SECTION II

BASIC KNOWLEDGE

CHAPTER 2

UNDERSTANDING OF CHILD ABUSE

DEFINITION

2.1 **In a broad sense, child abuse is defined as any act of commission or omission that endangers or impairs the physical / psychological health and development of an individual under the age of 18.** Such act is judged on the basis of a combination of community standards and professional expertise. It is committed by individuals, singly or collectively, who by their characteristics (e.g. age, status, knowledge, organisational form) are in a position of differential power that renders a child vulnerable. 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, e.g. child-minders, relatives, teacher, etc. For child sexual abuse, the acts may also be committed by strangers to the child.

2.2 The definition of child abuse set out in this Procedural Guide is provided to facilitate relevant professionals or personnel to safeguard the welfare of children being abused or at risk of abuse. It is **not a legal definition**. When prosecution against an abuser is required, reference should be made to the relevant Ordinances in force. It should also be noted that cases involving child welfare but not defined as child abuse in this Procedural Guide should also be handled with care and appropriate services should be rendered to ensure the best interest of children.

2.3 In determining whether a case should be defined as a child abuse case, the responsible professionals should make assessment based on individual case merits and take into consideration various factors (e.g. the child's age, the act, the consequences of the act on the child, etc.) instead of just focusing on the frequency and nature of incident that has occurred.

2.4 **Child abuse includes the following :**

Physical Abuse is a physical injury or physical suffering to a child (including non-accidental use of force, deliberate poisoning, suffocation, burning, Munchausen's Syndrome by Proxy[1], etc.), where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally;

Sexual Abuse is the involvement of a child in sexual activity (e.g. rape, oral sex) which is unlawful, or to which a child is unable to give informed consent[2].

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[1] Munchausen's Syndrome by Proxy occurs when a parent or guardian falsifies a child's medical history or alters a child's laboratory test or actually causes an illness or injury to a child in order to gain medical attention for the child which may result in innumerable harmful hospital procedures. (Ref.: Zumwalt R. E. & Kirsch C.S., "Pathology of Fatal Child Abuse and Neglect" in R. E. Helfer & R.S. Kempe (Eds.), The Battered Child (4th ed.), pp. 247-285, Chicago: University of Chicago Press, 1987.)

[2] In consultation with the then Attorney General's Chambers, any dependent, developmentally immature children and adolescents involved in sexual activities that they do not fully comprehend are considered unable to give "informed consent". For instance, when a child is involved in a sexual act for snacks or money, though the child may say "yes" to the perpetrator, this should not be regarded as an

This includes direct or indirect sexual exploitation and abuse of a child (e.g. production of pornographic material). It may be committed by individuals whether inside the home or outside. It may be committed by parents, or carers or other adults singly or acting in an organised way, or children. It includes acts which may be rewarded or apparently attractive to the child. It may be committed by individuals either known or strangers to the child; (Child sexual abuse differentiates from casual sexual relationship that does not include any sexual exploitation e.g. between a boy and a girl, though the boy can be liable for offences like indecent assault or unlawful sexual intercourse with an underaged girl.)

Neglect is severe or a repeated pattern of lacking of attention to a child's basic needs that endangers or impairs the child's health or development. Neglect may be :

- Physical (e.g. failure to provide necessary food, clothing or shelter, failure to prevent physical injury or suffering, lack of appropriate supervision or left unattended)
- Medical (e.g. failure to provide necessary medical or mental health treatment)
- Educational (e.g. failure to provide education or ignoring educational needs arising from a child's disability[3])
- Emotional (e.g. ignoring a child's emotional needs, failure to provide psychological care, or permitting a child to use alcohol or other drugs);

Psychological Abuse is the repeated pattern of behaviour and attitudes towards a child or extreme incident that endangers or impairs the child's emotional or intellectual development. Examples include acts of spurning, terrorizing, isolating, exploiting / corrupting, denying emotional responsiveness, conveying to a child that he/she is worthless, flawed, unwanted or unloved (refer to **Major Types of Psychological Abuse** at Annex I to Chapter 2 for details). Such act damages immediately or ultimately the behavioural, cognitive, affective, or physical functioning of the child.

INDICATORS OF POSSIBLE CHILD ABUSE

2.5 In conducting investigation into any suspected child abuse case, the responsible professionals should make reference to indicators manifested by the child, the parents and the family. Physical indicators are indicators which are usually readily observable and may be mild or severe. The child's behaviour can sometimes be a clue to the presence of child abuse. Behavioural indicators may exist alone, or in combination with physical indicators. They may be subtle or they may be graphic statements by the child. The behaviour and attitudes of the parents, their own life histories, or even the conditions of their

"informed consent" by the child.

[3] According to the Disability Discrimination Ordinance Code of Practice on Education, the provisions of the Disability Discrimination Ordinance apply to a wide range of persons, including those usually referred to as persons with intellectual disability or mental handicap, autism, specific learning disabilities, hearing impairment, visual impairment, physical disability or handicap, mental illness and various other chronic illnesses, and persons who are infected with the human immunodeficiency virus (commonly known as "HIV-positive") or who have acquired immune deficiency syndrome (commonly known as "AIDS").

home, can also offer valuable clues to the presence of child abuse.

2.6 The list of indicators presented in this Chapter is not intended to be exhaustive. Neither does the presence of a single or even several indicators necessarily prove that child abuse exists. However, the possibility of child abuse should be seriously considered in case of repeated occurrence of an indicator, presence of several indicators in combination, or presence of serious injury. The behavioural indicators in different categories of child abuse might be interchangeable and should be applied as appropriate.

2.7 These indicators are only useful for professionals with training and experience in dealing with children and families. They are an aid to assessment by professionals and should be used with caution. Some sections will have more relevance to certain professions than others. (It is not expected, for example, that non-medical professionals should be conversant with or attempt to interpret the different forms of fracture or internal injury specified in this Chapter).

CHECKLIST FOR IDENTIFYING POSSIBLE CHILD ABUSE

2.8 The following checklist aims to help concerned professionals and parties for identifying possible child abuse and is listed for reference only. It is not exhaustive and due consideration should be taken according to the age appropriateness of the child and his/her ability.

Physical Abuse

2.9 If there is doubt about the nature or severity of the physical signs of injury, the child concerned should be brought to medical attention as soon as possible.

(a) Bruises and Welts

- Should be interpreted with reference to the developmental age (e.g. whether the child is able to walk), number, size and distribution of the bruises, and whether they form a specific pattern that suggests direct impact with an object, punching, grasping, and/or bites.
- Bruises that are unlikely to be accidental, e.g. large bruises, bruises at unusual locations, multiple bruises of different ages, or injuries around the genitalia are suspicious.
- Bite marks are specific signs of injuries. If identified early, the injury itself may contain sufficient information to help identify the perpetrator.

(b) Lacerations and Abrasions

- Lacerations over the hands, arms or feet that damage the underlying tendons may be potentially crippling.
- Laceration to the fraenulum, the piece of tissue that connects the upper lip to the upper gum in the middle, may be indicative of

forced feeding.

(c) Burns and Scalds

- Burns / scalds from unintentional and intentional origin may be difficult to differentiate.
- Some inflicted burns may assume the shape or pattern of the burning objects, e.g. heated plate, cigarette.
- "Glove and/or stocking" distribution is indicative of dunking (immersion) scald of a limb or buttock.

(d) Fractures

- These should be interpreted / handled individually.

(e) Internal Injuries

- Brain / head injuries
  - May be due to direct impact, shaking or penetrating injuries.
  - The "Shaken Baby Syndrome" is the most common cause of death in physical child abuse.
- Abdominal injuries
  - Perforation of internal organs may lead to abdominal pain and vomiting.
  - Serious injuries or even death may occur without any external signs of injuries. Hence, a high degree of suspicion is required if abdominal injury is not to be missed.

(f) Others

- Fabricated or induced illnesses, including Munchausen's Syndrome by Proxy
- Poisoning
- Hair loss by pulling or burning
- Drowning
- Cot death
  - Conclusion should not be made until a formal Coroner's examination has been completed.

Sexual Abuse (Both sexes)

(a) Physical Indicators

- Torn, stained or bloody underclothing
- Complaints of pain, swelling or itching in the genital area
- Complaints of pain on urination
- Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat
- Vaginal / penile discharge
- Sexually transmitted disease
- Early adolescent pregnancy

(b) Behavioural Indicators

- Appetite disturbance
- Sexual exploitation of young children
- Poor peer relationship
- Unwilling to participate in physical activities
- Behaviour disturbance (anorexia nervosa, obesity, self-mutilation, run away, suicide, promiscuity, drug abuse)
- Sexual knowledge or behaviour that is abnormally advanced for the respective age of the child
- Marked change in academic performance
- Sleep disturbance
- Excessive masturbation
- Excessive reaction to being touched
- Intensive dislike for being left somewhere or with someone

Neglect

(a) Physical Indicators

- Malnutrition, under-weight, or lacking sufficient quantity and/or quality of food
- Delayed development
- Severe rash or skin disorder
- Left in care of inappropriate carer (e.g. young child)
- Inadequately supervised for long periods or when engaged in dangerous activities
- Unattended physical problems or unmet medical / dental needs
- Chronically dirty / unkempt
- Habitual absence from school or deprivation of schooling
- Spoiled food found at home
- Insanitary living conditions (garbage, excretion, dirt, etc)
- Young child unattended for long periods
- Abandoned : totally or for long periods of time
- Child confined at home

(b) Behavioural Indicators

- Persistent complaints of hunger or rummaging for food, overtly aggressive eating habit or begs for / steals food
- Assumes responsibilities inappropriate to age
- Addiction
- Delinquency
- Complaints of inadequate care, supervision or nurturing
- Being made to work excessive hours / beyond physical ability
- Poor peer relationship
- Responds to questions in monosyllables
- Extreme apprehension
- Sexual activity caused by inadequate supervision
- Reluctant to return home
- Runs away from home

Psychological Abuse

(a) Physical Indicators

- Failure to thrive
- Developmental delay e.g. speech disorder
- Anorexia nervosa

(b) Behavioural Indicators

- Indicators in Child
  - ➢ Alienation
  - ➢ Habit disorder
  - ➢ Wetting / soiling
  - ➢ Learning disorder e.g. marked deterioration in academic performance
  - ➢ Lags in mental, emotional, social development
  - ➢ Self harm or suicidal thoughts / attempts
  - ➢ Disruptive behaviour or conduct problems
  - ➢ Sleep disturbance
  - ➢ Appetite disturbance
  - ➢ Speech impediment

- Indicators in Family
  - ➢ Rejection
  - ➢ Constant scolding
  - ➢ Humiliating criticism
  - ➢ Inducing fear
  - ➢ Encouraging deviant behaviour
  - ➢ Bizarre punishment

CHARACTERISTICS COMMONLY ASSOCIATED WITH CHILD ABUSE

2.10 Child abuse may occur in any family and the background of families with problem of child abuse may be different. The following characteristics which are often found in child abuse cases are listed for reference only and should not be taken as evidence of child abuse. On the other hand, child abuse may occur in families without any of the following identifiable features.

The Family

(a) Chaotic or obsessively organized home
(b) Social isolation
(c) Crisis or tension in family e.g. pregnancy, eviction, divorce / desertion / separation, in-law conflict
(d) Cultural / superstitious beliefs
(e) Domestic violence e.g. spouse battering

The Parents

(a) Biography

- History of childhood abuse
- History of unhappy or being rejected in childhood; serious physical / emotional deprivation
- History / Experience of domestic or other violence
- History of serious recurrent illness and/or psychiatric disorder
- Alcoholism / Drug abuse / Gambling

(b) Attitude and Behaviour

- Rigid or unreasonable expectation on the child
- Strong belief in harsh discipline / corporal punishment
- Overtly critical of or aloof to the child
- Immaturity of parents
- Low self-esteem
- Passiveness
- Low intelligence of one or both parents
- Low tolerance to stress
- Deficiency in anger control
- Diffusion and confusion in family roles
- Sexual problems
- Unconvincing or inconsistent explanations of the child's injury
- Failure or delay in seeking medical advice
- Inadequate parenting

The Child

(a) Premature birth
(b) Unwanted child
(c) Illegitimate child
(d) Baby with feeding or sleeping problem
(e) Non-thriving baby
(f) Early separation from parents
(g) Complicated birth delivery
(h) Child exposed to conflicting child care rearing practices e.g. child reared away from home
(i) Child with physical or mental disability
(j) Child associated with family misfortune
(k) The female gender

GUIDE TO RISK ASSESSMENT

Functions

(a) To assess the level of risk to a child who is reported to be the victim of the alleged abuse;

(b) to measure and organize factors present in abuse situation, which are considered as important in describing the current safety and in predicting future safety of the child. These factors include the characteristics of the reported abuse, the child and his/her family involved, and the environment in which the child and his/her family exist; and

(c) to facilitate planning of action, case management and service delivery such that the child can receive sufficient care required to sustain growth, health and safety.

Governing Principles in Risk Assessment

(a) Risk assessment should begin at the time of case intake and continue throughout the process of case management, provision of service and termination of the case. It should take into consideration the likelihood of recurrence of maltreatment, neglect, physical or sexual abuse ***AND*** not only the severity of the child's injuries. It is a continuous and future oriented process.

(b) The child and his/her family members (including siblings and abusers) should be involved in risk assessment in identifying problems and developing service plans. However, decision to remove or allow the child to remain with the family must be made carefully.

(c) Risk assessment has to be made with professional skills and judgement of various disciplines on individual case situation.

Guide to Decision Making in Risk Assessment Process

(a) Whether the child is in immediate danger or future risk of abuse.

(b) What social services, actions, or support system are necessary to protect the child during the investigation.

(c) Whether or not the child must be removed from home for his/her protection.

(d) What initial action plan is needed to address the factors that are placing the child at risk.

(e) What modifications, if any, must be made to the action plan to further reduce risk and enhance safety of the child.

(f) When it is safe to return a child home, if the child has been removed.

(g) When sufficient care is being provided that would support case closure.

Skills in Risk Assessment

(a) Identify the concern for risk as reflected in the available reports or information. Assess all areas of risk.

(b) Ascertain the immediacy of risk.

(c) Assess the origin, type and extent of risk. Be alert especially for serious risk factors.

(d) Examine the duration, severity and controllability of the risk factors. Be aware of risk factors that may interact in a dangerous manner.

(e) Assess family strengths and resources.

(f) Examine the overall level of risk to the child within the context of risk factors, family strengths, and agency resources.

(g) Determine the child's capabilities to face / manage the risk and to protect himself/herself, and the degree of safety.

(h) Gather direct and genuine evidence whenever possible.

(i) Use risk assessment as the foundation of the action plan, subsequent modifications of the plan, and case referral to Family and Child Protective Services Units, Child Protection Special Investigation Team or case transfer.

(j) Consider action plan and develop strategies to respond to and reduce risk.

(k) Mobilize service resources to reduce risk.

(l) Conduct case review when action plan changes and consider alternatives to reduce risk.

(m) Identify conditions which suggest risk is being reduced or has been sufficiently reduced to warrant closure of the case.

Risk Factors

Risk factors may interact with one another in a dynamic way in child abuse. The risk factors and their variables can be summarized as follows :

Factors		Variables	
(1)	Precipitating incident	(a)	Severity and/or frequency of abuse
		(b)	Location of injury on body
		(c)	History of abuse

Factors		Variables	
(2)	Assessment on child	(a)	Child's age, physical and/or mental abilities
		(b)	Perpetrator's access to child
		(c)	Child's behaviour and mental well being
		(d)	Interaction between child and carer
		(e)	Child's interaction with siblings, peers and others
(3)	Assessment on carer	(a)	Carer's capacity for child care
		(b)	Interaction between child and carer
		(c)	Interaction between carers
		(d)	Carer's parenting skills / knowledge
		(e)	Carer's substance / alcohol abuse
		(f)	Carer's criminal behaviour
		(g)	Carer's emotional and mental health
(4)	Family assessment	(a)	Family interactions / relationship
		(b)	Strength of family / support systems
		(c)	History of abuse / neglect in family
		(d)	Presence of a parent substitute in the home
		(e)	Progress of child / family in treatment

Assessment Matrix

Risk Assessment Guidelines with an Assessment Matrix is at Annex II to Chapter 2 for quick reference in assessing child abuse cases.

MAJOR TYPES OF PSYCHOLOGICAL ABUSE

FIVE MAJOR TYPES OF PSYCHOLOGICAL ABUSE ARE DESCRIBED BELOW AND FURTHER CLARIFIED BY IDENTIFICATION OF SUB-CATEGORIES
A repeated pattern or extreme incident(s) of the conditions described in this table constitute psychological maltreatment. Such conditions convey the message that the child is worthless, flawed, unloved, endangered, or only valuable in meeting someone else's needs.
SPURNING (Hostile Rejecting / Degrading) includes verbal and non-verbal caregiver acts that reject and degrade a child. SPURNING includes the following: - Belittling, degrading, and other non-physical forms of overtly hostile or rejecting treatment - Shaming and/or ridiculing the child for showing normal emotions such as affection, grief, or sorrow - Consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards - Public humiliation
TERRORIZING includes caregiver behaviour that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations. TERRORIZING includes the following: - Placing a child in unpredictable or chaotic circumstances - Placing a child in recognizably dangerous situations - Setting rigid or unrealistic expectations with the threat of loss,or danger if they are not met - Threatening or perpetrating violence against the child - Threatening or perpetrating violence against the child's loved ones or objects
ISOLATING includes caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. ISOLATING includes the following: - Confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment - Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community
EXPLOITING / CORRUPTING includes caregiver acts that encourage the child to develop inappropriate behaviour (self-destructive, anti-social, criminal, deviant, or other maladaptive behaviour). EXPLOITING / CORRUPTING includes the following: - Modeling, permitting, or encouraging anti-social behaviour (e.g. prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others) - Modeling, permitting, or encouraging developmentally inappropriate behaviour (e.g. parentification, infantalization, living the parent's unfulfilled dreams) - Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g. allowing little or no opportunity or support for child's views, feelings, and wishes; micro-managing child's life) - Restricting or interfering with cognitive development
DENYING EMOTIONAL RESPONSIVENESS (Ignoring) includes caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interactions with the child. DENYING EMOTIONAL RESPONSIVENESS includes the following: - Being detached and uninvolved through either incapacity or lack of motivation - Interacting only when absolutely necessary - Failing to express affection, caring, and love for the child

Source : Office for the Study of the Psychological Rights of the Child, Indiana University, Purdue University at Indianapolis.

ASSESSMENT MATRIX

	ACTION	A. LOW RISK	B. INTERMEDIATE RISK	C. HIGH RISK
1.	Child's age, physical and mental abilities	10 years and over and cares for and protects self without or with limited adult assistance, no physical or mental handicaps / limitations	5 through 9 years of age, any age requiring adult assistance to care for and protect self, emotionally withdrawn; minor physical illness / mental handicap; mild to moderately impaired development	Less than 5 years of age; any age unable to care for or protect self without adult assistance; severe physical illness / mental handicap; over-active; difficult or provocative; severely impaired development
2.	Severity and / or frequency of abuse, physical or sexual	No injury or minor injury; not requiring medical attention; no discernible effect on child; isolated incident	Minor physical injury or unexplained injury requiring some form of medical treatment / diagnosis; history or pattern of punishment / discipline; mild sexual confrontation	Child requires immediate medical treatment and/or hospitalization; history or pattern of excessive punishment / discipline / sexual molestation
3.	Severity and / or frequency of neglect and recentness	No discernible effect on child; isolated incident	Caretaker suspected of failing to meet minimum medical, food and/or shelter needs of child; unconfirmed history or pattern of leaving child unsupervised	Caretaker is unwilling to meet minimal medical, food and/or shelter needs of child, confirmed history or pattern of leaving child unsupervised or unprotected for excessive periods of time; child at severe risk of harm
4.	Location of injury	Bony body parts; knee, elbows, buttocks	Torso	Head, face or genitals
5.	School problems	Regular attendance; no reported school problems	Frequent absence; some behavioural problems; child comes unkempt and hungry	Severe behaviour problems; parents uncooperative; child fearful of parental contact
6.	Caretaker's physical, intellectual,or emotional abilities	No intellectual / physical limitations, realistic expectations of child; in full control of mental faculties	May be physically / emotionally handicapped; moderate intellectual limitations; past criminal / mental health record / history, poor reasoning abilities; needs planning and assistance to protect child	Severely handicapped; poor perception of reality; unrealistic expectations / perception of child's behaviour; severe intellectual limitations; incapacity due to alcohol / drug intoxication
7.	Caretaker's level of cooperation	Willingness and ability to work with agency to resolve problem and protect child	Overtly compliant with investigator; presence / ability of non-offending adult to assure minimal cooperation with agency	Doesn't believe there is a problem; refuses to cooperate; uninterested or evasive

	ACTION	A. LOW RISK	B. INTERMEDIATE RISK	C. HIGH RISK
8.	Caretaker's parenting skills and/or knowledge	Caretaker exhibits appropriate parenting skills and knowledge pertaining to child-rearing techniques or responsibilities	Inconsistent display of the necessary parenting skills and/or knowledge required to provide a minimal level of child care	Caretaker is unwilling / incapable of exercising the necessary parenting skills and/or lacks minimal knowledge needed to assure a minimal level of child care
9.	Presence of a parent substitute in the home	Parent substitute in the home is viewed as supportive / stabilizing influence	Parent substitute is in the home on an infrequent basis and/or assumes only minimal caretaker responsibility for the child	Parent substitute resides with the family and is the alleged offender
10.	Previous history of abuse / neglect	No previous reported history of abuse / neglect	Previous indicated report of abuse / neglect; or protective services provided to the child, family or offender	Pending child abuse / neglect investigation; previous indicated abuse / neglect report of a serious nature; multiple reports of abuse / neglect involving the child, family or offender; prior dependency
11.	Strength of family support systems	Family, neighbours, or friends available and committed to help; participation in church, community, or social group	Family supportive but not in geographic area; some support from friends and neighbours; limited community services available	Relatives or friends unavailable / uncommitted or subversive; geographically isolated from community services, no phone or means of transportation available
12.	Perpetrator's access to child	Out of home, no access to child	In home, access to child is difficult; child is under constant supervision of other adult in the home	In home, complete access to child; uncertainty if other adult can protect child
13.	Environmental condition of the home	Home in relatively clean with no apparent safety or health hazards; functional utilities	Trash and garbage not disposed and hazardous water and/or electricity inoperative; infestation of ants, roaches or other vermin.	Living in condemned and/or structurally unsound residence; exposed wiring and/or other potential fire / safety hazards present
14.	Stresses / crises	Stable family, steady employment or income; means of transportation available; strong relationship with relatives	Pregnancy or recent birth of a child; insufficient income and/or food; inadequate home management skills / knowledge; relationship with relatives characterized by mutual hostility	Death of spouse; recent change in marital or relationship status; acute psychiatric episodes; spouse abuse / marital conflict; drug / alcohol dependency; chaotic life-style; criminal activity; frequent arrests
15.	Substance abuse drug / alcohol	No drug / alcohol use; caretaker's drug / alcohol use does not influence parenting	Drug / alcohol use impairs caretaker's functioning; connected to major presenting problem	Regular heavy use of drug / alcohol resulting in chronic endangerment to child; prevents working on case plan

(Reference : California Risk Assessment Curriculum For Child Welfare Services, CSU Fresno, Child Welfare Training Project, Sponsored and Funded by The California State Department of Social Service 1990)