even though public recognition of the potential harm of neglect and emotional abuse has increased, individuals tended to have reservations labelling them explicitly as abuse. It appeared there was still a lack of consensus of what might constitute child neglect. Despite

the lack of consensus, more individuals supported mandatory reporting, and opined that such acts should be reported, supporting the shift in public recognition that neglect and emotional abuse have negative impacts on the child (Tan et al., 2016). However, the support was still lower than that for reporting physical and sexual abuse. Majority of the respondents of previous studies thought people close to the abusive or neglectful event, such as family members, friends, neighbours and respondents themselves, should report the case (Elliott et al., 1997; Tan et al., 2016). However, when they encountered such cases, only a minority of them reported it to the authorities (Elliott et al., 1997). A related study in Hong Kong found that only 40% of the public would report incidents to the authorities, citing low perceived efficacy in reporting and beliefs that outsiders should not interfere in the matters of other families as reasons for the underreporting of child abuse and neglect (Lau et al., 1999).

This study builds on the earlier studies done in Singapore on public perception of child maltreatment. Even though the studies have shown a shift in public perception and support for mandatory reporting of child abuse and neglect, child neglect remains most controversial in terms of identification and public perception. There also remains little research looking into how improved perceptions influence actual reporting behaviour in Singapore, and the factors that influence actual public reporting. Hence, the objective of this study is to investigate, from a sample of Singaporean adults:

1. The public's current ability to identify child neglect from different scenarios of neglect,
2. The relationship between perceptions of seriousness and acceptability with reporting of child neglect behaviours, and
3. The factors influencing reporting of child neglect behaviours.

Methods

Participants

The target population consisted of Singaporeans aged 18 and above, who are able to understand English and give informed consent. A statistical power analysis was performed on G Power 3.1 to provide an estimated sample size for the study. Using a two-tailed test with an $\alpha = 0.05$, power = 0.80, and odds ratio of 1.72 (medium effect size), the estimated sample size required was 177 for logistic regression analyses. A total of 216 individuals responded, but 12 responses were excluded because they were not Singaporeans. Thus, a total of 204 Singaporean respondents aged 18 and above were included for data analysis, a response rate of 115%. They ranged from 18 to 68 years old ($M = 33.3$ years old). Table 1 shows the detailed breakdown of the study sample.

Procedure

The questionnaire was hosted on Bristol Online Survey (BOS) and advertised on social media platforms such as Facebook, Facebook groups, and online forums. Respondents were recruited through random and snowball sampling, where they could share the questionnaire link with their family and friends. An online questionnaire method was chosen to retain researcher and participant anonymity, which addressed the limitations of possible social desirability in the previous studies in Singapore, where face-to-face interviews were conducted (Tan et al., 2016; Elliott et al., 1997). To address limitations of lower response rates and sample representativeness (Gosling & Mason, 2015), the questionnaire was designed with a progress bar and to take less than 20 minutes, and disseminated across a range of interest groups online.

The study was approved by the Faculty of Medicine and Health Sciences Research Ethics Committee. A pre-test was conducted to gain an understanding of how the questions would be interpreted, which provided revisions of the final questions.

Table 1 Demographic background of respondents

	Sample (n = 204)	Percentage (%)
<u>Age</u>		
Below 20	2	1.0
20 – 29	104	51.0
30 – 39	51	25.0
40 – 49	14	6.9
50 – 59	30	14.7
60 – 69	3	1.5
<u>Gender</u>		
Male	72	35.3
Female	130	63.7
Other	1	0.5
Prefer not to say	1	0.5
<u>Ethnicity</u>		
Chinese	155	76.0
Malay	27	13.2
Indian	17	8.3
Other	5	2.5
<u>Educational Level</u>		
No formal education	0	0.0
Primary school	1	0.5
Secondary school	16	7.8
Junior College	10	4.9
ITE	7	3.4
Polytechnic/Diploma	64	31.4
University/Postgraduate	106	52.0
<u>Marital Status</u>		
Single (Never married)	110	53.9
Married/Co-habiting	85	41.7
Divorced/Separated	7	3.4
Widowed	2	1.0
<u>Number of children</u>		
0	131	64.2
1	31	15.2
2	21	10.3
3 or more	21	10.3
<u>Housing type</u>		
HDB 1-2 room	2	1.0
HDB 3-4 room	92	45.1
HDB 5 room/Executive flats	62	30.4
Condominium/Other apartment	37	18.1
Landed Property	11	5.4
<u>Monthly household income</u>		
Less than \$1,900	9	4.4
\$2,000 - \$6,000	62	30.4
\$6,001 - \$10,000	67	32.8
\$10,001 - \$15,000	36	17.6
\$15,001 - \$20,000	12	5.9
More than \$20,000	18	8.8

Materials

The online questionnaire (Appendix A) comprised the following sections:

1. Information sheet and consent form,
2. Demographic information,
3. Five scenarios of behaviours suggesting child neglect, comprising different categories of child neglect:
 - a. Scenario 1: emotional neglect
 - b. Scenario 2: nutritional neglect
 - c. Scenario 3: hygiene neglect
 - d. Scenario 4: medical care neglect
 - e. Scenario 5: supervision neglect

Each scenario was followed by questions on perceptions and identification of behaviour, likelihood of reporting to authorities, and reasons for reporting or not reporting the behaviour.

4. Debrief information sheet, which includes the contact details of agencies individuals could approach concerning any abusive or neglectful behaviours they have observed around them.

The scenarios in the questionnaire were developed with reference to previous studies investigating perception and likelihood of reporting child neglect (Bensley et al., 2004; Giovannoni & Becerra, 1979; Rose & Meezan, 1996; Stewart, Kirisci, Long, & Giancola, 2015; Tan et al., 2016). The five categories were selected and their corresponding scenarios were adapted with reference to the existing professional guide on reporting child abuse and neglect in Singapore (MSF, 2015). The scenarios were also designed to be not overly emotive and as least distressing as possible.

Perceptions and identification of behaviour. Respondents were asked to rate each scenario on seriousness and acceptability on a 9-point Likert scale, where 1 = “Not serious/Always acceptable” and 9 = “Very serious/Never acceptable”. They were also asked if they constituted neglect, and scores were recoded into “No identification of neglect” (options “Is not neglect” or “Don’t know”), “Potential for neglect” (option “Can be neglect”) and “Identification of neglect” (option “Is neglect”). Scores for acceptability of scenario were reverse-coded such that lower numbers indicated lower acceptability.

Reporting behaviour. Respondents were then asked how likely they were to tell someone on a 9-point Likert scale, where 1 = “Not at all” and 9 = “Definitely”. They were asked who they were most likely to tell first from the options “Family member/ Friend/ Family Service Centre (FSC) social worker/ MSF/ Police/ No one/ Other”. Following which, they were directed to separate questions to provide reasons for telling an authority or non-authority figure in each scenario, and to select any other individuals they would tell from the same options as before. Responses were dichotomised into “Authority” (options “FSC social worker”, “MSF” or “Police”) and “Non-authority” (options “Family member”, “Friend”, or “No one”). Responses under “Other” were studied, and those that included someone from the helping or early childhood profession were recoded as “Authority”. Overall scores of seriousness, acceptability, likelihood of telling someone and reporting to authorities, were computed from the sum of ratings across all five scenarios.

Data analysis

The data was analysed using SPSS Version 24. The data was tested for normality using the Kolmogorov-Smirnov test. As the data was not normally distributed (see Appendix B), subsequent data analyses were run with non-parametric tests for correlations (using Spearman’s rho) and regression tests (using 95.0% bias-corrected and accelerated (BCa)

bootstrapping). Spearman's rho was used because the outcome variables (likelihood to tell someone, and overall reporting to authorities) were ordinal, where the scores had a meaningful order. Logistic regression was used to assess if demographic factors of interest had any influence on the identification of child neglect. These included being a parent, educational level and housing type, which were found to contribute to variation in perceptions in previous studies (Chan, Koh, Elliott, & Teo, 2012; Elliott et al., 1997; Tan et al., 2016). Correlation and multiple regression tests were used to assess the relationship between overall perceptions of seriousness and acceptability and overall likelihood of telling someone and reporting to authorities, after accounting for the effect of demographic factors. Binary logistic regression tests were used to determine if demographic factors had any influence on reporting behaviour, and if perceptions of seriousness and/or acceptability significantly predicted reporting to authorities in each scenario after accounting for the demographic factors. Lastly, descriptive analysis was used to understand the pertinent reasons behind reporting behaviour, and the other individuals they may tell.

Results

Public identification of child neglect

The scenario that had the highest level of consensus was nutritional neglect. The majority of respondents explicitly labelled it as neglect (67.6%). Scenarios that had some consensus included hygiene neglect (54.4%) and supervision neglect (48.5%). Both scenarios had similar proportions of respondents who recognised their potential for neglect and who explicitly labelled them as neglect. There appeared to be a lack of consensus in the identification of emotional and medical care neglect, where similar proportions of respondents identified or did not identify the scenarios as neglect. However, majority of the

respondents recognised the potential for neglect in these scenarios. Table 2 shows the breakdown of the responses.

Table 2 Ratings of child neglect identification

Scenario	No identification of neglect (%)	Potential for neglect (%)	Identification of neglect (%)
Emotional neglect	20.6	60.3	19.1
Nutritional neglect	3.4	28.9	67.6
Hygiene neglect	5.4	40.2	54.4
Medical care neglect	21.1	52.9	26.0
Supervision neglect	7.8	43.6	48.5

To determine if demographic factors of interest had any influence on child neglect identification in each scenario, multinomial logistic regression analyses were performed with reference to endorsing “potential for neglect”. The analyses revealed that only educational level affected neglect identification, and only for the emotional neglect scenario. The logistic regression model was statistically significant, $\chi^2(6) = 18.550, p < .01$, and explained 10.2% (Nagelkerke R^2) of the variance in neglect recognition. Respondents with lower education were 0.69 times more likely to explicitly label the emotional neglect scenario as neglect, compared to respondents with higher education (Table 3). The demographic factors of interest did not show significant influence on neglect identification in other scenarios.

Table 3 Multinomial logistic regression analysis of neglect identification in emotional neglect

Variable	No recognition of neglect (n=42)		Recognition of neglect (n=39)	
	OR (95% CI)	B (SE)	OR (95% CI)	B (SE)
Being a parent	.61 (-1.30/.35)	-.49 (.41)	.57 (-1.36/.26)	-.56 (.44)
Education level	1.34 (-.09/.10)	.29 (.27)	.69 (-.62/-.12)	-.37 (.14)**
Housing type	.83 (-.56/.17)	-.19 (.19)	.87 (-.52/.21)	-.15 (.21)

Note: Reference group: Potential for neglect (n=123). OR = Odds Ratio. SE = Standard Error. 95% CI = Confidence Interval. $R^2 = .09$ (Cox & Snell), $.10$ (Nagelkerke). Model $\chi^2(6) = 18.550, p < .01$. ** $p < .01$.

Influence of perceptions of seriousness and acceptability on reporting behaviour

Overall rating of seriousness was significantly correlated with likelihood of telling someone, $r_s = .74, p < .01$, but not with reporting to authorities, $r_s = .12, p = .09$, while overall rating of acceptability was significantly correlated with likelihood of telling someone, $r_s = -.71, p < .01$, and with reporting to authorities, $r_s = -.15, p < .05$. Multiple regression analyses were run to test if overall perceptions of seriousness and acceptability significantly predicted likelihood of telling someone, and reporting to authorities, after accounting for demographic factors. The final model explained 61.7% of the variance and was a significant predictor of the likelihood of telling someone, $F(5,198) = 63.83, p < .001$. Perception of seriousness ($\beta = .66, p < .01$) contributed significantly to the model, and being a parent ($\beta = .12, p < .05$) contributed significantly only when perceptions of seriousness and acceptability were added to the model (Table 4).

Table 4 Bootstrapped multiple regression analyses for likelihood of telling someone

			Bootstrapped BCa CI (95.0%)	
Model	B (SE)	β	Lower	Upper
<u>Model 1</u>				
Education	-0.27 (0.55)	-.04	-1.28	.76
Parent	1.25 (1.24)	.07	-1.33	3.63
Housing	0.19 (0.57)	.02	-1.00	1.34
<u>Model 2</u>				
Education	0.20 (0.31)	.03	-.38	.79
Parent	1.95 (0.81)	.12*	.43	3.49
Housing	-0.57 (0.34)	-.07	-1.21	.14
Seriousness	0.82 (0.10)	.66**	.60	.99
Acceptability	-0.16 (0.09)	-.16	-.40	-.02

Note: $R^2 = .01$ for Step 1, $\Delta R^2 = .61$ for Step 2 ($p < .001$). * $p < .05$, ** $p < .01$.

The model with only demographic factors was a significant predictor of reporting to authorities, $F(3,200) = 2.97$, $p < .05$, with being a parent ($\beta = .15$, $p < .05$) contributing significantly to the model. However, it accounted for only 4.3% of the variance (R^2). The final model was not a significant predictor of reporting to authorities, $F(5,198) = 2.18$, $p = .06$, although being a parent ($\beta = .15$, $p < .05$) remained the only significant contributing factor in the model (Table 5).

Table 5 Bootstrapped multiple regression analyses for reporting to authorities

Model	B (SE)	β	Bootstrapped BCa CI (95.0%)	
			Lower	Upper
<u>Model 1</u>				
Education	-0.07 (0.09)	-.06	-.26	.12
Parent	0.45 (0.21)	.15*	.02	.89
Housing	0.15 (0.12)	.10	-.08	.39
<u>Model 2</u>				
Education	-0.07 (0.09)	-.06	-.26	.12
Parent	0.44 (0.21)	.14*	.00	.86
Housing	0.13 (0.12)	.08	-.11	.38
Seriousness	-0.01 (0.02)	-.02	-.05	.04
Acceptability	-0.02 (0.02)	-.12	-.06	.02

Note: $R^2 = .04$ for Step 1, $\Delta R^2 = .01$ for Step 2 ($p = .37$). * $p < .05$.

Logistic regression analyses were performed for each scenario to determine if there were any differences between different categories of neglect.

Emotional neglect. Mean rating for seriousness and acceptability was 6.28 ($SD = 1.98$) and 3.89 ($SD = 2.01$) respectively. Only 5.9% of participants were likely to report the behaviour to authorities first. Neither demographic factors nor perceptions of seriousness and acceptability significantly predicted reporting emotional neglect to authorities ($\chi^2(5) = 7.09, p = .21$).

Nutritional neglect. Mean rating for seriousness and acceptability was 8.23 ($SD = 1.46$) and 2.05 ($SD = 2.00$) respectively. 57.8% of participants were likely to report the behaviour to authorities first. However binary regression analysis revealed neither demographic factors nor perceptions of seriousness and acceptability significantly predicted reporting nutritional neglect to authorities ($\chi^2(5) = 7.13, p = .21$).

Hygiene neglect. Mean rating for seriousness and acceptability was 7.81 ($SD = 1.49$) and 2.50 ($SD = 1.98$) respectively. 52.0% of participants were likely to report the behavior to authorities first. Being a parent ($B = .77, p < .05$) and perception of seriousness ($B = .24, p < .05$) significantly predicted reporting hygiene neglect to authorities ($\chi^2(5) = 13.81, p < .05$).

Medical care neglect. Mean rating for seriousness and acceptability was 6.75 ($SD = 1.94$) and 3.41 ($SD = 2.01$) respectively. 21.6% of participants were likely to report the behavior to authorities first. Only perception of seriousness ($B = .75, p < .01$) significantly predicted reporting medical care neglect to authorities ($\chi^2(5) = 37.71, p < .001$).

Supervision neglect. Mean rating for seriousness and acceptability was 7.39 ($SD = 1.80$) and 2.80 ($SD = 1.98$) respectively. 49.0% of participants were likely to report the behaviour to authorities first. Subsequent binary regression analysis revealed that the model of demographic factors and perceptions of seriousness and acceptability significantly predicted reporting to authorities ($\chi^2(5) = 18.57, p < .01$), however none of the predictors

showed significance. A backward stepwise (likelihood ratio) binary logistic regression was used to determine the most significant factor in the model, and analysis indicated that perception of acceptability ($B = .329, p < .01$) and being a parent ($B = .51, p = .10$) contributed most to the final model predicting reporting supervision neglect to authorities ($\chi^2(2) = 17.56, p < .001$).

Factors influencing reporting behaviour

Results showed that reporting rates remained low even after accounting for who the respondents were likely to tell subsequently. Majority of the respondents who were likely to report to authorities, both at the first instance or subsequently, chose to report to a FSC social worker. Table 6 shows the detailed breakdown of who respondents were likely to tell in each scenario. Respondents often cited neighbours and the parents of the child as other individuals they were likely to tell, especially for hygiene ($N = 5, 2.5\%$) and supervision neglect ($N = 4, 2.0\%$) scenarios.

Table 6 Breakdown of who respondents were likely to tell in each scenario.

Scenario	Social worker (%)	MSF (%)	Police (%)	Family (%)	Friend (%)	No one (%)	Other (%)
<u>Emotional neglect</u>							
First instance	3.4	0.5	1.0	45.1	35.8	11.8	2.5
Subsequently	15.7	5.4	2.9	35.3	42.6	21.1	1.5
<u>Nutritional neglect</u>							
First instance	26.5	14.2	16.7	20.1	18.1	2.5	2.0
Subsequently	30.4	18.1	11.8	35.8	35.3	11.8	1.0
<u>Hygiene neglect</u>							
First instance	32.4	8.3	10.8	27.5	14.2	2.9	3.9
Subsequently	29.4	20.1	7.8	32.4	39.7	11.8	2.5
<u>Medical care neglect</u>							
First instance	15.2	5.4	0.0	37.3	25.5	13.7	2.9
Subsequently	18.1	6.9	2.0	30.4	36.8	26.0	1.5
<u>Supervision neglect</u>							
First instance	29.9	10.3	8.3	29.9	13.7	4.9	2.9
Subsequently	25.0	19.1	8.8	33.8	38.2	17.6	2.0

Note: Percentages in rows “Subsequently” do not add up to 100% as respondents could select as many options as they wished.

A breakdown of the reasons for reporting and not reporting the behaviour in each scenario is detailed in Table 7. Across the scenarios, commonly cited reasons for reporting to authorities included the need to protect the child, and getting help for the child. Getting help for the family was also commonly cited in all but the scenario of medical care neglect. Seriousness of the situation was only commonly cited in the nutritional neglect scenario. Few respondents (less than 5% across scenarios) cited arrest or punishment for the perpetrator as reason for reporting.

On the other hand, commonly cited reasons for not reporting to authorities across all scenarios were worry that one may be wrong about the situation and not knowing how and who to report to. Belief that one should not interfere in the matters of another family was also commonly cited in all but the scenario of nutritional neglect. Overall, few respondents were worried about getting into trouble for reporting to authorities, or thought poorly of the efficacy of reporting (less than 10% in both instances). The other reasons cited for not reporting to authorities are explored further.

Table 7 Breakdown of the reasons for reporting behaviour in each scenario.

Reasons	Emotional neglect	Nutritional neglect	Hygiene neglect	Medical care neglect	Supervision neglect
	(%)	(%)	(%)	(%)	(%)
<u>Report to authorities</u>					
Easy to approach professionals	1.5	10.3	13.2	6.9	9.3
Need to protect child	2.0	29.9	28.9	12.3	26.0
So the child can receive help	2.5	46.6	38.7	17.2	36.3
So the perpetrator can be caught	0.5	3.9	4.9	1.5	2.9
So the family can receive help	2.0	30.9	41.2	8.8	28.4
I have a responsibility to report	1.0	14.7	16.7	4.4	14.2
The situation is serious	0.5	24.0	19.6	5.9	18.1
Others	0.5	1.0	0.0	1.0	1.0
<u>Not report to authorities</u>					
Don't know who to report to	21.6	17.6	15.7	17.6	14.2
Don't know how to report	15.7	16.2	15.7	13.7	12.3
Seeking help from professionals is difficult	6.9	5.9	7.4	4.9	4.4
Reporting to Police/MSF will not help	5.9	2.9	2.9	4.4	2.9
Reporting to Police/MSF is troublesome	8.3	4.9	2.9	3.9	2.9
It is a family matter, not to interfere	41.2	8.8	17.2	26.0	21.1
I may get into trouble	5.4	1.5	3.9	4.4	3.9
It is none of my business	11.8	2.9	5.4	10.8	6.9
May be wrong about situation	69.1	24.0	29.4	53.9	32.4
Situation is not serious	20.1	0.0	3.4	11.3	4.9
Others	3.9	2.9	4.4	2.9	4.4

Emotional neglect. Perception that the situation was not serious was also a commonly cited reason for not reporting emotional neglect. Some respondents shared that it could be “*emotional blackmail from kid*”, and that “*it may shape a child’s development but I do not really view it as serious as it is not a crime*”. Some respondents also chose to talk to the parents of the child regarding their behaviour or to find out more before deciding their next actions (n = 3, 1.5%).

Nutritional neglect. None of the respondents, regardless of their reporting behaviour, thought the situation was not serious. There were some respondents who wanted to “*find out what happen from the child*” (n = 1, 0.5%), or to discuss the situation and decide the next course of action with their family members, or friends in the helping profession (n = 4, 2.0%). One respondent also highlighted the need to have witnesses to “*back me up if the event takes a turn*”. However, one respondent was also uncertain about the kinds of help that the child can receive from authorities.

Hygiene neglect. Five respondents (2.5%) indicated preference to talk to the parents first to alert them of the risk, or to understand the situation before deciding their next course of action. One respondent wanted to get “*another eye witness*”. A respondent shared that while official agencies will provide help, it will take time, and “*for some situations where help is needed urgently, I would go to independent bodies*”, such as “*support groups focused on helping single parents or lower income families*”, which can provide “*some immediate assistance*”.

Medical care neglect. Three respondents (1.5%) thought that “*parenting is a sensitive topic*”, and that “*parents usually will know their child wellbeing best*”, so it was better to “*discuss appropriate action with family*”. Respondents were also uncertain about the situation, and thought the family “*might be seeking other forms of treatment or natural remedy other than going to a doctor*”. One respondent shared again that “*based on the*

situation, if help is needed urgently, I would go to independent bodies” which can provide more immediate assistance compared to the authorities.

Supervision neglect. Five respondents (2.5%) were likely to speak with the family of the child first to alert them of the risks, or to understand their situation and discuss *“better arrangement instead of leaving the child alone at home till midnight”*, before deciding their next action. One respondent also thought that it was *“not right that the parents are not engaged first on the well-being of their child”*. The respondents were also mindful of the circumstances surrounding the situation and the child’s level of independence, indicating that *“the parents might be working shift (work) and child is independent to take care of himself or herself”*, or *“if the child can take care of himself or herself then it should be okay because it may be because the parents are working hard to support the family and have explained to the child”*. One respondent cited their own past experience, that *“if the parents are really struggling to maintain the family there is nothing too wrong about that because I grew up like that”*.

Discussion

Previous studies of public perceptions of child abuse and neglect found that the public were more likely to perceive behaviours that had a more obvious impact on a child as abusive. Thus, when compared to physical and sexual abuse, neglect was less likely to be perceived as abuse/neglect (Elliott et al., 1997; Tan et al., 2016). This study aimed to look into public identification and perceptions within the category of neglect, and subsequent reporting behaviour, because research has shown that child neglect tended to be underreported, even though child neglect recognition had improved (Elliott et al., 1997; Lau et al., 1999; Tan et al., 2016).

The current study revealed that there appears to be greater consensus in the public's identification of child neglect in scenarios where visibility of harm to the child is greater, such as in nutritional neglect. Nutritional neglect may also be more clear-cut because of the failure to meet one's most basic need for food, thus the greater consensus across individuals and cultures (Korbin & Spilsbury, 1999). There was lesser consensus in scenarios where harm to the child is less obvious, such as in emotional neglect. Recognition that emotional care is influenced by differences in parenting styles and methods may also have contributed to the respondents' difficulty in judging the behaviour. Findings indicate that there was a lack of consensus for medical care neglect identification in the present study, even though visibility of harm to child might be more obvious than in other neglect categories. The finding was contrary to the previous study by Tan et al. (2016), where they found the highest level of consensus for medical care neglect identification. In their study, medical care neglect was described as "*ignoring signs of illness in child*" (Tan et al., 2016), which respondents may have interpreted as intentional or deliberate of the parents, and thus more certain in explicitly identifying the neglectful behaviour. The ambiguity surrounding the medical care neglect scenario in the present study, as well as recognition of alternative medical treatment methods and remedies (Dubowitz, 1999; Korbin & Spilsbury, 1999), may have contributed to the difference in results from the previous study. Respondents also appeared to have difficulty in explicitly labelling hygiene and supervision neglect, possibly because the respondents were more mindful that hygiene and supervision conditions may be influenced by external factors and other circumstances of the family, such as having to work long hours to provide for the family. Differences in identification were only associated with education level and only for emotional neglect. Respondents with lower education level were more likely to explicitly identify emotional neglect, compared to respondents with higher education level. It appears that individuals with lower education place greater emphasis on the

importance of emotional care and welfare of children than their counterparts with higher education. Giovannoni and Becerra (1979) suggested a possibility of higher educational level contributing to a greater tolerance of moral deviation, resulting in the differences in social values. The reasons for the differences in neglect identification due to educational level are still unclear, and need further investigation.

The current study revealed that generally, respondents rated the neglect scenarios as serious and unacceptable. Thus it appears that there is greater awareness and understanding that child neglect has negative impacts on the child. Child maltreatment is ultimately a social judgement of the minimum standards of care for a child, which can evolve and change over time as societal knowledge and values change (Garbarino & Collins, 1999). The current study also found low reporting rates, although respondents rated the neglect scenarios high on seriousness and low on acceptability. While perception of seriousness and being a parent predicted the likelihood of telling someone about the behaviour, only being a parent significantly predicted reporting the behaviour to authorities, although the effect was small. This suggests that perceived seriousness increases one's likelihood of telling someone, but not necessarily to an authority figure. Although the findings may seem counter-intuitive, they are similar to the findings of underreporting of child abuse and neglect in earlier studies, even though support for reporting may have increased (Elliott et al., 1997; Lau et al., 1999; Tan et al., 2016). The present study does not explore public support for mandatory reporting specifically, but the findings indicate that in the present state where reporting of suspected cases of child abuse and neglect is not mandated but encouraged, public reporting rates are low. Analysis of each scenario found being a parent significantly predicted reporting to authorities in hygiene and supervision neglect, whereas perception of seriousness predicted reporting to authorities in hygiene and medical care neglect, and perception of acceptability predicted reporting to authorities in supervision neglect. None of the factors studied

significantly predicted reporting to authorities in emotional and nutritional neglect. This suggests that even though the public may have uncertainties about the context and circumstances of the situations surrounding hygiene, medical care and supervision of a child, if they judged the situation to be serious, they are likely to report to the authorities. Parents may be more likely to report to authorities because they may be more aware than non-parents that it is serious and not acceptable to overlook a child's hygiene and to leave a child unattended at home alone. That none of the factors studied predicted reporting nutritional neglect was unexpected, because it received the highest percentage of identification and ratings of seriousness and lowest ratings of acceptability amongst the scenarios. Thus, the reasons why respondents chose not to report nutritional neglect to authorities will need to be examined further.

The current study revealed that amongst respondents who would report the behaviours to authorities, majority of them chose to approach a FSC social worker, and very few chose to report so that the perpetrator may be apprehended. Thus it seems that although respondents view neglectful behaviours as serious and unacceptable, they do not favour punishment or a punitive approach, hoping instead for the family to receive help, and prefer seeking help within their community from FSC social workers instead of turning to authorities. This is consistent with findings from previous studies that the lay population views child maltreatment as a matter that requires social intervention, and not punishment (Giovannoni & Becerra, 1979). Although a helping stance to addressing child neglect is endorsed, respondents were still reluctant to report instances to authority figures, even within their community. The low reporting rates across all scenarios were due to respondents' worry of being wrong about the situation, interfering in another family's matters, and not knowing how and who to report the behaviour to. Worry of being wrong about the situation was consistently the most cited reason across all scenarios. One-fifth of respondents thought that

emotional neglect was not serious. This echoed the findings of previous studies where actions with less visibility of harm to child, namely emotional maltreatment, was not as likely to be considered as abusive compared to other forms of maltreatments with higher visibility and immediacy of harm (Elliott et al., 1997; Tan et al., 2016). This suggests that there is still a strong emphasis on using visibility of harm to judge if a behaviour is neglectful or abusive, and there remains a lack of general public awareness and understanding of emotional maltreatment and its subtle, but similarly damaging effects on its victims.

Even though nutritional neglect was regarded by the highest percentage of respondents as a clear case of neglect, reporting rates remained low. This was despite the fact that none of the respondents thought nutritional neglect was not serious. Despite the high visibility of harm to child, respondents appeared to still be uncertain about the situation, and preferred discussion with others to decide their next steps, and to have witnesses to support them. There was also uncertainty about the kinds of help that the child could receive. Perhaps because such cases are rare in Singapore (Elliott et al., 2000), individuals may not know the kinds of help that relevant agencies are able to provide. Hence, the lower than expected reporting rates may be due to a lack of awareness of the resources available in the community to retrieve help for the child and family. For hygiene, medical care and supervision neglect, some respondents wanted to speak with the parents to alert them of the risks and to understand their situation before deciding their next actions. Some also thought that it was only right to speak with the parents first regarding their child's wellbeing, because decisions regarding their child's wellbeing lie with the parents. Whether cultural differences or communal attitudes contributed to this preference to speak directly with the parents to offer insight and understanding of their circumstances is unknown. Individuals may also be reluctant to intervene because parenting is a sensitive topic and people hold different parental beliefs, which influence their child care decisions, and there is no one gold standard of

parenting. Respondents appeared most mindful of the family's circumstances for supervision neglect, acknowledging that there could be parental limitations due to financial constraints and working conditions to make a living and support the family. This suggests that even as non-professionals, the public appear to view supervision neglect more holistically, considering beyond the personal characteristics of the parents, and acknowledging that the external environment contributes to a family's ability to provide and care for a child. Even though few respondents thought reporting to authorities resulted in poor efficacy, one respondent acknowledged that official agencies would take time to provide support, and if help is required urgently, it may be more timely to approach independent support groups within the community. While only one respondent highlighted this, it shows that within communities, there may be ground initiatives or resources that are lesser known which could provide support to families in need, and more could be done to highlight these resources available in the community.

The overall findings are consistent with the results of the study by Tan et al. (2016), which found recurring concerns of ambiguity surrounding child abuse and neglect identification. Child neglect is difficult to define and identify because of issues surrounding intentionality, severity and visibility of harm, frequency, chronicity, family functioning and cultural differences (Barnett et al., 2011). Although not professionals in the field, the public may also have recognised the need for more information in helping them understand the situation and decide if a behaviour does indeed constitute neglect and warrant reporting to authorities. Lau et al. (1999) noted that underreporting may also have been due to cultural practice of not intervening in other families' matters, and in maintaining functioning and harmony within the family without resorting to external or institutional intervention. However, they also noted that their finding of underreporting operated in a Chinese context in Hong Kong, and thus cannot be interpreted as cross-cultural comparisons. Although the

current study found a common worry of being wrong about the situation across cultural groups, it may still be worthy to further investigate influences of cultural differences on one's rationale for not reporting to authorities, especially in a multi-cultural context in Singapore. While cultural and demographic differences may not play a significant role in how individuals define basic care of a child and identification of neglect, it is worthwhile to investigate their potential influences on how individuals respond after witnessing behaviours suggesting neglect.

Strengths, limitations and future directions

The present study places the spotlight on child neglect specifically, and has some strengths over earlier studies on public perception of child abuse and neglect in Singapore. First, for example, earlier studies employed face-to-face interviews with public respondents (Elliott et al., 1997; Tan et al., 2016), and respondents knew that the survey was carried out by an organisation which advocates for the welfare of children. Thus, they might have been affected by social desirability to give less favourable responses for their perceptions towards child abuse and neglect, and more favourable responses for support towards reporting. The current study retains respondents' anonymity, where influence of social desirability may be lesser. Second, while earlier studies explored the public's support for reporting incidences of child abuse and neglect (Elliott et al., 1997; Tan et al., 2016), this present study explores potential actual action that one may take when encountering each scenario, and examines the reasons behind their actions. This provides insights into possible reasons why underreporting of child abuse and neglect occurs even though previous studies found high public support for reporting child abuse and neglect.

While care was exercised to address the limitations of an online questionnaire method, there remains several limitations in the present study. First, an online questionnaire

requires respondents to have internet connection and be internet savvy. This may have affected the characteristics of respondents in the present study, where majority of the respondents were younger adults, and more highly educated. There was no one above 70 years old, and few with lower education qualifications who responded. Future studies could look into recruiting older adults, and examine if there are any generational differences in the perceptions of child neglect and reporting behaviour. Different methods of data collection, such as questionnaire by post or by phone-calls to reduce effect of social desirability, and translations of the questionnaire in different languages should also be considered to cater to the greater recruitment of older adults. Second, the respondents may have been self-selecting, such that individuals who are parents, or interested in the topic of child welfare would respond to the questionnaire more than individuals who are not. There are also concerns about the accuracy of demographic information provided. These appear inevitable for online research methods (Wright, 2005). Thus, the findings from the present study may not be a good representation of what the wider general public in Singapore thinks. Third, even though the study explores public reporting behaviour, the scenario responses only provided an indication of the attitudes towards reporting and potential actions that may be taken. They do not replicate real life conditions and decision making fully. Thus, future studies could look into alternative research designs to simulate real life conditions more closely. Lastly, due to the design of the questionnaire, the influence of cultural factors on reporting behaviour could not be explored. For example, the study of underreporting of child abuse and neglect in a Chinese context by Lau et al. (1999) attributed underreporting to the Chinese cultural belief of not intervening in another family's private matters and not airing dirty laundry in public. The different cultures that co-exist in Singapore hold different beliefs and attitudes about childrearing practices and providing social support for one another. Thus, future studies could examine the influence of culture on the rationale for one's reporting behaviour. Influence of

one's contact history with social services on reporting behaviour and reasons for reporting could also be explored to examine if past experiences and quality of experiences with social services influence one's likelihood of reporting to a social worker and one's perception of efficacy of reporting to authorities. Future studies could also examine the influence of past childhood experiences on one's perceptions of child neglect behaviours.

Implications for practice, policy and research

Underreporting of child neglect may occur as a consequence of a lack of knowledge and awareness of what constitutes neglect. The increase in number and success of educational efforts and campaigns in recent years by relevant authorities and organisations may have contributed to the increased awareness and recognition of potential harm of child neglect. However, there is still a need to raise public understanding and awareness of the seriousness of child maltreatment, especially those with less visible harm, such as emotional neglect, but are similarly damaging to a child. Despite the increase in knowledge and recognition of child neglect generally, underreporting of child neglect cases still occurs in Singapore. Whether public reporting rates can be increased by mandating child abuse and neglect reporting is not evident in the study. Importantly, underreporting may be a result of a lack of knowledge and awareness of the processes to get help needed for the child and family, and of the relevant resources available in the community. That is, while individuals may be able to identify neglect, they may not be sure how to act on that information and who to approach. Thus, efforts to improve public reporting rates may be more effective by focusing attention on improving public knowledge of community resources alongside improving identification, than just mandating reporting of child abuse and neglect.

The finding that individuals were more likely to approach FSC social workers within their communities when reporting cases of child neglect suggests that the public considers

FSCs a helpful and accessible resource to provide interim assistance and improve the family's situation. This not only helps to free the caseload for CPS to focus on more serious cases, it also provides required support for families at risk of child maltreatment who may otherwise receive little attention or resources from authorities, and prevent them from entering the child protection system later (Holden & Nabors, 1999). This may also help prevent undesired stigmatisation and resistance of families from being investigated by CPS. The helping stance and close proximity to the community of FSCs may also increase the receptiveness of families at risk of child maltreatment to receive help and some intervention. Thus, FSCs can be seen as an important agent or partner in safeguarding children's welfare, and that is also recognised by the general public.

As the public appears more likely to look within their community to help other families, efforts that target improving public reporting of child maltreatment could involve not just FSCs but also other informal sources of community support networks. Local authorities and organisations could look into collaboration and partnership with other community and grassroots partners such as community clubs and centres, or residents' and neighbourhood committees to provide a first line of support to families at risk of child maltreatment. If child maltreatment is viewed from an ecological perspective, then interventions will also need to adopt an ecological lens and involve more partners in these social systems to safeguard a child's welfare (Garbarino & Collins, 1999). Some of these community and grassroots organisations have an extensive knowledge and network of available independent support groups within the communities that they can link the families with. Outreach efforts and increasing public or community awareness of these groups may also improve help-seeking behaviours when encountering cases of suspected child maltreatment, as there is greater awareness of the avenues that one can approach to seek help. Overall, this may help to reduce the burden on CPS, although guidelines and policies for

service delivery in these groups may need to be set and managed to ensure that at-risk families also receive adequate support and are prevented from entering the CPS. This may be a challenge, as some of these groups and committees are managed by volunteers, who may require specialised training in identifying child maltreatment and supporting families in need.

On the individual level, the indication that some individuals were likely to approach the families themselves to understand their situation and offer help is encouraging. Neglectful parents tend to be more isolated and lack social support (Garbarino & Collins, 1999), and neighbours could provide that needed social support for these families. However, individuals would need to take on a culturally sensitive stance when approaching families themselves, as not everyone may welcome that “prying” from neighbours with good intentions, and issues of mistrust and judgement may also be an obstacle to building informal helping relationships between families and their neighbours. Despite possible challenges, the indication that some individuals are prepared to intervene and provide support personally shows that our society is shifting towards a willingness to contribute to preventing child maltreatment and safeguarding children’s welfare.

Overall, our child safeguarding policies need to involve multiple partners in different social systems and levels, from the community to the individual level. Efforts need to not only address gaps in public and professional understanding of child maltreatment in general, but also the gaps in knowledge of service providers and support groups in the community that can provide some level of support for families at risk. A collaborative network of social support systems needs to be developed so that helping relationships within communities can be built and strengthened (DePanfilis, 1999). Understanding the cultural differences in attitudes and beliefs of family and childrearing practices can also help formal organisations and informal support groups in their interactions with families in need, and inform targeted

and culturally sensitive strategies in improving public reporting or informing of child maltreatment.

Word count: 6982/7000

References

- Barnett, O. W., Miller-Perrin, C. L., & Perrin, R. D. (2011). *Family violence across the lifespan: An introduction* (3rd ed.). California, CA: SAGE.
- Bensley, L., Ruggles, D., Simmons, K. W., Harris, C., Williams, K., Putvin, T., & Allen, M. (2004). General population norms about child abuse and neglect and associations with childhood experiences. *Child Abuse & Neglect*, 28(12), 1321-1337. DOI: 10.1016/j.chiabu.2004.07.004
- Briggs, F., & Potter, G. K. (2004). Singaporean early childhood teachers' responses to myths about child abuse. *Early Child Development and Care*, 174(4), 339-355. DOI: 10.1080/0300443032000153408
- Chan, J. S., Chow, Y., & Elliott, J. M. (2000). *Professional and public perceptions of physical child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.
- Chan, J. S., Elliott, J. M., Chow, Y., & Thomas, J. I. (2002). Does professional and public opinion in child abuse differ? An issue of cross-cultural policy implementation. *Child Abuse Review*, 11(6), 359-379. DOI: 10.1002/car.767
- Chan, Q. R., Koh, C. W., Elliott, J. M., & Teo, C. E. S. (2012, September). *Public perceptions of child abuse and neglect in Singapore: Differences in perceptions among Singaporeans*. Poster session presented at the 19th ISPCAN (International Society for the Prevention of Child Abuse and Neglect) International Congress on Child Abuse and Neglect, Istanbul, Turkey.
- Children & Young Persons Act, Rev. ed. Cap 38 of 2001 (Singapore).
- Crosson-Tower, C. (2014). *Understanding child abuse and neglect*. London, England: Pearson.

- DePanfilis, D. (1999). Intervening with families when children are neglected. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy* (pp. 1-23). California, CA: SAGE Publications, Inc.
- Dubowitz, H. (1999). Neglect of children's health care. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy* (pp. 1-23). California, CA: SAGE Publications, Inc.
- Elliott, J. M, Chua, Y. S., & Thomas, J. I. (2002). *Emotional maltreatment of children in Singapore: Professional and public perceptions*. Singapore: Singapore Children's Society.
- Elliott, J. M., Thomas, J. I., Chan, J. S., & Chow, Y. (2000). *Professional and public perceptions of child abuse and neglect in Singapore: An overview*. Singapore: Singapore Children's Society.
- Elliott, J. M., Tong, C. K., & Tan, P. (1997). Attitudes of the Singapore public to actions suggesting child abuse. *Child Abuse & Neglect*, 21(5), 445-464.
- Garbarino, J., & Collins, C. C. (1999). Child neglect: The family with a hole in the middle. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy* (pp. 1-23). California, CA: SAGE Publications, Inc.
- Giovannoni, J. M., & Becerra, R. M. (1979). *Defining child abuse*. New York, NY: The Free Press.
- Gosling, S. D., & Mason, W. (2015). Internet research in Psychology. *Annual Review of Psychology*, 66(1), 877-902. DOI: 10.1146/annurev-psych-010814-015321
- Holden, E. W., & Nabors, L. (1999). The prevention of child neglect. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy* (pp. 1-23). California, CA: SAGE Publications, Inc.

- Korbin, J. E. (1980). The cultural context of child abuse and neglect. *Child Abuse & Neglect*, 4(1), 3-13. DOI: 10.1016/0145-2134(80)90028-9
- Korbin, J. E. (1991). Cross-cultural perspectives and research directions for the 21st century. *Child Abuse & Neglect*, 15, 67-77. DOI: 10.1016/0145-2134(91)90010-B
- Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child Abuse & Neglect*, 26(6), 637-644. DOI: 10.1016/S0145-2134(02)00338-1
- Korbin, J. E., & Spilsbury, J. C. (1999). Cultural competence and child neglect. In H. Dubowitz (Ed.), *Neglected children: Research, practice, and policy* (pp. 1-23). California, CA: SAGE Publications, Inc.
- Lau, J. T. F., Liu, J. L. Y., Yu, A., & Wong, C. K. (1999). Conceptualisation, reporting and underreporting of child abuse in Hong Kong. *Child Abuse & Neglect*, 23(11), 1159-1174.
- Maguire, S., & Naughton, A. (2016). Neglect: Widespread, damaging and difficult to identify. *Paediatrics and Child Health*, 26(11), 485-487. DOI: 10.1016/j.paed.2016.06.010
- Ministry of Social and Family Development (2015). *Child abuse reporting guide*. Singapore: Ministry of Social and Family Development.
- Ministry of Social and Family Development (2016). *Protecting children in Singapore*. Singapore: Rehabilitation and Protection Group, Ministry of Social and Family Development.
- Ministry of Social and Family Development (2017). *Child abuse investigations*. Retrieved 3 November 2017, from <https://www.msf.gov.sg/research-and-data/Research-and-Statistics/Pages/Child-Abuse-Investigations.aspx>

- Nadan, Y., Spilsbury, J. C., Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighbourhood-based research. *Child Abuse & Neglect*, 41, 40-48. DOI: 10.1016/j.chiabu.2014.10.021
- Rose, S. J., & Meezan, W. (1996). Variations in perceptions of child neglect. *Child Welfare*, 75(2), 139-160.
- Stewart, C., Kirisci, L., Long, A. L., & Giancola, P. R. (2015). Development and psychometric evaluation of the Child Neglect Questionnaire. *Journal of Interpersonal Violence*, 30(19), 3343-3366. DOI: 10.1177/0886260514563836
- Tan, J. C. G., Elliott, J. M., & Teo, C. E. S. (2016). *Changing public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.
- Wright, K. B. (2005). Researching internet-based populations: Advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. *Journal of Computer-Mediated Communication*, 10(3). DOI: 10.1111/j.1083-6101.2005.tb00259.x

Appendices

Appendix A

Participant Information for Online Questionnaire

Centre for Forensic & Family Psychology
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Public understanding, perception and actions towards child neglect in Singapore

Researcher: Yiyan Yeo (email: msxyy3@nottingham.ac.uk)

Supervisors: Assistant Professor, Lydia Bullock (email: lydia.bullock@nottingham.ac.uk),
Associate Professor, Shihning Chou (email: shihning.chou@nottingham.ac.uk)

University of Nottingham Faculty of Medicine and Health Sciences (FMHS) Ethics
Committee Research Ethics Reference Number: 247-1802

You are invited to participate in a research study titled **Public understanding, perception and actions towards child neglect in Singapore** as you are a Singapore citizen aged 18 years old and above. This study is being done by Yiyan Yeo, a Masters student from the University of Nottingham. The information we get from this study will help us to understand how the public views child neglect in Singapore.

About the study

There is a total of 5 questionnaires, and will take you about 20 minutes to complete.

Your participation in this study is entirely voluntary, and you may choose not to answer a particular question, without giving a reason. You are free to withdraw (i.e. pull out) at any point before or during the study by closing the browser window. It will not affect you in any way. The data will only be uploaded when you complete the questionnaire and click the "Submit" button.

You will be given a completion receipt number at the end of the survey if you consent to take part. You may take a screenshot, save to pdf, or email the receipt to yourself. If you wish to withdraw your data after you have submitted your responses, you can email the Lead Researcher by **8 June 2018** and quote your receipt number.

Are there any risks?

We believe there are no known risks associated with this research study. However, the risk of a breach is always possible with any online activity. We will do everything possible to ensure that all information you provide in this study remain confidential and anonymous. You will not be asked for your name or any other personal details, so it will not be possible to link you with the data. We will keep all information in password-locked computer files so that the data can only be accessed by the researcher and supervisors. Only overall anonymous data will be used when reporting the research findings. The UK Data Protection Act 1998 and Singapore Personal Data Protection Act 2012 will apply to all information gathered within the questionnaires.

How will my data be used?

The data will contribute to the researcher's MSc dissertation. The results of the study may be published in scientific journals and presented at scientific conferences. The data will be reported anonymously, without any identifying information. If you would like a summary of the results, you can contact the researchers at the above email addresses. The overall anonymous data from this study may also be used in the future for research (with research ethics approval) and teaching purposes. All of the data will be stored for a period of 7 years before being destroyed.

If you have any questions about this project, you may contact the Lead Researcher Yiyan, or if you have any concerns about any aspects of this study, please contact the Research Supervisors, Assistant Professor Lydia Bullock, or Associate Professor Shihning Chou at the above email addresses. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. Email: FMHS-ResearchEthics@nottingham.ac.uk.

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (ref. no. 247-1802).

THANK YOU FOR PARTICIPATING!

Participant Consent

Centre for Forensic & Family Psychology
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Public understanding, perception and actions towards child neglect in Singapore

Researcher: Yiyan Yeo (email: msxyy3@nottingham.ac.uk)
Supervisors: Assistant Professor, Lydia Bullock (email: lydia.bullock@nottingham.ac.uk),
Associate Professor, Shihning Chou (email: shihning.chou@nottingham.ac.uk)

University of Nottingham Faculty of Medicine and Health Sciences (FMHS) Ethics
Committee Research Ethics Reference Number: 247-1802

Please tick each box to continue:

- ☐ I confirm that I have read and understood the information on the previous page.
- ☐ I understand that my participation is voluntary and I can end the study at any time by closing the browser and my data will not be saved.
- ☐ I understand that I can request for my data to be withdrawn after completing the questionnaire by quoting my participant number.
- ☐ I understand that my responses will be anonymous.
- ☐ I understand the overall anonymous data from this study may be used in the future for research (with research ethics approval) and teaching purposes.

I have read and understood the above information and consent form, I confirm that I am 18 years old or older and by clicking the “NEXT” button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to take part

EXIT – I do not give consent

Public Perception of Child Neglect Questionnaire

About You:

1. What is your age? ____

2. What is your gender?

☐ Male	☐ Female
☐ Other	☐ Prefer not to say

3. What is your nationality?

☐ Singaporean	☐ Others, please specify _____
--------------------------------------	---

4. What is your ethnicity?

☐ Chinese	☐ Malay	☐ Indian	☐ Others, please specify
----------------------------------	--------------------------------	---------------------------------	---

5. What is the highest level of schooling you have completed? (If you're currently enrolled in school, please indicate the highest qualification you have received)

☐ No formal education	☐ Primary School	☐ Secondary School	☐ Junior College
☐ ITE	☐ Polytechnic	☐ University	☐ Others, please specify

6. What is your marital status?

☐ Single (Never married)	☐ Married/Co-habiting
☐ Divorced/Separated	☐ Widowed

7. How many children do you have? ____

8. What type of housing do you stay in?

☐ 1-2 Room HDB (rental)	☐ 1-2 Room HDB (purchased)	☐ 3-4 Room HDB
☐ 5 Room HDB/ Executive Flats	☐ Condominium/ Other Apartment	☐ Landed Property
☐ Others, please specify _____		

9. What is your combined household monthly income?

☐ Less than \$1,900	☐ \$2,000 - \$6,000	☐ \$6,001 - \$10,000
☐ \$10,001 - \$15,000	☐ \$15,001 - \$20,000	☐ More than \$20,000

Below are some scenarios describing some behaviours that parents, or caregivers, have towards children. We would like to know what you think and may do if you encounter it, based on your personal experience and understanding of children.

Please rate each incident on a scale of increasing seriousness from 1 to 9, choosing a high number if you believe the incident is very serious and a low number if you believe the incident is not so serious. Base your decision on your personal experience with children.

1. You often see parents paying little attention to their 8-year-old child. They do not appear to talk or listen to them or comfort them when they are crying.

How serious is this?

Not serious					Somewhat serious				Very serious
1	2	3	4	5	6	7	8	9	

How acceptable is this?

Always acceptable					Sometimes acceptable				Never acceptable
1	2	3	4	5	6	7	8	9	

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely				Definitely
1	2	3	4	5	6	7	8	9	

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)		
☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	
If you would report to social worker/MSF/Police, why? (tick all that applies)		

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

2. You often see a 8-year-old child who is very thin. They are often seen walking around hawker centres looking for food. They say they have not eaten for one day.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely					Definitely
1	2	3	4	5	6	7	8	9		

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
--	---	---

☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	
If you would report to social worker/MSF/Police, why? (tick all that applies)		
☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

3. You visit your neighbour's house and see that the house is dirty. There is rubbish and food scraps on the dusty floor, the sofa is stained, and a 4-year-old child is on a mattress that is wet and dirty. It seems that the house is rarely cleaned.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?

Not at all					Somewhat likely					Definitely
1	2	3	4	5	6	7	8	9		

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

4. You are aware that a 4-year-old child seems to have a persistent cough and is always crying. The parents say that this is normal so they did not visit a doctor.

How serious is this?

Not serious					Somewhat serious					Very serious
1	2	3	4	5	6	7	8	9		

How acceptable is this?

Always acceptable					Sometimes acceptable					Never acceptable
1	2	3	4	5	6	7	8	9		

In your opinion, is this child neglect?

Is not neglect	Can be neglect	Is neglect	Don't know
☐	☐	☐	☐

How likely would you tell someone?Not at
allSomewhat
likely

Definitely

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

5. You are aware that a 7-year-old child is often left alone inside the house until dark. The parents sometimes only come home after midnight.

How serious is this?Not
seriousSomewhat
seriousVery
serious

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

How acceptable is this?

Always acceptable				Sometimes acceptable			Never acceptable	
1	2	3	4	5	6	7	8	9

In your opinion, is this child neglect?

Is not neglect		Can be neglect		Is neglect		Don't know	
☐		☐		☐		☐	

How likely would you tell someone?

Not at all				Somewhat likely			Definitely	
1	2	3	4	5	6	7	8	9

Who are you most likely to tell first?

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

If you would tell family member/friend/no one/others, why? (tick all that applies)

☐ I don't know who to report to	☐ I don't know how to report	☐ Seeking help from professionals is difficult
☐ Reporting to Police/MSF will not help	☐ Reporting to Police/MSF is troublesome	☐ It is a family matter not for others to interfere
☐ I may get into trouble for reporting	☐ It is none of my business	☐ I may be wrong about the situation
☐ The situation is not a serious one	☐ Others, please specify:	

If you would report to social worker/MSF/Police, why? (tick all that applies)

☐ It is easy to approach professionals for help	☐ Need to protect the child	☐ So the child can receive help
☐ So the perpetrator can be caught	☐ So the family can receive help	☐ I have a responsibility to report
☐ The situation is a serious one	☐ Others, please specify:	

Who else would you tell? (You may select more than 1 option)

☐ A family member	☐ A friend	☐ A social worker from a Family Service Centre (FSC)
☐ Report to MSF	☐ Report to Police	☐ No one
☐ Others, please specify:		

STUDY DEBRIEF INFORMATION**PUBLIC UNDERSTANDING, PERCEPTION, AND ACTIONS TOWARDS CHILD
NEGLECT IN SINGAPORE**

BOS completion receipt acknowledgement: xxx-xxx-xxxx

This study was designed to understand what individuals in the general public think about behaviours suggesting neglect, and what they may do when they encounter such behaviours. Previous work has shown that child neglect is difficult to identify, and that affects reporting of neglectful behaviours to relevant organisations for the family and child to receive the help they need.

If you have any questions or concerns about this project, you may contact the Lead Researcher Yiyang at msxyy3@nottingham.ac.uk.

If you have any concerns about any abusive or neglectful behaviours you have observed around you, please contact the following agencies:

Child Protective Service Helpline: 1800-777 0000

Child Protection Specialist Centres

HEART@Fei Yue

6819 9170

<http://www.fycs.org/index.cfm?GPID=260>

heartadmin@fycs.org

Monday – Friday 9.30am – 5.30pm

Big Love Child Protection Specialist Centre

6445 0400

<http://www.biglove.org.sg/>

contact@biglove.org.sg

Monday – Friday 9.00am – 6.00pm

SAFE SPACE

6266 0171

<http://www.pave.org.sg/>

adminpcsc@pave.org.sg

Monday – Friday 9.00am – 1.00pm; 2.00pm – 6.00pm

or the **Police Divisional HQ or the nearest Neighbourhood Police Post.**

Thank you very much for your participation!

Appendix B

Using Kolmogorov-Smirnov test to test for normality on the following dependent variables,

Neglect identification ratings in:

Emotional neglect, $D(204) = 0.30$,

Nutritional neglect, $D(204) = 0.42$,

Hygiene neglect, $D(204) = 0.35$,

Medical care neglect, $D(204) = 0.27$, and

Supervision neglect, $D(204) = 0.31$, all $ps < .05$, were significantly non-normal.

Ratings for reporting to authorities in:

Emotional neglect, $D(204) = 0.54$,

Nutritional neglect, $D(204) = 0.38$,

Hygiene neglect, $D(204) = 0.35$,

Medical care neglect, $D(204) = 0.49$, and

supervision neglect, $D(204) = 0.35$, all $ps < .05$, were significantly non-normal.

Overall ratings of:

Seriousness, $D(204) = 0.15$,

Acceptability, $D(204) = 0.16$,

Likelihood of telling someone, $D(204) = 0.10$, and

Likelihood of reporting to authorities, $D(204) = 0.18$, all $ps < .05$, were significantly non-normal.

This indicates that the data was not normally distributed.

Executive Summary

Executive Summary

Public understanding, perception, and actions towards child neglect in Singapore

Target audience: Participants of the study, and any social service and child protection professionals.

Background and rationale

Cases of child abuse and neglect investigated by the Child Protective Service (CPS) in Singapore has increased since 2009. Particularly, child neglect cases investigated has increased to form 36.9% of all investigations by CPS in 2016. The increase in cases could be due to improved identification and screening of child safety concerns through professional training. However, studies in Singapore have shown that both professionals and the public struggle with identifying child abuse and neglect^{1,2}. National legal and formal definitions of child neglect provide some guidelines on what constitutes child neglect, but the growing recognition of the influences of societal and cultural factors on child-care and parenting practices and reporting behaviour makes identification and reporting more challenging and complicated. The studies in Singapore found a lack of public consensus on what constitutes child neglect, although there is improved recognition of its potential harm to the child. Despite the uncertainty, support for reporting child abuse and neglect has increased. However, when encountering cases personally, only a minority of the public reported it to authorities, indicating an underreporting of suspected child maltreatment.

¹ Elliott, J. M., Tong, C. K., & Tan, P. (1997). Attitudes of the Singapore public to actions suggesting child abuse. *Child Abuse & Neglect*, 21(5), 445-464.

² Tan, J. C. G., Elliott, J. M., & Teo, C. E. S. (2016). *Changing public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.

This study focuses on child neglect as it received the least consensus in identification and perception. Although studies found improvements in public perception and support for reporting child neglect, little is known about how improved perceptions influence actual reporting, and the reasons behind one's reporting behaviour.

Research aims

This study builds on previous studies in Singapore on public perception and attitudes towards reporting child maltreatment, and aims to investigate:

1. The Singaporean public's current ability to identify child neglect,
2. The relationship between perceptions of neglectful behaviours and reporting, and
3. The factors influencing reporting of child neglect behaviours.

Data collection and analysis

Respondents were recruited through random and snowball sampling via social media platforms. 204 Singaporeans between ages 18 and 68 (mean = 33.3 years old) responded to the online questionnaire. They ranged in parenthood status, educational level and housing types. The online questionnaire contained five scenarios of child neglect, with questions on their perceptions and identification of behaviour, likelihood of telling someone and who they would tell, and reasons for reporting or not reporting the behaviour to authorities. A debrief sheet with contact details of agencies individuals could approach concerning any child maltreatment behaviours they have observed was provided at the end.

Data was analysed with SPSS Version 24. Regression tests were used to determine:

1. Influence of demographic factors on child neglect identification,
2. Influence of demographic factors and perceptions of behaviours on overall likelihood of telling someone, and reporting to authorities, and
3. Influence of demographic factors and perceptions of behaviours on reporting in each scenario.

Descriptive analysis was used to determine the pertinent reasons behind reporting behaviour.

Key findings

There was greatest consensus in nutritional neglect (67.6%), some consensus in hygiene (54.4%) and supervision neglect (48.5%), and least consensus in medical care (26.0%) and emotional neglect (19.1%). Individuals with lower education were more explicit in identifying emotional neglect.

Perception of seriousness and being a parent increased one's likelihood of telling someone about the neglectful behaviour, but only being a parent increased one's likelihood of reporting, although the effect was small. This suggests that perceived seriousness increases one's likelihood of telling someone, but not necessarily to an authority figure. Emotional neglect had the lowest reporting rate (5.9%), and nutritional neglect the highest (57.8%).

Majority of respondents who chose to report preferred telling a Family Service Centre (FSC) social worker. Common reasons for reporting included the perceived need to protect the child and get help for the child and family. Pertinent reasons for not reporting included worry of being wrong about the situation, not knowing who and how to report, and not wanting to interfere in another family's matters.

Implications

The findings indicate a need to continue raising public understanding of the harm of emotional maltreatment, and knowledge of community resources to improve identification and reporting of child maltreatment. The findings that the public were more likely to look within their community to help families suggests public recognition of community agencies such as FSCs as important and approachable agents in safeguarding children's welfare. Authorities and organisations can also look into involving other informal community support networks, such as grassroots organisations who may have extensive knowledge of other available resources within their community, to provide a first line of support to families at risk of child maltreatment and prevent them from entering the child protection system. From an ecological perspective, interventions need to involve additional partners within larger social systems to build and strengthen helping relationships within communities.

Recommendations

Future research could look into recruiting more older adults to examine possible generational differences in perceptions of child neglect and reporting behaviour. Different methods of data collection and translations of the questionnaire in different languages should also be considered to cater to older adults. Future study designs could also explore methods that simulate real life conditions and decision making more closely to explore actual reporting behaviour. The current study was limited by its design and could not explore cultural differences in reporting behaviour. While cultural differences may not play a significant role in how individuals define basic care of a child and their identification of neglect, they may influence how individuals respond after

witnessing neglectful behaviours. Thus, future research should examine differences between cultures that co-exist in a multi-cultural Singapore and their influences on reporting behaviour and reasons behind their reporting decisions.

Word count: 974/1000

Powerpoint Presentation Handouts

PUBLIC UNDERSTANDING, PERCEPTION, AND ACTIONS TOWARDS CHILD NEGLECT IN SINGAPORE

Yeo Yiyan

msxyy3@nottingham.ac.uk

RATIONALE AND AIMS

- Literature of child neglect, especially in Asia, is limited
- Lack of consensus of what constitutes child neglect in Singapore (Elliott et al., 1997; Tan et al., 2016)
 - Greater public recognition that it is potentially abusive
 - Greater public support for mandatory reporting for those close to event
 - But only a minority of encountered cases were reported (Tan et al., 2016)
 - Similar findings of underreporting in Hong Kong study (Lau et al., 1999)
- Little research on how improved perception influence actual reporting, and factors that influence reporting behaviour to explain current underreporting
- Thus this study aims to investigate:
 - The Singaporean public's current ability to identify child neglect
 - The relationship between perceptions of neglectful behaviours and reporting
 - The factors influencing reporting of child neglect behaviours

METHODS

- 204 Singaporean respondents aged 18 and above ($M = 33.3$ years), recruited through random and snowball sampling
- Questionnaire advertised on social media platforms: Facebook, Facebook groups, online forums
- Questionnaire components:
 - Information and consent
 - Demographic information
 - 5 scenarios of child neglect, selected and adapted from past studies and professional reporting guide in Singapore (Giovannoni & Becerra, 1979; MSF, 2015)
 - Emotional, nutritional, hygiene, medical care, and supervision neglect
 - Perceptions of seriousness and acceptability of behaviour
 - Whether it constituted child neglect
 - Likelihood of telling someone, and who they would tell (Authority or Non-Authority)
 - Reasons for their choice
 - Debrief information

RESULTS

- Child neglect identification
 - Greatest consensus in nutritional neglect (87.6%), some consensus in hygiene (54.4%) and supervision neglect (48.8%), least consensus in medical care (26.0%) and emotional neglect (19.1%)
 - Individuals with lower education level more explicitly identified emotional neglect
- Perceptions and reporting behaviour
 - Likelihood of telling someone, $R^2 = .61$, $F(5,198) = 63.83$, $p < .001$
 - Perception of seriousness ($\beta = .66$, $p < .01$) and being a parent ($\beta = .12$, $p < .05$) significant factors
 - Reporting to authorities, $R^2 = .04$, $F(3,200) = 2.97$, $p < .05$
 - Being a parent ($\beta = .15$, $p < .05$) the only significant factor
- Common factors influencing reporting behaviour across all scenarios

Report to authorities	Not report to authorities
• Need to protect child	• Worry about being wrong
• Get help for child and family	• Don't know who and how to report
	• Should not interfere in another family's matters

IMPLICATIONS AND SUGGESTIONS

- Implications
 - Public more likely to look within their community to help families
 - Community agencies such as Family Service Centres (FSCs) are valuable partners in safeguarding children's welfare
 - Involving other informal community networks to provide first line of support to families at risk
 - Grassroots partners such as residents' or neighbourhood committee, who may have extensive knowledge of other independent support groups within their community
 - Policies need to take on an ecological perspective and involve different social systems
 - Address gaps in understanding of child maltreatment, and knowledge of community service providers and support groups to guide actions after maltreatment identification
- Future research
 - Recruit older adults to explore generational differences
 - Alternative study design to simulate real life conditions more closely
 - Influence of culture and past experiences with social services on reporting behaviour

REFERENCES

- Elliott, J. M., Tong, C. K., & Tan, P. (1997). Attitudes of the Singapore public to actions suggesting child abuse. *Child Abuse & Neglect*, 21(5), 445-464.
- Giovannoni, J. M., & Becerra, R. M. (1979). *Defining child abuse*. New York, NY: The Free Press.
- Lau, J. T. F., Liu, J. L. Y., Yu, A., & Wong, C. K. (1999). Conceptualisation, reporting and underreporting of child abuse in Hong Kong. *Child Abuse & Neglect*, 23(11), 1159-1174.
- Ministry of Social and Family Development (2015). *Child abuse reporting guide*. Singapore: Ministry of Social and Family Development.
- Tan, J. C. G., Elliott, J. M., & Teo, C. E. S. (2016). *Changing public perceptions of child abuse and neglect in Singapore*. Singapore: Singapore Children's Society.

Reflective report of research activities

Conceptualisation

The project was first conceptualised in September 2017. Prior to the course, I had been working with vulnerable families with young children to support their early childhood development. Some of these families were known to Child Protection Service (CPS), or to social workers from Family Service Centres (FSCs) in the community for history of family violence. During my work with them, I had come to witness situations where the child appears at risk of maltreatment. When I first encountered such an instance, it was a nagging feeling that something was amiss. The professional training I received on identifying and reporting child abuse and neglect helped me to decide my next actions. However, even as a professional, I struggled with identifying such behaviours with certainty. Even though I was guided by good professional practice and ethics, I often wondered if reporting would affect the work and relationship I had built with the family. The experiences triggered my curiosity about how a lay person would react if they encountered similar situations. That if I had struggled even as a professional who had received specific training on the subject, what about a lay person who had no training in child welfare?

I was most interested in understanding the subject in my home context of Singapore, because I wanted to understand my home population better and for my study to have practical implications for the safeguarding of child welfare in my home country. I found similar studies exploring public and professional perceptions of child abuse and neglect, and their support for mandatory reporting. The study by Elliott et al. (1997) and follow up study by Tan et al. (2016) found that it was difficult for both public and professional groups to identify with certainty that actions suggesting abuse and neglect are abusive. Despite the lack of consensus, support for reporting such behaviours was high.

However, when asked if they had encountered such behaviours personally and what they did subsequently, reporting rates were found to be low. Thus, I wanted to explore the reasons behind low reporting rates, and if improved public perceptions had any relationship with reporting behaviour. I decided to look specifically into child neglect because child maltreatment literature tended to focus on child abuse but not neglect, and investigations of child neglect in Singapore has increased since 2009.

Preparation

I first met officially with my advisors Dr. Lydia Bullock and Dr. Shihning Chou on 18/10/2017 and 31/10/2017 to discuss and review my research questions and methodology. As my study looked at Singapore's population specifically, they advised me to get a clearer understanding of the legal and operational definitions of child neglect in Singapore and to ensure my research questions and design fit the definition. I was worried about possible low response rates and sample representativeness that is common for online questionnaires, and wanted to explore disseminating my questionnaire through other methods such as via social service agencies and providing an alternative pen-and-paper method for individuals who may not have internet access or are not internet savvy. Dr. Bullock and Dr. Chou suggested for me to keep my research design as simple as possible, and prompted me to think about the pros and cons between an online and a pen-and-paper questionnaire, and a mixed methods design. I finally decided to just employ an online research method, as I thought it would more easily reach my target population as I was not based in Singapore then. Dr. Bullock suggested that I advertise my study on different Facebook interest groups to disseminate the online questionnaire. She also

provided helpful reminders on the design of the questionnaire and elements to be included such as a progress bar to reduce drop-out rates and limiting the questionnaire to take less than 20 minutes.

Design

I met with Dr. Bullock on 7/11/2017 and 11/1/2018 to discuss my research proposal and refine the proposed scenarios and questions. My initial questionnaire design had 3 sections to it: demographic information, a list of 18 behaviours for respondents to indicate if it constituted neglect, and a section of 12 neglect scenarios to understand perceptions and reporting behaviour. Dr. Bullock advised that the questionnaire was too lengthy and repetitive, and suggested for me to combine the sections and reduce the number of scenarios. I had to keep in mind that even though I was interested in gathering information across a variety of neglect categories and examples, I was limited by a desired study design of less than 20 minutes to reduce drop-out rates.

It was a struggle to remove certain scenarios, but eventually it helped that I had access to the professional child abuse reporting guide in Singapore. I referred to it to decide on the final 5 scenarios that were most relevant in Singapore, which professionals could intervene to address the behaviours. I also decided to place the question of neglect identification within each scenario. The final questionnaire design had 2 sections to it: demographic information, and 5 neglect scenarios, namely emotional, nutritional, hygiene, medical care, and supervision neglect, which included questions on neglect identification, perceptions and reporting behaviour and rationale. Because my questionnaire was now shortened, I could provide more context and details for each scenario. On hindsight, I think it was a better design because the scenarios could be

designed to resemble actual situations and include the contextual information that a lay person may be privy to. It also made the scenarios and questions more interesting to read, which may have helped with questionnaire completion rates.

I received ethical approval on 22/3/2018, and did a trial with some individuals to gather feedback on the design, scenarios, and questions. The feedback were greatly appreciated, and I aimed to revise the questions as suggested. However, as my questionnaire was hosted on Bristol Online Survey (BOS), it was limited by the functions it offered. To help with later data analysis, I had to change my question on reporting behaviour to ask who respondents were most likely to tell *first*, so they could only choose 1 option and I could dichotomise the data into "Authority" and "Non-Authority", and to provide the opportunity for them to select all other individuals they might also tell at the end of each scenario. I had been eager to start data collection, and had not expected that I had to change some elements of my questionnaire and submit my proposal for approval again. From the experience though, I learnt to be patient and provide ample time for such unexpected events in my work timeline. I also had to be flexible in managing my work, working on other elements of the project while I waited for re-approval, so that once I received approval again on 11/4/2018, I could launch the questionnaire immediately.

Data collection

Data collection proceeded smoothly with no incidents. On reflection, I thought that the suggestion to advertise on the different Facebook interest groups and online forums really helped my study to achieve better representativeness. Although majority of the respondents were younger adults, I

managed to collect responses from older age groups, as well as from lower income groups. From the experience, I learnt to be more resourceful in disseminating the link to my questionnaire. Some Facebook interest groups were run by admins, and permissions needed to be granted before I could join and post in the group. I was honest with the admins from the beginning that I was looking for participants for my research study. Although not all admins responded to my request, the process was still enjoyable because I found individuals who were eager to help in any way they could with my research.

On hindsight, I could have approached not just online interest groups that targeted lower income individuals, but also older adults to get more responses from that age group. I could also have approached community organisations, who have contact with individuals of different backgrounds, and community centres or clubs, where individuals could learn to use the internet, to help disseminate the link to my questionnaire and increase response rates and sample representativeness. Thus, a learning point for me was to be more creative in the ways I could advertise my study.

Data analysis

After the questionnaire closed on 25/5/2018, I attempted to run initial analyses on the data I collected. It was challenging, and I realised at this stage, I had proposed an unsuitable analytical strategy in my initial proposal. I was not confident if I had revised the strategy correctly, and so I met with Dr. Bullock and Dr. Chou on 6/6/2018 to discuss my analyses and findings. They provided much needed reassurance, and guidance on which statistical test would be better suited for my analyses. I had initially attempted to run chi-squared tests but Dr. Chou highlighted the risk of errors because of the large number of chi-

square tests I had to run for each scenario. Eventually I opted to run regression tests instead, which would still answer my research questions.

My findings were worrying, and especially for emotional neglect which had the lowest reporting rates. I also found that while perceptions of seriousness influenced one's likelihood to tell someone, it did not influence one's reporting behaviour. That is, although they were more likely to tell someone if they perceived the behaviour to be serious, it tended not to be an authority figure. Respondents were mostly worried about being wrong about the situation, not wanting to interfere in another's family matters, and not knowing who and how to report the behaviour. The qualitative aspect of the research helped me to understand ground sentiments about reporting child abuse and neglect, and ground perceptions of the efficacy of social service agencies. The entire research experience not only helped me develop better research design and data analysis skills, it also provided valuable insights to me as a practitioner who works with individuals in the community to think about the practical implications of my findings and what could be done at a systems level to improve the situation.

Write up

I began the write up of my dissertation following my supervision meeting on 6/6/2018. I learnt to better manage my time between completing my research portfolio and other commitments. It was stressful and required great discipline.

I found the discussion of results and implications of my study enjoyable to write. It provided a space for reflection within a research context. It allowed me to see how my study relates to other studies conducted both in Singapore and in other countries. Most importantly, I had to pick my brain and think more deeply

about the practical implications of my study. I found that my previous work experience and knowledge of social systems and their interactions helped me in addressing what could be done and how suggestions could be implemented in practice. With my work experience, my suggestions were not just theoretical, but with practical implementation issues thought out. I thought it also provided an opportunity for me to take on a more macro perspective to think about system changes, and how my study could contribute to policies and work practices. It was a process I found challenging, but rewarding at the same time.

Supervision

Overall, Dr. Bullock and Dr. Chou provided great guidance for me throughout the process. They were very approachable, and ready to meet and discuss any issues and concerns face-to-face with me if I needed it. It was easy and quick to arrange for a supervision meeting with them. They also responded to my queries quickly, and were supportive and reassuring throughout the project. Their feedback on my drafts and reminders on APA styles and formats were most appreciated, as it was a challenge for me to, for example, keep track of the formats for reporting results in tables. I felt that I have definitely grown as a researcher and as a practitioner under their guidance.

Word count: 1974/2000