

Listen to the Silent Scream Save the Children from Domestic Violence

Responses and Recommendations by the **Medical Coordinators on Child Abuse**¹ to the Subcommittee on Strategy and Measures to Tackle Family Violence, Panel on Welfare Services, the Legislative Council

1 November 2005

Summary Statements

Our Messages

- Children are the most silent and helpless victims in domestic violence.
- Prevention, recognition, and handling of child abuse share in part with those of spouse abuse, but require a different and often more tactical approach.

Our Responses

- We agree with the general principles outlined in the *Recommendations by the Jury of the Death Inquest of the Coroner's Court of the Tin Shui Wai Incident* and the *Review Report on the Implementation of Recommendations of the Review Panel on Family Services in Tin Shui Wai*.
- However, both documents fail to address the specific needs of children affected by domestic violence and the inherent difficulties in the management of such cases. In particular, many of the recommendations are targeted at the adult victims. Implementation of these suggestions might have saved the woman in this incident, but we doubt if it would have stopped the killing of the children, or ameliorated their developmental trauma if they survived.

Our Recommendations

- We recommend the establishment of an independent institution with statutory power to monitor, promote, and protect the rights of children on a continual basis.
- We recommend the establishment of an independent institution with statutory power to review deaths and serious injuries in childhood from a public health perspective.
- For public education and professional training regarding *zero tolerance* to violence, we recommend a clear message that children should enjoy the same right as adults.
- We recommend that the public and frontline professionals should be educated about the association of childhood maltreatment with emotional, behavioural, and anti-social problems in adolescence and young adulthood.
- We recommend that frontline professionals managing child abuse and neglect cases should be advocates of children's rights and health, and be sensitive to the developmental and emotional needs of the growing child.

¹ The Medical Coordinators on Child Abuse (MCCA) are designated paediatricians working at the various paediatric departments of Hospital Authority hospitals. They have been charged with the duty to liaise and cooperate with professionals from other disciplines on the handling of suspected child abuse cases and child protection. The current list of MCCA can be found on the last page.

Introduction

- The Tin Shui Wai Incident and the subsequent findings and recommendations of the Review Panel have been met with responses from various non-government organizations. The majority of these statements are focused on spouse abuse and recommendations are often centred at the adult victim. As paediatricians working in the public hospitals, we are obliged to speak on behalf of our children.

Children as the Most Silent & Helpless Victims

- From the time the Tin Shui Wai Incident broke out to the time the death inquest was complete, we have learned a great deal about the parents, how the wife had been battered, how she had been calling for help, and how she had been disappointed by the frontline professionals. We have heard what she had told the social workers, the police, and even her mates in the shelter. In contrast, there has been very little information about the two children prior to their demise. They appeared to be as silent and dumb before as after their death. Professionals who understand child abuse are not surprised as children are the most submissive and helpless people amidst domestic violence. Their needs and concerns are often dwarfed by those of the adults who are supposedly looking after them.
- If a fully-grown adult who has ready access to the social workers, women shelters, the police, friends and relatives cannot protect herself from the tragic consequences of domestic violence, what can children do?
- Children, indeed, often cope with domestic violence in a counter-productive manner. They will rationalize the abusive situation and make themselves numb to the pains. They believe that loving parents are justified to impart pain and sufferings to their dependents. Their egoistic minds turn the blame to themselves and everything happens just because they are not good enough children. To the average frontline professionals, there will be nothing more reassuring when the children present to them in such a manner. Yet, these are just preludes of later problems, conflicts, and even tragedies.

Handling Child Abuse & Child Advocacy

- Frontline professionals should understand that the prevention, recognition, and handling of child abuse and neglect demand a highly tactical, child-centred approach. Expertise of and sensitivity to the developmental and emotional needs of children are essential. In our experience, professionals working for the safety and protection of children must also advocate for the rights of the child.
- The management of child abuse requires both a good command of knowledge and expertise. Knowledge may be fostered by training, but expertise demands the retention of a core of experienced professionals within each of the discipline of the frontline professionals.

Zero Tolerance – is it relevant to Child Abuse?

- “Zero tolerance”, if we interpret correctly, is zero tolerance towards violence. The *Recommendations by the Jury* have not defined what “zero tolerance” means and how it

can be applied to children.

- In this regard, we believe that children have the same right as that of women and men. If any form of violence is considered unacceptable or unlawful when it happens to a man or a woman, it is equally unacceptable or unlawful when it happens to a child.
- “For the good of the child” is never a justification for someone to inflict pain or suffering to a child.

A Person will Pay the Society How He/She has been Treated as a Child

- None of the documents addresses the long-term consequences of child abuse on the emotional and behavioural outcomes of the maltreated children, and the closely associated problems of teenage pregnancy, substance abuse, school failure, juvenile delinquency and adult criminality².
- Successful management and prevention of child abuse may be the single, most important factor in reducing anti-social behaviours and crimes in adolescents and young adults as suggested by the recent observations in North America³.

Residential Care for Children

- Neither documents has addressed the general shortage of placement, including emergency placement, for victims of child abuse. In addition, there appears to be a mismatch between the availability of and the demand for residential care in certain districts. We believe that residential care plays an important role in the protection and rehabilitation of children amidst domestic violence.
- Permanency should be considered at the outset of each and every case of established child abuse. This is especially important for young children whose parents have mental or cognitive impairments that jeopardize the neurological or emotional development of the children.

Review of Fatal or Serious Cases of Child Abuse

- Injuries, either because of violence or omission by caretakers, are the leading cause of death and serious disabilities in most developed countries or regions. Children who are murdered are often killed by their parents or someone entrusted with their care.
- Many cases are potentially preventable. Child fatality review has been found to be extremely useful in reducing such cases. The enactment of laws that make landlords responsible for fixing window guards in high rise building to prevent accidental falls of

² The Adverse Childhood Experiences (ACE) Studies show that individuals who had been abused during childhood are predisposed to disrupted neurodevelopment, social, emotional and cognitive impairment, and adoption of health-risk behaviours. (www.acestudy.org)

³ The number of child sexual abuse cases dropped by a remarkable 40% from 1992 to 2000. Simultaneously, there were also declines in the rates of other child health/welfare problems such as violent crimes (-46%), births to teenage mothers (-28%), children running away (-28%), and teen suicide (-18%). The reason for this decline is unclear, but is believed to be multi-factorial including an increase in incarceration rate of perpetrators, policy changes, and heightened awareness among the public and the professionals. (Finkelhor, D. & Jones, L.M. Juvenile Justice Bulletin, Office of Juvenile Justice & Delinquency Prevention, January 2004.)

children out of windows and fences around swimming pools to prevent accidental drowning of small children are good examples abroad⁴. There is much to be done in order to prevent serious childhood abuses and injuries in our community as results of adults' omissions.

The Children's Rights Commissioner

- Because of the uniqueness and complexities of child welfare issues involved in child protection, we recommend the establishment of an independent institution with statutory power to monitor, promote, and protect the rights of children on a continual basis. The proposal of a Children's Rights Commissioner by the United Nations Children's Fund (UNICEF) is a suitable model to follow⁵.

Jointly prepared by the **Medical Coordinators on Child Abuse (MCCA)**

The current list of MCCA:

But Betty, Queen Elizabeth Hospital
Chan Winnie, Queen Elizabeth Hospital
Cheng Pik Shun, Prince of Wales Hospital
Cheng Wai Fun Anna, Princess Margaret Hospital
Cherk Wan Wah Sharon, Kwong Wah Hospital
Cheung Patrick, United Christian Hospital
Ho Che Shun, Kwong Wah Hospital
Ho Linda, United Christian Hospital
Huen Kwai Fun, Tseung Kwan O Hospital
Ip Patricia, United Christian Hospital
Lee Chi Wai Anselm, Tuen Mun Hospital
Lee Lai Ping, Princess Margaret Hospital
Lee Shuk Han, Queen Elizabeth Hospital
Lee Wai Hong, Queen Elizabeth Hospital
Li Chak Ho Rever, Tuen Mun Hospital
Mak Wang Cheong, Tseung Kwan O Hospital
Poon Grace, Queen Mary Hospital
So Kwan Tong, Tuen Mun Hospital
Tong Chi Tak, Alice Homiuling Nethersole Hospital
Tsang Man Ching Anita, Queen Mary Hospital
Tse Wan Ting Philomena, Caritas Medical Centre
Tse Winnie, Queen Elizabeth Hospital
Wong Hiu Lei, Prince of Wales Hospital
Wu Shun Ping, Queen Elizabeth Hospital
Yu Chak Man Aaron, Pamela Youde Nethersole Eastern Hospital
Yuen So Fun, Pamela Youde Nethersole Eastern Hospital

⁴ New York City has a higher proportion of the population residing in high-rise buildings compared with the nation (53.8% v 12.6%), but the incidence of injury resulting from falls from buildings is nearly half that observed in the US. This is the result of a **legislation based window fall prevention programme** with enforcement. (Pressley, J.C. & Barlow, B. (2005). *Injury Prevention*, **11**, 267.)

⁵ Information sheet – Children's rights commissioner. London: UNICEF, 2001.