ORIGINAL ARTICLE

CHILDREN ABUSED WHILE IN THE CARE OF CHILD-MINDERS: THE MALAYSIAN SCENE

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Abstract

This paper looks at some of the problems encountered when cases of abuse and injuries occur in children placed in child care in an urban community in Malaysia.

It is based on the study of 37 children referred to our hospital's Child Protection Services over the past four years for injuries and incidents where the child-minders came under suspicion. They constituted 12% of the 285 children referred to the Child Protection Team during that period for evaluation of suspected child abuse. Twenty six children had experienced physical trauma. Fifty eight percent of these were young infants with cranial injuries or limb fractures but no history to explain their occurrence. Four had superficial injuries from accidents secondary to inadequate supervision. The other 11 children had been sexually abused. The perpetrators in 73% of cases were either the husbands or sons of the child-minder.

Ninety five percent of the incidents occured at home-based nurseries. Prospects of any punitive measures were remote in most instances due to uncertainty about the perpetrator, or insufficient corroborative evidence required in sexual abuse cases. There were three documented cases where the family refused to lodge a police report or co-operate with investigations out of a reluctance to implicate or offend the child-minders who were mainly neighbours, relatives or friends in 58% of cases. Ninety seven percent of the facilities were unregistered, making surveillance for recurrent incidents and adherence to safety standards difficult. These incidents were almost certainly an underestimate of the problem. Training of child-care providers, improved legislation and enforcement as well as education of parents to choose suitable facilities are issues which need to be tackled.

Key words: *child abuse; child care*

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Introduction

Kuala Lumpur and the surrounding region popularly known as the "Klang valley" has an urban community with a large number of nuclear families with working parents, resulting in the need to place their children in some form of child care. This paper relates the experience of our hospital's Child Protection Team in dealing with cases of abuse and injuries in children who have been placed in child care, and highlights various problems and issues which need to be addressed.

Materials and methods

All children referred to the hospital's Child Protection Team and their families are reviewed by a multidisciplinary team which includes a paediatrician, a psychiatrist, a medical social worker as well as a gynaecologist (for suspected child sexual abuse in girls). Consultations are also made with specialists from other disciplines (e.g. orthopaedics) where appropriate. Whenever appropriate, a forensic physician will also be consulted with regards to the type and nature of physical injuries. Following evaluation by members of the team, a case conference is held to discuss findings, assess the likelihood of abuse

and formulate appropriate management plans. An assessment of the likelihood of abuse and the suspected perpetrator or perpetrators is made by the team after evaluating the circumstances of the clinical presentation as well as histories given by the child and various family members against the pattern of injuries seen and results of relevant investigations.

For purposes of this study, we included all children who had been referred to our multidisciplinary Child Protection Team from 1994 to 1997 for injuries or incidents of alleged abuse where a member of the child-minder's household was the suspected perpetrator. Data was obtained retrospectively from medical records and reports of social workers assigned to the cases.

Results

Thirty-seven children met the inclusion criteria, out of which 26 had experienced physical trauma and 11 children had been sexually abused. They constituted 12% of the 285 children referred to the Child Protection Team for evaluation of suspected child abuse during the period under study.

Physical trauma

The children who had experienced physical trauma were aged between 4 months to 5 years (see Table I). Thirteen of them were male and 14 were female. Eighteen of them were Malays, while 5 and 4 children were of Indian and Chinese origin respectively. Fourteen children were aged less than one year. All of these infants (56% of this category) had severe injuries in the form of intracranial haemorrhage, skull or limb fractures without a satisfactory explanation to account for the findings. There was one death of an infant who had been admitted on more than one occasion for subdural haematomas on opposite sides. Another infant suffered severe neurological damage as a consequence of extensive injury to the brain.

Four children had superficial injuries which were related to poor supervision and/or neglect of safety rather than deliberate maltreatemnt. One of these children had suffered a burn while running around near a stove at the child-minder's house. The other three had bites and bruises allegedly caused by other children in the facility while they were left unattended.

Apart from these four cases, there was no satisfactory explanation to account for the injuries seen in the remaining 22 children (see Fig. 1). Suspicions of intentional trauma were high, but no particular individual or individuals could be implicated with any certainty. The possibility that either the child-minder or the parents were involved remained. The possibility of unintentional trauma involving other children

Table I. Type of cases by age group

Age (years)	Physical trauma	Sexual abuse
< 1	14	0
1 to < 2	4	0
2 to < 3	3	2
3 to < 4	1	4
4 to < 5	3	5
5 to < 6	1	0

in the same nursery could not be ruled out although this was unlikely in the cases of infants with severe injuries.

Sexual abuse

All 11 children who had been sexually abused were female, and between 2 to 5 years of age. Nine of these (82%) were Malays, one was of Chinese and another of Indian origin. Ten of the cases (91%) involved contact abuse and attempted but no actual penetration. Only one of the children had a visible injury at the time of examination to corroborate the suspicions. One child presented with per vaginal bleeding and could not give a history of what had actually occurred. As all the children were under five years of age, no clear history could be obtained as to the duration or frequency of the abuse. In at least three cases, it was suspected to have taken place on multiple occasions. The perpetrator in three cases was the babysitter's husband, in four others the babysitter's son, and in one case the babysitter's daughter was involved (see Fig. 2). One child was sexually abused by multiple individuals, including the

Fig. 1. Reasons for trauma.

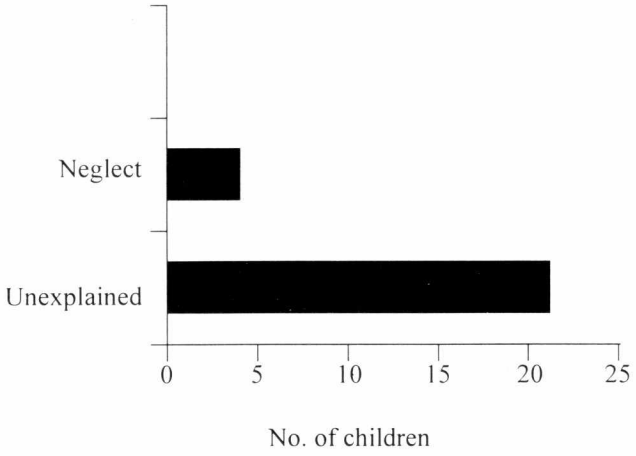
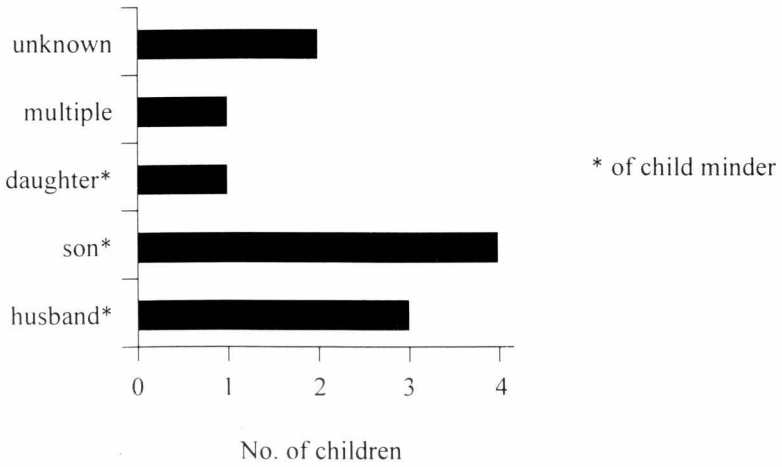


Fig. 2. Sexual abuse: perpetrator.



babysitter's husband, a co-tenant in her house and possibly her mother's lover. This was a child of a single parent and who was left with the landlady while her father went out to work. In two cases, the perpetrator was unclear. Thus 73% of the cases involved either the husband or the son of the child-minder.

Child-minders

The above incidents occurred in 36 facilities, of which 35 (97%) were unregistered and home-based (see Table II). This means that they were operating without the knowledge of the local authorities. Unfortunately details of the number of children looked after in these facilties were not available in every case in this retrospective study. The majority (at least 26/36) of the childminders looked after more than one child. A subset of at least 6 (17%) childminders looked after five or more children single-handedly, including some of their own. This is despite legislation that the Welfare Department should be informed about facilities looking after five or more children.[1] Twenty-one of the child-minders (58%) were neighbours (17), relatives (3) or friends (1) of the child's parents. In all these 37 cases the parents were advised to lodge a police report so that further investigations could be conducted. In three cases there was a reluctance on the part of the parents to make a police report or provide any information that would enable identification and location of the child-minder. In the experience of the Child Protection Team, this reluctance was not confined to just these three cases although this was not always documented in the records. This fear of causing offence or loss of income to the child-minder appeared to be their overriding concern. Even when confronted with the possibility that another child might suffer similar or worse consequences, they could not be persuaded to co-operate. At least two children were sent back to the same babysitter, despite advice to the contrary, including the child who eventually died.

Discussion

The cases seen were only those where the severity of the injury warranted admission or where there were suspicions of child abuse. The real incidence of abuse which may have taken place in child care centres remains unknown. There are also an equally unknown number of cases which may have been seen by general practitioners or doctors at casualty departments that may have gone unrecognised and unreported.

This study raises a few issues which are a cause of concern.

Infants form a particularly vulnerable group at risk of significant intracranial injuries which

Table II. Childminders: some sobering facts

Category	No.
Home-based nurseries in Klang valley	unknown
Total no. of minders in study	36
Unregistered (home-based)	35
Looking after >1 child (inclusive of *)	26
Looking after >4 children*	6
Children returned to same minder following injury	2

may be life-threatening or result in disabilities.[2] Previous studies conducted on child abuse in Malaysia have shown babysisters and related persons to be implicated in a significant proportion of cases that have resulted in intracranial injuries and death.[3-5] Cheah et al (1994) reported that babysitters were the largest group of suspected abusers (34%) in a review of 41 children with intracranial haemorrhage.[3] The SCAN team at Hospital Kuala Lumpur reported that among 34 children with intracranial haemorrhage seen in 1995, the suspected abuser was the babysister in 59% of cases.[5] Unfortunately the lack of an eye-witness and the inability of the infant to give a history compounds the difficulty of identifying the individual and the circumstances which produced the injuries. This makes the recommendation of protective measures difficult – the possibility that a parent and not the child-minder may be responsible has to be borne in mind.

The majority of children who were sexually abused in this study did not have any corroborative physical evidence or corroboration from eyewitnesses. Any unsworn evidence given by these child witnesses is currently not accepted in court for purposes of conviction unless there is corroborative evidence.[6-7]

We have no accurate documentation of the number of home-based nurseries which are operating, their location, and the care-givers involved. As the majority of them were not registered, they have not been screened and certified to be suitable with respect to the environment, adherence to safety standards and competence of the care-giver. This is despite the availability of child care courses provided for home-based caregivers by the Social Welfare Department at minimal cost. In this study we found a significant proportion of child-minders who were looking after more than one child. This has two disturbing implications. Firstly, there is a potential for maltreatment of other children within the same facility, apart from the child who presented to the hospital. Secondly, there is an increased risk of accidents occurring in an environment with minimal manpower to supervise a large number of children as was seen in a few of the cases.

All of the aforementioned factors impede the process of protecting children who are in child care from mishaps and maltreatment. The child-minder or related individuals were suspected of causing intentional trauma or of neglecting their charges in all these cases. However despite the occurrence of these incidents, there was nothing to prevent them from taking in other children who would be exposed to the same dangers. There was little prospect of indictment of the individuals concerned in the face of uncertainty and insufficient evidence. Even surveillance for recurrent incidents or punishment for obvious violation of existing legislation could not be carried out without the co-operation of the parents in providing information about the location and identity of the child-minder.

The reactions of the parents to these incidents reveal a lack of awareness and understanding with regards to issues of safety and child maltreatment. Apart from these, their decisions to place their children in less than suitable facilities may be dictated by convenience, limited choices and financial constraints.

Conclusion

Despite existing legislative requirements for home-based nurseries to register with the Welfare Department, this has not been adhered to. The current level of knowledge and awareness among parents of young children with regards to the selection of suitable and safe child care facilities appears to be lacking. There is also no existing mechanism to prevent further incidents or initiate surveillance for further incidents when a child suffers serious injury while in the care of a child-minder. Perhaps it is time to conduct a review of existing legislations which regulate child care providers and the effectiveness of their enforcement to ensure that

these facilities adhere to acceptable standards.

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