

## **Comments**

### **Against Domestic Violence ---- Professional Family Therapists & Counsellors' Group**

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Our concern group appreciates the extensiveness of the study conducted by Dr. Chan in his research commissioned by Social Welfare Department. We are also encouraged by the fact that many of the findings and recommendations are consistent with what our group and other concern groups have been advocating.

We are somewhat confused if in this report "Abusers' Counselling Program" is used as the same as "Batterers' Program". In the literature in the field, the latter generally refers to a standardized group program usually with re-educative element, the content and effectiveness of which have been established. In some American States, for example, only this kind of group treatment for partner abusers can be licensed.

Reference of any textbook or literature would confirm that the treatment of child abusers does not follow a standardized group format. As abusers of children are often abused as children, their treatment often involves individual psychotherapy dealing with the trauma of the abusers' own childhood abuse. Therefore, the core of the treatment is usually intrapsychic and does not follow a standardized group format or "program". The process varies case by case. Progress and completion in treatment need to be jointly assessed by the client and the counsellor or therapist and in the end professionally assessed by the counsellor or therapist. In other words, we are concerned that in this report, the issue of wife battering has received increased attention, and appropriately so, and positive adjustments have been suggested towards more effective measures. The handling of suspected child abuse cases, however, has not been addressed except that child abuse is much more prevalent than we expect in Hong Kong.

In child abuse cases in which the seriousness of the abuse warrants placing the victim away from home, our group advocates a policy that abusers must receive treatment independent from investigation or case management, to increase safety for abused children in our society. Treatment for abusers separate from that for the victims and non-offending parent, if any, and independent from the work of the investigating worker, will make it possible for the counselling to be honest and open and the investigating or safety monitoring work not be diminished by the intrinsic task of a counsellor or therapist to be trusting and sympathetic towards the clients. Any counselling or treatment will tend to become superficial if the counsellor is also the person who decides if the victim is safe to return home, thus compromising both the investigatory /safety monitoring function and the counselling or treatment function in child protection work.

In this area, there is an urgent need for structural change to separate the investigation and counselling roles. Counselling or treatment completion by abusers' and progress in treatment rather than other subjective indicators' should be used as an independent and more reliable indicator for safety in child protection work. If this criterion is used for partner battering, it should be used even more so for children victims who are most helpless and voiceless because of the fact that they are children who are naturally psychologically dependent on their caregivers and loyal to their parents especially in our culture, and cannot protect and speak for themselves.

In the area of child protection work, the report points out that child abuse in Hong Kong is very much under-reported. Our group continues to be concerned that given our current system of using the multi-disciplinary case conference to determine if child abuse exists, among the already under-reported cases, child abuse is generally under-confirmed. Although in theory case conference is supposed to be used to determine the welfare plan for the case, in reality it is often used to determine if there is child abuse.

Another factor which leads to very possible under-confirming of child abuse cases is the issue of diffusion of responsibility in the case conference in which several professionals including professional untrained in the areas of health and social welfare can vote. We advocate that in cases where there has been a worker before alleged child abuse is disclosed who has been conducting child/adolescent-focused counselling *but not* parents or the family counselling, this worker should be given two votes in the case conference to make sure that the child's voice is given sufficient representation. In UK, often a child's advocate is invited to attend the conference. While we do not have a system of child advocates, measure must be put in place to ensure that the needs and voice of our children victims, who naturally suffers from low self esteem and emotional problems due to the abuse experienced, are given sufficient opportunity to be expressed if not by themselves, by the counsellor who is able to look at the case more from the child's psychological needs, perspective and best interests.

It has been noted in UK that cases where child abuse has not been established but one single worker remains to be seriously concerned can turn out to be very high-risk case. We suggest that we follow the London practice in which objection to the conclusion in a child abuse case conference by this worker must be channeled through his/her supervisor. When consensus cannot be reached between the supervisors, another case conference must be reconvened to increase safety and avoid situations under which the majority is wrong and the minority is right. Before a child placed away from home is returned home, another case conference should be held as for an established child abuse case, returning the child to a perpetrator is a critical decision ranging from returning to safety and happy reunion and sending the child to depend on someone who could eventually take his/her life. His decision cannot be taken lightly.

In short, the mechanism used now to determine if a case is child abuse and when to return a child home must be very carefully reviewed.