

Recognition of and Response to Child Sexual Abuse in Hong Kong

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Introduction

Although Dr Henry Kempe¹ alerted professionals to the abuse of children in the early 1960's, Hong Kong remained under the impression that this was a concern only in western countries. The children of Hong Kong were protected by the Chinese tradition of caring parents and supportive extended families. Unfortunately, no society is immune to child abuse. The media attention in 1978 to a severely abused ten-year-old girl who walked into a local police station in seek of help mobilized a group of professionals to investigate the problem. An Against Child Abuse (ACA) Action Group was formed in 1979. A pilot project involving a hotline was started. Over 300 phone calls were received from the public over a period of nine months. The existence of child abuse in Hong Kong became undeniable. In 1980, ACA was registered as a non-government organization. Since then, ACA has been active in raising public awareness to issues of child protection and the rights of children by serving as an advocate, trainer and educator and a provider of preventive and remedial services. Progressively, the government also took action and a system for child protection was established. This paper outlines the development of this system, in particular the response to child sexual abuse and the preventive measures taken. It will also highlight the challenges arising from newer forms of child sexual abuse.

Development of a Child Protection System

In the early 1980's the government did not perceive a need for a specialised service for child abuse. It was considered one of the range of social ills that could be managed by a social worker. With reports of mismanaged cases however, a multidisciplinary Committee on Child Abuse was formed involving the social, health, law enforcement, and education sectors together with home affairs and information services. The Director of Social Welfare chairs the committee including members from both government departments and non-government organisations. The Committee examines the situation of child abuse in Hong Kong and devises strategies to address the problem through multi-disciplinary collaboration.

The Social Welfare Department established its own specialized unit, the Child Protective Service Unit, in 1983 which expanded to serve different parts of Hong Kong. The units were later renamed Family and Child Protective Services Units in order to also cover domestic violence and custody disputes between parents in the process of divorce. The units include both social workers and clinical psychologists.

As the response to and management of child abuse involve multiple parties, the first procedural guide on how to address child abuse cases was compiled in 1981. Since then, multiple revisions have been undertaken, including the mid-1990s addition of a specific procedural guide for the handling of child sexual abuse cases. The latest revision, from 2007, is a combined guide covering all forms of abuse. This is available via the Social Welfare Department's website.² Publishing on the web facilitates access and the immediate periodic updating of information. The guide provides basic information on child abuse, the roles for different disciplines, referral and response procedures, and legal and confidentiality issues in the protection of children. Contact information of professionals and departments for consultation and referral are also listed.

Reports of child abuse can be made by family members, the child, teachers, childcare workers or the general public, generally to social welfare units, public hospitals or the police. After conducting an enquiry, medical examination, and police investigation as needed, a multidisciplinary case-conference is held. Different professionals involved in the investigation and others who know the child and or family well share background information and arrive at a conclusion as to the occurrence of abuse, follow-up actions required and whether the child should be entered into the Child Protection Registry. The parents and or the child may participate during the entire conference or the latter part when the action plan is formulated, unless contraindicated as in the case of an abusive parent who may interfere with the second parent or the child. More details on multidisciplinary case conferences can be found in the Procedural Guide.² The practical functioning of such conferences is described in a publication from ACA - Responding to child abuse: procedures and practice for child protection in Hong Kong.³

The Child Protection Registry set up in 1986, along with gathering statistics and recording trends over time, allows verified registered users, usually social workers, to check when a report of abuse was received and if any agency is already attending to the family. This expedites the required actions and avoids duplication of services.

Recognition of and Response to Child Sexual Abuse

Physical abuse, generally with observable external signs, has remained the most common

form of abuse recorded in the Child Protection Registry.⁴ Table 1 shows the total number and different forms of abuse in the registry over the past five years.

Table 1. Forms of child abuse in the Child Protection Registry

Forms of abuse	2005		2006		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%
Physical	413	54.1	438	54.3	499	52.9	483	54.8	503	50.7
Sexual	234	30.7	233	28.9	270	28.6	277	31.4	331	33.3
Neglect	41	5.4	77	9.6	114	12.1	78	8.8	102	10.3
Psychological	23	3	12	1.5	20	2.1	15	1.7	15	1.5
Multiple	52	6.8	46	5.7	41	4.3	29	3.3	42	4.2
Total	763	100	806	100	944	100	882	100	993	100

Child sexual abuse is defined in the Procedural Guide² as “the involvement of a child in sexual activity which is unlawful, or to which a child is unable to give informed consent.” Reports of this were uncommon prior to the 1990s, generally accounting for less than two percent of all cases on the Registry. (Figure 1) ACA held the first of a series of public seminars on child sexual abuse in 1989 to heighten awareness of the problem. It is noted that the percentage of children with sexual abuse on the Registry increased in the early 1990’s but had stabilized around 30 to 40% by 1996. As the total number of children on the Registry continues to increase, the actual number of children on the Registry suffering sexual abuse continues to increase. (Table 1)

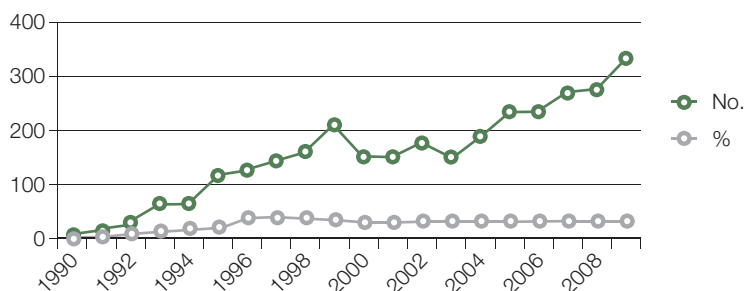


Figure 1. Children in the Child Protection Registry suffering sexual abuse

Demography of Child Sexual Abuse

Contrary to general public misapprehension that children are abused by strangers, in Hong Kong, as in other countries, the majority of abusers are known to the child. Below is some demographic information in 2008 on child sexual abuse cases from the Child Protection Registry .⁴

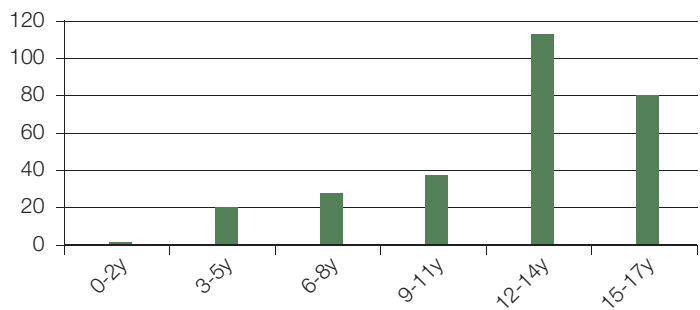


Figure 2. Age of children suffering sexual abuse

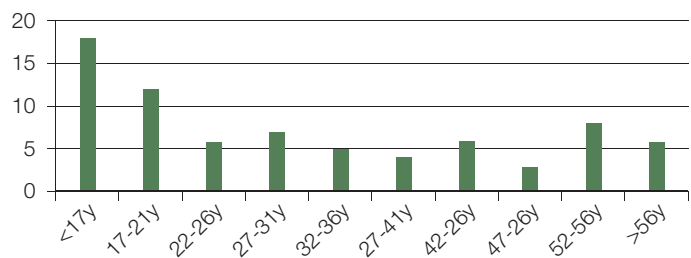


Figure 3. Age of abusers

There were 277 registered children experiencing child sexual abuse in 2008. Most of the abused children were girls (227) but 50 boys were involved as well. The peak age range for either sex was 12 to 14 years. Although most of the abusers were men (238), eleven were women. Of these, the majority were known to the child (151) while 84 were unrelated and 14 were unidentified.

Legislative Amendments

A high profile case occurred in 1993. For technical reasons, the legal system in Hong Kong was unable to bring a perpetrator to justice after sexually abusing a mentally handicapped woman. Around that time, Britain was revising its laws regarding child sexual abuse. Legislative amendments were passed in Hong Kong referring back to Britain, as Hong Kong was then still subject to British rule. These amendments facilitated the investigation of child sexual abuse and subsequent court proceedings.

The Criminal Procedures and Evidence (Amendment) Bills of 1995 allow a child less than seven years old to provide evidence in court. A child aged less than 14 years can give unsworn testimony. Corroboration of a young child's unsworn evidence is not required. Special suites in undisclosed areas throughout the territory were furnished in order to conduct video recorded interviews with children suspected of sexual abuse or severe physical abuse, as well as with other vulnerable witnesses. The gazetted interviewers were trained police officers, social workers from Family and Child Protective Services Units and clinical psychologists. Adjacent to the video suite is a room where colposcopic examination can be performed by a forensic pathologist at the request of the police, if required. The video-taped interview may then be used as evidence in court. The child is still required to testify in person and be questioned, but this can be done via closed-circuit television link without any need to encounter the defendant face to face.

At the same time a witness support program with trained volunteers and family aides from the Social Welfare Department was organised. The support person may accompany the child to the pre-trial court familiarization visit and be present throughout the child's testimony in court through closed circuit television.

Specialization accompanying the Implementation of Legislative Amendments

The legislative amendments and accompanying revised procedural guide for handling reports of child sexual abuse were introduced to reduce the trauma of repeated taking of history or interviews with and examinations of the child. They also make the court process less daunting for the child. A high degree of knowledge and skills, as well as cooperation between professionals from different disciplines, are required. There was great emphasis placed, at times an overemphasis, on the potential for contamination of evidence. Many professionals who only infrequently encounter child sexual abuse were hesitant about the management of child sex-

ual abuse altogether. Even those assigned to such management required special training in order to conduct interviews and examinations. The Social Welfare Department slogan of the period was “Working together, trusting each other”. Hence there were numerous briefings and intensive training provided to professionals according to their roles.

Some colleagues in different disciplines were sent overseas for training, while experts were brought in to conduct joint multidisciplinary training as well. Group training was seen as important for allowing different disciplines to develop a common understanding of particular issues. Colleagues become familiar with one another and each individual’s limitations. Discipline-specific training was also conducted to enable gazetted interviewers to learn to conduct forensic interviews and pediatricians to learn to perform colposcopic examinations. The knowledge and attitude of judges towards child sexual abuse influence the outcome of prosecutions. As judges became familiar with the issues involved, as opposed to in the past, they are less likely to accept an assertion from defense lawyers about a child being provocative and hence partly responsible for abuse, as well as the notion of there being no apparent observable ill effect on the child at the time of the court proceedings as mitigation for a more lenient sentence.

Police Child Abuse Investigation Units

The police perceived a need to establish a central Child Protection Policy Unit to formulate policy and co-ordinate training and other matters related to child abuse in the police force. Regional Child Abuse Investigation Units were set up to investigate intra-familial child sexual abuse or cases where the perpetrator is known to the child. They are further responsible for investigating severe child physical abuse and organized child abuse with multiple perpetrators or multiple abused children, as well as pedophile or pornographic rings. The units are available for consultation by other police units. They also help train other units to better understand issues and procedures related to reports of child abuse.

Medical Coordinators on Child Abuse

Most children suspected of being abused who require medical attention are brought to public hospitals under the Hospital Authority. The children are usually tended by pediatricians in consultation with other medical specialists according to the nature of the injuries. The management of child abuse is more complex and time-consuming than usual medical issues. Extensive communication is required with units outside the healthcare system, including the police. Writing medico-legal reports and participating in case conferences require additional

time. Many doctors were reluctant to become involved. Pediatric units therefore identified doctors for special overseas training, in order to better equip these doctors to manage child sexual abuse, including the performance of colposcopic examinations. Upon their return, they undertake a commitment to practice and share with others the acquired skills. They also serve as liaisons with other disciplines outside the hospital so that direct admissions may be arranged to the ward without asking the child to pass through the Accident and Emergency Department. These doctors were initially termed Medical Coordinators on Child Sexual Abuse and subsequently renamed Medical Coordinators on Child Abuse.

For colposcopic examination in cases of child sexual abuse, doctors need to perform a reasonable number of examinations for quality assurance so that apart from providing any required treatment, evidence can be collected which is appropriate for legal purposes. Such examinations are conducted by pediatricians in two of the twelve pediatric units of the Hospital Authority. Cross-referrals are accepted. In general older children suffering acute sexual abuse, unless they require immediate hospitalization, are generally examined by forensic pathologists in the examination room adjacent to the forensic interview suites. Young children, especially pre-pubescent children, with non-acute or chronic sexual abuse are examined by pediatricians. The pediatric setting tends to be more child-friendly and pediatricians are more accustomed by training to communicating with young children. Furthermore, many of the examinations are in fact normal or findings are non-specific, so an awareness is required of normal variations to prevent over-diagnosis.⁵ Nevertheless an examination is essential to reassure the child and the parents when the examination is normal that the child is in fact normal. Overall, even after investigation, medical coordinators have found that child sexual abuse is more difficult to establish than physical abuse in case conferences.⁶

Follow-up with the child, family members and the perpetrator

A social worker from the Family and Child Protective Services Unit is generally the case manager. S/he provides counseling to the child and family, ensures the action plan formulated at the multidisciplinary case conference is carried out and co-ordinates the diverse services to be provided. Progress reports may be prepared for participants at the case conference a few months later or at an arranged review meeting if face-to-face discussion is required. Medical treatment is provided by pediatricians who also follow up with the child to assess the child's health and development. Psychological and psychiatric treatment is undertaken by clinical psychologists of the Social Welfare Department and child or adult psychiatrists of the Hospital Authority as needed. Perpetrators can receive treatment from clinical psychologists with the Correctional Services Department.

District Committees on Child Abuse

To improve communication between disciplines and iron out any difficulties encountered in carrying out the procedural guidelines, District Committees on Child Abuse were set up to meet every few months. Health, social welfare and law enforcement representatives within a district gather to discuss difficult cases and their management at a more local level and inform each other of relevant developments in their respective units.

Strengths and Challenges of the System

Strengths and challengers of the child protection system in Hong Kong have been discussed in a recent paper authored by Ip.⁷ Generally, the system makes clear the roles and responsibilities of different parties in the management of child sexual abuse. Repeated interviews with children regarding unpleasant experiences are kept to a minimum and court proceedings are less traumatic to the child. However, because of the complexity of the issues involved and the labor intensive response, recruitment and retention of workers in child protection has not been easy. This is compounded by certain departments' policy of staff rotation to different work areas every few years. Skills in communicating with children of ages ranges from a few years to adolescents are not easy to acquire in a short period of time. Expertise and working relationships have to be constantly rebuilt.

Specifically for child sexual abuse, over-reliance on the forensic interview to establish a case is problematic, as disclosure of abuse can be a process rather than a single event. In the case of intra-familial abuse, inadequate support for the non-offending parent can lead to undue pressure being brought to bear on the child to recant, even after earlier relating the abuse and no disclosure made during the interview. This can make the protection of the child difficult.

As there is no mandatory reporting of child abuse, employers may dismiss an employee suspected of abusing a child without a thorough investigation, or the employee could resign of his / her own accord. In the case of a teacher, for example, s/he could turn up teaching in another school placing children at renewed risk.

Mandatory treatment for perpetrators is still under debate in Hong Kong. The release of an abuser following a period of incarceration does not necessarily mean there will be no re-offence, especially when therapy was not undertaken. There are few local studies on the long term outcome of children who suffered sexual abuse and were managed by the current child protection system.

Prevention of Child Sexual Abuse

Sexual abuse generally goes under-reported. The detection of sexual abuse depends very much on the child being willing to disclose, the response to such disclosures, and an understanding of childhood behaviors. Tang⁸ reported as 6% the prevalence of various forms of sexual abuse among Chinese college students in Hong Kong before they were 17 years old. Only 39% of victims reported their experience to someone else and 56% of the reported incidents were not followed up. The system described above is mainly tertiary prevention of child sexual abuse which does not invariably work, is resource-intensive and takes place only following an act. Other levels of prevention are needed as supplements.

Although sex education is conducted in schools, it is not specifically on the prevention of sexual abuse. ACA produced its first manual on “How to teach children to prevent sexual abuse” in 1991. With increasing reports of child sexual abuse, preventive efforts targeted informing parents how to protect their children and teaching children how to protect themselves. Both parents and children were taught how to respond and seek appropriate help as needed. ACA collaborated with Caritas, another non-government organization that was working on similar programs to conduct trainer courses on teaching parents and children. A manual for trainers was produced in 1998. An evaluation report on the impact of the training on children, parents and trainers was completed in 2001 with positive results. Of course, child sexual abuse is also part of all of ACA’s wider training for professionals on child protection and personal safety for children. Information on such training materials and reports, mainly in Chinese, is available on ACA’s website.⁹

Another non-government organization, the End Child Sexual Abuse Foundation was established in 1998 and produces many educational material on child sexual abuse, including for children with learning disabilities. Again, it is mostly in Chinese.¹⁰ There are programs that focus on primary and lower forms of secondary schools. The Foundation also supports mobile classrooms in a specially equipped bus to tour schools. A “Hugline” provides counseling to callers.

Emerging Challenges in Child Sexual Abuse

Child Pornography

Other concerns related to sexual abuse have surfaced since the late 1990’s. There were periodic reports on pedophilia and child sex tourism, although not necessarily involving Hong Kong citizens. There have been local reports of possession of pornographic material featuring children, but few have resulted in prosecution or convictions because it was difficult to establish

that the possession was for publication, as was then required by law. With the increasingly widespread use of the Internet, it became easy to distribute, access and download such materials. Although other countries have banned child sex tourism, Hong Kong did not prohibit local residents from sexually exploiting children in other jurisdictions.

A Prevention of Child Pornography Bill was proposed. Multiple rounds of public consultation were conducted over a few years. There were debates on restriction of freedom of information, images not being identical to an actual child, and the difficulty of knowing whether the material involved a child (defined as less than 16 years old in the proposed bill). Innocent recipients of unsolicited electronic mail with images or films and those who unintentionally entered certain websites were in danger of incrimination. In line with the spirit of Article 34 of the United Nations Convention on the Rights of the Child (UNCRC) which applies to Hong Kong, the bill was finally passed in 2003. This made the production, possession and publication of child pornography, whether actual photographs or computer generated, a crime. Similarly, participation in child sex tourism was forbidden.

After the legislation was passed, prosecutions and convictions increased. It was found that although the maximum penalty for production of child pornography could be a fine of two million Hong Kong dollars and imprisonment for up to eight years, the sentencing for this and related offences was extremely variable and the sentences mainly light. Amidst community outcry, the Court of Appeal gave clearer and more strict sentencing guidelines in 2008. With rare exceptions, possession of child pornography materials in any significant amount would attract an automatic jail sentence. Background information to the passage of the bill can be found on the Legislative Council website.¹¹

Sex Offender Register

Reports of sexual abuse of children by repeat offenders began appearing in the early 2000's. The persons involved often enjoyed easy access to children such as teachers in formal schools, private tutors or teachers of musical instruments, clergy and workers in welfare institutions. Even after conviction and imprisonment, they continue to be attracted to positions with contact with children.

The Law Reform Commission of Hong Kong was entrusted with looking into the existing law on sexual and related offences and the possibility of establishing a register of offenders convicted of such offences. A report was produced in 2008 for public consultation. In general, public opinion opposed a United States-style Megan's Law, which allows the community to have open access to the Sex Offender Registry. There were voices raised in defense of the rights of offenders to privacy, to rehabilitation after serving their sentence and to choice of occupation. After considering overseas experiences and the balance of the right of child to protection and the right of the offender

to rehabilitation, the Law Reform Commission made a recommendation in a second report published this year.¹² As an interim measure preceding legislative changes, it was proposed that there should be an administrative system of voluntary checks with the police on the part of employers on previous convictions for a specific list of sexual offences. This would include employees, volunteers, trainees and self-employed persons undertaking child-related work. The system would initially cover prospective employees, but would be rapidly expanded to existing employees. Fine details of the logistics of administration are scheduled to be worked out in 2011.

This is a step in the right direction, but a strong call is being raised by child advocates that Hong Kong requires specific legislation on the matter rather than a voluntary scheme. There also needs to be public education on children's need for greater protection that the scheme would provide, as children will not be protected from the first offence and the majority of cases of sexual abuse are committed by family members and friends. The scheme also fails to cover workers employed from overseas, as well as sex offenders who were not convicted for a variety of reasons. In order not to put children in situations of risk in the first place, organizations should employ a Professional Code of Conduct for any worker or volunteer with access to children. The Code's implementation should also be monitored. In addition, there is an urge for improved professional training on the assessment and treatment of offenders.

Cybersafety

With wider access to the internet and an increase in usage by children, matched with a lag in parents' computer knowledge and skills, sexual harassment via the Internet has become a concern. ACA conducted surveys in the early 2000's to better understand the patterns of Internet use by children and youth and its impact. Encounters with sexual harassment and violence by children and youth were relatively common and most were unaware how to respond. Through the internet, some children were invited and agreed to meet strangers, thus exposing themselves to being sexually abused. A guide on how to teach parents to understand the issues involved and establish a healthy and responsible habit of internet usage with their children was produced by ACA in 2006.⁹ Other programs involve enhancing children's understanding of cybersafety and using mentors to assist the children in the process. Further public awareness activities were carried out on world Safe Internet Day.

Sex Trafficking of Children

The latest and still ongoing campaign in which ACA is taking part is Stop Sex Trafficking of

Children and Young People. Although Hong Kong is currently used more as a point of transit for trafficked persons from different parts of the world than having many Hong Kong children directly involved, in this era of globalization, the plight of these children and young people cannot be ignored. Hong Kong has laws against human trafficking but the subjects are considered more as illegal immigrants than victims of a trafficking ring. Hong Kong has yet to ratify the Optional Protocol of the Convention of the Rights of the Child on the sale of children, child prostitution and child pornography, although ratification has been claimed to be pending for a number of years, the reason given being Hong Kong's legislation has first to be in line with the Protocol.

Conclusion

Child sexual abuse is a complex matter that takes many forms. To effectively protect children and tackle and prevent abuse, a combination of "appropriate legislative, administrative, social and education measures" are required, as stated in the UNCRC. Being incident driven, Hong Kong's response to child abuse tends to be reactive, followed by the development of services and legislative changes. Although a basic system of response is in place, there remains a constant tension between demand and the ability to provide appropriate and timely services. Prevention is often accorded low priority. Innovative programs, even if effective, are difficult to sustain when not fully incorporated into the regular structure of service provision. Although Hong Kong claims to hold the best interests of the child, foremost, having ratified the UNCRC, this is not necessarily the case when according priority to matters related to children. One example is the unwillingness to commit to a Child Policy, set up a Child Commission or review child-related legislation under the spirit of the UNCRC. To address the existing challenges facing child protection and emerging issues from technological advancement and population mobility, Hong Kong needs to be proactive in providing an environment suited to the optimal growth and development of our children.

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