

Violence against children within the family and schools and child abuse and neglect in Hong Kong

Incidence of childhood violence

The number of children affected by violence in Hong Kong is staggering –

- 1 in 2 children ever physically assaulted
- 1 in 4 children physically abused in the past 12 months
- 1 in 3 primary school children is being bullied in school in past 6 months,
- 1 in 7 women is abused by partner and
- 1 in 4 children ever witnessed physical abuse of mother/father by spouse.....

The CPR is thus grossly underestimating the incidence.

The number of youth committing violence and crime is also increasing.

Exposure to violence by children over various channels become increasingly prominent in the lives of children - scenes experienced at media, TV and movies, newspapers and violence practiced over video games, comic books and internet are alarming.

Given the magnitude of the violence problem and the number and scope of factors that influence its occurrence, no single agency can solve the problem alone.

Impact of violence on children

Abused women are more likely to experience depression, drug or alcohol abuse and abusing their children than are women who are not abused. There are around 30-60% co-occurrence rate of domestic violence and child abuse.

Abused children tend to have lower self-esteem, more aggressive and antisocial behaviour, impairment in cognitive, emotional and social development and poorer health condition.

Children who experience domestic violence have a greater likelihood of aggressive and antisocial behaviour among boys and depression and anxiety, post-traumatic stress disorder and slower development of cognitive skills among children of both genders.

- **Behavioral, social, and emotional problems.** Higher levels of aggression, anger, hostility, oppositional behavior, and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; and low self-esteem.
- **Cognitive and attitudinal problems.** Lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem solving skills, pro-violence attitudes, and belief in rigid gender stereotypes and male privilege.
- **Long-term problems.** Higher levels of adult depression and trauma symptoms and increased tolerance for and use of violence in adult relationships.

Adolescents are at risk of repeating the abusive patterns they have witnessed.

Hence the impacts of violence on children are tremendous yet there is little data on this locally.

Violence and child abuse are recognized by WHO as a major health and human rights concern which need to be tackled and prevented at global, national and local level.

Response to violence

Government has launched lots of initiatives to combat violence but all these efforts are not met with success – the incidence is still rising and rising rapidly.

The problems with these services include an often fragmented service system with different sectors, different funding sources and different professional cultures. Also there is a lack of coordination between services, an absence of a consistent preventive focus, a lack of target and accountability, a failure to detect problems early, a lack of appreciation of the importance of family-centred practice and often inadequate training and professional support. Funding for preventive services is not forthcoming and often not sustained.

For women safety, the Women's Commission has taken the central role of organising a multi-level, multi-sectoral push to combat domestic violence yet there is no central coordination body for children despite the heavy burden of violence on them.

Rationale for new ways of policy creation, programme development and service provisions

1. Lack of territory-wide action plan for violence prevention with targets and lacking a central body to coordinate and to take up the responsibility to combat this very important issue.
2. Lack of trustworthy statistics on prevalence of child exposure to violence, the risk and protective factors, the impacts affects the ability of policymakers, practitioners to argue and design effective interventions and policies for the local population.
3. Systems responses to children exposed to violence are often reactive, inefficient, ineffective and not targeting those in need.
 - 3.1 The health, mental health, education and welfare sectors are segregated and are not coordinated at the policy creation, programme development and service delivery levels.
 - 3.2 Funding are inadequate and unstable to develop, maintain and replicate effective comprehensive community-based interventions
 - 3.3 Health and mental services are inadequate and not accessible to most in need - because majority of children exposed to domestic violence do not have access to services through traditional avenues, new strategies for identifying and serving these children in other venues, such as health care institutions must be developed.
 - 3.4 Professionals who have regular contact with families and children, including teachers and child care workers, health and mental health care providers, law

enforcement officers, child welfare workers, and court personnel, should receive ongoing training on domestic violence, child abuse and its impact on children.

3.5 Child protective service and domestic violence service organizations must develop clear protocols for intervening with families in which both domestic violence and child maltreatment are present, offering services that provide safety and stability to the child, support to the battered woman, and treatment and sanctions for the batterer.

3.6 Increased and ongoing public support is needed to develop effective prevention programs that address the underlying causes of domestic violence.

3.7 Research is needed that advances the current understanding of the prevalence and effects of childhood exposure to domestic violence, and the impact of resilience and risk factors, so that policymakers and practitioners can design interventions sufficient to address the size, nature, and complexity of the problem.

Recommendations

- i. Establish a Children's Commission to act as a central mechanism for organizing multi-sectoral, multi-level interventions.
- ii. Create, implement and monitor a SAR action plan for violence prevention basing on -
 - a. Consensus developed by a wide range of stakeholder organizations taking into account human and financial resources, existing legislation and policy, building data collection and research capacity, strengthening services for victims, and developing and evaluating prevention response
 - b. The plan should also have a timetable and evaluation mechanism
 - c. It should feature coordinating mechanisms at all levels to enable collaboration between sectors that might contribute to preventing violence such as criminal justice, education, labour, health and social service sector.
- iii. Enhance capacity for collecting data on violence - more researches are needed to understand the prevalence and effects of childhood exposure to violence, the impact of resilience and risks factors so that policymakers and practitioners can design interventions sufficient to address the size, nature and complexity of the population. The data should be shared and open for use by all.
- iv. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence
- v. Promote primary prevention responses using public health and life-course approach with time table and target setting
- vi. Strengthen responses for victims of violence and ensure welfare of children in families and rehabilitation of abusers
 - Ending violence against adults and children.
 - Ensuring children's safety and conduct full medical-psycho-social assessment.
 - Protecting adult victims so their children are not harmed by the violence.
 - Promoting parents' strengths – self and parenting skills.
 - Referring child protection services intervention, if possible, and referring adult victims and children to community based services.
- vii. Provide long term social, health, mental health and education support to victims and their children

- viii. Integrate violence prevention into social and education policies and thereby promote gender, age and social equality
- ix. Increase collaboration and exchange of information on violence prevention
- x. Review all legislations concerning children to minimize gaps, discrepancies and see whether they conform to Convention on Rights of the Child adopting human rights approaches to child safety.
- xi. Promote and monitor adherence to Convention on the Rights of the Child, other international treaties, laws and other mechanisms to protect human rights

"If we are to reach real peace in this world, we shall have to begin with the children."
- Mahatma Gandhi

Submitted by



Dr. CHOW Chun-bong

Chairperson

Hong Kong Committee on Children's Rights

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