Child abuse and neglect as seen in General Hospital, Kuala Lumpur – A two year study

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Summary

Eighty-six children diagnosed as child abuse and/or neglect were admitted to the Paediatric wards of the General Hospital, Kuala Lumpur during 1985 and 1986. Of these cases, 62 were of physical abuse, six of sexual abuse, one case of both physical and sexual abuse and 17 of neglect. There were 25 boys and 61 girls. Thirty-four of these children were Malays, 16 Chinese, 26 Indians, three mixed and seven illegal immigrants. Twenty-one were below the age of one year, 24 from one to four years, 25 from five to nine years and 16 were ten years and above. The abusers were mainly close members of the family. Of these children, 24 were sent back to their parents and 11 to their relatives home. Twenty-seven were taken into care by the Ministry of Social Welfare and the remaining seven children who were illegal immigrants, were deported with their parents. Only one child was successfully fostered. Eleven children were taken away from the hospital by their parents or guardians without the knowledge of the health staff. There were five deaths in the series.

Key words: Child abuse, neglect, physical, sexual.

Introduction

Child abuse was recognised as a medical and social problem in 1962 when Henry Kempe presented his findings on unexplained physical trauma in children.[1] It was soon realised that it was one of the most pressing problems affecting children in developed countries leading to many cases of permanent mental and physical damage and even death. In 1978, Henry Kempe published his findings on sexual abuse amongst children. After his studies were emulated by others, the problem was found to be as serious as physical abuse.[2] Another condition identified during the course of work on these two problems was neglect of children. It was found that neglect would not only lead to physical retardation but could also result in emotional and psychological deprivation in these children. However, most professionals working in child health in developing countries assumed that child abuse did not occur amongst them or even if it did, it would be of minor significance. It was also felt that the extended family system in developing countries would prevent child abuse.

However, with an ever increasing number of people migrating from rural to urban areas and change towards the nuclear self-supporting family, the environment found in developed countries is created in the developing world. It is inevitable then that child abuse and neglect will increase in all developing countries. Reports by Woon, Yeow, Teoh and Nathan amongst others have shown that child abuse occurs in Malaysia.[3,4,5,6] However, the extent of the problem throughout the country is not known. The Ministry of Social Welfare keeps a record of cases reported to them but those working in the field realise that this is only the tip of the iceberg, as most cases are not reported to the authorities concerned (Table I). It was due to this that a SUSPECTED CHILD ABUSE AND NEGLECT (SCAN) team was formed in the General Hospital, Kuala Lumpur in early 1985 for coordination of the management and documentation of these cases to be carried out. The team members were doctors from the Departments of Paediatrics, Psychiatry, Pathology and Casualty, a psychologist, social workers, a police officer and a solicitor and advocate. It was hoped that by having regular (at least once a month) meetings and constant contact between the members of the team, each case of child abuse would get the attention and follow-up needed.

The report presented here is of cases identified during 1985 and 1986. We would like to state that cases are still being missed, even of children admitted, because they are being admitted

Table I

Cases of child abuse by ethnic groups in Peninsular Malaysia (1981–1985)
Source – Ministry of Social Welfare Malaysia

Year	Malay	Chinese	Indian	Others	Total
1981	17	49	27	–	93
1982	35	30	23	–	88
1983	56	47	42	–	145
1984	27	34	31	5	97
Total	135	160	123	5	423

into non-Paediatric Unit wards. Many doctors in government as well as private hospitals are reluctant to report cases of child abuse partly due to ignorance and partly due to fear of the parents reaction in the matter.

Methods

Circulars were sent through the General Hospital administration to heads of various units to inform doctors in their departments to refer suspected cases of abuse to SCAN team members. A simple guideline as to which case should be referred was given. In addition, any case of suspected child abuse and neglect referred to the Social Welfare Department of the Federal Territory by members of the public would be admitted to the Paediatric wards or be seen at the Paediatric outpatient clinic for further management. Referred cases would be seen by Paediatric members of the SCAN team within 24 hours, who would recommend further relevant investigations and management.

Tests to exclude bleeding disorders and skeletal survey in all children under two and in the older children when indicated would be done. Photographs of each patient for purposes of identification and injuries sustained would be taken. Further interviews of the patient and/or the parents by other members of the team would be conducted to confirm the diagnosis. In addition, special circumstances that might have led to the abuse would be explored. Visits would then be made by social workers from the team to the house or building where the abuse was perpetrated. At the same time, visits would be made to the homes of parents or guardians if these were different from the site of abuse to ensure effective follow-up of the child concerned. Further referrals to the psychologist or psychiatrist would be made if necessary. Each case would be discussed thoroughly by the SCAN team at their monthly meetings so that the correct diagnosis and a more comprehensive plan of management could be made. It was also hoped that a genuine case of accidental injury could be excluded.

Results

Definitions: A child would be diagnosed as physically abused if there were symptoms and signs to show that excessive force or deliberate trauma had been applied on the child.

Sexual abuse was diagnosed if there were a history of sexual activity between the child and an adult, evidence of trauma at the vaginal introitus or if there were sexually transmitted diseases such as gonococcal vaginitis in the child.

Neglect was diagnosed if there was a deliberate attempt at neglecting the nutritional and physical needs of the child while the financial resources of the family were diverted elsewhere.

Type of Abuse: Eighty-six children admitted to the various wards in the General Hospital were diagnosed as cases of child abuse and neglect. There were 25 cases in 1985 and 61 cases in 1986. Of the 25 cases in 1985, 20 were classified as physical abuse, one as sexual and physical abuse and four cases of neglect. In 1986, there were 42 cases of physical abuse, six cases of sexual abuse and 13 cases of neglect.

Ethnic Distribution: Table II shows the ethnic distribution of the children. Out of the 86 cases, 34 (39%) were Malays, 16 (18.6%) Chinese, 26 (29%) Indians. Three were of mixed origin and seven illegal immigrants. Of those physically abused, 26 were Malays, 13 Chinese, 20 Indians and three who were of mixed origin. Of the seven sexually abused children, five were Malays, one Chinese and one Indian. The 17 cases of neglect consisted of three Malays, two Chinese, five Indians and seven children of illegal immigrants.

However, these figures should be viewed against the racial pattern of admissions to the General Hospital, Kuala Lumpur. In 1986, 54.6% of children admitted aged between 0–12 years were Malays, 25% were Chinese and 18.5% Indians.

Age: Table III shows the age when these children were first admitted. It can be seen that 34 or 54.8% of the 62 children who were physically abused were below the age of five years. Seventeen of these children were below the age of one. Of the seven cases of suspected sexual abuse, four were below the age of five.

Sex: There were 35 boys and 51 girls in the series. Out of 62 cases of physical abuse, there were 27 boys and 35 girls. All the seven suspected cases of sexual abuse were girls. Of the 17

Table II

Ethnic distribution of cases of child abuse in relation to hospital admission in General Hospital, Kuala Lumpur

Ethnic groups	Physical	Sexual	Neglect	Total (%)	No. of children admitted to GHKL in 1986 (%)
Malay	26	5	3	34 (39.5)	14936 (54.8)
Chinese	13	1	3	16 (18.6)	6720 (24.6)
Indian	20	1*	5	26 (30.2)	5048 (18.5)
Others	3	–	7	10 (11.6)	541 (1.9)
Total	62	7	17	86 (100)	27245 (100)

*Also physically abused

Table III

Age distribution of child abuse cases

Age	Physical	Sexual	Neglect	Total
0 – 4 years	34	4	7	45
< 1 years	17	–	4	21
1 – 2 years	9	2	2	13
3 – 4 years	8	2	1	11
5 – 9 years	17	3	5	25
10 – 14 years	11	–	5	16
Total	62	7	17	86

cases of neglect, eight were boys and nine were girls. Six of the neglect cases (four boys and two girls) were children of illegal immigrants found begging in the streets and taken into care by the Social Welfare Department.

Clinical Features

(a) **Physical Abuse:** Table IV shows the features of physical abuse as seen in our patients. The most frequent injuries seen were bruises, lacerations and scars of old injuries (Fig. 1). Many of the patients had two or more of these injuries on them suggesting the possibility of abuse. There were five cases of burns (Fig. 2) or scalds and four of cigarette burns (Fig. 3). Of the nine children with fractures, three were admitted the second time with other injuries before abuse was suspected.

(i) *Serious sequelae:* There were ten cases of intracranial haemorrhage (Fig. 4). Three became blind because of the haemorrhage, leading to permanent blindness in two cases who also showed permanent brain damage. One child aged four years treated for fracture of the upper arm and then discharged, was admitted a week later because of persistent vomiting. Barium meal done at this time showed obstruction of the second part of the duodenum probably caused by submucousal haemorrhage due to a blunt blow over the abdomen (Fig. 5).

(ii) *Deaths:* A three month old child, a sibling of another child previously diagnosed as physically abused died of peritonitis caused by a perforation of the descending colon described by the forensic pathologist as caused by a punch or blow with a blunt instrument. Two children aged 31 days and three months respectively died because of extensive intracerebral bleeding. Features from the history and physical examination suggested that they had been abused.

One child aged one year three months died mysteriously under the care of a child-minder whereas another child, also under her care, was admitted two weeks earlier with massive intracranial bleeding resulting in severe brain damage and blindness.

Table IV

Features seen in cases of child abuse

Features		No. of patients
A.	**Physical abuse** (62 cases)	
i.	Bruises	27
ii.	Scars (superficial and deep)	22
iii.	Laceration	12
iv.	Bite marks	3
v.	Burns and scalds	5
vi.	Cigarette burns	4
vii.	Bone fractures	9
viii.	Intracranial haemorrhage	10
B.	**Sexual abuse** (7 cases)	
i.	Definite evidence of sexual abuse	2
ii.	Gonococcal conjunctivitis	4
iii.	Gonococcal vaginitis	2
C.	**Neglect** (17 cases)	
i.	Abandoned	6
ii.	Stunted	9
iii.	Found begging	6
iv.	Marasmic	5

(b) **Sexual Abuse**: Of the total of seven cases, two were definite cases of sexual abuse or attempted sexual abuse. Four children were brought in because of gonococcal conjunctivitis; two of them had gonococcal vaginitis at the same time. One child was brought in by her step-father because of persistent vaginal discharge even though antibiotics were given for more than a week. No organisms were cultured. It was found out later that the stepfather himself had urethral discharge and was VDRL positive.

(c) **Neglect**: There were 17 cases of neglect. Six cases were of abandonment, two being severely retarded physically and mentally, one of whom was a child of illegal immigrants born in this country. Six were illegal immigrants brought into the country for the purpose of begging. Five children were found in a state of severe malnutrition and neglect even though they were living with their parents. One of them died of infection in a state of marasmus.

Suspected Abusers: Table V gives a breakdown of abusers and suspected abusers in relation to those they abused. Twenty-three or 38% were their natural mothers and thirteen or 21% were their natural fathers. The others were step or adopting parents and relatives. Only a few were child-minders not related to the patients.

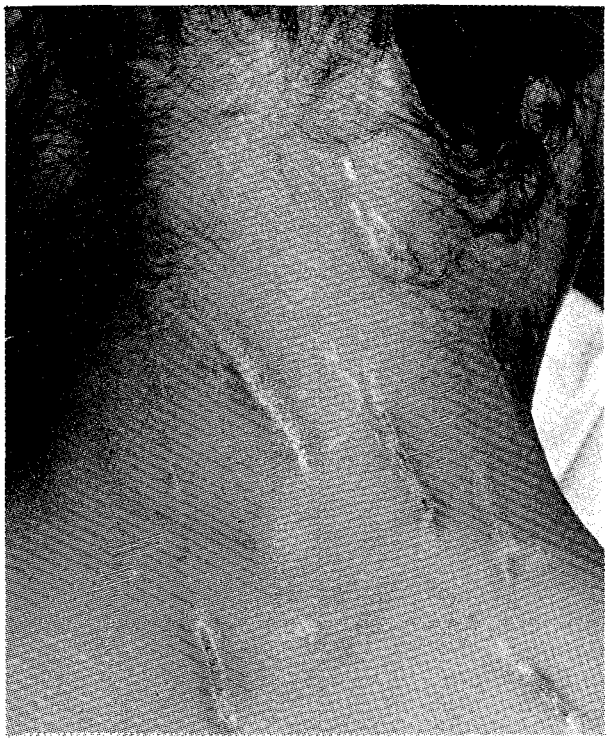

Fig. 1 Scars on the neck of the child beaten with an electrical cord.

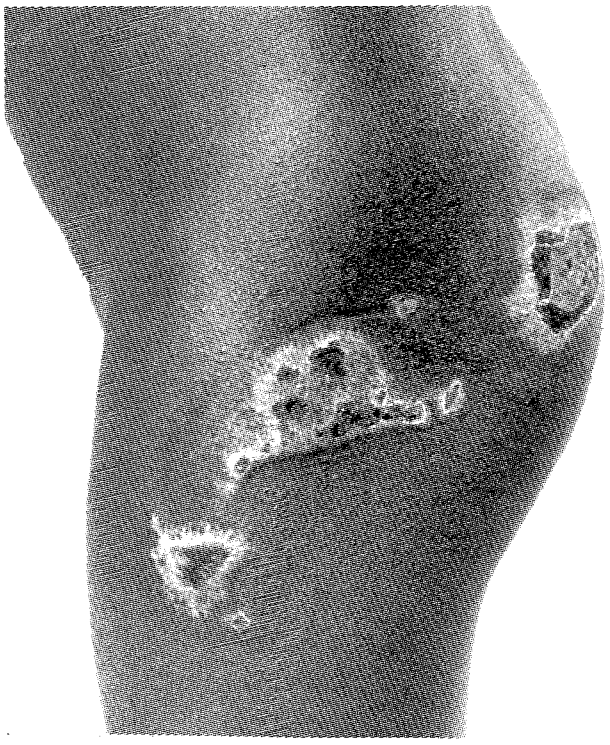

Fig. 2 Burns caused by hot objects being placed on skin of abused child.

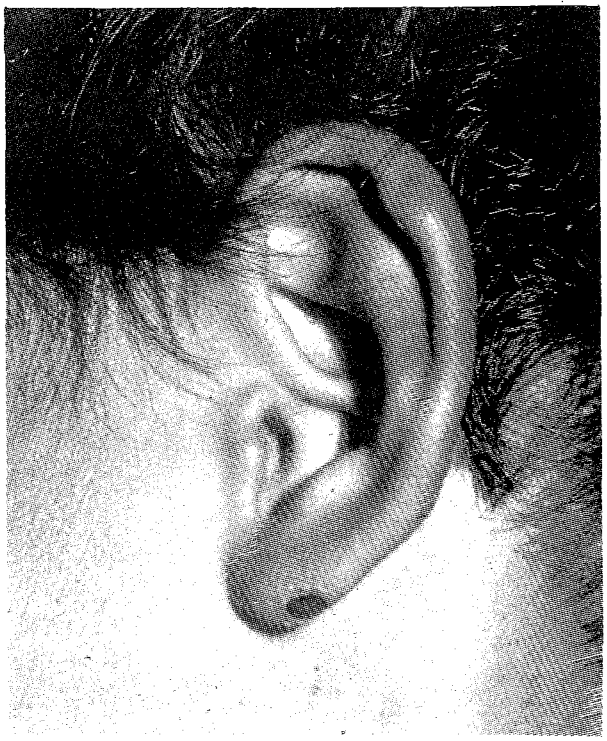

Fig. 3 Cigarette burn on earlobe of abused child.

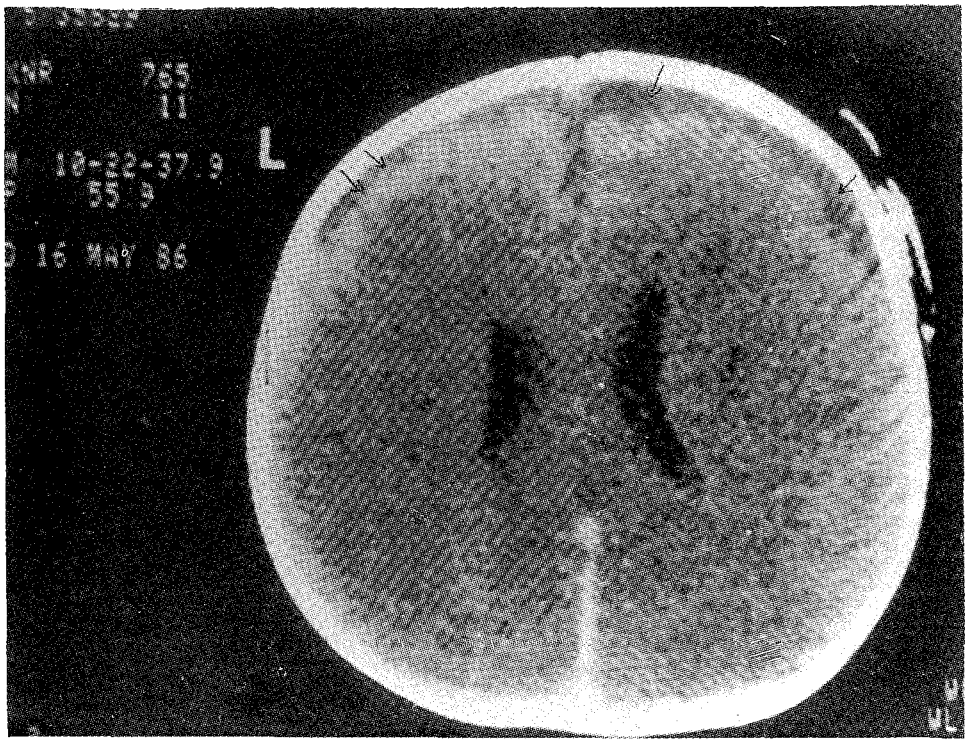

Fig. 4 Brain scan – cerebral oedema and intracranial haemorrhage in an abused child.

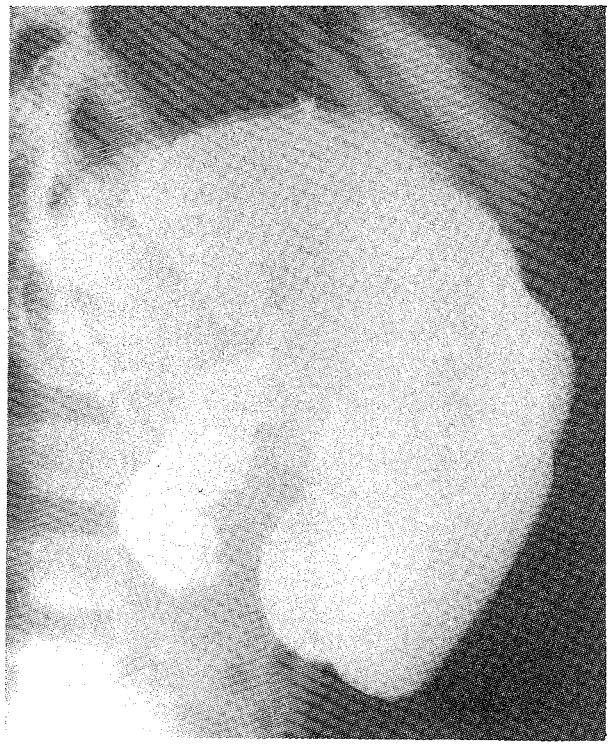

Fig. 5 **Barium meal. Duodenal obstruction caused by submucousal haemorrhage due to blow over the abdomen in an abused child.**

Table V

Suspected abusers in cases of child abuse

Relationship to child	No.
Mother only	19
Father only	9
Foster parents	8
Step parents	5
Adopting parents	5
Relatives	9
Siblings	2
Child-minders	4
Total	61

Action Taken: The following course of action was taken for these children. Twenty-four were sent home after their parents were counselled. However, for 11 children, it was thought that they would be safer in their relatives' homes. Twenty-seven children were taken into temporary or permanent care as there was no assurance about their safety if sent home. Only one child

was successfully fostered. Seven children of illegal immigrants were deported along with their guardians. Eleven children had been taken from the hospital without the knowledge of the staff in the wards.

Discussion and conclusion

Child abuse and neglect is not an uncommon problem in and around Kuala Lumpur. This may also reflect the pattern in other parts of the country as well. There might have been more reported cases had the SCAN team been better organised from the beginning. This is reflected in the almost three-fold rise of reported cases in 1986 as compared to 1985. The number of cases would probably be more if the reporting of cases of suspected child abuse by doctors in government as well as private institutions were made mandatory.

It is also worth noting that child abuse occurs to a relatively larger extent amongst Malays and Indians and less amongst Chinese. In many of the families where children were found abused, the extended family system where parents could have got support of their own family members to care for their children or in family crises, had irretrievably broken down. However, the authors had not been able to find from the literature any reports to suggest that the disintegration of the extended family system was more amongst the Malays and Indians and less amongst the Chinese. Another factor which could explain distribution of the abuse is the frequent usage of the General Hospital by the Malays as compared to the Chinese (Table II). This however will not be able to explain the relatively high incidence of abuse amongst the Indians.

The data obtained in this study also showed that those abused were very young children. Nearly 30% were less than one year of age. This is common with other reports where very young children were especially vulnerable to abuse.[6,7,8]

There was also a preponderance of female children (59%) as compared to males. Even if the seven sexually abused cases were excluded as they were all girls, there was still a higher proportion of girls amongst those physically abused. This may reflect the preference of the local population for boys, as was reported by Coombs and Fernandez, two researchers working for the Family Planning Associations of Malaysia.[9]

When the various types of abuse are discussed, it can be seen that the wide spectrum of physical abuse from minor bruises to severe trauma and deaths, seen in developed countries are also seen here. Of those sexually abused, five were seen only because they had vaginal discharge (one) or had gonococcal conjunctivitis (four). It suggests that many small children are sexually abused but never reported because they have no ten-tale signs. It is important that if there is a report of sexual abuse, a proper investigation by someone having experience with child abuse is warranted. Moreover, a small child who has suddenly shown an altered emotional response such as excessive irritability or shyness or has suddenly become overly interested in his/her gentilia should be checked out for sexual abuse. Moreover, any child below the age of 12 years who has contracted venereal disease must be presumed to have been sexually abused until proven otherwise.

From our experience and that of many others, it can be seen that medical practitioners must be constantly aware for possibility of abuse, especially of their younger charges. Signs of trauma that have occurred on more than one occasion or one that is unexplained by history should make the doctor more suspicious of child abuse.

Once a diagnosis of child abuse is made, it is the responsibility of the medical practitioner to inform the relevant authorities to ensure the safety of the child. Even though the reporting of child abuse is not yet mandatory in Malaysia, every doctor should be made to realise that, as found in our series of patients, severe permanent physical and mental disability and even death can occur in the second or repeated attack of child abuse. A sexual abuser will continue to prey on children unless stopped.

Management of children who have been abused should always be handled with a multi disciplinary approach. This is because no one professional will be able to handle all aspects of care needed by the child on his own. However, a central coordinating role must be taken by either a social worker or medical practitioner, so that an effective management programme benefitting the child can be worked out.

It is also the experience of many involved in child abuse that placement is a very tricky problem in these children. Most of these children would prefer to go back to the very place they were abused in. Thus if the main objective is to ensure protection of the child and not to punish the abusers, then management must centre on rehabilitation of the child in the family with support and counselling of the abuser to protect the child. Only when the safety and well being of the child cannot be assured will the child be taken into protective custody by the Social Welfare Department.

Acknowledgement

The authors would like to thank the Director of the General Hospital, Kuala Lumpur and the Director of the Department of Social Welfare, Federal Territory, for the support and encouragement given to the SCAN team in their work. Our thanks also goes to Cik Zaimah bt Zainal Abidin, secretary to the SCAN team.

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