



# Guidelines on Healthy Family Boundaries

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## **AGENDA**

- 1. Current landscape and purpose of guidelines
- 2. Key guideline components and utilisation
- 3. Dissemination plans





## LOCAL STORIES OF INAPPROPRIATE BOUNDARIES

I wonder if there are any developmentally informed practical actions which can be incorporated into programmes or interventions to help families understand about family boundaries?

# Jail for man who molested granddaughter while her parents were in prison

When the girl was in Primary 4 in 2012, she complained of body aches after returning home from playing football. The man massaged her with baby oil that hight and developed a sexual urge before molesting her beneath her underwear.

He continued to molest the girl in the same manner while giving her massages. Her siblings would be asleep during the acts.

The Straits Times - 26 Apr 2021

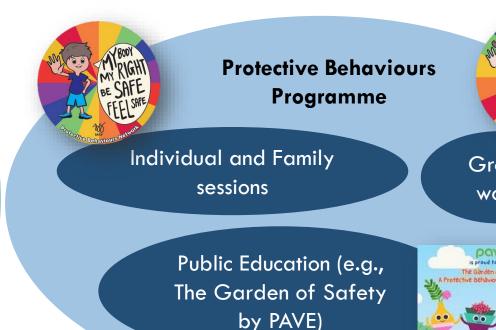
# Man who sexually abused daughter since she was 3 gets 28 years' jail and caning

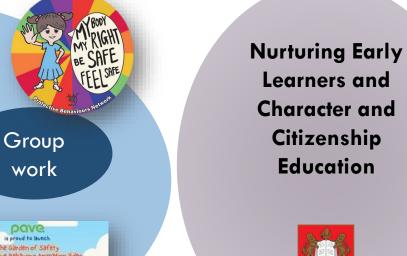
Prosecutors told the court that the girl became afraid of showering alone after she saw people drowning on TV, which led to the man showering with her.

Yahoo! News - 22 Jun 2021

### **CURRENT PREVENTIVE INITIATIVES**

Programme that
teaches children to
protect themselves
against sexual abuse
("KidsLive: I Can
Protect Myself" by
Singapore Children's
Society)





Ministry of Education

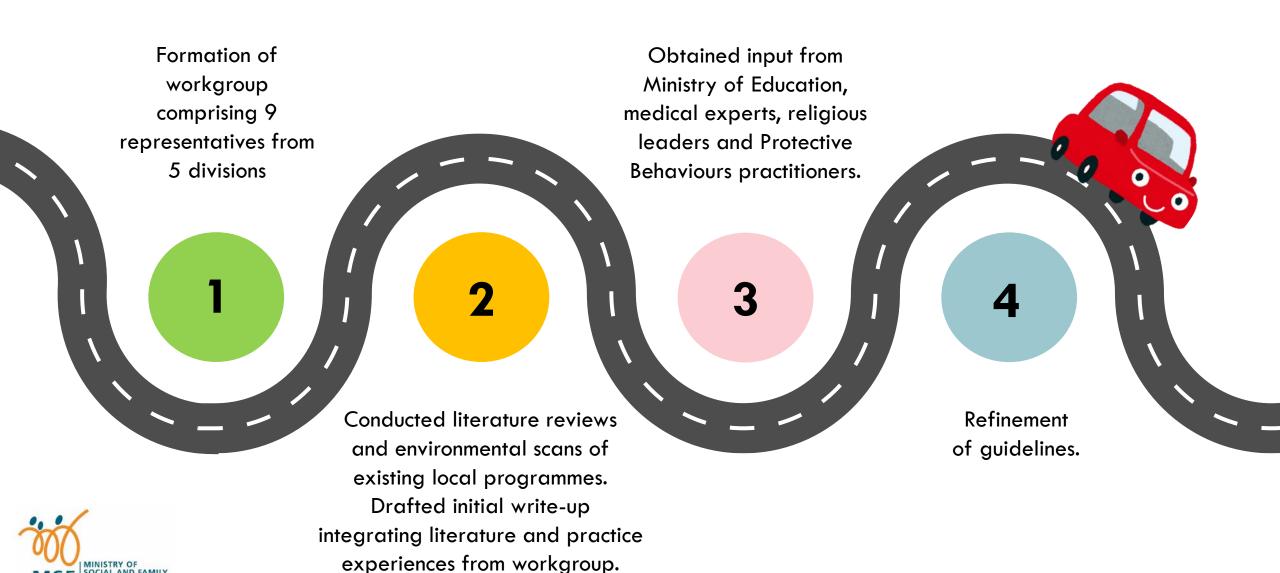




The following agencies are currently running this programme:

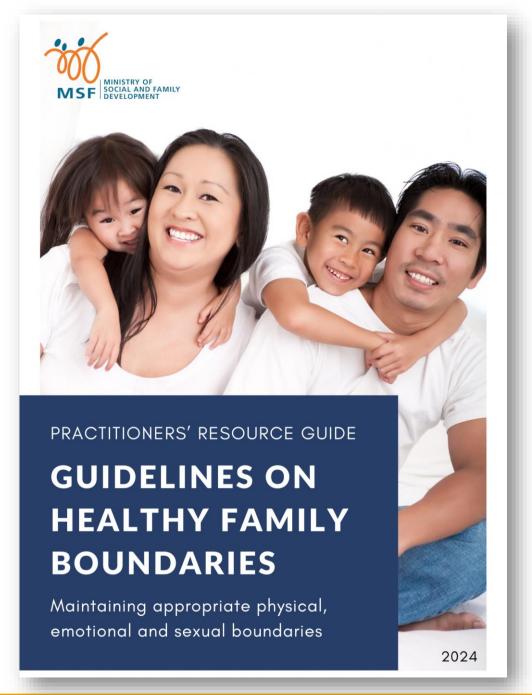
Ministry of Social and Family Development (Child Protective Service and Clinical and Forensic Psychology Service), PAVE Integrated Services Ltd, HEART@Fei Yue Child Protection Specialist Centre, Montfort Care Child Protection, Kampong Kapor Community Services, Chen Su Lan Methodist Children's Home, Singapore Children's Society, Allkin Singapore Ltd, Methodist Welfare Services, and Ministry of Education (Guidance Branch)

# PROCESS OF DEVELOPING THE GUIDELINES



# GUIDELINES ON HEALTHY FAMILY BOUNDARIES

- It aims to enhance children's safety around their parents/caregivers by sharing appropriate boundaries when conducting activities of daily living (i.e., affection, hygiene, and privacy).
- This will be the first published practitioners' guide in Singapore to provide clear recommendations on healthy family boundaries.



# HEALTHY FAMILY BOUNDARIES

EMPOWERED

RESPECTED

We have the right to feel safe at all times!

# **PRINCIPLES**

Parents are responsible for keeping their child safe Parents must listen, believe, and take action when their child discloses an uncomfortable or threatening incident

Every child has the right to feel safe No child should be exposed to unsafe touches or told to keep unsafe secrets

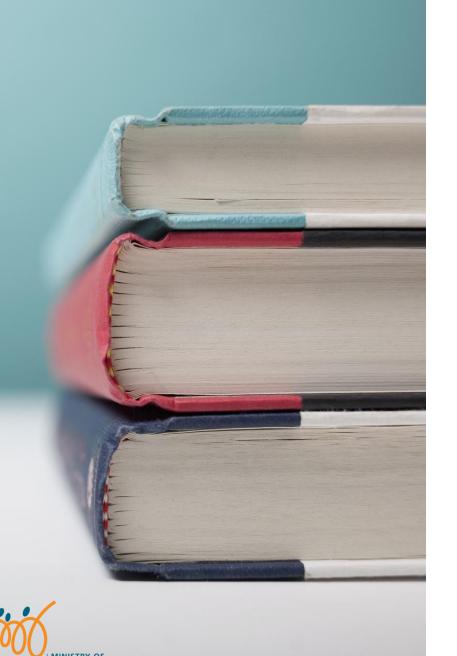


PROTECTEL )



**RIGHTS** 





# SUMMARY OF RESEARCH LITERATURE

- Intimate caregiving behaviours and interactions tend to be categorised according to affection, hygiene and privacy.
- Culture, the child's age, and gender are the factors that influence whether interactions are considered appropriate or inappropriate between parents/caregivers and children.
- Research also highlighted instances of boundary violations, which may contribute to inappropriate sexual behaviours in children.

## **GUIDELINES**



#### **Affection**

- Hugging/Giving neck or back rubs/Lapsitting
- Kissing



#### Hygiene

- Co-toileting/ Cleaning after toileting
- Bathing children/ Cobathing with children
- Applying medication to private areas



#### **Privacy**

- Co-sleeping
- Co-dressing/Exposure to parent or caregiver nudity
- Exposure to sexual behaviour



Does this interaction disregard what is age-appropriate or developmentally appropriate for their child?



Does this behaviour disregard their child's (verbal or non-verbal)
signals of discomfort?\*

\*Parents are responsible for ensuring that interactions

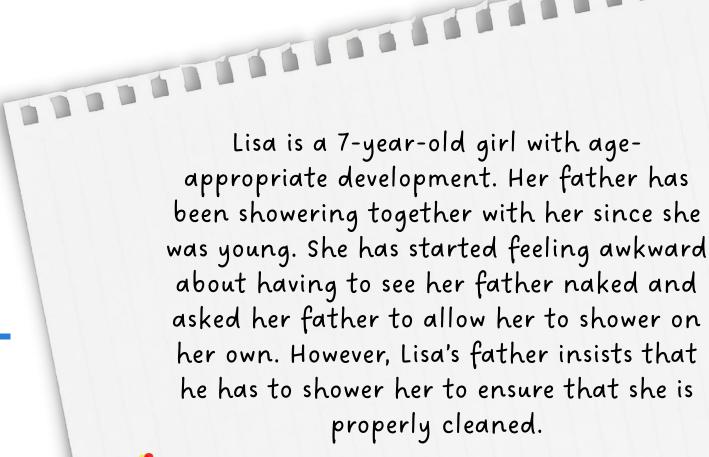
\*Parents are responsible for ensuring that interactions are appropriate even if the child appears to be fine with it. It is important to note that their child may not always express discomfort for various reasons.

Is the parent/caregiver interacting with their child to fulfil the parent's/caregiver's own emotional needs, which include feelings of a sexual nature?

Does this behaviour put the parent/caregiver at risk of engaging in potentially abusive behaviour?



# USING THE GUIDELINES — A CASE EXAMPLE





Is this appropriate?



#### **HYGIENE**

#### **Appropriate Parent-Child Interactions**

#### Bathing Children / Co-Bathing with Children

- Parents and caregivers need to bathe newborns and infants.
   When bathing, parents and caregivers must be respectful of their child's private parts.
- Parents may bathe with their toddler or young child who has yet to develop independence in performing hygiene-related tasks.
   As their child learns to bathe independently during their early primary school years, they may then only require adult supervision.
- It is more acceptable for parents and children of the same gender to bathe together until their early primary school years.
- For parents and children of different genders, it is recommended for co-bathing to stop by their child's preschool years, which is when children become aware and curious of body differences.
- However, should the parent or child feel uncomfortable, selfconscious or awkward, it is best to stop bathing together.
- Caregivers may continue to bathe and supervise their child when they bathe (up to early primary school years) if they are unable to bathe independently. Caregivers should avoid cobathing with their child of that age.

#### **Links to Child Developmental Milestones**

- At age 2, children are aware of their own gender and can identify the genital areas with their functions. They do not associate genital areas with sexual functions.<sup>15</sup>
- From preschool years, children become inquisitive, including about sexual topics and bodily functions. 16 Hence, privacy around bathing and toileting should be taught.
- Around age 4 to 5, children gain better gross motor skills (e.g., climbing, jumping and running) and fine motor skills (e.g., moving individual fingers, better hand-eye coordination, less clumsiness).<sup>17</sup> From this age, most children can perform hygiene-related tasks and activities independently.<sup>18</sup>
- Starting from early primary school years, children can bathe independently without adult supervision.<sup>19</sup>

What the

say...

guidelines

Lisa's

Story

MSF SOCIAL AND FAMILY DEVELOPMENT

<sup>&</sup>lt;sup>15</sup> Brilleslijper-Kater & Baartman, 2000

<sup>&</sup>lt;sup>16</sup> Wurtele & Kenny, 2011

<sup>&</sup>lt;sup>17</sup> Santrock, 2013

<sup>&</sup>lt;sup>18</sup> Choby & George, 2008; Schum et al., 2002

<sup>&</sup>lt;sup>19</sup> Mack et al., 2015; Porter et al., 2007



# Lisa's Story | DENTIFYING RED FLAGS

Does this interaction disregard what is age/developmentally appropriate for Lisa?

Does this behaviour disregard Lisa's (verbal/non-verbal) signals of discomfort?

Is Lisa's father interacting with Lisa to fulfil his own emotional needs, which include feelings of a sexual nature?

Does this behaviour put Lisa's father at risk of engaging in potentially abusive behaviour?



Yes. Lisa should be capable of showering independently by 7 years old. She should not be showering with a male parent/caregiver or be exposed to seeing them naked at her age.

Yes. Lisa expressed feeling awkward, which may be due to her increasing awareness of body differences between genders. It is recommended that if children feel uncomfortable, parents should avoid showering with them.

Her father's underlying motivation is unclear. Nonetheless, his concerns about cleanliness can be addressed in other ways instead of showering her. Alternatively, a female parent/caregiver can assist Lisa instead.

Yes. If this continues as Lisa grows older and/or if she continues to feel increasingly uncomfortable, her father's behaviour would be clearly inappropriate and considered abusive in nature. Lisa may also eventually develop a poor understanding of appropriate physical boundaries with others.

## DISSEMINATION PLANS





(6 and 7 Nov 2024)







#### **Dissemination of Guidelines**

(Nov 2024 to Feb 2025)

- Dissemination to professionals, including those from these sectors: Social services, education, early childhood, healthcare, and child protection and welfare.
- Mode of dissemination of guidelines to agencies will be via email.
- Post-launch professional support: There will be a timelimited (6 months) email channel for professionals to provide feedback on the guidelines after the launch.



# THANK YOU

