

# Child Sexual Abuse Cases in Hong Kong and the Handling Procedures

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## Child abuse

As a general guide, child abuse is defined as any act of commission or omission that endangers or impairs a child's physical/psychological health and development. The definition of child abuse has no legal implications. It only provides operational guidelines in dealing with child abuse cases. Child abuse is not limited to a child-parent/guardian situation but includes anyone who is entrusted with the care and control of a child, for example, child-minders, relatives, teachers, etc. It includes the following: physical abuse, sexual abuse, negligence and psychological abuse. The first two types have higher reporting rates, probably because of the relative ease to obtain evidence. The following regions in Hong Kong were said to have a higher rate of child abuse: Tuen Mun, Kwun Tong, Tai Po, Wong Tai Sin.

## Child sexual abuse

It is the involvement of a child in sexual activity which is unlawful, or although not illegal, to which a child is unable to give informed consent. This includes direct or indirect sexual exploitation and abuse of a child by individuals whether inside the home or outside; abuse by parents, or carers or other adults singly or acting in an organized way, or children; abuse which is rewarded or apparently attractive to the child; an abuse by individuals whether known or strangers.

The paramount concern governing the handling procedures of child abuse is the welfare of the child. To avoid requiring the child to describe the abuse incident (s) repeatedly, it is preferable to keep the number of investigative/assessment interview to a minimum. The

same applies to physical examination. The information collected on the suspected abuse incident(s) shall be shared with relevant parties concerned.

## Child Protective Services Unit

The Child Protective Services Unit (CPSU) has taken up initial enquiry to all new suspected child abuse cases within the Social Welfare Department (SWD) during office hours (telephone numbers are listed in appendix). Referrals are often from teachers, personnel of kindergartens/child care centres, social workers, medical practitioners, etc. For the handling procedures of suspected child sexual abuse cases, please refer to Figure 1.

If a new suspected case is found, the CPSU worker will, basing on the information available or the observation from home visit, assess the situation if there is: a) reason(s) to believe that the child has been or is being abused; b) urgency for medical attention; c) a cause for concern that child abuse might have occurred. The worker will then act accordingly.

All referrals will be taken seriously and prompt action will be taken. Each report of an incident constitutes new information and will be investigated. Information provided by the informant will be treated in confidence. The informant's identity will not be disclosed outside the investigating agencies unless this is essential to protect the child or in Court proceedings.

## Child Protection Special Investigation Team (CPSIT)

In respect of cases of sexual abuse in which the victim is a child under the age of 17 or in cases of serious physical abuse in which the victim is a child under the age of 14, the Child Abuse Investigation Unit (CAIU) of the Police is responsible for investigating allegations of the following nature according to the CAIU Charter: a) intrafamilial sexual abuse; b) sexual abuse where the

perpetrator is known to the child or is entrusted with the care of the victim (for example, baby-sitter, teacher);  
 c) serious physical abuse at the discretion of the respective Senior Superintendent of Crime Region; and  
 d) organized child abuse.

Child Protection Special Investigation Team (CPSIT), comprising the Police (CAIU), social workers from CPSU of SWD and clinical psychologists will be formed. It will provide consultation and/or conduct joint investigation of suspected child abuse cases on referral. It will work closely with forensic pathologists and Medical Coordinators on Child Abuse (MCCAs) of the

For cases falling within the above CAIU Charter,



\*Non-governmental organizations

Figure 1: Handling procedures of suspected child sexual abuse

Hospital Authority. CPSIT will be responsible for strategy planning, investigative interview by means of video-recorded interview or taking of written statement, arrangement of medical examination as necessary and immediate case assessment. After joint investigation, the CPSIT will assess whether there is adequate evidence to substantiate, whether this is a child abuse case and whether immediate protection for the child is necessary.

### **Multidisciplinary Case Conference**

Within 10 working days after the receipt of referral, a Multidisciplinary Case Conference has to be conducted. All the concerned parties should prepare a report to the Case Conference. It is a forum by which professionals directly involved with a child may share their professional knowledge, information and concern on the child. It may analyse risk and recommend the responsibility for action to be taken in relation to the welfare planning of the child and his/her family, respecting the statutory obligations of individual members for the case.

### **Role of health professionals**

Medical practitioners and nursing staff should be alert to signs of child abuse. If a child has features which indicate that sexual abuse may have taken place, the health professional should follow the guidance for people working with children who disclose sexual abuse, as outlined in Table 1. The medical practitioner should be aware that the most important governing principle is to protect the best interest of the child and to avoid contamination of evidence.

At initial contact, it will be the best to keep interviewing to a minimum and leave the detailed interview to a multidisciplinary team of specialists. He should, instead, take a full medical history from the child and the caretaker, if possible, with special attention to

injuries or trauma. It is particularly important not to ask any leading questions and make any suggestions to the child on how the incident may have happened. This is done to avoid allegations of coaching by the Defence during Court proceedings. For suspected sexual abuse cases, the initial examination should be a general examination with visual inspection of the genital area, with consideration of the history, age and distress of the child. A detailed medical record should be kept.

If child sexual abuse is suspected, the doctor can consult his senior colleagues, the medical social worker (MSW) of the clinic, and the CPSU. The MSW or CPSU will then assess the case, liaise with other parties and decide on appropriate action to be taken. If advice from paediatrician is required, the respective Medical Coordinator on Child Abuse (MCCA) appointed in hospitals of Hospital Authority can be consulted.

If hospitalisation is necessary, MCCA of the hospital should be contacted. If there is no MCCA in the nearby hospital, the case should be sent to the Accident and Emergency Department but the medical practitioner should liaise with the consultant or senior medical officer of the Department prior to referral. If the parent(s)/guardian(s) resist hospital referral, the doctor-in-charge should try to persuade them to stay in the clinic while contact is made with the CPSU. The MSW in the clinic, if any, should assist whenever situation warrants.

The health professional attending the case should offer his assistance to the CPSIT, attend the Multidisciplinary Case Conference and prepare preferably a written report on the child's condition for reference in the Conference.

### **Conclusion**

Medical practitioners should be alert to signs of child sexual abuse during daily practice, prepare to

**Table 1. Guidance for people working with children who disclose sexual abuse**

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1. Listen to the child
  2. Inform the child of a formal interview later
  3. No coaching
  4. No promise to keep the information secret
  5. Make written notes. Sign and date
  6. No assumption on the abuser. Consult CPSU as soon as possible
  7. Consider the pressure on the child to retract
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follow the handling procedure for suspected cases and consult senior colleagues, MCCA, MSW or CPSU as appropriate.

***Learning points:***

***In handling suspected victim of child sexual abuse, it is essential not to ask any leading questions and make any suggestions to the child on how the abuse may have happened. Remember to consult senior colleagues, MSW, CPSU or MCCA as appropriate.***

***Appendix:***

*Child Protective Services Unit 1, SWD  
(Hong Kong Island, Kowloon East)*

*Tel: 2707 7680*

*Child Protective Services Unit 2, SWD  
(New Territories)*

*Tel: 2687 9013*

*Child Protective Services Unit 3, SWD  
(Kowloon West, Tuen Mun, Tsuen Wan, Kwai Tsing)*

*Tel: 2940 7350*

*SWD Departmental Hotline*

*Tel: 2343 2255*

***Remark:***

*For further details, please refer to the publication of Social Welfare Department: 'Procedures for Handling Child Abuse Cases - Revised 1998', from which most of the information in this report is taken.*