

CHILD PROTECTION POLICY

KELY SUPPORT GROUP

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CHAPTER 1: SCOPE

1.1 This Policy comprises the following chapters and annexes:

Chapter 1 Scope

Chapter 2 Purpose

Chapter 3 Glossary

Chapter 4 Child Protection Principles

Chapter 5 Roles and Responsibilities

Chapter 6 Definition and Types of Child Maltreatment

Chapter 7 Procedures in the Identification, Handling and Reporting of Child Maltreatment/Child Protection Cases

Chapter 8 Information Sharing and Confidentiality

Annex A Staff Guide to Dealing with Disclosure made by the Child on Possible Child Maltreatment

Annex B Checklist for Identifying Possible Signs of Child Maltreatment

Annex C Template Report Form for Reporting a Suspected Child Maltreatment Case

CHAPTER 1:

SCOPE

1.2 This Policy applies to all Staff of KELY. All Staff are required to read and adhere to this Policy at all times.

1.3 This Policy forms part of the induction process for all new Staff of KELY and is an Annex to the KELY Staff Handbook. In the event of inconsistency between this Policy and the provisions set out in the KELY Staff Handbook, the latter shall prevail.

1.4 This Policy has considered the guidance and adopted the applicable templates set out in the "Protecting Children from Maltreatment Procedural Guide for Multi-disciplinary Co-operation" issued in January 2020 by the Social Welfare Department of the Hong Kong SAR Government.

1.5 For the purpose of this Policy, a "child" refers to a Programme Participant to whom KELY provides support via the relevant Partnering Programme entered into between the Participating School and KELY as well as a Programme Participant who participates in the youth programmes, initiatives and/or activities implemented independently by KELY. The Programme Participants whom KELY works with are generally aged between 14 and 24 . The term 'child maltreatment' has the same meaning ascribed to it in SWD Procedural Guide mentioned above.

CHAPTER 2: PURPOSE

2.1 This Policy is intended to serve the following purposes:

(i) to develop a common understanding of child protection principles;

(ii) to define the roles and responsibilities of professionals within KELY in facilitating and enhancing effective coordination in the handling of child maltreatment cases;

(iii) to provide a set of guidelines and procedures for Staff to identify, respond to and handle suspected and confirmed cases of child maltreatment, as well as to report and follow up child maltreatment cases.

CHAPTER 3:

GLOSSARY

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| CAIU | Child Abuse Investigation Unit |
| FCPSU | Family and Child Protection Services Unit of the SWD |
| KELY | KELY Support Group |
| Participating School(s) | The subject of the relevant Partnering Programme |
| Partnering Programme(s) | The programme(s) entered into between the Participating School and KELY |
| PCJO | Protection of Children and Juveniles Ordinance, Cap. 213 |
| PDPO | Personal Data (Privacy) Ordinance, Cap. 486 |
| Programme Participant(s) | Refers to (i) the student(s) of the Participating School and (ii) the participant(s) of the youth programmes, initiatives and/or activities implemented internally by KELY. |
| Staff | All employees of KELY |
| SWD | The Social Welfare Department of the Hong Kong SAR Government |
| SWD Procedural Guide | <i>Protecting Children from Maltreatment Procedural Guide for Multi disciplinary Co-operation</i> issued in January 2020 by SWD |
| SWO | The Social Welfare Officer of the SWD |

CHAPTER 4: CHILD PROTECTION PRINCIPLES

4.1 At the outset, Staff should be informed of the child protection principles prescribed under the SWD Procedural Guide:

(i) Always focus on and accord priority to children's safety, needs, welfare and rights.

(ii) A child's best interests shall always top the priority in any intervention for child protection.

(iii) Staff should explore the situation through direct approach to the child concerned as far as practicable and collect relevant information from individuals who have knowledge of the child/family/incident so as to ascertain the child's condition. To prevent the child from describing the process of maltreatment repeatedly, interviews with the child for examination/investigation should be minimised. Similarly, the frequency of medical examinations should also be reduced as far as practicable.

(iv) At different stages of case handling, the child should be explained in details of the actions to be taken and these should be conducted in languages and methods comprehensible to the child. The child's opinions should be heard and be taken seriously, having regard to a child's age and comprehension capability. Their feelings and impact of the actions on the child concerned should also be taken into account for minimising/dispelling their doubts and concerns. If intervention is necessary to ensure the safety of the child, such intervention should be minimised to avoid causing unnecessary frustration to the child and his/her family.

(v) In handling a case, Staff should collaborate with each other and share the responsibility for protection of the child and provision of assistance to the family where appropriate. While different stakeholders may have different views on the way the case should be handled, the primary concern remains to be the child's safety and best interests and consensus should be reached as far as practicable.

CHAPTER 5: ROLES AND RESPONSIBILITIES

5.1 Board-led Programme and Services Committee

5.1.1 The Programme and Services Committee led by the Board of Directors of KELY are responsible for ensuring that the guidelines and procedures set out in this Policy are followed appropriately and fairly in the interests of each child and with due regard to the Hong Kong legal framework and the SWD guidelines and procedures. In addition, the Executive Director and Senior Management at KELY with support from the Programme and Services Committee, should ensure that there is adequate support and training to ensure that Staff understand their responsibilities towards child protection.

5.2 Child Protection Officer

5.2.1 The Child Protection Officer ("**CPO**") is a designated Staff appointed by KELY. The CPO will be a trained member of Staff with at least 5 years of experience working with children and youth. The CPO is the primary point of contact and support for Staff in cases of suspicion or disclosure of child maltreatment. In addition, the CPO is the responsible officer for the conduct of initial assessment of the suspected child maltreatment case and the implementation of the required child protection actions which include referring and reporting the case of the child to the relevant Participating School or an appropriate non-school based organisation, as the case may be. Please also refer to **Chapter 7 (Procedures in the Identification, Handling and Reporting of Child Maltreatment/Child Protection Cases)** for actions required of the CPO in cases of suspected child maltreatment.

5.3 Staff Members

5.3.1 All Staff upon entering employment with KELY Support Group sign a declaration of having no previous criminal activity with the understanding that this could be grounds for dismissal. In addition, all staff are subject to mandatory sexual conviction checks with relevant authorities with regular updates.

CHAPTER 6: DEFINITION AND TYPES OF CHILD MALTREATMENT

6.1 Definition of Child Maltreatment

6.1.1 In a broad sense, child maltreatment is defined under the SWD Procedural Guide to mean any act of commission or omission that endangers or impairs the physical/psychological health and development of a child.

6.1.2 Child maltreatment is committed by individuals who, by acting individually or in an organised manner, put a child's safety, health and/or development at risk.

6.2 Types of Child Maltreatment

6.2.1 When identifying a child with suspected maltreatment, Staff should consider if the child may have been maltreated by one or more of the following types of child maltreatment:

- (i) Physical harm/abuse;
- (ii) Sexual abuse;
- (iii) Neglect; and
- (iv) Psychological harm/abuse

CHAPTER 6:

DEFINITION AND TYPES OF CHILD MALTREATMENT

6.2.2 These behaviours may take the form of a repeated pattern, multiple incidents or a single but serious incident. A summary of each type of child maltreatment is set out as follows:

(i) Physical harm/abuse

This refers to physical injury or suffering inflicted on a child by violent or other means where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non -accidentally.

(ii) Sexual abuse

This refers to forcing or enticing a child to take part in any acts of sexual activity for sexual exploitation or abuse and the child does not consent to or fully understand or comprehend this sexual activity that occurs to him/her due to mental immaturity. Sexual abuse may be committed inside or outside the home or through social media on the internet by perpetrators acting individually or in an organised manner.

(iii) Neglect

This refers to a severe or repeated pattern of lack of attention to a child's basic needs that endangers or impairs the child's health or development.

(iv) Psychological harm/abuse

This refers to a repeated pattern of behaviour and/or an interaction between a carer and a child, or an extreme incident that endangers or impairs the child's physical and psychological health (including emotional, cognitive, social and physical development)

CHAPTER 7:

PROCEDURES IN THE IDENTIFICATION, HANDLING AND REPORTING OF CHILD MALTREATMENT/CHILD PROTECTION CASES

7.1 Case Identification

7.1.1 When a child is suspected of having been maltreated or if the child or another person discloses to the Staff that the child has been harmed, Staff should pay attention to whether the child has manifested physical, behavioural, emotional and/or environmental indicators showing that the child may have suffered from maltreatment.

7.1.2 **Annex B** of this Policy sets out a checklist for identifying each type of child maltreatment described in **Chapter 6 (Definition and Types of Child Maltreatment)** above. Please note that the indicators set out in Annex A are not exhaustive. Neither does the presence of a single nor several indicators point to a case of child maltreatment. Due consideration should be given to other circumstantial factors, including but not limited to the age and capability of the child.

7.1.3 Where the above indicator(s) is/are identified, Staff should report the suspected case of the child to the CPO within 12 hours of identification of such cases. The CPO is required to take actions in accordance with the guidelines set out in Section 7.2.

7.2 Case Handling and Reporting by the CPO

7.2.1 When the CPO is notified by a Staff of a suspected case of child maltreatment, the CPO is required to take the following steps, on the basis of whether the child is a Programme Participant subject to the relevant Partnering Programme entered into between the Participating School and KELY, or alternatively, a Programme Participant of KELY's youth programmes and activities implemented independently (3).

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PROCEDURES IN THE IDENTIFICATION, HANDLING AND REPORTING OF CHILD MALTREATMENT/CHILD PROTECTION CASES

(i) In relation to a child who is a Programme Participant of a Participating School, the CPO should inform the responsible school staff of the relevant Participating School on the same day the information is received, or as soon as practicable the following working day. The Participating School should inform KELY of the follow-up actions taken in relation to the child of concern within three working days. The follow-up actions by the Participating School should be made in accordance with its own set of child protection policy or any applicable internal guidelines. KELY shall provide any necessary support as requested by the Participating School where appropriate.

(ii) In relation to a child who is a Programme Participant of KELY's programmes, the CPO should first conduct an initial assessment to ascertain the likelihood of a child being maltreated, and determine if any immediate follow-up steps are required to be taken which include referral of a child to non-school based or government support services. All actions taken by the CPO in relation to the child maltreatment case should be recorded, including any initial assessment that may result in a decision not to take immediate follow-up steps.

7.2.2 Careful consideration should be given to the amount of information to be shared with the Participating Schools and other non-school based organisations and/or government support services. While the CPO remains the primary person in the report of a child maltreatment case, all Staff should be familiar with the guidelines on sharing of information set out in **Chapter 8 (Information Sharing and Confidentiality)** of this Policy.

CHAPTER 7:

PROCEDURES IN THE IDENTIFICATION, HANDLING AND REPORTING OF CHILD MALTREATMENT/CHILD PROTECTION CASES

A. Initial Assessment

7.2.3 When carrying out an initial assessment, the CPO shall undertake the following actions:

- (i) collect the necessary information; and
- (ii) conduct the following assessment and retain the relevant records:
 - (a) assess whether the suspicion of child maltreatment is substantiated and determine whether there are reasons to believe/suspect that the child has been maltreated;
 - (b) the level of imminent risk of harm to the child; and
 - (c) whether immediate child protection actions are necessary.
- (iii) consult anonymously with services of Family and Child Protective Services Units (FCPSUs) of the Social Welfare Department (SWD) as part of the assessment process.

7.2.4 At the stage of an initial assessment, the CPO should gather and provide basic information of the suspected case without having to enquire about the details of the incident. Basic information may include the following items:

- (i) Regarding the incident of possible child maltreatment,
 - (a) nature and brief account of the incident;
 - (b) frequency of similar incident(s);
 - (c) identity and number of the alleged perpetrator(s);
 - (d) date/time of the incident, e.g. the earliest, the most recent and the most severe incident;
 - (e) location of the incident; and
 - (f) any other person present at the scene or aware of the incident; if yes, his/her/their response and action taken

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(ii) Regarding the child,

- (a) name, date of birth/age;
- (b) any disability or special needs;
- (c) any physical injury currently sustained;
- (e) behavioural/emotional conditions of the child; and
- (f) whether the child is in immediate danger.

(iii) Regarding the family,

- (a) name and Hong Kong Identity Card number of parents/carers and other relevant parties;
- (b) name and age of other children in the same family, and whether they are at risk or potentially at risk of maltreatment;
- (c) significant persons who can help the child or family concerned (e.g. family members, relatives) ; and
- (d) whether the family concerned has previously been involved in or suspected of child maltreatment.

B. Immediate Child Protection Actions

7.2.5 After conducting an initial assessment, the CPO may need to take immediate steps to protect the child in need of care and protection which include the referral of the child to any units, departments or organizations outside of KELY as appropriate:

- (i) If the child is physically injured or is suspected to have been physically injured, he/she should be sent to a hospital under the Hospital Authority for medical examination and treatment.
- (ii) If a criminal offence may have been committed by a child, he/she should be reported to the Police as soon as possible. The case may be jointly investigated by an FCPSU and CAIU of the Police.

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(iii) If the current environment of the child or the environment where the harm took place is not suitable for the child as far as the safety and well-being of the child is concerned, he/she should be provided with other care arrangements.

(iv) If the circumstance of the case warrants a statutory protection for the child in need of care or protection⁴ by invoking the PCJO, in which case the social worker authorised by the Director of Social Welfare ("**DSW**") may cause a notice to be served on any person having custody or control of such child, requiring that person to produce the child for an assessment by a medical practitioner, clinical psychologist or an approved social workers⁵ of the state of his/her health or development or the way in which the child has been treated (Section 45A(1)(a) of the PCJO).

7.2.6 When reporting a case or taking immediate child protection actions, the CPO should take into account the feelings of the child and the impact of such actions on the child. The arrangements and procedures should be explained to the child. In addition, the parents or guardians of the child, depending on circumstances, should also be explained of the arrangements and relevant procedures. Communications with the child/parents/guardians should be conducted in languages comprehensible to them.

C. Reporting Concerns

7.2.7 In making a report of a suspected child maltreatment case, the CPO should make use of the template form set out in **Annex C** of this Policy with reference to the following guidelines:

CHAPTER 7:

PROCEDURES IN THE IDENTIFICATION, HANDLING AND REPORTING OF CHILD MALTREATMENT/CHILD PROTECTION CASES

(i) **The Record Must Only Contain Facts.** These records may be open to disclosure to parents or guardian of the child. It is therefore essential to only record factual information. It is important not to interpret what is seen or heard, but simply to record in a succinct manner.

(ii) **Day, Date, Time and Place** should be included. This will make it possible to discern any patterns of behaviour more easily.

(iii) **Background Information** should be included in order to put the incident in context. The events leading up to and surrounding an incident can be as important as the incident itself. Examples of such relevant information would include the setting, triggering factors, and details of school/daily routine that might have a bearing on the observed behaviour.

(iv) **Any Record of the Child's Words Should Be Verbatim** and not the CPO's interpretation of the child's words. Where the CPO tries to clarify what a child is trying to say, the record should include details of the CPO's questions. It may be appropriate to have photographic evidence of some specific injuries.

7.2.8 All records and reports should be kept confidential and due consideration be given as to whom within KELY needs to know of their content. It will rarely be appropriate for all Staff to be made fully aware of the details of the case. Please also refer to **Chapter 8 (Information Sharing and Confidentiality)** of this Policy for further guidance.

CHAPTER 8: INFORMATION SHARING AND CONFIDENTIALITY

8.1 General Principles

8.1.1 To protect a child from being maltreated, sharing of information within and outside of KELY on a need-to-know basis is essential to facilitate risk assessment and timely and appropriate intervention.

8.1.2 Relevant information relating to child protection may include:

- (i) health and development of a child and his/her exposure to possible harm;
- (ii) child care capacity of a parent/carer that may pose danger to the child under his/her care;
- (iii) behaviour that may cause harm to a child; and
- (iv) actual harm to the child.

8.1.3 If any person (including the child or the alleged perpetrator) makes a disclosure of a suspected child maltreatment incident and asks for it to be kept secret, Staff should explain to the person that it is in the best interests of the child concerned that such a promise cannot be made.

8.2 Personal Data (Privacy) Ordinance, Cap. 486

8.2.1 The sharing of personal data is governed by the PDPO which controls the collection, holding, processing and use of personal data by data users and enables an individual to request access to and correction of his/her personal data. In collecting and sharing the data, Staff should observe the data protection principles as stipulated in Schedule 1 of the PDPO6 , and in particular, Data Protection Principle 3 and Data Protection Principle 6 regarding use of and access to personal data.

CHAPTER 8: INFORMATION SHARING AND CONFIDENTIALITY

8.3 Use of Personal Data

8.3.1 In the course of handling a case, Staff may need to share information of the child (as the data subject) with other parties (as the data user) or collect information from the latter. According to Data Protection Principle 3, the data user should not use personal data for any purpose other than the purpose for which the disclosure is made unless with the data subject's consent.

8.3.2 Section 58 of the PDPO provides an exemption from Data Protection Principle 3 where the use of the personal data is for the purpose of:

- (i) the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice; and
- (ii) the application of the provisions of Data Protection Principle 3 would be likely to prejudice the above-mentioned purposes.

8.3.3 As such, if the personal data are to be used and shared for the purpose of the suspected child maltreatment case or related child protection work, it may be exempted from Data Protection Principle 3 subject to the satisfaction of both conditions mentioned above.

8.3.4 In addition, according to Section 59 of the PDPO, personal data relating to the physical or mental health of the data subject may be exempted from Data Protection Principle 3 if application of this Principle would likely cause serious harm to the physical or mental health of the data subject or any other individual. To invoke this exemption, Staff should, on the merit of each case, satisfy themselves that the application of Data Protection Principle 3 would likely cause serious harm to the physical or mental health of the child (or any other individual) as the data subject.

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8.4 Access to Personal Data

8.4.1 According to Section 18(1) and Data Protection Principle 6 of the PDPO, an individual, or a relevant person⁷ on behalf of an individual, may make a request:

- (i) to be informed by a data user whether the data user holds personal data of which the individual is the data subject; and
- (ii) if the data user holds such data, to be supplied by the data user with a copy of such data.

8.4.2 In handling request for access to personal data under Data Protection Principle 6, as stipulated in Sections 58 and 59 of the PDPO, the relevant exemption provision may be invoked to refuse to comply with the data access request provided that:

- (i) the personal data involved is held for the purposes of the prevention or detection of crime, or the apprehension, prosecution or detention of offenders, or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, by persons; and to comply with the data access request would likely prejudice the aforementioned purposes; or
- (ii) the personal data involved is related to the physical or mental health of the data subject and to comply with the data access request would likely to cause serious harm to the physical or mental health of the data subject or any other individual.

8.4.3 Staff should satisfy themselves that one of the above exemptions applies to the child in question such that Data Protection Principle 6 does not apply to the relevant request for access to the child's personal data.

CHAPTER 8: INFORMATION SHARING AND CONFIDENTIALITY

8.5 Measures to Preserve Confidentiality

8.5.1 Staff should not discuss confidential information in any setting unless confidentiality can be ensured. Hence, discussion in public or semi-public areas such as hallways, waiting rooms, elevators, restaurants and on social media platforms should be avoided.

8.5.2 In the event that Staff discuss any confidential information via private written electronic communications, Staff should delete those messages as soon as practical, to minimize the inadvertent disclosure of the confidential information.

8.5.3 Staff should take precautions to ensure and maintain confidentiality of information transmitted to other parties through the use of computers, electronic mails, telephones and telephone answering machines, and other electronic, computer or internet technology. Disclosure of identifiable information should be avoided.

ANNEX A TO CHAPTER 7

STAFF GUIDE TO DEALING WITH DISCLOSURE MADE BY THE CHILD ON POSSIBLE CHILD MALTREATMENT

Please note, this Annex applies to conversations that take place face to face, via messaging or social media platforms or over the phone.

When a child is telling you about a case of maltreatment, it is important that you should take the following actions as appropriate:

- (1) Stay calm.
- (2) Reassure the child - tell them they are doing the right thing and that you are pleased they are confiding in an adult. Praise them for having the courage to come forward.
- (3) Tell the child that the information they are giving you will be taken seriously and looked into by KELY and outside parties if necessary.
- (4) Explain to the child that it is necessary, in order to help them, that you will have to tell certain parties but assure them that this will not be general knowledge within the community of the Participating School nor KELY.
- (5) Tell the child whom you will be confiding to next and why. In the case of maltreatment by a parent, assure them that the parent will not be informed until there has been discussion.
- (6) Show that you believe the child and ensure that you tell them this.
- (7) Tell them that it is not their fault.
- (8) Encourage the child to talk - listen to them rather than ask leading questions.
- (9) Check that you have a full understanding of what the child has told you before the end of the discussion.
- (10) Be aware that the child may retract all that they have told you either in the initial interview or later - it is important that you still report it.
- (11) Find out if the child has told anyone else, either in or outside of the Participating School, this information.

ANNEX A TO CHAPTER 7

STAFF GUIDE TO DEALING WITH DISCLOSURE MADE BY THE CHILD ON POSSIBLE CHILD MALTREATMENT

(12) Make a detailed report on the relevant sheet of all the information, use the child's language, and pass to the CPO immediately. Include questions asked but do not include your own opinion or comments. It is important that this is recorded in as much detail as possible so that the child does not have to repeat the details of abuse unnecessarily.

When a child is telling you about a case of maltreatment, it is important that you **refrain** from the following acts:

- (1) Transmitting anger, shock or embarrassment.
- (2) Promising confidentiality. Assure the child that you will make every attempt to help them but let them know that you may have to tell other people about the incidents in order to help (Note (12)) above.
- (3) Asking leading questions or pressing for information
- (4) Telling the child that what has happened to them is "dirty, naughty or bad" in any way, though reference might be made to the teacher's role in helping it to be stopped. Commenting on the offender and their morality - it may be someone the child loves. Talking to anyone but the CPO about what the child has told you.
- (5) Acting without the knowledge and agreement of the CPO.

ANNEX A TO CHAPTER 7

STAFF GUIDE TO DEALING WITH DISCLOSURE MADE BY THE CHILD ON POSSIBLE CHILD MALTREATMENT

Please note, the presence of any one or a combination of the following indicators is not in itself a proof of child maltreatment. However, the presence of these indicators should alert Staff to the possibility of child maltreatment.

(1) Behavioural/emotional indicators relating to various types of harm/maltreatment

(a) Child

- (i) Enacting/reproducing scenes of harm/maltreatment in play or daily behaviour
- (ii) Reluctant to speak/withdrawn
- (iii) Extremely angry/short-tempered/aggressive in behaviour
- (iv) Always in fear/excessive vigilance
- (v) Extremely rebellious/overtly compliant or pleasing
- (vi) Poor peer relationship
- (vii) Presence of attention problems/marked change in academic performance
- (viii) Delayed development
- (ix) Regressive or repetitive behaviour (e.g. bed-wetting, thumb-sucking, hair pulling, head-banging, body-rocking, etc.)
- (x) Sleep disturbance
- (xi) Reluctant to return home/running away from home
- (xii) Absence/withdrawal from school without reason or sudden loss of contact

(2) Indicators relating to physical harm/abuse

(a) Physical Indicators

(i) Bruises and Welts

- Bruises that are unlikely to be accidental, e.g. extensive bruises or bruises at unusual body parts, multiple bruises of different ages or injuries around the genitalia
- Bite marks

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(ii) Lacerations and Abrasion

- Lacerations over the hands, arms or feet. Those that damage the underlying tendons may be potentially crippling
- Laceration to the frenulum (the piece of tissue in midline that connects the inside of upper lip to the upper gum) may be indicative of forced feeding

(iii) Burns and Scalds

- Some inflicted burns may assume the shape or pattern of the burning objects, e.g. a heated plate or cigarette
- Distribution of scalds on hands/feet or buttocks of the child in glove or stocking shape is indicative of immersion into hot water

(iv) Fractures

- Should be interpreted/handled individually based on case circumstances

(v) Internal Injuries

- Brain/head injuries
- May be caused by direct impact, shaking or piercing
- Abdominal injuries
- Abdominal injuries
- Perforation of internal organs may lead to abdominal pain and vomiting
- Child may have been seriously wounded or even die without any visible signs of injuries. Hence, a high degree of suspicion is required for the detection of abdominal injury

ANNEX B TO CHAPTER 7

CHECKLIST FOR IDENTIFYING POSSIBLE SIGNS OF CHILD MALTREATMENT

(vi) Others

- Poisoning (including a child being tested positive for dangerous drugs)
- Hair loss by pulling or burning
- Drowning
- Multiple injuries sustained at different times
- Ordered to carry out duties/activities that are beyond the child's physical ability for excessive hours

(b) Behavioural Indicators

- (ii) Failure or delay in seeking medical advice
- (iii) Excessive amount of clothes worn by the child to cover his/her body
- (iv) Enacting/reproducing scenes of harm/maltreatment in play or daily behaviours by the child

(3) Indicators relating to sexual abuse (for both boys and girls)

(a) Physical Indicators

- (i) Torn, stained or bloodstained underclothing
- (ii) Complaints of pain, swelling or itching in the genital area
- (iii) Complaints of pain during urination
- (iv) Bruises, bleeding, or lacerations in external genitalia, vaginal area, anus, mouth or throat
- (v) Vaginal/penile discharge
- (vi) Bowel control or bladder control weakened despite toilet trained
- (vii) Repeated urinary tract infection
- (viii) Sexually transmitted disease
- (ix) Pregnancy

ANNEX B TO CHAPTER 7

CHECKLIST FOR IDENTIFYING POSSIBLE SIGNS OF CHILD MALTREATMENT

(b) Behavioural Indicators

- (i) Child showing particular interest in body parts of adults or touching adults' sensitive body parts repeatedly
- (ii) Enacting/reproducing scenes of sexual abuse in play or daily behaviour
- (iii) Knowledge about sex or sexual behaviour that is beyond the expectation for the age of the child
- (iv) Marked change in attire
- (v) Sleep disturbance
- (vi) Excessive masturbation
- (vii) Hyper-sensitive to being touched
- (viii) Having frequent contact with strangers through mobile phone or the internet and having been invited to meet outside
- (ix) Behavioural problems (including anorexia/bulimia, obesity, self-harm, running away from home, suicide, promiscuity, alcoholism and drug abuse)

(4) Indicators relating to neglect

(a) Physical Indicators

- (i) Malnutrition, under-weight or frail
- (ii) Severe rash or other skin problems
- (iii) Unattended physical problems or unmet medical/ dental needs
- (iv) Lack of adequate diet/diet inappropriate for the child of that age group
- (v) Persistently dirty/shabby/lack of sufficient clothing/ inappropriately dressed for weather conditions
- (vi) Poisoning/accidental ingestion of dangerous drugs or hazardous substances
- (vii) Frequent accidental injuries

ANNEX B TO CHAPTER 7

CHECKLIST FOR IDENTIFYING POSSIBLE SIGNS OF CHILD MALTREATMENT

(b) Environmental Indicators

- (i) Child inadequately supervised for long periods of time
- (ii) Child being abandoned completely or for long periods of time
- (iii) Child being confined at home
- (iv) Insanitary home conditions (e.g. with lots of garbage, excreta, dirt, etc.)
- (v) Unsafe living environment (e.g. with dangerous items/household drugs accessible to the child)
- (vi) Suspected dangerous drugs or drug-taking equipment found in the place of residence
- (vii) No place of abode

(c) Behavioural Indicators

- (i) Persistent complaints of hunger or constant rummaging for food, wolfing down meals or begging for/stealing food
- (ii) Addiction
- (iii) Delinquency
- (iv) Involved in sexual activities because of inadequate supervision
- (v) Complaints of inadequate care, supervision or nurturing

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(5) Indicators relating to psychological harm/abuse

(a) Physical Indicators

- (i) Underweight or frail
- (ii) Developmental delay
- (iii) Eating disorder (e.g. Anorexia nervosa)
- (iv) Psychosomatic symptoms

(b) Behavioural Indicators

(i) Child

- Resisting contact with others and the outside world
- Anxiety symptoms observed, e.g. habitual nail-biting, hair-pulling, thumb-sucking, head-banging and body-rocking, etc.
- Wetting/soiling
- Language delay
- Self-harm or suicidal thoughts/attempts

(ii) Carer

- Often emotionally unavailable/giving inappropriate emotional response
- Being detached or indifferent towards the child
- Often singling a particular child and treat him/her badly
- Rejection
- Constant scolding
- Humiliating criticism
- Terrorising the child

ANNEX B TO CHAPTER 7

CHECKLIST FOR IDENTIFYING POSSIBLE SIGNS OF CHILD MALTREATMENT

- Often requiring the child to bear responsibilities of an adult/that is inappropriate for his/her age
- Unreasonably limiting or restraining the child from interacting with peers or other persons
- Forbidding the child to express his/her opinions, feelings and wishes
- Bizarre punishment
- Unpredictable behaviour
- Repeatedly accusing others of harming/maltreating the child without factual evidence, subjecting the child to repeat unnecessary investigating procedures (this is more common in divorced/separated families with disputes)

ANNEX C TO CHAPTER 7

TEMPLATE REPORT FORM FOR REPORTING A SUSPECTED CHILD MALTREATMENT CASE

Reporting of Suspected Child Maltreatment Case

Our organisation/unit identified a suspected child maltreatment case on _____(Date) _____(Month) _____(Year) and has reported to your Organisation/Unit via phone on _____(Date) _____(Month)_____(Year). Case information is hereby enclosed for your reference and record:

A. Information of the child suspected to be maltreated and the family

Name: _____ Sex: _____ Date of Birth/Age: _____

Birth certificate/HKID No.: _____ Current whereabouts: _____

Class: _____ Language normally used: _____

Name of Father/Mother/Guardian: _____ Relationship: _____

Address: _____

Tel. No.: _____

Language normally used: _____

Whether preliminary information indicates immediate danger of the child:

1. Child has immediate danger of continual staying at home/the place he/she is now living: Yes/No
2. Child has immediate need for medical examination and treatment: Yes/No
3. Child has urgent need for statutory protection: Yes/No
4. Urgent report to Police for this suspected child maltreatment incident is needed: Yes/No

ANNEX C TO CHAPTER 7

TEMPLATE REPORT FORM FOR REPORTING A SUSPECTED CHILD MALTREATMENT CASE

Any disability or special needs of the child:

The child and/or the family members concerned is/are known case(s) of social service unit(s):

☐ Yes (Please specify name of the Unit: _____)

The responsible social worker: _____

Contact means: _____)

☐ No

☐ Unknown

B. Information of the Incident

1. Date/Time/Location of the incident:

2. Types of maltreatment suspected:

☐ Physical harm/Abuse

☐ Sexual Abuse

☐ Psychological harm/Abuse

☐ Neglect

☐ cannot be categorised

3. Name and HKID No. of the alleged perpetrator (if available):

4. Relationship of the alleged perpetrator with the child:

5. Brief account of the incident:

For follow-up by your organisation/unit please. For enquiry, please contact Mr/Ms (Name) on (Tel. No.) at/during (time convenient for contact).

(Name)

(Reporting Organisation/School)

Date:

ANNEX C TO CHAPTER 7

TEMPLATE REPORT FORM FOR REPORTING A SUSPECTED CHILD MALTREATMENT CASE

Reply Slip_____

From: (Organisation/Unit receiving the report)

Fax No.:

To: (Reporting Organisation/School)

Fax No.:

Date:

Reporting of Suspected Child Maltreatment Case

Our Organisation/Unit has received the captioned report.

☐ Social worker has conducted/will conduct initial assessment.

☐ The captioned case is a known case of (Organisation/Unit),

Please contact the responsible social worker . (Tel. No.:)

For enquiry, please contact (Name) on .

Name

Post