

**Hong Kong College of Paediatricians**  
**Response to Recommendations by the Jury on**  
**Death Inquest of the Coroner's Court of the Tin Shui Wai Incident**

In general, our College supports the recommendations of the Jury but we feel the recommendations are mainly targeted at the management of a particular incident and the response to a battered spouse seeking help with little attention on the child victims. It is well known that children in families with domestic violence suffer psychological harm if not physical injuries or in this case, death, although their immediate stress may or may not be obvious. Living in a family with domestic violence has serious consequences on the child's development, behaviour and interpersonal relationships. Yet little has been mentioned on the management of the children in this family.

Few people will argue against the concept of 'zero tolerance' of domestic violence, or any form of violence in the community but it will remain a concept if we do not actively seek to change the attitude of professionals and the community at large. The Jury called for "practical implementation" of the concept. This is important, but to succeed, there needs to be a comprehensive approach and not just improving communication, documentation and response to incidents that have occurred. The following are our College's recommendations.

**Child Fatality Reviews**

The Tin Shui Wai Incident was most unfortunate with loss of the lives of two parents and their two children. The Death Inquest was very necessary but much more could be learnt if there was a Child Fatality Review, a system established in the US in 1978 and which has since spread to other countries like Canada, Australia, New Zealand and Scotland. We understand the Social Welfare Department (SWD) has undertaken the task of looking into such a system for Hong Kong. The process needs to be expedited as the call for such a system is not new. While Hong Kong has a prolonged consultation into the matter, we have lost valuable opportunities to learn from our failures and children continue to die.

There has been much discussion on whether the reviews should be Child Fatality Reviews or Domestic Fatality Reviews or that of cases with serious injuries. As there is a learning process, we recommend Hong Kong start with Child Fatality Reviews and then progress to the others. It is essential for the Reviews to be systematically conducted by an independent multidisciplinary and multi-sectorial team and not ad hoc reviews by a few selected members. In SWD's review of the Tin Shui Wai

incident no mention has been made as to why paediatricians were not involved in the alleged child sexual abuse within the family. It was unclear whether the children's welfare or safety has been individually assessed in light of the background of marital discord or a case conference held solely to decide whether there was enough evidence for the suspected sexual abuse.

There are also discussions as to which cases should be included for review, cases with known child protection concerns or all unnatural child deaths. We suggest starting with the former but should rapidly move to wider concerns. Again it is important to have a multidisciplinary and multi-sectorial team as few children in Hong Kong do not have some contact with professionals from their birth in hospitals, attendance in Maternal and Child Health Centres or other medical facilities, their education at kindergarten, primary and secondary school, to of course social workers and law enforcement officers when there are concerns with child abuse and neglect. Every single group of such professionals is a potential intervention point for prevention of future tragedies.

Legislative changes have to be in place to ensure access to information and confidential exchanges during the review process. The primary aim of the review is to seek improvement in systems to prevent future deaths with the understanding that the responsibility to prevent child deaths does not lie in individual agencies or departments but the government and the whole community. The investigations of child deaths remain the role of the police and the coroner.

There also needs to be a mechanism of reporting recommendations from the reviews and monitoring of implementation of the recommendations and outcome.

### **Prevention of Violence**

Violence has been identified by the World Health Organization as having the magnitude of a public health issue worldwide and Hong Kong is no exception. From the recent University of Hong Kong Study on Child Abuse and Spouse Battering, the problem in Hong Kong is alarming with an estimate of 70,000 children seriously physically assaulted by their parents and 160,000 married couples with spouse abuse in the 12 months before the study. The numbers in our Child Protection Registry or Domestic Violence Register hardly reflect the extent of the problem. We therefore have to work on all the levels of prevention in public health issues, i.e. Universal, Selective and Indicated Prevention.

We will focus on a number of measures with special relevance to children.

**Universal Prevention:**

***Child Commission and Child Policy***

It is important that Hong Kong has a child commission to address the fundamental rights of the child to survival, protection, development and participation and a child policy to ensure the best interests of the child are served in all matters related to children.

***Promotion of Positive Parenting***

The effort of Maternal and Child Health Centres is much appreciated. Of great concern are the significant numbers of children born in Hong Kong whose parents one or both are not Hong Kong residents. These families may not benefit from positive parenting programmes in Hong Kong. A proactive approach working with mainland China is important to assist these children and families adjust to living in Hong Kong.

***Banning corporal punishment of children***

Our society requires a strong message that violence against children is not tolerated just as violence between adults are not accepted. Worldwide, 17 countries have banned corporal punishment even at home. The United Nations Committee on the Rights of the Child in the recent Concluding Observations of the Second Periodic Report of China Mainland, Hong Kong and Macau has called upon explicit legislation to prohibit corporal punishment in the family in addition to schools and other settings and the promotion of alternate non-violent means of child discipline.

**Selective Prevention:**

***Including Child Protection in the Curriculum of Professional training***

It is important that all professionals working with children and families have the basic understanding of child development, communication skills with children and knowledge on how to safeguard and promote the welfare of children including channels of referral for assistance when there are child protection concerns.

***Comprehensive Child Development Service (CCDS)***

While CCDS is welcomed and is a good means of detecting children in at risk families, there should be awareness that the existing resources may not be able to cope with the at risk children/families identified. Appropriate training and means are required to engage families who are not forthcoming to receive services.

**Indicated Prevention:**

The management of suspected child abuse is hampered by the varied interpretation of the definition of abuse especially in the context of domestic violence and the undue high threshold for establishing abuse. Professionals have difficulties in putting the best interests of the child as a priority in face of competing demands between family members.

The rehabilitation of the abused children, their family members and the perpetrators is impeded by the lack of timely and intensive therapy. Legislation is not in place to mandate treatment of perpetrators. Recurrence of reported abuse is an inadequate outcome indicator of the welfare of the child and misleads workers to look purely at physical signs of abuse instead of positive interpersonal dynamics.

These problems are tied in with professional knowledge, skills and attitude and their ability which in turn are influenced by the ability to recruit and retain professionals with the aptitude and expertise for child protection work in a multidisciplinary setting. The current workload, amidst increasing complexity of family problems often having to deal with parents with personality or mental health issues, is an impediment to professionals performing their roles effectively. Rapid turnover of caseworkers confuses families and lessen their urge to seek help when required.

When children require alternate care, a family setting is preferred most of the time. Children are placed in institutions unnecessarily due to the inadequacy of such resources and the requirement of parental consent to place children in foster families. Training, support and special incentives are required to help potential foster parents look after older children who are currently hard to place and children who may have special needs leading to or caused by the abuse.

Research into the long term outcome of interventions for children and families is important to guide future decision making. Child protection does not end at the multidisciplinary case conference.

**Conclusion**

While there is an urgency to attend to children and families in abusive situations and the consequences, equal if not more resources ought to be invested into strengthening family relationships, enhancing parent/child bonding and the resilience of children before it is too late.