ISSN: 2515-8260 Volume 08, Issue 03, 2021

# OCCUPATIONAL THERAPISTS' PERCEPTION ON CHILD ABUSE IN MALAYSIA

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#### **ABSTRACT**

Child abuse is a public matter to which the Malaysian society is not well known about the issues and consequences resulting implications to the human developmental. Though many abused children were presented with physical injuries which intervened in the emergency departments, occupational therapy also play roles in working with parents about parenting techniques and intervening childhood development. Due to this essential role to be played for the abused population, this study is conducted to examine occupational therapist perception on child abuse in Malaysia and their attitudes in reporting child abuse cases. This crosssectional study enrolled 101 Malaysian occupational therapists in an anonymous online survey. Data collection utilized a self-report questionnaire, Professional Perceptions of Child Abuse and Neglect Survey. Approximately 60% of Malaysian occupational therapists had perceived actions and behaviours exhibited from a physical harm as an abuse due to an obvious cause of injury such as physical impact to the child. However, around 40% of Malaysian occupational therapists who participated in this study had difficulty in categorising their attitudes towards the types of child abuse especially on emotional abuse and neglect. In general, most of the Malaysian occupational therapists in this study agreed on reporting cases of child abuse that basically focused more on physical and sexual abuse towards the child. It is noted that the emotional and neglect cases of abuses received lesser attention than the physical and sexual abuse. In conclusion, this study suggested that occupational therapists in Malaysia need to address the issues of child abuse and need to facilitate more effective interventions against all types of abuses.

**Key words**: Child abuse, occupational therapists, perception, Malaysia, public health issue.

# INTRODUCTION

Child abuse is a major public health issue in Malaysia that should be taken into account seriously. Taib and Filzah (1) stated that under child act 2001, "child abuse" is defined as when the child has been or is at substantial risk of being physically or emotionally injured or sexually abused or neglected in terms of adequate care, food, shelter, clothing, medical, attention, supervision and safety, or abandonment or others such as being on the street or used for begging by the parents or person in charge of the child at any one time. UNICEF

ISSN: 2515-8260 Volume 08, Issue 03, 2021

Malaysia (2) stated that the average of seven children in Malaysia was reported to be victims of child abuse each day in 2008 but most child abuse goes unreported and the statistical data collected could be just the "tip of the iceberg".

Occupational therapists play apart in recognising and understanding child abuses as they regularly meeting with all types of children in therapy sessionsfor assessing and intervening them. This profession also consulting caregivers about educating on children development. Furthermore, occupational therapists can contribute in raising awareness among the community towards child abuse to establish common understanding for the protection of children as the occupational therapist are also known for their common contribution in community-based rehabilitation. This study is triggered to examine the perception of occupational therapists on child abuse in Malaysia, as some are reluctance to report potential abuse, notably due to their understanding and different perception in child abuse. Not many actually know that a child can be emotionally abused and neglecting children is also a type of child abuse.

Thus, this study is conducted to examine occupational therapists' perception on child abuse in Malaysia and their attitudes in reporting child abuse cases.

Under Child Act 2001(3), child abuse is defined as when the child has been or is at substantial risk of being physically or emotionally injured or sexually abused or neglected in terms of adequate care, food, shelter, clothing, medical, attention, supervision and safety, or abandonment or others such as being on the street or used for begging by the parents or person in charge of the child at any one time. While the World Health Organization(4)defines child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Comparing the findings about perception of occupational therapists on child abuse with Asia region, Elliott et al(5)reported a study from Singapore stated there were significant differences in opinion between the different professions, between the professional groups and the public. They were categorizing actions that the respondents were more willing to regard actions as unacceptable than as abuse. Moreover, the abuse status of actions had lower levels of consensus than the acceptability of actions, suggesting that the respondents were more in agreement when classifying an action according to its acceptability status than when categorizing it according to its abuse status Elliott et al(5).

Tan and colleagues(6) conducted a cross-sectional comparative study in Singapore among the professionals and public to investigate the needs to see any visible evidence on the child to ensure whether they are abused. When there is less evidence of marks or abuse, both the public and professionals rated the abuse as can be abused or is not an abuse rather than stating it as an actual abuse. This perception may actually have the downside consequence of failing to recognize the negative impact on the child's well-being, especially when the abuse may occur repeatedly. There were also respondents who did not categorize canning the children as an abuse when it is discussed in the context of physical violence. However, it is a controversy when it comes to the intentions of carer in using it. The respondents also viewed poor interactions between children and parents as poor parenting rather than as an emotional neglect.

A local study by Taib and Filzah(1) on child abuse in Malaysia, has brought up the changing pattern in child abuse has been worsening to complex cases which includes baby dumping, gang rape which has been increasing in a rate. This study brought up the attitude of reporting by everyone. Apparently, reports are usually done only after several months of any incident of abuse and this becomes even longer when the abuser is a member of the family themselves. Furthermore, the controversy begins when relatives or the public are afraid to voice out or to intervene as it is a family affair rather than the public affair. Child

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maltreatment reporting is mandatory in Malaysia under the Child Act(3). Doctors, health care members, and even family members are required to report any suspicions of child abuse if there are any occurrences. It is discussed that collaboration with all parts of sectors representatives will be a success to overcome these issues and also to find an appropriate solution for the victims.

However, it is also an issue where neglect cases are hard to identify in Malaysia and it is yet to be tested. There are also conflicts of parents and carers intentions in bringing up the child and disciplining them which seems to be rather odd to the views of others. However, there are many long-term problems related to child abuse cases which could affect psychological and mental health, leading to aggression, impulsivity, low self-esteem and anxiousness. The study has suggested to create programmes that can empower children wellbeing and also to promote community need to reduce these issues. Although with the helpline, community still needed to be reminded of the effects and issues of child abuse. Other programmes such as sex educations, supporting modules and teaching materials and also supports groups are introduced to educate all communities for a better empowerment on children wellbeing. Early assessments and tools must be applied when there are signs and also to identify signs of abuse.

Dalledone et al(7) stated that information about child abuse is needed to modify the actions of health professionals when faced with child abuse cases and increase notifications of suspected cases. Integral and multidisciplinary actions are needed to face this serious global problem. It may be concluded that fear and lack of knowledge about diagnosing violence against children and adolescents and reporting such cases are barriers to recognizing and reporting suspected cases, thus resulting in under-reporting. Public health teams such as occupational therapist should show interest in learning more about and reporting child abuse. This study is conducted to examine occupational therapist perception on child abuse in Malaysia and their attitudes in reporting child abuse cases.

## **METHODOLOGY**

This study implemented a cross-sectional study that enrolled 101 practising Malaysian occupational therapists via a convenience sampling method. The population recruited are among the occupational therapy from the Malaysian Occupational Therapist Association (MOTA) with their consent and the questionnaires were sent through an online survey via the email and social media platform. Some questionnaires were also sent as hard copies to other Malaysian occupational therapists who worked at public hospitals, centre and community with their consent.

## Instruments

This study utilized Professional Perceptions of Child Abuse and Neglect Survey<sup>6</sup> to examine the perception of occupational therapists towards child abuse. The questionnaire was adapted from Singapore study that focused on the perception of the professionals such as doctors, nurses, and corporates and health care practitioners on child abuse. The questionnaire is separated into 3 parts. In Section A of the questionnaire, the respondents had to state their reactions to thirty-one different behaviours involving four main categories of child abuse and neglect (i.e., physical abuse, neglect, sexual abuse, and emotional maltreatment) using Likert scale. In Section B, the respondents are questioned on their attitudes of reporting through a Likert scale. Respondents were required to choose the likelihood of the behaviour was acceptable under the circumstances given. Each circumstance was provided with five options on likelihood, and the respondents were required to choose the option that best fit their opinion of the circumstance as justifying the action. In Section C of the questionnaire, respondents were asked about suggestions to handle child abuse cases including suggestions to help occupational therapist in the provision of service.

# **Data collection analysis**

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Results were obtained from the responses through online survey and also face-to-face survey. The first objective that examine occupational therapy perception on child abuse in Malaysia was done using Statistical Packaged for Social Sciences (SPSS) version 24 by analysing the percentage and the frequency of the respondent that answered Section A. As for the second objective that examine knowledge differences of occupational therapist in terms of gender, marital status, working background, education level and age also analysed each differential categories through percentage and frequencies.

#### **Ethical consideration**

This research has been approved by ethical committee from Perdana University Institutional Review Board (PU-IRB) in Perdana University. The approval for data collection among the Malaysian Occupational Therapists was obtained from the Malaysian Occupational Therapist Association (MOTA). Other than that, a written consent was taken from each respondent before conducting the survey prior to participating in the study.

## **RESULTS**

# Demographic characteristics

Majority of Malaysian occupational therapists enrolled in this study are female occupational therapists (n=75, 74.3%), with age range between 19 years old to 29 years old years old (n=66, 65%). Most of Indian occupational therapist practitioners in Malaysia answered the survey (n=46, 45.5%), they are unmarried (n=62, 61.2%), graduated in diploma level (n=47, 46.5%) and most of them are working in Paediatricspractice (n=32, 31.7%) with working experience of less than 5 years (n=61, 60.4%).

Occupational therapy perception on child abuse in Malaysia

The majority of Malaysian occupational therapists had perceived actions and behaviours that are related to a physical harm as an abuse that only seems to cause injury that presented on the child's physical body. Most of the Malaysian occupational therapists, more than 80% of them have perceived the physical and sexual abuse are indicated by the signs and symptoms of an abuse prominence as illustrated in Table 1.

Table 1: The response of behaviour exhibited through emotional child maltreatment.

| Behaviour   | Is an Abuse |      | Can be an Abuse |      | Is Not an Abuse |     |
|---|-------------|------|-----------------|------|-----------------|-----|
|   | n           | (%)  | n               | (%)  | n               | (%) |
| Tying a child up  | 85          | 84.2 | 13              | 12.9 | 3               | 3.0 |
| Having sex with child   | 98          | 97.0 | 1               | 1.0  | 2               | 2.0 |
| Parents not protecting child from sexual advances by other family members | 92          | 91.1 | 7               | 6.9  | 2               | 2.0 |
| Burning child with cigarettes, hot water or other hot things              | 95          | 94.1 | 4               | 4.0  | 2               | 2.0 |
| The parent fondles the child's genital area                               | 84          | 83.2 | 14              | 13.9 | 3               | 3.0 |

Occupational therapist attitudes in reporting child abuse cases

in general, majority of respondents thought that cases involving severe physical hurt on the child (66.3%), severe emotional child abuse (67.3%) and sexual exploitation and lack of protection from sexual advances towards a child (56.4%) should be reported. However, the non-provision of basic necessities of life for the child (27.7%) receive lack of indication that needed to be reported on compared to the other child abuse cases. Table 2 illustrates the attitude of occupational therapists towards types of child abuse that should be reported.

Table 2: Occupational therapists' attitude towards the types of child cases that should be reported.

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| Category of abuse                                |             | Frequency ( <i>n</i> ) | Percentage (%) |
|--|-------------|------------------------|----------------|
| a. The child is badly hurt physically            | Not Likely  | 6                      | 5.9            |
|  | Very Likely | 67                     | 66.3           |
| b. Basic necessities of life are not provided to | Not Likely  | 5                      | 5.0            |
| the child  | Very Likely | 28                     | 27.7           |
| d. The child is badly hurt emotionally/          | Not Likely  | 5                      | 5.0            |
| psychologically                                  | Very Likely | 68                     | 67.3           |
| c. The child is sexually exploited or not        | Not Likely  | 3                      | 3.0            |
| protected from sexual advances                   | Very Likely | 57                     | 56.4           |

As part of the reported cases, the occupational therapists' attitude was examined towards reasons of reported cases. These attitudes of reporting are mainly because majority respondent feels the responsibility to protect the child. 76.2% of respondents feels the need to report in order to protect the child while 68% of respondents feels that the child physical injuries can be treated upon reporting. The details of results as shown in Table 3.

Table 3: Occupational therapists' attitude towards reason of reported cases.

|  |             | Frequency (n) | Percentage (%) |
|--|-------------|---------------|----------------|
| a. To protect the child                      | Not Likely  | 2             | 2.0            |
|  | Very Likely | 77            | 76.2           |
| b. So that the child's physical injuries can | Not Likely  | 1             | 1.0            |
| be treated                                   | Very Likely | 69            | 68.3           |
| c. So that the child can be given therapy    | Not Likely  | 4             | 5.0            |
|  | Very Likely | 63            | 62.4           |
| d. So that perpetrator(s) will be caught     | Not Likely  | 1             | 1.0            |
|  | Very Likely | 56            | 55.4           |
| e. So that perpetrator(s) can be given       | Not Likely  | 4             | 4.0            |
| therapy                                      | Very Likely | 33            | 32.7           |
| f. Because it is a duty/ responsibility to   | Not Likely  | 2             | 2.0            |
| report                                       | Very Likely | 60            | 59.4           |
| g. Out of humanity reasons                   | Not Likely  | 3             | 3.0            |
|  | Very Likely | 63            | 62.4           |

## **DISCUSSION**

Occupational therapy perception on child abuse in Malaysia

Child abuse remains an often overlooked subject yet it is an important issue in the field of child protection and welfare of Malaysia. The majority of Malaysian occupational therapists had perceived those actions leading to a physical harm as an abuse where obvious cause of injury due to physical impact. However, there are lack of understanding by the respondents on other types of abuse such as for emotional abuse and neglect towards children. The same finding also reported by Dalledone, et al(7) that many health care practitioners and also public have disregarded the fact that neglect is also a form of abuse and carers or guardian can be charged if found that they have been neglecting their children.

A similar study(5) has stated that this general reluctance to regard emotional child maltreatment as abuse might be due to uncertainty as to the definition of abuse, or because the respondents viewed the term "abuse" to denote a more negative connotation than was appropriate for emotionally damaging treatment of children. It would also be the reason why the respondent's finds emotional and neglect not really an abuse an

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abuse denotes to a more severe case of towards a child. This might reflect on the need to increase awareness of the harm of all kinds of abuse such as physical sexual abuse, neglect and emotional maltreatment among the occupational therapist practitioner.

Data of this study reported that majority respondents did not indicate caning the children as an abusive behaviour when compared to other actions of physical violence. Consideration of parenting practices could have framed caning as corporal punishment in Malaysia and thus not as physical abuse(8). However, we cannot separate the impact of predictable acceptance of caning from beliefs about the actual harm of the alternative actions offered(9). Parenting practices could have also framed how the occupational therapist viewed emotional and neglectful participation between the parent and their children as poor parenting, rather than as emotional neglect which is part of child abuse. This could explain why the behaviour of never hugging children was not strongly perceived as an abuse although it does fall under neglect.

Occupational therapist attitudes in reporting child abuse cases

Respondents generally agreed on reporting cases of child abuse that basically focused more on physical abuse and sexual abuse. The emotional and neglect cases of abuses received lesser attention. It is due to that, physical and sexual abuse can clearly recognised an obvious physical harm presented on the child compared to neglect and emotional maltreatment. Hence, this might reflect on the need to increase awareness of the harm of neglect and emotional maltreatment among the occupational therapist.

A vast majority of the occupational therapists in this study indicated their support for reporting child abuse cases for the wellbeing of the child, to intervene child's physical injuries and so that the child can be given therapy. This shows that the respondents would definitely seek on reporting cases of child abuse to relevant authorities, however there is a need of awareness on types of abuse to be increased among the occupational therapist.

Dalledone et al(7) agreed child abuse cases needed to be reported in order to modify the actions of health professionals and increase notifications of suspected cases. Integral and multidisciplinary actions are needed to face this serious global problem. It may be concluded that fear and lack of knowledge about diagnosing violence against children and adolescents and reporting such cases are barriers to recognizing and reporting suspected cases, thus resulting in under-reporting.

### CONCLUSION

This study reported that Malaysian occupational therapists perceived that the child abuse actions and behaviours that are related to a physical harm as physical and sexual abuse since it only seems to cause injury that presented on the child's physical body. Due to this, many of them expressed their support for reporting child abuse cases for the wellbeing of the child, to intervene child's physical injuries and so that the child can be given therapy. This shown that the respondents would definitely seek on reporting cases of child abuse to relevant authorities, however there is a need of awareness on types of abuse to be increased among the occupational therapist.

Due to this situation, interventions are essential to be carried out to the profession and public about child abuse cases. The efficiency of intervention programs for child abuse cases are often affected by the perception, understanding and the attitudes of occupational therapist practitioner. This will eventually cause the lacking of reporting and also other prevention programs that will be affected towards reducing child abuse cases in Malaysia. There are lacking of research regarding child abuses in Malaysia, hence more professionals may participate to design research to look further into the statistical reports and also the public's perception as well. One of the recommendations could be introducing child abuse in the curriculum of occupational

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therapy to establish common understanding for the protection of children. Lack of knowledge or understanding on child abuse may lead to either misinterpretation of child environment and also neglect on reporting incidents of abuse. Hence suggestive interventions and idea should be implemented to help occupational therapist to be more effective in the provision of service to such cases.

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