

## CHAPTER 18

### CLINICAL PSYCHOLOGICAL SERVICE

#### GOVERNING PRINCIPLES

- 18.1 In handling child abuse cases, the paramount concern is the welfare of the child.
- 18.2 To avoid requiring the child to describe the abuse incident(s) repeatedly, it is preferable to keep the number of investigative / assessment interview on the suspected abuse incident(s) to a minimum, say one interview. For video-recorded interview to be used in court proceedings, the interview should be conducted by police officer, social worker or clinical psychologist employed by the Government. The information collected with regard to the suspected abuse incident(s) shall be shared with relevant parties concerned as soon as possible.

#### CHILD SEXUAL ABUSE

##### Hospital / Clinic Settings

- 18.3 Clinical Psychologists (CPs) working in hospitals or clinics under either the Hospital Authority (HA) or the Department of Health (DH), like their counterparts in social welfare settings should handle the suspected child sexual abuse cases as described in one of the following situations :

- (a) During the course of treatment or assessment of patients not originally suspected to be victims of child sexual abuse

CPs working in hospitals and clinics may sometimes come across young patients who are referred for treatment and/or assessment because of their behaviour and emotional problems. While working with these patients, the CP may encounter spontaneous revelation of previous incident(s) of sexual abuse or information that will arouse concern that sexual abuse might have happened. The CP should refer to the **Guide to People Working with Children who Disclose Sexual Abuse and Key to Making Referrals to Child Protection Special Investigation Team (CPSIT)** at Appendix IV and V. **Consultation of welfare / crime related issues can be made to FCPSU / CAIU (Appendix VII & VIII)** as appropriate and the CP should inform the Medical Coordinator on Child Abuse (MCCA) or Chief-of-service as well as the medical social worker (MSW) of his/her action. However, when the case is reported to either one of them, the referral should contain the following details :

- (i) the nature, date and frequency of the abuse or concern;
- (ii) the name, date of birth (if unavailable - age), and any disability or

- special needs of the child;
- (iii) the child's whereabouts;
- (iv) whether the child is in immediate danger;
- (v) names and HKIC No. of parents / carers and others involved;
- (vi) names of other children in the household and whether the children are at risk or potentially at risk;
- (vii) name of school / child care centre, if known;
- (viii) how the informant / referrer is aware of the information;
- (ix) names of other witnesses and other agencies / government departments involved.

(b) When a child admitted to a hospital or referred to a clinic is suspected to be a victim of sexual abuse

The responsible medical staff can refer the child for CP assessment after consultation with social worker of FCPSU or police officer of CAIU. The CP, upon request, will perform an investigatory role by conducting a general assessment and interview regarding the suspected sexual abuse. The CP should refer to **Indicator of Possible Child Abuse** and **Guide to Risk Assessment** in Chapter 2. Based on the information gathered during the assessment, the CP will share his/her opinions with other professionals within the hospital and decide whether further action is warranted, such as, referring the child to FCPSU or CAIU for further action. If the child makes a spontaneous revelation, the same procedures as in paragraph 3(a) above should follow.

(c) When the victim of suspected sexual abuse cannot provide sufficient information to FCPSU worker or police officer of CAIU :

When the victim of suspected sexual abuse cannot provide sufficient information, the FCPSU worker and police officer of CAIU may decide to temporarily suspend the investigation. In the meantime, if the child has manifested distressful feelings or disturbing behaviors that may cause harm to his/her emotional and mental equilibrium, the responsible medical staff can consider referring him/her for psychological assessment and treatment. For exceptional cases of serious nature, these children can also be referred to CP for consideration of facilitative interview on a case-by-case basis. The purpose is to provide an opportunity to the victim of suspected abuse to make a full disclosure through building up a trusting relationship and helping the child to work through any fear or emotional blockage that may be present. The CP will usually review the progress after a few sessions to decide on further action. Once the victim has decided to tell, the CP should follow the procedures as stated in paragraph 3(a) above.

(d) After forensic investigation

After investigation by the FCPSU/CPSIT or CAIU/CPSIT, the victim of suspected child sexual abuse may require urgent psychological treatment

to help the child cope with the psychological crisis. In the best interest of the child, the CP of HA / DH will provide such service. If it is foreseeable that the case might go to court, Chapter 13 on **Victim Management Before Court Hearing and Post Abuse Therapeutic Service** should be adhered to.

## **Social Welfare Setting**

18.4 CPs employed by either the government or non-governmental organisations (NGOs) in social welfare settings should handle the suspected child sexual abuse cases as described in one of the following situations :

(a) During the course of treatment or assessment of cases not originally suspected to be victims of child sexual abuse

CPs working in social welfare settings often come across children who are referred for treatment and/or assessment because of their behaviour and emotional problems. These may include running away from home, inappropriate sexual behaviour, relationship problem with parents or peers, promiscuity in adolescents, etc. While working on these problems with the CP, the children may sometimes spontaneously reveal previous incident(s) of sexual abuse or give information that will arouse concern that sexual abuse might have happened. The CP should refer to the **Guide to People Working with Children who Disclose Sexual Abuse and Key to Making Referrals to Child Protection Special Investigation Team (CPSIT) at Appendix IV and V**. Consultation of welfare / crime-related issues can be made to FCPSU / CAIU as appropriate and inform the referring social worker of his action. However, when the case is reported to either one of them, the referral should contain the following details :

- (i) the nature, date and frequency of the abuse or concern;
- (ii) the name, date of birth (if unavailable - age), and any disability or special needs of the child;
- (iii) the child's whereabouts;
- (iv) whether the child is in immediate danger;
- (v) names and HKIC No. of parents / carers and others involved;
- (vi) names of other children in the household and whether the children are at risk or potentially at risk;
- (vii) name of school / child care centre, if known;
- (viii) how the informant / referrer is aware of the information;
- (ix) names of other witnesses and other agencies / government departments involved.

(b) When the child is suspected to be a victim of sexual abuse

The responsible social worker can refer the child for CP assessment after consultation with social worker of FCPSU or making report to CAIU. The CP, upon request, will perform an investigatory role by conducting

a general assessment and interview regarding the suspected sexual abuse. The CP should refer to **Indicator of Possible Child Abuse and Guide to Risk Assessment** in Chapter 2. Based on the information gathered during the assessment, the CP will share his/her opinions with the referrer / referring social worker to decide whether further action is warranted, such as, referring the child to FCPSU or making report to CAIU for further action. If the child makes a spontaneous revelation, the same procedures as in paragraph 18.4 (a) above should follow.

(c) When the victim of suspected sexual abuse cannot provide sufficient information to the FCPSU worker or police officer of CAIU

When the victim of suspected sexual abuse cannot provide sufficient information, the FCPSU worker and police officer of CAIU may decide to temporarily suspend the investigation. In the meantime, if the child has manifested distressful feelings or disturbing behaviors that may cause harm to his/her emotional and mental equilibrium, the responsible social worker can consider referring him/her for psychological assessment and treatment. For exceptional cases of serious nature, these children can also be referred to CP for consideration of facilitative interview on a case-by-case basis. The purpose is to provide an opportunity to the victim of suspected abuse to make a full disclosure through building up a trusting relationship and helping the child to work through any fear or emotional blockage that may be present. The CP will usually review the progress after a few sessions to decide on further action. Once the victim has decided to tell, the CP should follow the procedures as stated in paragraph 18.4(a) above.

(d) After forensic investigation

After investigation by the FCPSU worker or police officer of CAIU, the victim of suspected child sexual abuse may require urgent psychological treatment to help the child cope with the psychological crisis. In the best interest of the child, the CP of SWD or NGO should provide such service. If it is foreseeable that the case might go to court, Chapter 13 on **Victim Management Before Court Hearing and Post Abuse Therapeutic Service** should be adhered to.

## **INVOLVEMENT OF CLINICAL PSYCHOLOGIST IN INVESTIGATION PROCESS**

18.5 Depending on case nature and need, the CP attending to the case will be involved in strategy planning, immediate case assessment and the Multi-disciplinary Case Conference in the handling process. He/she may be summoned to give evidence in court. CP of the government will also be responsible for joint investigation through video-recorded interview as necessary.

## Other Forms of Abuse

18.6 CPs may receive referrals on suspected child abuse cases or he/she may come across such cases in the course of treatment or assessment.

- (a) If a child reveals information from which physical abuse or other forms of child abuse is suspected, the CP should inform the respective social worker, i.e. the medical social worker (MSW) (for CP in Hospital Authority), intake worker in relevant Integrated Family Service Centre (IFSC) / Integrated Services Centre / Family and Child Protective Services Unit (FCPSU) (for CP in SWD) or referring social worker (for CP in NGOs]. The CP will work closely with the responsible social worker in the investigation process and continue to provide treatment service to the child and his/her family as appropriate. The CP should also follow the procedures stated as paragraph 18.3(a) or paragraph 18.4(a) above.
- (b) For children who are suspected to have been suffering from psychological abuse, upon the responsible social worker's request, the CP should perform an investigatory role by arranging an urgent appointment to conduct the necessary assessment interview, so as to provide information to members of the multi-disciplinary case conference about the child's psychological functioning, and facilitate members' discussion about the case nature and formulate the welfare plan. However, a **completed** psychological assessment **is not a prerequisite** for establishing a case as suffering from psychological abuse.

## DIVISION OF WORK BETWEEN CLINICAL PSYCHOLOGISTS IN MEDICAL AND SOCIAL WELFARE SETTINGS

18.7 The division of work between CPs in medical and social welfare settings in providing psychological assessment and treatment are decided by the SCPs of HA and SWD, and CPs of NGOs. The agreement has been stated clearly on the related papers<sup>1</sup> which are also uploaded on the SWD intranet for quick reference. As a general rule, the following guiding principles would apply :

- (a) when the victim of suspected abuse is an in-patient of the hospital and consultation has been made with the social worker or police officer of CAIU concerned, the CP of HA will provide psychological service as needed;
- (b) for hospitals or clinics or NGO with no clinical psychologist, the client should be referred to SWD for service;
- (c) for victim of suspected abuse who has been receiving regular

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<sup>1</sup> The two papers are: "Guideline on Provision of Clinical Psychological Service between HA and SWD" and "Summary of Agreements on Clinical Psychological Support for IFSCs".

psychological follow up service from the CP of HA / DH / SWD / NGO before disclosure of the abuse, it is preferable for him/her to continue to receive psychological service from the CP concerned;

(d) the client's wish should be considered when considering where to refer.

18.8 As stated in the Criminal Procedure Ordinance, Cap 221, only clinical psychologists of the government should be involved in the following activities which are directly related to the function of CPSIT :

(a) conducting video-recorded interview;

(b) acting as the monitor in the monitor room during the investigative interview.

## **COLLABORATION WITH OTHER PARTIES**

18.9 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.