

**Written submission from**  
**A group of dedicated community paediatricians working for child protection**  
**to**  
**Legislative Council**  
**Subcommittee on Strategy and Measures to Tackle Domestic Violence and Sexual Violence**  
**Meeting on 8 December 2015**  
**Support services for victims of child abuse**

We understood that the Comprehensive Child Development Service (CCDS) was implemented as a joint initiative of the Hospital Authority (HA), Department of Health (DH), Social Welfare Department (SWD) and Education Bureau (EDB), under the 2005 Policy Address. CCDS aims at early identification and timely intervention for the health, developmental and social needs of children of at-risk families so as to foster healthy development of those children. It is a community-based, integrated, multidisciplinary service for children of high risk families

As a group of dedicated community paediatricians focusing on child welfare and protection, we are going to share our views on the problem of child protection in HK based on our experience in our daily practice.

We have identified several gaps during our work for child protection, namely: (1) knowledge gaps, (2) policy gaps, and (3) service gaps, which account for the unsatisfactory child protection service in HK.

### **1) Knowledge gaps:**

- A. **Child protection training:** There are great discrepancies in knowledge about signs, symptoms and risk factors indicating high risk of child abuse/neglect between different professional bodies. And not many professionals, who provide service for children, know and understand the purpose and use of multidisciplinary case conference for child protection (MDCC). In fact, there are common myths that reporting child abuse and arranging MDCC are destructive to the families and affect the client-worker relationship. All these may account for the delay or avoidance in reporting of child abuse or reluctance to call for MDCC for suspected child abuse cases. *Proper training and **incorporation of 'child protection course' into the training curriculum** of child-related professionals (e.g. social workers, child care workers, nursery teachers, healthcare workers, and special education teachers/workers, etc.) is urgently needed to narrow these knowledge gaps and provide a positive attitude for these professionals to proactively act for child protection.*
- B. **Outdated information in Procedure guide for handling of child abuse cases:** the current edition of the procedure guide for handling of child abuse cases was revised in 2007. Recent revision of the guideline focus only on the part of MDCC without any revision on

other parts of the guide. With much new development and evidence in better child protection worldwide, the whole guideline in HK should be revised and updated according to the new recommendations in other developed countries. In fact, CCDS in HK is the latest evidence-based early intervention service for at-risk pregnant women and their newborns. Many developed countries have already revised their law to expand the definition of child abuse/neglect to *cover newborns or even fetuses*. Moreover, CCDS also identified many children being *emotionally abused* or *witnessing domestic violence* at home due to the maternal risk factors. It has been well included in international guidelines that both emotional abuse and witnessing domestic violence are classified as child abuse that warranted early intervention. *We urge the relevant departments to revise the law and guideline for handling child abuse cases so as to make our child protection more comprehensive and updated in HK.*

- C. **Missing data:** According to the criteria for cases registration into the Child Protection Registry (CPR), death cases are not registered in CPR. On the other hand, we have experienced difficulty in calling for MDCC for some high risk children who died suddenly at home if there is no living sibling in the family. Consequently, whether these death cases are related to child neglect/abuse will not be known or registered in CPR. This lead to missing of data on the most serious cases of child abuse in the CPR. With incomplete and inaccurate data, it is difficult to steer our child protection service in the right direction. *We urge for **mandatory registration of all high risk and established child abuse/neglect cases in CPR and the need for MDCC for all childhood death cases that are suspected by medical professionals to be possible child abuse/neglect cases.***

## 2) Policy gaps:

- A. **Lack of comprehensive law for child protection:** CCDS has identified a group of newborns who have been exposed to NO or INAPPROPRIATE antenatal care and POISON (illicit drugs) before birth. Those infants are born to suffer from withdrawal symptoms and complications of maternal drug abuse (preterm, small size, infections, malformations, brain abnormalities). We know that those infants will be at VERY high risk of child neglect or abuse. Both medical professionals and social workers have difficulty in follow-up of these children because of non-compliance of parents. For those problem drug abusing mothers who are uncooperative to our child care plan and suggestion for drug abuse treatment service (for the mother), we can only apply for Care or Protection Order to take-over the guardianship of the baby. But there is no law in HK that can, at the same time, order the mother to receive compulsory drug abuse treatment service so that her drug abuse problem can be properly treated for her future reunion with their children. Without this compulsory supportive/treatment service for rehabilitation of the mothers, there is remote chance that the mothers will abstain from drug abuse by themselves and there will be difficulty in planning for reunion with their children in the future. *We urge for **law reform** in this regard to*

*incorporate the court order for compulsory supportive /treatment service (e.g. drug abuse treatment service for drug abusing mothers and psychiatric service for mothers with severe mental illness) for maternal conditions that impair her child care and parenting capacity (to the extent that the C or P order has been applied for their children).*

- B. **Discrepancies in threshold of reporting child abuse/neglect:** Due to the discrepancies in knowledge about child abuse/neglect as mentioned in point 1A above, not all cases of suspected child abuse/neglect are timely reported leading to tragedies that were seen in the newspapers. **Law reform for mandatory reporting of suspected child abuse/neglect cases** to Child Protection Service for investigation and support, with clear guideline and principle on reporting criteria, is our direction for proper child protection.

### 3) Service gaps:

- A. **Counseling and rehabilitation service for victims of child abuse:** There is a lack of coordinated counseling and rehabilitation service for victims of child abuse in HK. The psychological trauma of those children is grossly neglected at the present moment. Evidence has shown that victims of child abuse/neglect are at a much higher risk of mental and behavioral problem and poor physical health in future. Child protection service can hardly be complete without the provision of coordinated rehabilitation and counseling service for both the victims of child abuse and their parents.
- B. **Quality foster care services:** There is grossly lack of quality foster care service in HK which lead to many victims of child abuse being put into institutional care instead. There has been evidence showing that institutional care is suboptimal for proper growth and development of children. Improvement in training and recruitment of foster families is needed to provide back up support for a more comprehensive child protection policy in HK.
- C. **Insufficient child care service for age 0-3years old children:** When our government is trying to mobilize housewives to go back to working population, there is insufficient child care service for 0-3yr old children (when they are not yet ready for kindergarten schooling). For those very poor families, this may force the parents to leave behind their young children to be taken care by neighbours, friends or very old grandparents. This may make them prone to child abuse or neglect. On the other hand, for some very high risk families with mentally ill parents, substance abusing parents or teenage parents with very poor child care support at home, child care service for certain period of time daily has been proved to improve the developmental and future academic outcomes of their children. And it also allows time for the mother to receive suitable treatment/counseling service for her own problems. This is very helpful to reduce the high risk behavior of those mothers and prevent child abuse/neglect to their infants.

D. **MDCC for any childhood death cases that are suspected to have element of child abuse/neglect:** At present, MDCC is only held for suspected child neglect/abuse death cases with the purpose of protecting any living siblings in the family. However, MDCC should also be held for cases without living sibling because it can serve a very important purpose of making high risk family registered in the CPR in order to protect any possible future newborn of the family. Again, this purpose is only possible if death cases related to child abuse/neglect are also registered in the CPR.

Having mentioned all these gaps that are identified in our child protection work in HK, as a group of dedicated community paediatricians who take care of infants living in families with extreme high risk of child abuse/neglect, we are speaking out for all of them, who have not yet able to speak for their own right and needs, for a comprehensive, proactive and child-centered Child Protection Policy and Service in HK. It needs our Government and our Law-makers in HK to recognize and take actions to bridge the gaps so that our children are protected from abuse or neglect instead of being found to be abused or neglected for treatment and rehabilitation.

**'Prevention is better than cure'** - it is also true for child protection. It can hardly be over-emphasized that both proper Child Protection and Comprehensive Child Development Service serve to reduce the 'intergenerational poverty' of our society. Government's investment in both services has been proved to yield the highest social and productivity return.