



Against Child Abuse
防止虐待兒童會

童心同行  年

40th

四十週年紀念特刊

ANNIVERSARY
COMMEMORATIVE
PUBLICATION

1979-2019





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香港賽馬會慈善及社區事務執行總監張亮



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防止虐待兒童會四十週年紀念特刊



防止虐待兒童會四十週年紀念特刊

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防止虐待兒童會四十週年 紀念特刊賀辭

欣逢防止虐待兒童會成立四十週年誌慶，本人謹代表香港公益金致以最衷誠祝賀。

防止虐待兒童會於一九八二年加入公益金，機構自始每年均獲得公益金撥款進行各項保護兒童的工作，當中包括輔導及治療服務、社區教育、倡導、義工培訓及探訪。

防止虐待兒童會成立至今，除了提供預防及治療性的保護兒童服務外，機構亦關注青年或單親媽媽的需要。由香港公益金資助的「忘憂草」年青／單親媽媽支援計劃，透過義工探訪及義工經驗分享，讓青年或單親媽媽認識社區資源，學習正面及非暴力的教養方法，支援她們的情緒需要。

過去多年，本會喜見機構能善用撥款，融合家庭、學校、社區及政府的力量保護兒童免受暴力傷害。我們深信機構在推行保護兒童工作上所作的努力，能改善管教兒童的問題，舒緩家長與孩子之間的緊張關係，並裝備家長建立正面的家庭觀念，減低虐兒危機。

我謹此再次衷心致意，祈望貴會能繼續肩負起宣揚保護兒童信息的使命，加強社會對兒童的關注，共同為下一代締造一個關懷、和諧的成長環境。



張永銳博士 BBS
公益金入會，預算及分配委員會主席



祝賀辭

謹代表傅德蔭基金祝賀 香港防止虐待兒童會 (ACA) 成立 40 週年！我們十分榮幸自 2013 年起與 ACA 成為緊密的合作伙伴。

ACA 是本地首個專職倡導護兒和處理虐兒個案的非牟利機構，其工作團隊的專業和熱誠自不用說，機構本身的管理也相當傑出。正因為他們出色的表現，讓基金會破例一再地向他們增撥資源，支持他們在保護兒童、消除虐兒的工作上進一步發展。

ACA 的工作成果有目共睹。他們在保護兒童權益的立場一直都主動進取而且手法全面。通過即時的危機介入和個案管理，及時幫助了許多受虐兒童，讓他們得到適切的照顧。在預防及政策倡議上，他們也不遺餘力地教育家長及公眾正確的育兒知識，又與政府及各專業界別協調，以完善現時的保護機制。

可惜的是，隨著社會環境愈來愈複雜，家庭的傳統功能不斷削弱，兒童的成長及發展也面對更多衝擊。近年，虐兒個案數字節節上升，不少施虐者更是受害人的至親。除了身體虐待，精神或性虐待的個案同樣值得關注。種種跡象都顯示還有許多兒童正處於危機之中。虐待導致的創傷會嚴重影響兒童的一生成長；如果得不到復原，他們成長後或會以自己曾受虐的方式對待下一代，造成惡性循環。

香港對服務的需求有增無減，非牟利機構卻經常因租金問題被逼遷；此外，葵青區是全港在職低收入家庭以及單親家庭的集中地，居民教育水平全港最低，家庭暴力個案也處於高水平。有見及此，傅德蔭基金在 2016 年活化葵涌大連排道一幢工業大廈，將其中三層單位以補貼定額租約的形式，出租予非牟利機構作服務用途；同時把資源聚焦在葵涌區，加強區內的支援，為最需要的人締造希望。我們很高興這個機會促成了 ACA 葵涌服務中心的成立。2019 年起，基金更進一步擴大對 ACA 的資助以完善葵涌中心的服務。

我們希望通過與 ACA 的合作讓更多人特別是家長正視虐兒問題，杜絕虐兒行為。我們更希望鼓勵每個人都以身作則，為身邊的兒童創造一個安心快樂的成長環境。

傅厚澤先生
傅德蔭基金有限公司主席



Patron's Message

Anniversaries are always important, but a fortieth anniversary deserves special acknowledgment. From humble beginnings in 1979, Against Child Abuse has become a highly effective force for child welfare. By prioritising protection and development, it has achieved much for the most vulnerable, and provided them with a voice. Everyone involved can look back with great pride at the progress made, not least because it has put big smiles on many young faces.

Any organisation, however, is only as good as its people. ACA has always been blessed with highly dedicated professionals, staff and volunteers. They have given selflessly of their time, and always been ready to go the extra mile. ACA's achievements have resulted from the concerted efforts of many people, inspired by a shared vision of a better deal for our children.

Working on the frontline, ACA's social workers have provided a vital outreach for children in danger. Four ACA centres have been established, which has greatly facilitated their work. Child abuse cases have been investigated, situations assessed, and decisions taken, wherever possible in conjunction with the families concerned. Multi-disciplinary case conferences have also helped to identify strategies for ensuring child welfare. Although serious problems remain in society, ACA has made a profound difference, which was always the hope of its founders.

Welfare apart, children also need to be heard, and their rights are often overlooked. Many still live in poverty, which can blight their future. ACA has worked tirelessly to highlight their circumstances, and to raise public awareness. Its voice has been heard on issues as diverse as the Children's Commission, sexual offences against the mentally impaired child, the human rights of deprived children, school stress, and the abolition of corporal punishment. As a powerful advocate for change, ACA has always kept child welfare at the forefront of public consciousness.

Since its Child Protection Institute opened in 2013, ACA has promoted better practices amongst those involved with children. Lectures, workshops and certificate courses have been arranged for teachers, social workers, pediatric nurses and youth workers, and they have all benefited accordingly. Therapeutic sessions have also been held in schools, together with positive parenting groups for the parents of young children. Quite clearly, this initiative has helped enormously, and its importance will continue to grow.

In a globalised world, everyone concerned with child protection must pull in the same direction. Child abuse, neglect and exploitation are rife everywhere, and concerted responses are required. ACA has established useful links with ISPCAN, ECPAT, and Child Helpline International, and these must be built upon. Contacts with the other parts of China have also been achieved, and ACA helped to establish the Child Protection Centre in Macao.

However, notwithstanding significant advances in child welfare, many children still face difficulties and dangers. Laws need to be strengthened, conditions improved, and protections enhanced. ACA must, therefore, continue its mission, and its work remains as important as ever. Fortunately, with its dedicated personnel, unwavering commitment and wide experience, ACA is more than equal to the challenges that lie ahead.

Prof Ian Grenville Cross SBS, QC, SC
ACA Patron

贊助人賀辭

紀念日是重要的，而 40 週年更值得特別慶祝。防止虐待兒童會於 1979 年低調地開展兒童福利工作，至今已成為一個高效率的機構。他們以保護及發展工作為己任，為最脆弱的一群發聲。回首每個階段，每位同工及持份者應可為之自豪，因為他們的工作在許多兒童的臉上畫上笑容。

任何機構的價值在於人。防止虐待兒童會一直得到一班盡心盡責的專業人士、職員和義工的付出，他們無私地付出時間，隨時準備前往下一個里程。防止虐待兒童會的成果，是由許多人為著同一個願景——為兒童爭取更好的福祉，攜手努力而達成的。

防止虐待兒童會的社工，於前線為處於危機的兒童，提供全面的外展服務。四個中心的完善發展，使社工的工作更便利。透過調查虐兒案件、評估情況、制訂決策、盡可能連繫相關家庭。舉行多專業個案會議亦有助於制定確保兒童福利的策略。雖然社會上仍存在嚴重問題，唯防止虐待兒童會的工作已在社會產生深遠的影響，這正是每位創辦者的希望。

除了福利之外，我們需要聆聽兒童的聲音，他們的權利亦經常被忽視。許多仍然生活在貧窮線的兒童，他們的將來亦會被妨害。防止虐待兒童會不斷竭力強調他們的情況，並提高公眾的關注。兒童事務委員會、對精神缺損的兒童的性侵犯、貧窮兒童的人權、學校的壓力和停止體罰等多項議題逐漸受到關注，防止虐待兒童會作為倡導者，時刻將公眾對兒童福利的意識放在首位。

保護兒童學院自 2013 年成立至今，持續舉辦與兒童相關的講座、工作坊和證書課程予教師、社工、兒科護士及青年工作者等，亦為學校提供治療服務、為育有幼兒的家長舉辦正面管教小組。顯而易見，學院成效顯著，而它亦會繼續發展其重要性。

在全球化的世界中，每位關注保護兒童的人士必須站在同一陣線。世界各地充斥著虐待兒童、疏忽照顧和剝削的現象隨處可見，這些問題需要採取協調一致的對策。防止虐待兒童會與國際防止虐待及疏忽照顧兒童協會、國際終止童妓組織和國際兒童求助熱線建立良好網絡，與中國團體保持聯繫，並協助開設澳門防止虐待兒童會護兒中心。

然而，儘管兒童福利已大幅改善，但許多兒童仍然面臨各種困難與威脅。我們必須加強現行的法例，改善相關條件，並增強保護兒童的措施。防止虐待兒童會必須繼續履行其使命，發展保護兒童工作任重道遠。幸運地，擁有盡責的職員、從不動搖的投入與忠誠，以及廣泛的經驗，防止虐待兒童會必定能夠繼續迎難而上，面對各種新挑戰。

江樂士教授 SBS, QC, SC
防止虐待兒童會贊助人



Founding Member's Message

Looking Back

Looking back over the years it amazes us to see how much has been accomplished by ACA in those 40 years. What started in 1979 on a very small scale with the sad case of Lai Shuk Mee in the form of a 24 hour hotline has now grown into a large and professional agency. Our sincere congratulations for this achievement. Manned first by the social workers of Christian Family Service Centre in Kwun Tong the hotline got soon its own small quarters in Holland Hostel opposite CFSC and manned by part time social work students. I remember how—back in 1979—the student on duty used to phone me when a case of abuse was reported on the hotline. We then discussed how to go about it, whether to make a home visit or not. Later again the student reported back. It was a matter of trial and error as we all missed the necessary experience. Thanks to a generous donation of the Jockey Club we soon could employ our own full time staff. The very capable Mrs Priscilla Lui took over from me and stayed for almost 30 years.

What also struck me when I looked through the Annual Reports of the last few years was the emphasis on prevention, in particular on good parenting. The word “parents” appears often in the reports and not only refers to mothers. More and more the fathers get involved too, we noticed. While we—back in the 70’s—focussed on public awareness, I realise how important prevention is. Hong Kong is an overcrowded city, the stress level is high, young kids are under a lot of pressure to achieve good school results and there is no legislation yet that forbids corporal punishment. Of course with all the strategies of prevention employed not only hundreds of people participating in the various programmes get involved but also thousands of volunteers. Through them and all the other services the awareness of many many people will undoubtedly be raised. Back in the 70’s it must have come as a shock that Chinese people could abuse their children. “We Chinese do not abuse our children.”, was what we constantly heard. Sadly enough we all know better now. Now I read in the reports not only about physical and emotional abuse but also sexual abuse is mentioned and openly talked about. That indeed is an achievement. 40 years ago my home country, Holland, was considered an example as it had introduced a system of “vertrouwensartsen” (confidential medical doctors), unique in the world. Now, I am sad to say, we are faced with a

huge problem, bureaucracy. Lots of money is spent on childcare and child abuse but little gets achieved. Children are placed on long waitinglists or are referred from one desk to another. Agencies are not communicating etc. Meanwhile the suffering of thousands of children in need goes on. As if the helpers, the social workers and those in charge of them do not really care.

With regard to this we would like to say that what has struck us more than anything over the years, what has filled us with admiration and pride is to find in the staff of ACA a genuine dedication and an emotional involvement at times bordering on frustration and pain when confronted again with a horrendous case. It is this emotional involvement what has moved people in the past to take action. We wish ACA all the best in tackling this monster called child abuse in all its aspects and we hope their staff will never stop feeling emotion when faced with the suffering of and the frightened look in the eyes of vulnerable abused children.

Mrs Heleen Kleijn
ACA Founding Member



創會成員賀辭

我很榮幸身為防止虐待兒童會的一份子，見證本會多年來的發展。最初成立行動組目的是嘗試找出虐待兒童在香港是否只是個別事件，實難想像 40 年後本會的發展。至今，防止虐待兒童會已成為一個提供廣泛服務的機構，由預防至治療、由專業至社區教育，同時倡導保護兒童和兒童權利。

但願我們能夠說虐待兒童的問題，即使沒有完全消失，現在已經沒那麼普遍。儘管社會對向兒童施暴的容忍程度已有所改變，但不幸地，仍然只有小部分被虐兒童能得到專業人士的關注。在個案會議上，我們較少見到專業人士就身上佈滿傷痕的兒童是受到虐待還是被父母嚴厲管教所致而進行辯論。性侵犯的問題已能較開放地討論。除了嚴重的個案，對斷定精神虐待仍時有保留，但各種虐待均會帶來精神影響的認知有所增進。疏忽照顧，而獨留幼兒的事件更受重視。另外，亦接納了當家長忽視他們濫用藥物對子女所做成的潛在傷害，也是疏忽照顧。社會改變是由許多因素交織形成，防止虐待兒童會毋庸置疑地為我們的社會如何從否定虐兒問題，轉變至採取措施解決問題作出貢獻。

雖然識別、處理和治療受虐兒童很重要，但對兒童來說，能預防虐兒更為人道。防止虐待兒童會有多項運作已久的計劃幫助處於壓力下的家長，正待服務本港更多地區。更理想的是能停止以計劃形式運作而被納入主流服務之中。常說兒童是我們的未來，可惜這一點不一定反映在公共資源分配考慮中。

如果我們不希望永遠都在處理虐兒所帶來的後果，為兒童倡導是防止虐待兒童會的主要角色。令人沮喪的是，倡議成立兒童死亡檢討機制多年，最終得出一個沒有權力取得全面資料和制定改變的機制，限制其可以減少和預防兒童死亡事故的功能。同樣地，倡議已久的兒童事務委員會結果成立為一個諮詢機構。無疑，這會被列為下一份提交給聯合國兒童權利委員會官方報告中的一項重大成就。

要建立一個有相當數目支持改變的社群，我們可能需要調整倡導的策略。虐兒問題不能單獨處理。雖然父母對照顧孩子負有主要責任，但他們也需要支持以履行父母的職責

及社會上能保護兒童的體制。當防止虐待兒童會倡議停止在家中進行體罰，我們同時會為家長提供正面管教技巧；當教導兒童保護自己及家長如何保護孩子免受性侵犯，防止虐待兒童會亦同時協助院校制訂保護兒童政策，並確保政策有效地實行。這樣，消除虐待兒童問題的支持能更普及。

我們一直以來，因在不同情況下受托照顧兒童的人士未有舉報懷疑虐兒個案，令兒童處於持續危機中而受到困擾。兒童權利公約指出「應以兒童的最大利益為一種首要考慮」，而非唯一考慮，難怪當建議強制專業人士舉報懷疑虐兒個案的時候，專業人士也有其他的考量。擬訂強制舉報程序同時需要專業的培訓，甚麼情況下需要舉報、如何舉報，安排合理的人手去處理舉報和跟進，以及保證善意舉報的專業人士免除責任。常議論的是實施先後問題。措施必須全面以釋疑慮，使強制舉報得以執行。例子還有很多，修改處理虐兒的程序以改善虐兒的處理，決定兒童曾否被虐待等亦面對著類似的問題。兒童最大利益原本應該放於首位，但當進行對兒童的影響評估前卻先進行自我影響評估，實難加強兒童的安全網。我們應當理解及處理這種思維的成因。第一步是在相關的專業培訓中加入保護兒童部分，並締造專業人士能學以致用的環境。

在香港成長的兒童，需要面對家庭結構的改變和科技發展對人際關係的影響等新挑戰，對防止虐待兒童會而言亦如是。我們期望兒童有更好的未來。由於我們支持他們理解自己所擁有的權利、成為負責任的權利擁有者並同時尊重其他人的權利，或許更好的未來正正是兒童本身。他們將會成為未來的家長和決策者。在防止虐待兒童會成立 40 週年之際，我在此恭賀本會多年來努力得來的成果，並聯同主席感謝所有為本會工作作出貢獻的人士。防止虐待兒童會需要更多支持，期望有一天，每一位兒童都能在一個關懷及無暴力的環境下，全面成長及發展。

葉麗嫦醫生 BBS
防止虐待兒童會創會成員

Founding Member's Message

It has been a privilege and an honour to be part of ACA witnessing its development over the years. Once an action group trying to find out whether child abuse was isolated incidents in Hong Kong, one can hardly envisage what ACA would be like 40 years on. As it turned out ACA has developed into an agency with a wide range of services from prevention to rehabilitation, from professional to community education and an advocate for child protection and child rights.

It would have been good to be able to say child abuse even if not done away with is less prevalent now. Unfortunately still only a small percentage of abused children is brought to the notice of professionals although the tolerance of violence against children has changed. We see less of professionals at case conferences debating whether children covered in inflicted injuries had been abused or suffered harsh discipline from well-intentioned parents. Sexual abuse is brought more to the open. Unless severe, there is still a reluctance to diagnose psychological abuse but there is more awareness that there is a psychological impact to all forms of abuse. For neglect, young children reported to be left unattended are taken more seriously. There is also a willingness to accept, when parents ignore the potential harm of their own substance misuse to their offspring, that this also amounts to neglect. Societal changes come by through many interacting factors but ACA has no doubt contributed to how our society moved from denying there is a problem to taking steps to address it.

While recognition, management and rehabilitation of abused children are important, it is so much kinder to prevent abuse in the first place. ACA's various projects to help parents under stress have been well tried out awaiting their coverage of more parts of Hong Kong, or better still, stop being projects and incorporated into mainstream services. Children is said to be our future. This unfortunately is not necessarily reflected in the consideration of public resources.

Advocacy for children is a major role of ACA if we are not to forever deal with the consequences of abuse. It is at times disheartening to see years of advocacy for a child fatality review mechanism ending up with one that has no authority to access comprehensive information and institute changes thus restricting its ability to reduce preventable child deaths. Similarly the long called for Commission on Children turned out to be an advisory body although it will no doubt be listed as a major achievement in the next government report to the United Nations Committee on the Rights of the Child.

Strategies in advocacy may have to be modified to create the critical mass in support of change. Child maltreatment cannot be dealt with in isolation. Although parents have the primary responsibility to care for their children, they need support to enable them to fulfil their role and systems in the society that protect their children. While ACA advocates for the prohibition of corporal punishment at home, parents are provided with the tools of positive discipline; when children are taught how to protect themselves and parents to protect their children from sexual abuse, ACA is helping institutions to establish child protection policies at the same time ensuring their policies are functional and made effective. Hence the support for the removal of child abuse is widened.

We have long been disturbed by the failure of people entrusted with the care of children in different capacities to report suspected abuse putting children at continued risk. The Convention on the Rights of the Child states that "the best interests of the child is a primary consideration" and not "the" primary consideration. It is therefore not surprising when mandatory reporting of abuse by professionals is called for there are other considerations even among professionals themselves. Hand-in-hand with mandatory reporting there needs to be professional training as to what needs to be reported, how to report and reasonable manpower to handle and follow-up reports in addition to reassurance that professionals reporting in good will are absolved from liability.

There is always the question of what comes first but all these need to be considered together to allay concerns and make mandatory reporting a reality. Examples are many. Modifying guidelines to better handle child abuse, deciding whether abuse has taken place face similar issues. Doing a self-impact assessment before a child impact assessment when the best interests of the child ought to be the priority is not conducive to a stronger safety net for children. We need to understand the origin of such thought processes and address them. A good point to start is making child protection part of the curriculum of related professionals' training and then how to facilitate professionals practise what they learned.

Growing up in Hong Kong, children are facing new challenges with changes in family structure and interpersonal relationships under the influence of technological developments. So will ACA. Our hope for a better future for our children may indeed be the children themselves as we support them to understand their own rights, be responsible rights holders and at the same time respect the rights of others. They will be the future parents and policy makers. On this occasion of the 40th Anniversary of ACA, I would like to congratulate ACA for the hard earned achievements over these years and join in the Chairperson's appreciation to all those who have contributed to the work of ACA. ACA needs the support of many more to see the day that every child can enjoy optimal growth and development in a caring and non-violent environment.

Dr Patricia Ip, BBS
ACA Founding Member



Founding Member's Message

I very much wish that I could be with you all on such an auspicious occasion as the 40th Anniversary of ACA. My thoughts and prayers are with you. I will also be casting my mind back 40 years when I was privileged to be involved in the start of ACA and its chairperson from November 1985 to January 1990.

ACA has come a long way since its initial work, branching out in so many ways to improve the lives of children. I give recognition to the inspiration, dedication and service of so many over the years. Enjoy your 40th anniversary celebrations—and all good wishes for the next 40 years!

Dr Janie Thomas, MBE
ACA Founding Member

主席致辭

WORDS FROM THE CHAIRPERSON



防止虐待兒童會 40 週年「童心・同載」攝影比賽中學組季軍作品——王宏軒先生

Second Runner-up of Secondary School Group of Against Child Abuse 40th Anniversary "A Legacy of Love for Children" Photography Competition—Mr Wong Wang Hin



防止虐待兒童會的四十年

引言

兒童是我們未來的希望。人類腦部在成長期間會根據外在的經驗而作出反應及改變，這被稱為腦部的可塑性。優質的兒童初期發展取決於正面刺激的環境，令兒童得到適切的照顧，和如何保護他們免受過度的壓力，令腦部可以健康地成長及發展。過度或持續的壓力被稱為毒性壓力 (Toxic Stress)。毒性壓力例子包括虐待兒童、面對家庭暴力、家庭濫用藥物或精神疾病、父母分居或離異，以及有家庭成員被監禁。兒童在缺乏成年人的支持和保護之緩衝下，會觸發腦中的毒性壓力反應。¹ 研究指出，毒性壓力會導致發育中的腦部結構和功能產生改變，引致兒童的情緒和行為功能產生變化。² 此外，在童年逆境經歷 (Adverse Childhood Experiences) 的研究指出，毒性壓力會引發隨後的健康問題，包括危險行為、慢性病、精神健康問題、社交問題、癌症和早逝。³ 以上的背景，促使我們多年來一直致力為兒童構建一個關愛及無暴力的成長環境。這正是防止虐待兒童會的使命。

演變中的虐待兒童及其相關問題

繁榮的香港存在許多不幸的社會弊病。在 1979 年防止虐待兒童會成立之前，幾乎沒有人意識到虐待兒童的情況。當時，林林總總虐待兒童事件時有所聞。嚴重受傷的最為明顯，但虐待兒童有多種類別，有些表徵不太明顯，但仍然有其傷害性。1980 年代，防止虐待兒童會集中於辨識方面的工作。防止虐待兒童會首先開展了求助熱線，和採取了專業化的發展方向以應對服務上的需要，繼而是政府部門。因為需要處理日益複雜的虐待兒童個案，專業人員又需要更多相互支持，一個專業協作的模式，應運而生。

雖然在早期的統計數字中，身體虐待佔了大部分的個案，但自從人們對虐待兒童的意識有所提升，兒童性虐待在 90 年代逐漸為人所認識及了解。這促成了修訂《證據條例》及修改《處理虐待兒童個案程序指引》。精神虐待比身體虐待的瘀傷，更難被察覺或診斷。隨著時間，人們了解到虐待兒童其實是家庭或社會病態的信號。在往後的日子，家庭暴力及其對兒童的影響，更成為關注的焦點。在不同時期出現的各種虐待兒童事件，並不是因為之前沒有發生，而是因為社會提高了對虐待兒童意識，以及建立了良好的應變機制。

在過去二十年間，很多兒童成為網絡世界中的受害者。一個在未受監管的網絡世界，兒童可輕易獲取不良資訊。更甚，有心侵害兒童的人士，亦可以輕而易舉地接觸到兒童。從積極方面來看，最近的 #MeToo 運動中，有不少過去性侵犯的受害者，勇於站出來、踏上康復之路。

在教育體系中，兒童的心理健康被追求卓越學術成績之風所影響或傷害。在學校考試期間，虐待兒童的入院率更達至頂峰。⁴ 在此同時，關於學生自殘或自殺，在媒體的報導也不遑多讓。

在福利制度下，受監管的兒童會從一個臨時照料的地方轉到另一個地方，並由不同的監督者監管。關於他們的福祉，缺乏了一個系統性的數據記錄。他們也可以在司法體系中受到二次傷害。雖然自從 1995 年《證據（修訂）條例》為弱勢兒童提供了較好的保障，但現行的立法並非以兒童為中心，需要進行改革。

¹ National Scientific Council on the Developing Child (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3. Available at <https://www.developingchild.harvard.edu>. Accessed 12 August 2019.

² Shonkoff JP & Phillips DA. From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press, 2000.

³ Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245-258.

⁴ Ip P, Ho FK, Chan KL, et al. Child maltreatment hospitalisations in Hong Kong: incidence rate and seasonal pattern. Archives of Disease in Childhood 2016;101:1107-1113.

與此同時，濫藥家庭的兒童境況令人憂慮，因為父母及兒童各有不同的自身利益，不同專業處理手法和協作模式亦有待改善。兒童死亡個案檢討委員會檢討一個案後，在其2017年報告，強調透過藥物檢測以識別身處風險的兒童。⁵這個問題的嚴重性，它在專業人士之間的詮釋，對策和協作工作，還有待解決。最後，貧富懸殊是決定個人健康、社會繁榮及持續發展的主要因素。公共政策應著力縮小貧富差距，構建健康社區環境，促進兒童健康發展。⁶

防止虐待兒童會對虐待事件的回應

防止虐待兒童會開展了全面的服務，以回應不斷變化的虐待兒童模式。求助及親子支援熱線為有需要的人士提供支援。與此同時，本會以外展形式派出社工隊，到懷疑虐待兒童的家庭進行家訪及調查，並為受虐兒童和施虐者提供治療計劃。預防勝於治療。本會引用了海外成功例子，也在家訪計劃服務中積累了多年經驗，在香港不同地區開展服務，以配合其特別需要。在預防工作方面，本會為兒童、家長和專業人士提供培訓和教育，透過保護兒童學院，加強了我們在教育方面的角色。我們透過處理虐待兒童工作的實踐經驗，本會的倡導工作、得以定位。本會與傳媒、政府和非政府組織、持份者、商業機構、研究人員、教育工作者、本地和海外非政府組織一起合作。早年，本會一直堅持在保護兒童工作上提倡專業協作，其中一個很好的例子，便是「多專業個案會議」的實行及整固。過去多年以來，我們的倡導工作，更有助加強在香港的保護兒童系統，例子包括2005年兒童身心全面發展服務、2008年兒童死亡個案檢討、2011年性罪行定罪紀錄查核、2018年兒童事務委員會，以及目前就處理虐待兒童個案程序指引之檢討等等。請參閱本特刊另一篇文章的詳細討論。

防止虐待兒童會的發展

本會採取了發展綜合服務方向。我們是香港唯一一個專門從事保護兒童工作的非政府機構。在職員、義工、委員會成員、顧問、名譽顧問、贊助人以及公眾人士、資助機構和持份者的支持下，本會自1979年，由一部電話和一張辦公桌開始，到1982年成立彩雲辦事處（1993年遷往竹園），1986年開設屯門中心，2011年設立北角總會，以至2013年成立了保護兒童學院，並於2016年開設葵涌中心等。保護兒童學院成立，是把教育作為學院活動的核心，冀能促進專業發展，研究和保護兒童的倡導工作。

多年來，本會致力推動本港和海外保護兒童和兒童權利的發展。早年成立的「獨留兒童」關注組，在本會的支持下，於1992年發展成為「香港兒童權利委員會」。1999年，本會成為國際防止虐待及疏忽照顧兒童協會（ISPCAN）的第一個地區合作夥伴。本會並為澳門特別行政區政府，提供諮詢服務，於2005年協助成立了「澳門防止虐待兒童會」（ACAM）。時至今日，本會仍繼續提供專業督導，參與其管治工作。於2006年，本會正式成為有146個國家成員的國際兒童求助熱線（Child Helpline International）會員，為香港以外的保護兒童組織或個人，提供協助。多年以來，本會亦為不少本地或區域性，與我們有著相近願景的非政府組織或個人，提供諮詢服務。本會主辦了一些國際級重要會議，在1999年，本會與國際防止虐待及疏忽照顧兒童協會（ISPCAN）合辦「第五屆亞洲區保護兒童會議」。在2008年，再與ISPCAN合辦「第十七屆國際防止虐待及疏忽照顧兒童會議」等。自2014年開始，本會開始舉辦年度專業論壇，審視時下的保護兒童議題，促進知識交流和多專業合作。在社會工作教育方面，本會為本港和海外大學的社工系同學提供實習機會，培訓專業人材。

⁵ Child Fatality Review Panel. Recommendation AS11. Third Report for Child Death Cases in Hong Kong 2012 and 2013 (August 2017). https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwdocument/id_cfrp. Accessed 12 August 2019.

⁶ Centre on the Developing Child (2007). In Brief: The Science of Early Childhood Development. Scientific presentation at the Symposium on Early Childhood Science and Policy. Available at <https://www.developingchild.harvard.edu>. Accessed 12 August 2019.

機構管治

作為非牟利組織，本會需要向社會和資助機構負責。問責制、高透明度和合規性是每間機構成功和可持續發展的關鍵。我們的內部審視系統，可確保服務達標、報告和法規之遵從。這系統以學習文化為基礎，執行委員會與員工透過定期會議，分享專業技巧、知識和資訊。在風險管理系統方面，定期為日常營運中之風險作出檢視和評估。同時機構注重風險預防文化、致力在這方面的培訓和分享，讓機構為應對突發事件作好準備。機構的發展目標，是執行委員會成員和員工所共同制定，亦是向服務使用者和持份者諮詢後的結果。這些發展目標進而轉化為可以付諸實行之具體、可行的績效指標。執行委員會定期監督各目標的實行情況，這個持之以恆的自我檢討過程，確保本會能適時作出恰當的決策。此外，審慎理財和有效的人力資源管理，亦有助提升本會在香港各區發展優質服務。2018年香港社會服務聯會首次在本港進行非政府機構管治健康狀況調查，採用國際評審標準來評核董事會的良好執行情況。本會是在是次調查中，三個主要方面的評分均優於其他非政府組織，包括董事會設計及流程、董事會角色和功能，以及董事會驅動力和行為。⁷

展望

四十年前本會初成立時，很難想像其後的發展會是怎樣的。藉此四十週年之際，展望未來，本會的使命將一如以往，繼續以兒童的最佳利益為依歸。專業經驗是本會的資產。除了作為兒童保護者、治癒者、教育者和倡導者的角色外，本會將會繼續提升能力以達至願景，因應不斷演變的虐待兒童個案，發展迅速的回應能力。與此同時，我們必須繼續努力於倡導工作，在已成立的機制，如兒童事務委員會、性罪行定罪紀錄查冊機制、兒童死亡個案檢討、兒童身心全面發展服務等等，致力倡議如何更高效能地發揮其功能；以及倡議成立新機制，如嚴重案件審查機制，怎樣在保護兒童工作中，有所幫助。本會希望開展更多服務，以滿足香港不同地區兒童和家庭之需要。我們會繼續推動裨益大的保護兒童工作，包括推展保護兒童政策、成立兒童數據資料庫、就保護兒童進行立法倡議等，並在各大院校、機構，推行保護兒童政策。以上種種加上政府的果斷決策，期望能進一步改善兒童的福祉。

防止虐待兒童會在此感謝所有贊助機構和業界朋友。同時衷心感謝本會的同事、義工、各委員會成員、顧問、贊助人為本會的發展作出了巨大的貢獻。我們將會繼續努力為我們的兒童和社會構建更光明的未來。

張志雄醫生

⁷ HKCSS. NGO Governance, Summary of Key Findings for Hong Kong NGO Governance Health Survey. Available at <https://governance.hkcass.org.hk/node/329>. Accessed 12 August 2019.

Against Child Abuse—The Forty Years

Introduction

Children are the hope of our future. The developing human brain has an ability to change in response to external experiences. This is called brain plasticity. Optimal early childhood development depends on nurturance in a stimulating environment and being protected from excessive stress. Stress that is excessive or prolonged is termed toxic stress. Examples include child abuse, exposure to domestic violence, household substance abuse or mental illness, parental separation or divorce, and household member incarceration. In the absence of buffering protection by a supportive adult relationship, toxic stress response in the human brain is activated.¹ Research has shown that toxic stress leads to changes in the structure and function of the developing brain, and in the emotional and behavioural functioning of the child.² Further, Adverse Childhood Experiences Study has demonstrated that toxic stress leads to subsequent health problems from risk behaviours to chronic diseases, poor mental health, social problems, cancer and early death.³ Justifiably on this background, over the years, we have been putting our effort to promote a caring and non-violent environment for our children to grow and develop. This is the mission of Against Child Abuse.

Evolving Problem of Child Abuse in Hong Kong and Related Issues

A prosperous Hong Kong has unfortunately brought along many social ills. Before ACA's inauguration in 1979, there was little awareness of child abuse. Since then, forms of child abuse surfaced at various times. Injuries of a severely battered child would be apparent, yet child abuse takes on many forms, some less obvious but still damaging. Much effort was on the identification of child abuse in the 1980s. Professional response was facilitated by hotlines and specialised services, first by ACA, followed by the Social Welfare Department. Multidisciplinary

collaboration developed out of necessity for the complexity of handling, and for mutual support of professionals.

While physical abuse dominated earlier statistics, heightened awareness brought sexual abuse into the scene in the 1990s. This led to the amendment of the Evidence Ordinance and revision of the Procedural Guide for Handling Child Abuse Cases. Psychological abuse, in contrast to bruises in physical abuse, is not easily detected and remains under-diagnosed. As times passed, it was obvious that child abuse is a signal of a sick family or a sick society. Domestic violence and its impact on the child came to the limelight in the ensuing years. Such forms of abuse appearing at different periods was not because of its prior absence, but a society more alert to the risks of the child, and a better response system.

In the recent two decades, many children were victimised in the cyberspace. An unchecked cyberspace enables easy access to undesirable contents by children and worse still, easy access to children by child predators. On a positive note, the recent #MeToo movement has facilitated disclosures of sexual abuse and more are on their paths to heal.

Drive for academic excellence in the education system compromises psychological health of children. Child abuse hospitalisations peak in the months of school examinations.⁴ Media reportage of student self-harm or suicide takes on similar pattern.

In the welfare system, children under supervision may move from a place of alternate care to another, and under supervision of different workers. Systematic collection of data on their well-being is lacking. Child victims may be secondarily traumatised in the judiciary system. Although the Evidence (Amendment) Ordinance 1995 provides a better protection for the vulnerable child, existing legislations are not child-focused, and reform is

¹ National Scientific Council on the Developing Child (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3. Available at <https://www.developingchild.harvard.edu>. Accessed 12 August 2019.

² Shonkoff JP & Phillips DA. From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press, 2000.

³ Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998;14(4):245–258.

⁴ Ip P, Ho FK, Chan KL, et al. Child maltreatment hospitalisations in Hong Kong: incidence rate and seasonal pattern. *Archives of Disease in Childhood* 2016;101:1107–1113.

needed. State of children in drug abusing families is a concern. The Child Fatality Review Panel, in its 2017 report, emphasised drug testing in the identification of children at risk.⁵ Such practice was a subject of prior debate due to competing interests between the parents and the child. Magnitude of this problem, its interpretation among professionals, tackling strategies, and collaborative work are yet to be worked out. Finally, poverty gap is a major determinant of health, and a prosperous and sustainable society. Public policy should narrow such a gap to build a healthy community environment fostering healthy early childhood development.⁶

ACA's Response to Abuse

ACA has developed a wide service scope to respond to the evolving pattern of abuse. The Parent and Child Support Hotline responds to cries for help. We carry out child abuse investigations outreaching to homes of children in difficulty. We help abused children and perpetrators heal in our treatment programs. Prevention is better than cure. Mirroring successful models overseas, our experience in Home Visitation Program is being applied to different districts in Hong Kong with different needs. More in the preventive front, ACA provides training and education for children, parents and professionals. This role as an educator is facilitated by our Child Protection Institute. Hands-on experience in managing child abuse has enabled ACA to position itself in its advocacy work. ACA works with the media, governmental and non-governmental committees, stakeholders, commercial establishments, researchers, educators, local and overseas NGOs. In the early years, ACA had advocated for collaborative work in child protection, Multidisciplinary Case Conference on Child Abuse being an example. In the recent decades, our advocacy work has contributed to strengthening the child protection system in Hong Kong. Examples include the Comprehensive Child Development Service in 2005, Child Fatality Review in 2008, Sex Offender Record Check in 2011,

and Commission on Children in 2018, and the current review of the Procedural Guide for Handling Child Abuse Cases. These are described in more detail in another article of this commemorative issue.

Development of ACA

The direction to develop comprehensive services has helped ACA to evolve as the only NGO specialising in child protection in Hong Kong. With commitment from staff, volunteers, committee members, advisors, honorary consultants, patrons, and support by the public, funding bodies and stakeholders, ACA has evolved from a humble existence of a telephone and a work desk in 1979, to the establishment of Choi Wan Centre in 1982 (relocated to Chuk Yuen in 1993), Tuen Mun Centre in 1986, a premises in North Point as its head office in 2011, Child Protection Institute in 2013, and Kwai Chung Centre in 2016. The Child Protection Institute was established as a hub for education programs, and to promote professional development, research, and child advocacy.

Over the years, ACA has contributed to the development of child protection and child rights, local and overseas. A concern group on “children left unattended” was set up which evolved into the Hong Kong Committee on Children’s Right in 1992 under ACA’s auspices. In 1999, ACA became the first Country Partner of ISPCAN (International Society for Prevention of Child Abuse and Neglect). ACA provided consultancy to the Government of the Macau Special Administrative Region, and was instrumental in the establishment of the ACAM (Against Child Abuse Macau Association) in 2005. To date, ACA continues professional supervision, and contributes to its board governance. The ACA Hotline is linked to CHI (Child Helpline International) in 2006, a collective impact organisation with members from 146 countries. We entertain requests for assistance from out of Hong Kong child protection organisations or individuals. Over the years, ACA

⁵ Child Fatality Review Panel. Recommendation AS11. Third Report for Child Death Cases in Hong Kong 2012 and 2013 (August 2017). https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwdocument/id_cfrp. Accessed 12 August 2019.

⁶ Centre on the Developing Child (2007). In Brief: The Science of Early Childhood Development. Scientific presentation at the Symposium on Early Childhood Science and Policy. Available at <https://www.developingchild.harvard.edu>. Accessed 12 August 2019.

has been providing advisory assistance to a number of NGOs with a similar vision in their formative years, local and in the region. ACA had hosted major conferences, notably the ISPCAN 5th Asian Conference on Child Protection in 1999 and the 17th ISPCAN International Congress on Child Abuse and Neglect in 2008. Since 2014, ACA organises Annual Professional Forum, to examine contemporary child protection issues, promote knowledge exchange and facilitate multidisciplinary collaboration. On social work education, ACA provides fieldwork placement and internship program for social work students from local and overseas universities.

Governance

The agency has a responsibility to the society and the funding bodies. Accountability, transparency and compliance are essential for an organisation's success and sustainability. Our internal control system ensures achievement of service objectives, reporting and regulatory compliance. The system is underpinned by a learning culture in which skills, knowledge and information are shared among staff and the board at its regular meetings. The risk management system regularly identifies and reviews risks in daily operations. Adopting a risk averse culture with training and sharing, the agency is prepared to respond better to unexpected events. Objectives in agency development cycles are shaped by board members and staff in consultation with service users and stakeholders. Such objectives are translated into action plans against which performance is gauged. Achievement of objectives are monitored by the board. This continuous process of self-evaluation ensures that appropriate decisions are taken in good time. Prudence in financial and human resource management have enabled ACA to increase its capacity to develop quality services in new premises in different areas of Hong Kong. In the 2018 NGO Governance Health assessment, first of its kind in Hong Kong conducted by the HKCSS (Hong Kong Council of Social Service),

adopting international measuring tools of good board practices, ACA outperforms fellow NGOs in all three main dimensions of board design and processes, board role and function, and board dynamics and behaviour.⁷

Looking Forward

One may not have imagined forty years ago what could happen after the formation of ACA. In the years to come, the mission of ACA will continue with children's best interest at heart. Professional hands-on experience is an asset of ACA. Beside its roles as a child protection agent, a therapist, an educator, and an advocate, ACA will increase its capacity to realise its vision to lead and to develop rapid response to evolving patterns of abuse. Effort must be made in advocacy to see how well the new establishments such as the Commission on Children, the Sex Offender Record Check, the Child Fatality Review, the Comprehensive Child Development Service, etc, could protect our children, and initiatives such as Serious Case Review mechanism could help. We aspire to develop more services to meet the needs of children and families in different districts of Hong Kong. Driving at larger impacts such as having a Child Policy and Data Bank, comprehensive Child Legislation, and Child Protection Policies in institutions needs to be continued. With decisive actions at governmental level, the well-being of children would not be compromised.

ACA is grateful to the funding bodies who see to our course, and all the partner stakeholders. Staff, volunteers, committee members, consultants, advisors, patrons, present and past, have all contributed dearly to shape ACA's development. We will move ahead to create a brighter future for our children and the society.

Dr Patrick Cheung

⁷ HKCSS. NGO Governance, Summary of Key Findings for Hong Kong NGO Governance Health Survey. Available at <https://governance.hkcass.org.hk/node/329>. Accessed 12 August 2019.

機構 THE AGENCY



防止虐待兒童會 40 週年「童心・同載」攝影比賽公開組冠軍作品——隋彪先生

Champion of Open Group of Against Child Abuse 40th Anniversary "A Legacy of Love for Children" Photography Competition—Mr Tsui Piu

使命 Our Mission

為促進兒童全面成長及發展，推廣一個關懷及無暴力的環境。

To promote a caring and non-violent environment for the optimal growth and development of our children.

信念 Our Belief

我們認為兒童的生存、保護及發展應獲得優先權，他們的意見應獲得充份的考慮。運用上述原則時，對不同種族、信仰及膚色的兒童，均予以平等看待。

We believe that children's survival, protection and development should be given priority, their views should be heard and given due weight. In the application of these principles, children of every race, creed and colour should be given equal treatment.

展望 Our Vision

被認可為東南亞地區具領導地位的非政府機構之一，提供優質的保護兒童治療及預防服務。

To be recognised as one of the leading NGOs in the East Asian Region providing quality child protection programmes of both remedial and preventive nature.

ACA 與你 童心 · 同行

作曲：方富輝

填詞：鄭志忠

A

無論外貌思緒各異 無論靜默不說話兒於父
母眼裏仍是同樣摯愛 能默默互相背靠著能
盡力盡心去扶持 生活裏有笑有哭同步跨過

B

樂與悲齊心去面對 隨時聆聽進入你心裏長路
遠遠都會在你旁 給你勵勉衷心讚許
遇到風霜不會後退 再多難處也願豁出去時日
過去跟你未遠離 堅固後盾永遠撐下去

8

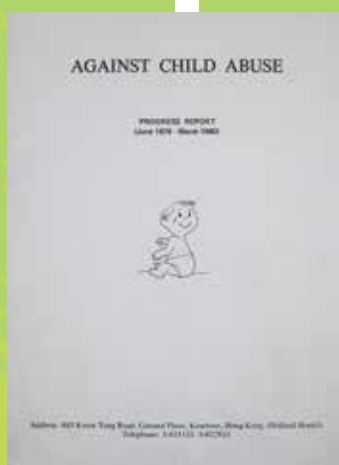
C

在這家中充滿樂趣 全情談笑再沒有壁壘如像
摯友關愛沒距離 不怕為你攀山涉水遇到
風霜不會後退 再多難處也願豁出去年月
過去都會伴你行 一切為你永遠撐下去
天氣驟變也會與你面對

防止虐待兒童會：歷史及里程碑

Against Child Abuse: History and Milestones

1979



於國際兒童年，防止虐待兒童會在香港賽馬會資助下，以計劃形式開展服務，探討香港虐兒問題

ACA had a modest start in 1979, the International Year of the Child, as a pilot project funded by the Hong Kong Jockey Club (then Royal Hong Kong Jockey Club) for identifying the extent of child abuse in Hong Kong.

1982



時任港督尤德爵士夫人為彩雲辦事處主持開幕禮。(左起)本會時任主席黃金鴻博士、尤德爵士夫人與本會時任會長楊鐵樑爵士，攝於彩雲辦事處開幕禮

The then Lady Youde officiated the Opening Ceremony of ACA office at Choi Wan Estate. (From left) The then ACA Chairperson Dr Hwang King Hung, Lady Youde and the then ACA President The Hon Sir Yang Ti Liang on the Opening Ceremony of ACA office at Choi Wan Estate

1986



(左起)時任會長楊鐵樑爵士與凱瑟克基金代表，攝於屯門中心開幕禮

(From left) The then ACA President the Hon Sir Yang Ti Liang on the Opening Ceremony of ACA Tuen Mun Centre

成為國際防止虐待及疏忽照顧兒童協會 (ISPCAN) 的首位國際伙伴，並合辦「第五屆亞洲區保護兒童會議」

ACA became the first National Partner of International Society for Prevention of Child Abuse and Neglect (ISPCAN) and jointly organised the ISPCAN 5th Asian Conference on Child Protection



2006



協助澳門政府開設澳門防止虐待兒童會護兒中心，並定期提供督導

The Against Child Abuse (Macau) Association (ACAM) Child Protection Centre was established

1999



本會總部遷至黃大仙

ACA Head Office
relocated to Wong Tai Sin

1998



時任特首夫人及本會贊助人董趙洪娉女士 JP (右) 到訪本會屯門中心

Mrs Betty Tung, JP, wife of the then Chief Executive and patron of ACA (right), visited ACA Tuen Mun Centre

1993

防止虐待兒童會：歷史及里程碑

Against Child Abuse: History and Milestones

2008



與 ISPCAN 合辦「第十七屆國際防止虐待及疏忽照顧兒童會議」

Co-hosted 17th ISPCAN Congress on Child Abuse and Neglect in Hong Kong

2009



時任特首夫人及本會贊助人曾鮑笑薇女士（左八）到訪本會屯門中心

Mrs Selina Tsang (8th left), wife of the then Chief Executive and patron of ACA, visited ACA Tuen Mun Centre

2019



防止虐待兒童會四十週年紀念
（會歌詳見第 27 頁）

Against Child Abuse 40th Anniversary
(Please refer to p.27 Agency Song)



葵涌中心正式啟用

Kwai Chung Centre was established

2016



推行本地「遏止兒童及青少年色情人口販賣問題」運動

The "Stop Sex Trafficking of Children and Young People" Campaign was organised

2010

2011



北角總部正式啟用

North Point Head Office was established

2013



護兒中心成立，時任社會福利署署長葉文娟 JP(中)擔任主禮嘉賓

Child Protection Centre was established, the Opening Ceremony was officiated by Ms Carol Yip, JP, the then Director of Social Welfare (centre)



保護兒童學院開展工作

Child Protection Institute commenced operation

角色及策略 Roles and Strategies

預防虐兒 Educator and Trainer



保護兒童學院 Child Protection Institute

本會保護兒童學院於 2013 年成立，持續為學校及非牟利機構舉辦保護兒童證書課程、員工培訓、兒童及家長講座、工作坊和小組，並協助不同團體設立保護兒童政策。

ACA set up its Child Protection Institute in 2013. It continues to organise certificate courses on child protection, staff training courses, children and parent talks and workshops and groups for schools and NGOs. It also assists various organisations in establishing child protection policies.



為醫院管理局提供培訓 Provide Training for Hospital Authority

保護兒童學院為醫院管理局的兒科護士提供為期兩日的保護兒童證書課程，內容包括保護兒童的歷史、發展、法例、兒童權利、處理虐兒事件的流程、香港現存為兒童提供支援的服務等知識。

Child Protection Institute organised a two-day certificate course on child protection for pediatric nurses of Hospital Authority. The contents included the history, development, and legislation of child protection, children's rights, procedures of handling child abuse cases and supporting services for children in Hong Kong, etc.



家長教育活動

Parent Education Programme

累積過去 40 年保護兒童工作經驗，我們認為預防虐待兒童和疏忽照顧，家長教育活動是其中一個十分有效的服務模式。

在葵涌區開展「好家長互助網絡」計劃，旨在加強家長正面管教的能力，培訓家長成為領袖，建立社區互助網絡，並提升公眾對保護兒童的關注及舉報懷疑虐待兒童個案。

Based on our 40 years of child protection experience, we consider that parent education programmes are most effective in preventing child abuse.

The "Good Parents' Networking Project" was carried out in Kwai Chung District. It aimed at enhancing positive parenting ability of parents, constructing community mutual aid networks, and arousing public awareness to prevent child abuse and report suspected child abuse cases.



兒童議會 Children's Council

本會和香港兒童權利委員會組成的兒童議會籌委會，從 2000 年開始聯手舉辦了 13 屆兒童議會，探討了 40 項有關兒童的議題。

Against Child Abuse and Hong Kong Committee on Children's Rights jointly formed a Coordinating Committee and organised the Children's Council project since 2000. The Children's Council project has now entered into its thirtieth year and 40 motions concerning children were discussed.



義工訓練 Volunteer Training

義工一直在本會的預防服務中擔當重要角色。本會有超過 600 名義工積極參與各項計劃，包括竹園中心親情閣、忘憂草計劃——年青 / 單親媽媽支援服務、童夢同想、福溢吾家——義工家庭探訪計劃、求助及親子支援熱線、屯門中心親情閣、新家樂融融——護兒探訪計劃、放晴護兒坊計劃——新生樂家庭探訪計劃、好家長互助網絡計劃、童歡部落及生之喜悅家庭探訪計劃等。

Volunteers play an important role in ACA projects. Over 600 volunteers actively involved themselves in agency functions and worked for different projects like Chuk Yuen Centre Family Corner Volunteer Group, Daylily Project for Young / Single Mothers, Kids' Dream, Bless My Home Forever Volunteer Home Visitation Project, Parent-child Support Line, Tuen Mun Centre Family Corner Volunteer Group, Home Visitation Project for New Arrivals, Child Abuse Treatment Corner—Volunteer Home Visitation Service for Families with Newborn, Good Parents' Networking Project, Joyful Kids Group and Healthy Start Home Visitation Project.



國際研討會 International Conference

本會於 2016 年 12 月 10 日舉行的亞太國際學校研討會上分享有關兒童權利的重要性。

On 10 December 2016, we spoke on the importance of Children's Rights at the Asia Pacific International Schools Conference.



內地及海外培訓

Trainings in Mainland and Overseas

本會是國際防止虐待及疏忽照顧兒童協會的地區伙伴，亦繼續是國際兒童求助熱線的成員。我們不時接待內地及海外團體及到內地及海外提供專業培訓。

獲香港救助兒童會的邀請，我們於 2016 年 9 月 26 日及 27 日為中國南京民政部、社會工作者、熱線服務同工等共超過 50 位的參加者提供熱線、危機評估與介入專業培訓。

ACA has been a national partner of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and continues to be a member of the Child Helpline International. We received different groups from mainland and overseas and provided professional trainings in mainland and overseas.

Invited by the Save the Children Hong Kong, we provided a 2-day professional training course on Hotline, Risk Assessment and Intervention on child abuse cases for over 50 social workers, government officials and other related professionals in Nanjing, China on 26 and 27 September 2016.

保護兒童 Child Protection Agent

親子及求助支援熱線

Parent-child Support Line

本會自 1979 年開始提供服務以來，已有熱線和諮詢服務。家長、兒童、專業人士及公眾可致電熱線電話 2755 1122，或到本會的中心舉報懷疑虐兒個案或諮詢有關兒童管教的問題。這亦是一條支援兒童及供兒童訴心聲和表達意見的熱線。資料提供者 / 舉報者的個人資料及個案內容皆絕對保密。

Against Child Abuse has been providing hotline and drop-in service since 1979. Parents, children, professionals and the public are encouraged to call our hotline at 2755 1122 or drop-in at our centres to report suspected cases of child abuse or ask for assistances of parenting difficulties. It is also a support line and a platform for children to express their voices and opinions. All personal information of the informant is kept confidential.





調查

Investigation

本會派出兩位社工到所舉報的地址，進行調查家訪，評估及支援懷疑虐兒個案的家庭。

Our Agency arranged two social workers to the reported addresses to conduct home visit with an aim to make risk assessment and support families with suspected child abuse.

面談和輔導 (模擬照片)

Interview and Counselling (mock photo)

社工在中心面談室與服務使用者在進行面談，為案主提供輔導及情緒支援。

Our social worker interviewed the service user in the interview room to provide counselling and emotional support to the client.



多專業個案會議 (模擬照片)

Multi-disciplinary Case Conference (mock photo)

專業人士出席會議就懷疑虐兒個案分享意見、討論個案性質，並為兒童及其家庭制訂福利計劃。

A group of professionals attended the case conference to share views, discuss case nature and formulate welfare plans for children and their families.

輔導及治療 Counsellor and Therapist

家長治療小組

Parent Therapeutic Group

本會重視治療服務，並定期為有需要的家長提供治療小組服務。家長治療小組的對象主要針對曾使用體罰管教子女及有抑鬱徵狀或有情緒困擾的家長，協助家長舒緩面對子女的壓力和情緒、以正面的態度及方法管教子女、提升及鞏固親子間的關係、提升兒童需要受到保護的意識及協助家長建立情緒支援及互助網絡。

Against Child Abuse places much importance on remedial services and conducts parent therapeutic groups for needy parents regularly. These groups serve parents who used corporal punishment to teach their children and parents who have depressive symptoms or emotional disturbances. The groups aim to relieve parents' emotional stress in looking after their children, to help them use a positive attitude and methods to discipline children, enhance and strengthen parent/child relationship, heighten the awareness that children need protection and help parents build emotional support and mutual help networks.



兒童治療小組

Children Therapeutic Group

兒童治療小組主要為受家庭因素影響而有情緒困擾的兒童提供服務，鼓勵兒童主動表達自己的情緒。

Children therapeutic group provides services to children with emotional problems. It encourages children to express their emotion.

遊戲治療室

Play Room



本會重視兒童工作，各中心設有遊戲治療室，為有需要的兒童提供遊戲治療服務。

Against Child Abuse emphasises on children works and our centres have play room to provide play work services to children in need.



兒童遊戲治療 Play Therapy for Children

透過兒童遊戲治療，幫助兒童舒緩情緒，提升自信，發展正面自我形象及提升自我能力感。

We provided play therapy sessions to help children relieve their emotions in positive and appropriate ways, enhance their self-esteem, develop a more positive self-concept and experience a feeling of control.



遊戲治療室：沙池 Play Room: Sandplay

遊戲治療室設有沙池，兒童可透過沙池將自己的想法及負面情緒表達出來。

Play room provides sandplay for children. Through sandplay, children are able to express the thoughts and negative emotions.



兒童治療小組：陶泥創作 Children Therapeutic Group: Clay Making

兒童治療小組透過多元化的遊戲和藝術創作，如陶泥、畫畫、說故事，以改善兒童的社交和溝通技巧，及學習正面表達情緒的方法。

In order to improve the social and communication skills of children and learn the positive ways to express emotions, children therapeutic group provides various activities such as clay making, painting, story-telling.

倡導 Child Advocate



在立法會上發言 Speak on Legislative Council

我們在立法會福利事務委員會特別會議上對兒童保護政策和程序提出建議。

We rendered suggestions on child protection policies and procedures at the special meeting of the Panel on Welfare Services, Legislative Council.

週年記者招待會 Annual Press Conference

本會每年都舉行記者招待會發布年度的統計數字、服務重點，以及在保護兒童方面的建議。

Our agency conducts annual press conference to release our service statistics, significant events and recommendations on child protection.



遏止兒童及青少年色情人口販賣運動 Stop Sex Trafficking of Children and Young People Campaign

2010 年本會在國際終止童妓組織 (ECPAT) 的伙伴合作及 The Body Shop 贊助下，推行「遏止兒童及青少年色情人口販賣運動」以提升社會此議題的關注，並預防兒童及青少年墜入危機。

In 2010, ACA together with the End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT) and The Body Shop has launched the Stop Sex Trafficking of Children and Young People Campaign, which aims to raise public awareness over the issue and prevent children and adolescents from falling victims to sex traps.

沒有巴掌日嘉年華 Spank Out Day Carnival

本會每年與4月底舉行「沒有巴掌·親親孩子」嘉年華，在社區裡傳播正面管教和停止體罰兒童的重要訊息。

ACA held Spank Out Day carnival late-April every year to disseminate the important messages of positive parenting and a ban on corporal punishment.



與特首候選人團隊會面 Meet with the Team of the Candidates for the Post of Chief Executive

本會致函予所有特首候選人，促請政府成立兒童事務委員會，林鄭月娥女士承諾會跟進成立該委員會。在2017年3月22日，我們及聯盟盟友與林太的團隊於本會總部會面並表達訴求，希望能成立一個獨立並擁有法定效力的兒童事務委員會。

ACA sent a letter to the candidates for the post of Chief Executive, asking them to urge the government to set up a Children's Commission to deal with matters related to children. Mrs Carrie Lam has promised to follow-up its establishment. On 22 March 2017, we had a meeting with Mrs Lam's team members and some members of the Alliance for Children's Commission at the ACA Head Office to express our wish of having a Children's Commission as an independent mechanism with mandatory power.



午餐研討會 Luncheon Seminar

1989年10月3日舉辦「防止兒童性侵犯」午餐研討會。

Luncheon Seminar on "Sexual Abuse of Young Children" on 3 October 1989.

爭取香港成立兒童事務委員會 Strive for Commission on Children in Hong Kong

本會於2007年與兒童權利夥伴聯盟，爭取香港成立兒童事務委員會。

In 2007, ACA allied with child rights partners to strive for establishing the Commission on Children in Hong Kong.



鳳凰衛視訪談 Interview on Phoenix TV


時任總幹事何愛珠博士於2015年9月24日在鳳凰衛視的《時事大破解——虐待兒童個案跟進及預防》節目上講解虐待兒童個案的跟進及預防工作。


Dr Jessica Ho, the then Director presented the child abuse case follow up and prevention work on Phoenix TV's program "News Decoder" on 24 September 2015.

週年專業分享論壇 Annual Professional Sharing Forum

自 2014 年開始舉行的週年專業分享論壇，檢視當下保護兒童問題、促進知識交流及多專業合作。

Annual Professional Sharing Forum since 2014 to examine contemporary child protection issues, promote knowledge exchange and facilitate multidisciplinary collaboration.

主辦單位：Organizer:  Against Child Abuse 防止虐待兒童會

協辦單位：Co-organizer:  THE HONG KONG POLYTECHNIC UNIVERSITY 香港理工大學

跨專業研討會
正視兒童精神虐待：辨識、評估與介入
Multi-disciplinary Sharing Forum
Child Psychological Abuse: Identification, Assessment and Intervention

日期：二零一四年十月十七日(星期五)
Date: 17 October 2014 (Friday)

時間：下午二時三十分至五時三十分
Time: 2:30pm to 5:30pm

地點：香港理工大學GH201室
Venue: Room GH201, the Hong Kong Polytechnic University

名額：100
Capacity: 100

報名費用：港幣一百元正(全日制學生半價)
Enrollment Fee: HK\$100- (Full-time Student half fee)

報名及查詢：
Enrollment and enquiry:
3542 5727/ 5725
www.aca.org.hk

http://www.aca.org.hk/ref-material/20141017/ACA_Sharing_Forum_2014_Rundown.pdf

主辦單位：Against Child Abuse 防止虐待兒童會

協辦單位：THE HONG KONG POLYTECHNIC UNIVERSITY 香港理工大學

**「在現今的制度下，
如何令兒童免受心理虐待？」**
跨專業研討會

日期：二零一五年十月十五日(星期四)

時間：下午二時至五時

地點：香港理工大學兩翼劇院

名額：200

報名費用：港幣二百元正(全日制學生半價及團體報名優惠：
5位或以上報名之人士，每位報名費用為\$150-)

主持：方敏生教授, BBS, JP
香港大學社會科學院實踐教授

講者：陳沃建教授 香港理工大學應用社會科學系講師
朱可達博士 教育心理學家

馮偉華博士 香港教育專業人員協會會長
小南校長 鄺鄧自然學校校長

趙昭先生 香港東區家長教師會聯會主席
何樂珠博士 防止虐待兒童會總幹事

備註：跨專業研討會後，我們將集合各界意見，擬定建議書交予有關部門，並促請行政長官儘快於來年施政報告中加入保護兒童元素。

http://www.aca.org.hk/ref-material/20151015/ACA_Sharing_Forum_2015_Rundown.pdf

Against Child Abuse
防止虐待兒童會

Sharing Forum on Child Protection Legislation in Hong Kong
cum ACA Kwai Chung Centre Opening Ceremony

November 4, 2016 (Friday)
2:00pm to 2:15pm (Opening Ceremony)
2:15pm to 6:00pm (Sharing Forum)
Unit A, 2/F, TLP132, Nos. 132-134 Tai Lin Pai Rd, Kwai Chung, N.T.

This multi-disciplinary forum aims to equip participants with up-to-date knowledge in legislation when handling child abuse and neglect. Seasoned speakers will provide, from a wide scope of perspectives, a review of and discuss the current Child Protection Legislation for the protection of children. Professionals such as lawyers, social workers, police, health care workers, teachers and child-related professionals are most welcome to attend.

MODERATOR:

Dr. Patrick CHEUNG
Chairman, Against Child Abuse

SPEAKERS:

The Hidden Harm: Children of Drug Abusing Parents

Dr. SHU Yiu-kang
President, Against Child Abuse

Child Protection Laws: United Kingdom vs. Hong Kong

Mr. Asan MAWIAH
Barrister at Law

Law Enforcement Responses to Child Abuse

Ms. LEE King-hoi, Frances
Chief Inspector, Family Conflict and Sexual Offences Policy Unit, Crime Wing, Hong Kong Police Force

Law Reform on Causing or Allowing the Death of a Child

Ms. Amanda WHITFORT
Counselor at Allowing the Death of a Child, Law Reform Commission of Hong Kong

Prosecutor's Perspective on current Child Protection Laws

Prof. Ian Grenville CROSS
SBS, QC, SC
Member of the International Association of Prosecutors

Children and the Criminal Courts – A Brief Overview

The Hon Madam Justice TOH Eup-ing, Esther
Judge of the Court of Final Appeal of the High Court, HKDSC

Enrollment Fee: HK\$100-
(Proceeds will be used for child protection services)

Telephone Enquiry: 3542 5727 (Ms. LEE)
3542 5723 (Ms. LAM)

Details and Registration: <http://210.3.89.133/download/ACA-SharingForum2016.pdf>

<http://www.aca.org.hk/ref-material/20161104/SharingForum2016-Rundown.pdf>

Against Child Abuse
防止虐待兒童會

藥物濫用家庭 - 兒童成長之隱藏危機與對策研討會
Sharing Forum: Children Under Care of Substance Abusing Carers
- Hidden Harm and Possible Solutions

主辦單位: Organizer:
協辦單位: Co-organizer:

日期: 二零一七年十一月廿四日(星期五)
Date: 24 November 2017 (Friday)
時間: 下午二時至五時三十分
Time: 2:00pm to 5:30pm
地點: 香港城市大學專業進修學院會議室中心
(香港金鐘道55號第一中心8樓)
Venue: CityU SCOPE Admiralty Learning Centre
(8/F, United Centre, 95 Queensway, Admiralty, Hong Kong)
名額: 100
Capacity: 100
報名費用: 港幣一百五十元正 (區位或以上報名: 每位港幣一百元正)
Enrollment Fee: HK\$150- (5 Participants or Above: HK\$100- per head)
報名表格下載 Enrollment Form: <http://210.3.89.133/download/SharingForumEnrollmentForm2017.pdf>

Inspector from Child Welfare and the Use of Drug Testing

Dr. TSB
Inspector from Child Welfare and the Use of Drug Testing

Protecting Children with Parents

Mrs. CHAN
Protecting Children with Parents

The Impact of Child Abuse on

Dr. CHAN
The Impact of Child Abuse on

Early Identification and Multidisciplinary Intervention for Drug Abusing Parents and Children

Dr. CHAN
Early Identification and Multidisciplinary Intervention for Drug Abusing Parents and Children

Moderator 主持

Dr. Patrick CHEUNG
Chairman, Against Child Abuse

報名及查詢
Enrollment and enquiry:
3542 5727/ 3542 5725
www.aca.org.hk

http://www.aca.org.hk/ref-material/20171124/20171124-ACA_Professional-Sharing_Forum2017-Rundown.pdf

Against Child Abuse
防止虐待兒童會

Professional Forum on Child Sexual Abuse:
Child Protection Policy, Disclosure (#Me Too) and Update on Handling of Child Sexual Abuse in Hong Kong

Objectives:

- To illustrate how child protection policy could help to protect children.
- To update professionals on the Handling Procedures and changes in the Child Protection Registry.
- To enhance knowledge and skills of professionals in tackling child sexual abuse.

Date: 24 October 2018 (Wednesday)
Time: 9:30am to 1:00pm
Venue: Auditorium, 1st Floor, Duke of Windsor Social Service Building

Moderator:
Dr. Patrick CHEUNG (Chairperson, Against Child Abuse)

Dr. Trisha LEAHY, BBS
Chief Executive
Hong Kong Sports Institute

The Importance of having a Child Protection Policy

Ms. Michelle TAM
Executive Director
End Child Sexual Abuse Foundation

The Effectiveness of Child Sexual Abuse Prevention Programmes

Ms. LO Miu-han, Eva
Senior Social Work Officer
Family and Child Protection Services (Child Protection)
Family and Child Welfare Branch
Social Welfare Department

An Update on Child Sexual Abuse Handling Procedures and Preventions

Ms. LAW Wan-ye, Fannie
SPF
Family Conflict and Sexual Violence Policy Unit
Crime Wing
Hong Kong Police Force

The Police's Role in Dealing with Child Sexual Abuse within a Multidisciplinary Team

Dr. Trisha LEAHY, BBS
Ms. Michelle TAM
Ms. LO Miu-han, Eva
Ms. LAW Wan-ye, Fannie
Ms. WONG Lai-man, Carmen

Scenario based Panel Discussion

Capacity: 200
Enrollment Fee: HK\$100-
5 Participants or Above: HK\$50- per head
Language: English and Cantonese

Online Enrollment: <https://go.gd/forms/tauly3Q9e1jeUe12>

Telephone Enquiry: 3542 5727 / 3542 5725
www.aca.org.hk

http://www.aca.org.hk/ref-material/20181024/ACA_Professional_Sharing_Forum2018-Rundown.pdf

http://www.aca.org.hk/ref-material/20181205/ACA_Professional_Sharing_Forum_12_2018-Rundown.pdf

Against Child Abuse
防止虐待兒童會

Professional Forum
Child Protection: Recent Development & Practices in Hong Kong

To review the child protection system in Hong Kong by examining some of its building blocks in the recent years
To facilitate collaborative efforts among professionals in the work of child protection

Date: 1 November 2019 (Friday)
Time: 9:30am - 1:00pm
Venue: Auditorium, 1st Floor, Duke of Windsor Social Service Building

Moderator

Dr. Patrick CHEUNG
Chairperson, Against Child Abuse

Safeguarding Vulnerable Children: a Multi-disciplinary Approach by the Comprehensive Child Development Service

Dr. Anna CHENG
Associate Consultant, Department of Paediatrics and Adolescent Medicine, United Christian Hospital

Protecting Children and the Child Sexual Offences Criminal Record

Ms. Kornn CHEUNG
Executive Officer (Sexual Conviction Record Check)

Law Reform for the Protection of Children*

Professor Ian Grenville CROSS, SBS, QC, SC
Patron of Against Child Abuse / Vice Chairman, International Association of Prosecutors

Protecting Children in Hong Kong through the Child Fatality Review

Mr. Herman HUI
Chairman, Child Fatality Review Panel

Mixed Professional/Volunteer Home Visitation Model to Prevent Child Abuse

Ms. Donna WONG
Director, Against Child Abuse

Effectiveness of Current Efforts in Child Protection

Mr. Anthony WONG
Business Director, Hong Kong Council of Social Service

Enrollment: <https://go.gd/forms/tauly3Q9e1jeUe12>

Telephone Enquiry: 3542 5727 / 3542 5725
www.aca.org.hk

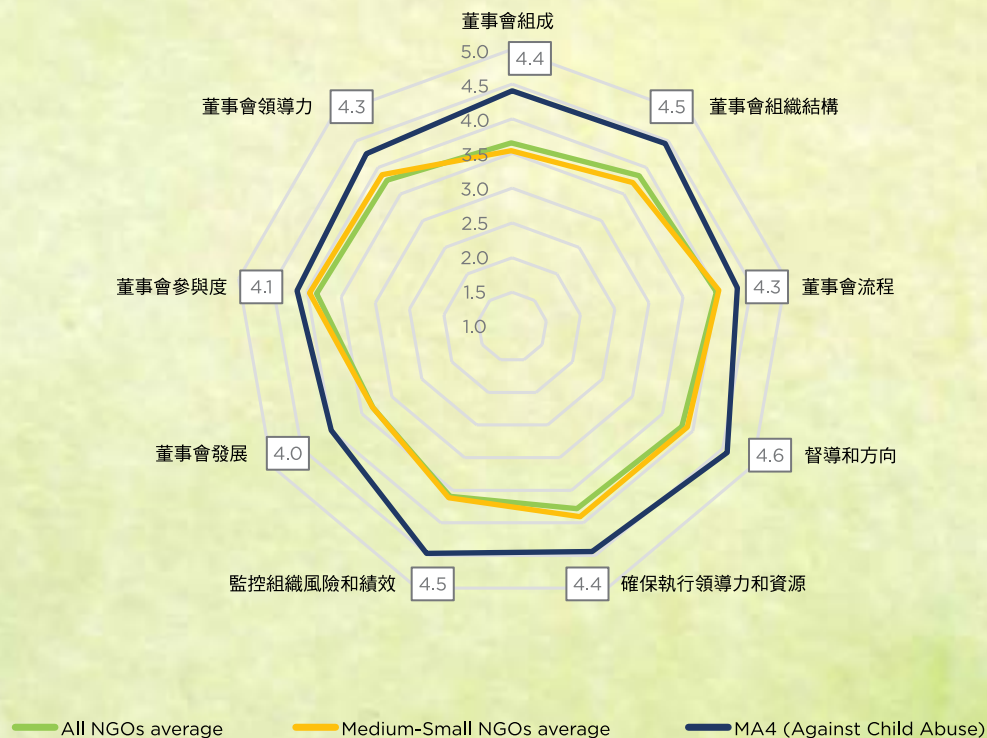
<http://www.aca.org.hk/ref-material/20191101/SFRundown2019.pdf>

防止虐待兒童會機構管治健康指標

非政府機構管治健康狀況調查報告

香港社會服務聯會在 2018 年對全港的非政府機構管治健康狀況進行了調查*，本會與其他同類型的非政府機構進行了比較。從下表顯示，本會（標記為 MA4）相對於其他中小型非政府機構的平均值和所有非政府機構的平均值位置。

就董事會職能而言，本會在各機構管治領域上都存在優勢，包括董事會組成、組織結構、領導力、參與度、發展、流程、督導和方向，確保執行領導力和資源，以及監控組織風險和績效。



* 香港社會服務聯會與「香港大學睿智計劃」（香港大學）及「良管善治工作室」合作，設計了一個自我評估工具，供非政府機構自行量度管治健康狀況，同時搜集業界數據作整體分析。這個自我評估工具使用的國際參考資料包括由 BoardSource（美國）、麥肯錫公司（美國）、慈善

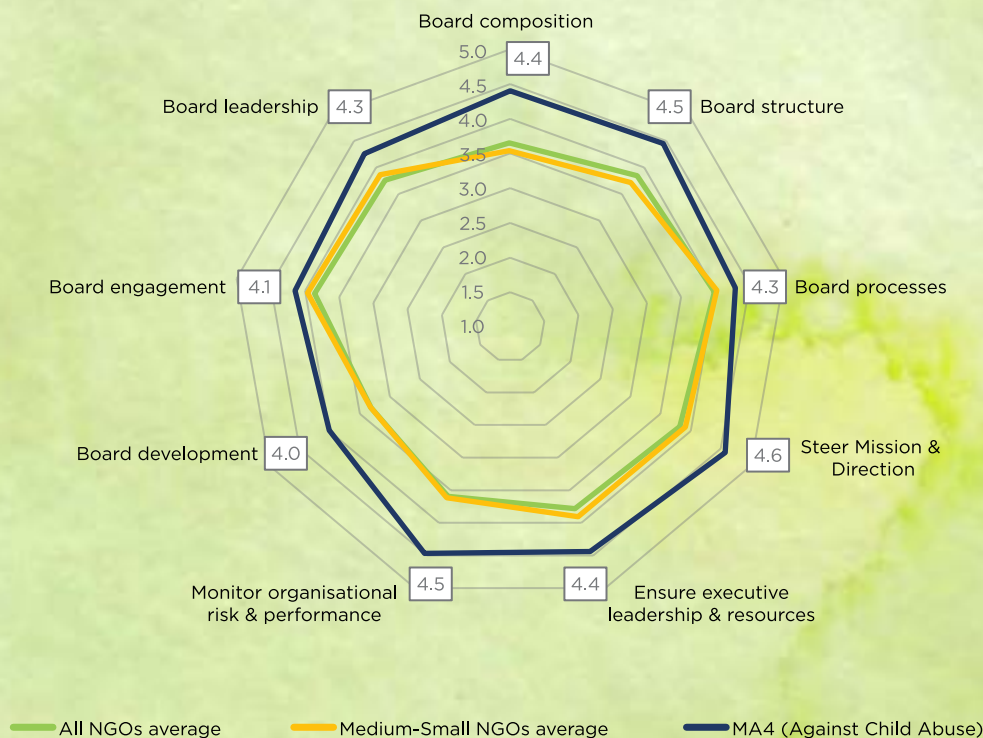
團體管治守則督導小組（英國）和英國志願組織聯會（英國）。這份獨立報告就防止虐待兒童會與香港其他同類型非政府組織進行比較，從而促進董事會和高級管理層透過這份報告為執行委員會在各個領域的管治實踐進行審視。

Against Child Abuse Governance Health Index

NGO Governance Health Individual Report

In a Hong Kong-wide review of governance health of NGOs conducted by the Hong Kong Council of Social Service in 2018*, ACA came out favourably with other participating NGOs of a similar size. The following chart shows the position of ACA (marked as MA4) in relation to the average of small to medium NGOs and the average of all NGOs.

ACA came out ahead in practically all areas of corporate governance as far as board functions are concerned, including board composition, structure, leadership, engagement, development, processes, steering mission and directions, ensuring executive leadership and resources, and monitoring organisational risk and performance.



* The Hong Kong Council of Social Service has partnered with ExCEL3 of The University of Hong Kong (HKU) and Governance and Management Excellence (GAME) for Public Benefit, to develop a self-assessment tool for measuring NGO governance health by reviewing board practices. International references utilised include governance assessment exercises conducted by BoardSource (US), McKinsey & Company (US),

Charity Governance Code Steering Group (UK) and National Council for Voluntary Organisations (UK) etc. This individual report provides comparison of results of **Against Child Abuse** with other participated NGOs of similar size in Hong Kong, with a view facilitating board and senior management to use this report to review various areas of board governance practices.

Reference: [https://governance.hkcss.org.hk/Against Child Abuse \(MA4\)](https://governance.hkcss.org.hk/Against Child Abuse (MA4))

內部監管、規範與風險管理 Internal Control, Compliance and Risk Management

本會內部已建立有效機制以管理各項流程，確保機構在提供服務、匯報及合規層面上均能達到目標。我們透過每月舉行的機構會議，與各職系的員工分享專業技巧、知識和資訊，以一種學習型文化鞏固內部機制。

本會的全面風險管理機制，定期檢視及評估各方面可能發生的事故及潛在的風險。通過採用預防風險的文化，員工會透過不同的培訓課程及分享會，提升處理及應對突發事故的能力。在事故發生後，對所採取的行動進行檢討，以加強員工在面對未來的挑戰時的應變能力。

我們在三年計劃中制定了一系列的目標，並融入機構的日常運作中。這些目標由執行委員會成員和員工共同制定，並向同工及持份者諮詢後，轉化為具體可行的計劃並付諸實行。在機構的層面，執行委員會成員持續檢視各個目標的進度及績效，這種持續的自我檢討過程確保我們能適時作出恰當的決策，更有效地管理機構及促進機構發展。

本會的財務管理是在執行委員會的全面監督下，進行分層管理及監控。財務管理及審批是分別由不同職系的員工負責。凡涉及重大的財政決策均由執行委員會成員共同決定，並於每次會議上檢討及審視機構的財務狀況。本會的財政具透明度，並會在年刊內列出財務報告予公眾人士查閱。

The Agency has instituted an effective system of internal controls governing all aspects of its operation to ensure achievement of its objectives in service provision, reporting and compliance. The system is underpinned by a learning culture under which professional skills, knowledge and information are shared among staff at all levels at monthly Agency meetings.

With a comprehensive risk management system, the Agency regularly identifies and reviews risks in various areas of its activities in terms of their likelihood of occurrence and potential consequences. By adopting a risk-averse culture and through training programmes and sharing sessions, it prepares staff to effectively respond to unexpected events and manage them. Evaluations of the actions taken are carried out after the events to enhance the capacity of staff to respond to future challenges.

The Agency has established a set of objectives with a time horizon of three years to guide its day-to-day operations. Jointly developed by Board members and staff in consultation with clients and other stakeholders, the objectives are translated into action plans against which performance can be gauged. At the Agency level, the Board constantly assesses the efficiency and effectiveness in the achievement of the agreed objectives. With inputs from both within and outside, this continuous process of self-evaluation ensures that appropriate decisions are taken in good time for the effective management and further development of the Agency.

Financial management of the Agency is performed under a hierarchical system of delegations under the overall supervision of the Board. The functions of custodianship and financial approvals are segregated. Major financial decisions are invariably made by the Executive Committee which also reviews the financial performance of the Agency at every meeting. The financial position of the Agency is transparent as the accounts are presented in its Annual Report for public information.

特稿及展望

SPECIAL ARTICLES AND LOOKING AHEAD



防止虐待兒童會 40 週年「童心・同載」攝影比賽大專組冠軍作品——鍾浩軒先生

Champion of Post-secondary and University Group of Against Child Abuse 40th Anniversary "A Legacy of Love for Children" Photography Competition—Mr Chung Ho Hin

香港保護兒童里程碑

事項

- 一名十歲女孩被嚴重虐待事件引起社會關注

1978

防止虐待兒童會及社會的回應

- 幾位專業人士發起聯席會議，討論香港的虐兒問題

- 市民普遍不清楚何謂虐兒
- 否定虐兒問題的存在
- 兒童性侵犯個案不易辨識
- 舉報數字低
- 延遲或沒有舉報的現象十分普遍
- 郭亞女事件

1979-1989

- 1979 年成立「防止虐待兒童行動組」，設立熱線服務。九個月共收到 300 個舉報或查詢
- 1980 年行動組改名為「防止虐待兒童會」，註冊為非政府機構
- 本會與香港電台合作，在早晨節目中講述虐兒事件，並與香港大學合辦專業課程
- 市民開始關注身體虐待問題
- 1981 年，社會福利署發布首份處理虐兒個案程序
- 1982/1983 年政府設立熱線，並先後成立防止虐兒工作小組及保護兒童課
- 1986 年社會福利署設立保護兒童資料冊
- 1987 年本會與社會福利署及社會服務聯會合辦香港首個多學科研討會
- 1989 年本會舉辦首次兒童性侵犯專業研討會

- 家庭成員對發生在家庭裡的性侵犯個案持否定態度
- 專業人士及公眾對性侵犯之定義感混淆
- 出現獨留兒童問題

1990-1999

- 本會舉辦「兒童性侵犯辨識及預防訓練課程」。就處理虐兒個案出版訓練手冊
- 本會參與政府多個關注虐兒委員會，進行倡議工作
- 1990 年，法庭取締笞刑
- 1991 年本會成立獨留兒童關注組，翌年演變為香港兒童權利委員會，隸屬防止虐待兒童會。1995 年，香港兒童權利委員會正式成為獨立機構
- 從舉報數字看，兒童性侵犯漸被正視
- 1991 年，學校禁止體罰
- 1993 年，因應郭亞女事件通過包括兒童評估程序的《保護婦孺（修訂）條例》
- 1994 年，《聯合國兒童權利公約》延伸至香港
- 1995 年，本會與香港兒科學會合作提倡保護兒童策略
- 1995 年，本會促請政府成立兒童政策，兒童條例和獨立兒童事務委員會
- 1995/1996 年，訂立《刑事訴訟程序（修訂）條例》。開展證人支援計劃。成立保護兒童政策組（警務署）、警方虐兒案件調查組、保護兒童特別調查組（社會福利署及警務署）及虐待兒童個案統籌醫生（醫院管理局）
- 1999 年，本會及國際防止虐待及疏忽照顧兒童協會在香港合辦「第五屆亞洲區保護兒童會議」

2000-2009

- 家庭裡體罰兒童的情況依然普遍
- 社會人士對不同種類的虐兒問題仍存有不少分歧
- 獨留兒童、家庭暴力、網絡安全、嬰兒搖晃症及假裝兒童生病求醫等問題亦逐漸浮現出來

- 本會推行預防工作，包括「愛常在」兒童網上安全計劃、優質家長計劃，以及為初生嬰兒家庭提供家庭探訪服務
- 本會倡議全面立法禁止體罰兒童、檢視獨留兒童條例、關注目睹家庭暴力對兒童的心理影響、推行全面性教育、建立兒童死亡個案檢討機制及性罪犯名冊
- 2003 年，訂立《防止兒童色情物品條例草案》，包括性旅遊作為罪行
- 2005 年，政府宣布分階段試行「兒童身心全面發展服務」
- 2008 年，本會與國際防止虐待及疏忽照顧兒童協會在香港合辦「第十七屆國際防止虐待及疏忽照顧兒童會議」
- 2008 年，政府開動檢討兒童死亡個案先導計劃

2010-2019

- 兒童遭受精神虐待的情況被嚴重忽略
- 零至兩歲嬰幼兒被疏忽照顧的個案趨升，當中更涉及父母或照顧者有濫藥習慣
- 兒童性侵犯的個案中，受虐兒童以 12 至 14 歲的女童佔最多，其次是 15 至 17 歲女童，而施虐者多數是跟受虐兒童沒有關係的人
- 社會上仍不時發生嚴重虐兒個案，甚至死亡個案

- 本會加強倡議角色
- 本會透過教育及宣傳提升公眾對精神虐待的意識，並促請政府設立清晰的兒童精神虐待法例
- 本會建議政府制定措施，為濫藥父母或照顧者提供支援，亦需檢視獨留兒童的條例和增加幼兒照顧服務
- 本會促請政府儘快檢討學校性教育指引，推行全面性教育
- 大眾對保護兒童的意識較以前提升。近年鄰舍舉報懷疑虐兒個案的數字上升
- 2010 年，本會與國際終止童妓組織合作，推行「遏止兒童及青少年色情人口販賣問題」運動
- 2011 年，政府成立兒童死亡個案檢討委員會
- 2011 年 12 月 1 日性罪行定罪紀錄查核機制正式推行
- 2013 年 11 月 19 日本會成立護兒中心，加強推展倡議教育等工作
- 2014 年後，本會舉辦週年專業論壇，探討最新保護兒童議題
- 2018 年 6 月 1 日政府成立兒童事務委員會

Child Protection Milestones in Hong Kong

Issues

- A 10-year-old girl severely abused aroused community concern

- Understanding of child abuse was lacking
- Denial of existence of child abuse
- Identification of child sexual abuse was problematic
- Number of reports was low
- Delay or failure to report was common
- Kwok Ah Nui incident

- Denial of existence of intra-familial child sexual abuse
- Confusion in defining child sexual abuse among professionals and the public
- Emergence of issues of unattended children

1978

1979-1989

1990-1999

ACA and Community Responses

- A multi-discipline concern group initiated a discussion on the problem of child abuse in Hong Kong
- 1979: Action Group on Child Abuse Prevention established to provide hotline service, 300 telephone reports or enquiries in nine months
- 1980: Action Group renamed as Against Child Abuse, later registered as a non-governmental organisation
- ACA collaborated with Radio Television Hong Kong to discuss child abuse in its morning programmes, and organised professional courses jointly with the University of Hong Kong
- Child physical abuse gained public attention
- 1981: Social Welfare Department (SWD) Procedures for Handling Child Abuse cases
- 1982/1983: Government established hotline service, Child Protection Working Group, Child Protective Service Unit (renamed Family and Child Protective Services Unit 2000)
- 1986: SWD Child Protection Registry
- 1987: ACA co-organised the first multidisciplinary seminar in Hong Kong with the Social Welfare Department and the Hong Kong Council of Social Service
- 1989: ACA first Professional Seminar on Child Sexual Abuse
- ACA organised Training Course on Identification and Prevention of Child Sexual Abuse, produced Training Manual on Handling Child Abuse Cases
- ACA advocated in various government committees
- 1990: Banning of corporal punishment in the penal system
- 1991: ACA Concern Group on Unattended Children evolving into the Hong Kong Committee on Children's Rights (HKCCR) under the auspices of ACA. HKCCR became an independent body in 1995
- Increase in public awareness of child sexual abuse reflected by the number of reports
- 1991: Education Ordinance - Banning of corporal punishment in the Education System
- 1993: Protection of Women and Juveniles (Amendment) Ordinance with provision of child assessment procedure (in response to Kwok Ah Nui incident)
- 1994: Extension of the United Nations Convention on the Rights of the Child to Hong Kong
- 1995: ACA formulated a Strategic Child Protection Plan with the Hong Kong Paediatric Society
- 1995: ACA advocated for Child Policy, Child Ordinance and an independent Child Commission
- 1995/1996: Criminal Procedure and Evidence (Amendment) Bills, Witness Support Programme, Child Protection Policy Unit (Police), Child Abuse Investigation Units (Police), Child Protection Special Investigation Team (Police & SWD), Medical Coordinators on Child Abuse (Hospital Authority)
- 1999: ACA and ISPCAN (International Society for the Prevention of Child Abuse and Neglect) jointly organised the 5th Asian Conference on Child Protection in Hong Kong

2000-2009

- **Corporal punishment on children prevalent**
- **Diverse views on various types of child abuse**
- **Problems such as unattended children, domestic violence, cyber-safety, Shaken Baby Syndrome and Munchausen's Syndrome by Proxy were brought to the limelight**

- ACA implemented preventive work including Online Safety Project for Children, Good Parenthood Project and Home Visiting Services for families with newborns
- ACA advocated for a total ban of corporal punishment, review of regulations on unattended children, psychological impacts of witnessing domestic violence, comprehensive sex education, establishment of Child Fatality Review mechanism and Sex Offender Register
- 2003: Prevention of Child Pornography Bill (includes sex tourism as an offence)
- 2005: Government announced a phased trial of Comprehensive Child Development Service
- 2008: ACA and ISPCAN (International Society for the Prevention of Child Abuse and Neglect) co-hosted the 17th International Congress on Child Abuse and Neglect in Hong Kong
- 2008: Government launched Child Fatality Review Pilot Project

2010-2019

- **Child psychological abuse needed much more attention**
- **Neglect of children age under two cared by substance abusing parents brought to the limelight**
- **Teenage girls accounted for most of child sexual abuse cases and abusers were mostly unrelated to the victims**
- **Serious child abuse and deaths continued unabated**

- ACA strengthened its role in advocacy in this decade
- ACA raised public awareness of child psychological abuse and urged for relevant legislation
- ACA recommended measures by Government to provide support for drug abusive parents or caregivers, strengthen childcare services and review regulation on unattended children
- ACA urged Government to review Guidelines on Sex Education for Schools and implement comprehensive sex education without delay
- Increased public awareness of child protection with more reports by neighbours
- 2010: ACA partnered with ECPAT (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes) to launch a campaign to curb trafficking of children and young people
- 2011: Government established Child Fatality Review Panel
- 2011: Sexual Conviction Record Check commenced
- 2013: ACA opened its Child Protection Centre to further advocacy and education work
- 2014 onwards: ACA Annual Professional Forums on current child protection issues
- 2018: Government established Commission on Children

工作員、服務使用者和義工的分享 Sharings from Colleagues, Service Users and Volunteers

童夢同想的成立：前總幹事的內心分享 Sharing from Former Director

Kids' Dream—on the Establishment of the 1st Child-led Organisation

Kids' Dream impresses me as the first child-led organisation established in Hong Kong to promote children's rights and to advocate for the full implementation of the United Nations Convention on the Rights of the Child. Kids' Dream, through your work you have proved that children are experts in matters related to them.

You have been there to give children a voice.

You have been there to bring children a hope.

You have been there to create a better life for children.

You have been there to ensure that the rights of children to survive, to be protected, to develop and to participate are all actualised.

You urge the whole of society to respect children's human integrity! Well done, Kids' Dream! I am proud of you. I hope you will continue the good work in the years to come.



Dr Jessica Ho
ACA Former Director

工作員分享

兒童權利的推廣是一輩子的事

不知不覺與童夢同想成員已經一同走過二千多天，由香港到澳門、北京、泰國、印尼、不丹；向患病、貧困、不同國籍膚色的兒童、家長、大眾及專業人士分享香港兒童權利的狀況和心聲。

作為童夢同想的導師，我很榮幸與他們一同追夢，由六週年的「我眼中的社區」到十週年的「小瞳大異」到現在的「兒童及青少年的欺凌行為」，將理念化為實踐，將不同與兒童相關的議題帶出，將無數的不可能成真；作為一位成人，我很欣喜在學業行先的社會，還有一班年青人不計成果，付出無數的日與夜，勇於為香港的兒童發聲。兒童參與並不是一句口號，而是我們攜手堅持的一份信念。



較早前，我陪同一班年青人去訪問一位在醫院從事青少年精神工作二十多年的社工。她分享現今兒童精神健康的問題除了家庭因素和發展因素外，很大部分都與教育體制有關。現今的兒童在小學的階段已經「油盡燈枯」，要過著全日制學習生活，每天應付海量的功課，無盡的「興趣班」和補習。回到家，「Hea」（可解作懶散、無聊、無所事事、清閒等）是罪大惡極，發夢是不思進取，未到中學、大學已經疲累不堪。她提議回復小學半日制的學習和中學的夏令時間表，下午留校可讓同學自由選擇做功課、打球、去圖書館、下棋，與同學、班主任或社工閒談。現今中小學的課程過多、過深，許多課程是用不著在這個階段學習的，文憑試的學制讓兒童在一次性的考試中牢記三年的課程內容，亦讓家長和學童以

升大學為唯一的目標和出路，在此路失敗的人需要承受莫大的壓力。她覺得現今兒童（其實成人何嘗不是）最缺乏的是心靈的滋養，大部分有精神問題的兒童所需要的不是藥物，不是精神科醫生，而是心靈的滋養和休養生息的空間，以及有時間、有心力陪伴他們成長、聆聽他們心事的朋友、父母、師長和社工。

最令我心生感觸的不單是受訪者以上的分享，而是我望著年青人一邊聽著受訪者的分享，眼中對講者所表達的內容的那份陌生。心靈滋養對他們來說很奢侈，對下午不上堂的建議，他們會擔心拖慢教書的進度，然後變成更多的補課，更加晚回家；對於可以減少不必要的課程和操練，他們擔心的是社會要靠年青人，現在學習多些才能進步；減少課程範疇，將來就會找不到一份好的工作，社會就會退步；對教育進行大型的改革，做到當然好開心，但這是很困難的，一定会有很多反對的聲音。我們的兒童，其實已經被順服到只能逆來順受，順受不來的就壓力爆煲。

臨分別時，我最後對他們分享的是，我們所做的，不單是考慮現在可以做到甚麼，可以通過甚麼，而是甚麼才是對兒童「最好的」。保護兒童的工作如是，兒童權利的教育和倡議亦該如是。

李如寶
竹園中心服務經理

服務使用者分享



當年……今日

記得 1991 年初為人母，作為新手媽媽雖然辛苦但滿心歡喜。兒子滿月時，開始漸入佳境，但人生真的變幻無常，一向壯健的老爺中風入院，丈夫每日奔波往來醫院。老爺終於出院了，老爺和奶奶極不願意也必須搬來同住，以方便照顧。兩口子突然變成五口之家，一個是初生嬰兒的母親，另一個是年老病人的妻子，婆媳關係日漸緊張。為了減少衝突，我每天抱著幼兒四處跑，公園、商場、社區中心。有一天發現 ACA（防止虐待兒童會），一個可以學習管教，分享感受的地方，大家的話題離不開教養子女、夫婦溝通等等，大家感同身受，發現各人面對的困難大同小異，原來自己一點也不孤單。

在 1993 年，兒子兩歲的時候，我加入屯門中心親情閣義工組，參加了很多親子活動，令生活變得忙碌，但又很快樂。我懷著小女兒的時候仍在做「好媽媽管教課程」的主持，本以為女兒出生後，要待她兩三歲才可以再投入義工活動。誰知這時候，「生之喜悅家庭探訪計劃」開始了，我可以幫忙探訪和活動託管。除了親情閣和生之喜悅，ACA 還有另一組義工：少年義工組，後改名為童歡部落。如其他義工姊妹一般，我的子女曾是其中一員。我很幸運，丈夫看到我做義工的快樂，也樂意支持。他除了背後支持，還參加了 ACA 主辦的好爸爸組。我們在好家長課程，年復年的見證義工的成長和進步。我喜歡當義工，無論當年還是今日。

現在子女長大了，忙於工作和讀書，看著女兒為 ACA 嘉年華表演魔術的照片，我看到了很多回憶片段。日轉星移，認識 ACA 至今已 28 年，我心底總在想，不知要等到何時，可以像義工姊妹般，拖著孫兒參加 ACA 的活動？

瑞燕

「四個孩子」的媽媽

我是一名媽媽，有四個「孩子」，包括兩個女兒，一個兒子及孩子的爸。孩子的爸很孩子氣，經常需要分心照顧他。

照顧四名「孩子」，實在令我心力交瘁，從未有好好休息，日子就是靠自己一天一天地熬過去，生活既單調又辛苦。

加入忘憂草計劃，認識了義工和社工，他們都很細心和有耐性，在我管教孩子覺得辛苦時，會給我鼓勵和支持。

社工十分關心我們一家，在我困難時給予幫助，又經常鼓勵我參加家庭活動，讓孩子在遊玩之餘增廣見聞。而每次家庭活動中，也安排了義工協助照顧孩子，他們很有耐性地替我照顧孩子，只有這些時候，我才能稍作休息，放鬆心情。

可能對於很多人來說，休息和放鬆是理所當然的，是輕而易舉的。但對我來說，這些都是奢侈的。所以我由心的感謝忘憂草計劃，給我關懷和鼓勵，為生活加添力量。

華

放下……重現笑容

參與 ACA 計劃前，除了社工，很少人會探訪我們的。由於義工們也有小朋友，所以對我女兒十分關顧。除了來探訪我們，又會相約外出玩樂，真的很感動，有人關心、鼓勵，給予我們支持。女兒通過活動、社工和義工的照顧，變得比以前開心很多，我更是卸下了不少壓力。社工和義工在探訪過程中與我交流育兒資訊，獲益良多。我很感謝她們！

嘉欣

治療小組服務使用者分享

自從參加家長治療小組，認識到自己平時在生活中的情緒變化，學習留意自己的身體警告訊號，把握時機「按停」，盡量不再去想一些負面的想法，轉移或分散自己的注意力，盡量多想正面的想法。面對孩子不聽話、鬧脾氣的時候，會多考慮孩子的感受，心也不會那麼難受了。

還有在這裡認識了一些家長，當大家談論自己遇到困難時的想法和解決方法，就覺得其實每個人都有遇到困難的時候，就看怎麼去面對而已，所以對自己的低落情緒也沒那麼介懷了。這班家長在學校的戶外活動中亦多次給予援助，非常感謝他們！也謝謝舉辦這個小組的兩位姑娘，辛苦你們了！

阿芳

好多謝你們這個小組，在這兩個月內我學到很多東西，增加了與女兒的相處時間，學習更多方法管理自己的情緒和如何代入女兒的心態。的確，在最近這些日子，自己與女兒的爭執少了，並多了聊天和陪伴的時間。我覺得你們帶領小組好成功，由一開始一班內斂害羞的媽媽，到現在大家有說不完的話題，好多謝你們的帶領。

阿琪

您們好！有幸透過這次「放晴護兒坊計劃」的小組活動而認識您們，讓我了解到教育孩童時，家長情緒的重要性，及如何調整自己的情緒，從而更好的引導和管教孩子。

未參加這次活動前，當我需要管教孩子的時候，總是不能好好的控制自己的情緒，失控的情緒導致粗暴的教育方式。都說言從身教，這點我非常認同，父母是孩子的第一個老師，我從孩子身上看到了自己情緒失控的模樣。我們之間的關係總是不融洽，我時刻焦慮著，擔心著，近乎崩潰。因著對他們的愛，我不停變換教導方式，嘗試了許多的方法，但都成效不彰，總是惡性循環。透過小組的活動課，您們的耐心講解、分析、聆聽及與家長互相分享、學習後，使我認識到控制情緒，對於我來說太重要了，現在明白到最需要教育的可能就是自己。我自從聽了您們的課後，當我情緒不穩時，我基本能控制好，再不像之前那樣失控了，我發現孩子們亦會因著我的改變而有所變化。我還在努力找出和孩子之間的相處模式，這樣的過程雖然會很艱難，但看著他們的改變，我感到很高興了。

衷心感謝您們熱誠和親切的講解和幫助，令我們獲益良多，也令我很感動。如果我不曾聽了您們的課，也許不會明白情緒影響的重要性，導致管教上出現嚴重錯誤的方式。再一次，多謝您們！（同時刊於本會季刊 2017 年 2 月號）

阿蓮

義工分享

給家庭一個避風港

於 2015 年加入防止虐待兒童會做義工，先後接觸了幾個不同家庭，有一個家庭令我印象較深刻。一個單親媽媽和女兒住在不足 100 尺的劏房內，廚房及洗手間都是共用的，環境有點惡劣。但她們都是正面的人，而女兒十分勤力，每次探訪都捉著我教她做功課。

做義工後令我深深感受到：別人覺得是我們幫助他們，但其實每一個家庭都令我領悟及改變不少。雖然我們改變不了環境，但可以改變心境，同時體現了生命影響生命的大道理。我每月探訪家庭一至兩次，並以電話與家庭聯繫互動，不要看輕聆聽的重要性，這小小的舉動，能令家庭有一種精神支持以及一個避風港，緩和對方當下的負面情緒。多一點關心身邊有需要的人，因為施比受更為有福🙏。



Chole Chong



十年收獲

在過去十年的義工服務中，有陪伴跨境和新來港的媽媽和小孩，幫助她們適應生活，也有支援單親媽媽處理情緒，建立良好的親子關係。

在過程中，令我明白到遇上困難逆境，並不等於失敗或絕望，只要得到別人支持、愛和關心，每個人都可以重新上路，活得更精彩。

看著今天的媽媽們，有自信，有事業，有可愛的孩子陪伴，就是我最大的收獲。

Amy Ng

ACA 40 週年快樂！

數數手指，原來我在防止虐待兒童會已經做了二十多年大小義工。由一個十歲的小女孩到現在已經成為人母，衷心感謝媽媽帶我入 ACA，令我從小學懂了同理心，了解防止虐待兒童會的工作，為自己發聲，為身邊的兒童發聲，現在更要為我自己的下一代發聲。

我最開心的是透過 ACA 義工服務和義工課程，令我和家人的關係拉得更近，彼此能夠用另一個角度欣賞對方，互相學習，為我們的生活增添更多笑聲和鼓勵。

由小學生的時候參與「海豚計劃」，到我懷孕時參與「生之喜悅計劃」，陪伴著我人生不同階段的成長。在 ACA 亦讓我有機會表演話劇、唱歌、做主持、籌備攤位、探訪活動和帶領小組活動等等，多謝所有給予我機會的社工，令我變得更有自信，更加認識自己，我是可以做到的。

眼見最近虐兒情況增多，身為防止虐待兒童會的一分子，當然希望可以盡力幫忙，到各區宣傳及推動保護兒童信息，希望繼續可以有更多父母及兒童了解兒童權利，幫助兒童在一個沒有暴力、沒有體罰的環境下健康愉快地成長。

最後，我會繼續我自己做義務工作的宗旨——不怕蝕底，從義務工作上得到的收獲、滿足感和成就感一定比你想像中更多更多。



佩雯



為兒童發聲

自十年前的兒童議會起，倡議兒童權利工作一直在我的成長中扮演重要的角色。從童夢同想、防止虐待兒童會網上保護兒童平台及其他倡議行動中獲得的工作體驗，一直提醒著我為兒童發聲的重要性，實踐童事童議的精神。儘管兒童的聲音經常被忽略，但我深信我們在各界別機構的支持下，定能繼續爭取自己及同輩的權益。近年關於兒童安全及精神健康的新聞接踵而來，期盼防止虐待兒童會能夠繼續肩負這四十年來保護兒童免受傷害的使命，共同讓社會更關注兒童議題，讓大眾一起承擔守護兒童的責任。

文詠琪



Child Protection in Hong Kong—Comments on Some Recent Developments

This article reviews recent developments in the child protection system in Hong Kong, and suggests how improvements can be made.

Comprehensive Child Development Services (CCDS) 2005

Secondary prevention in child protection focuses on families with risk factors to prevent unwanted events, such as child abuse. CCDS, for example, is a building block of the child protection system. It is jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the Department of Health, the Hospital Authority and the Social Welfare Department, and serves children age 0–5, and their families. The group of at-risk pregnancies includes teenage pregnancy, parental drug misuse and mental health issues. The success of CCDS depends on how well multi-disciplinary, inter-sectoral, coordinated efforts are implemented. Experience gained in building up novel collaborative models managing different clinical problems is most precious. Staff career development is a contributory factor in the scheme's success. Although operational since 2005, output and clinical outcomes are wanting. Required data includes defaulted attendance of necessary services, abuse or re-abuse rates of children, their psycho-behavioural well-being, parental drug abstinence rates, their assumption of gainful employment or education, and others. As CCDS is a joint effort, with many parties involved, a review is now necessary. This should be undertaken by a process which is accountable to the public, and which is authorised to effect the improvements required to promote the well-being of children at-risk and their families.

Child Fatality Review (CFR) 2008

The deaths of four family members in Tin Shui Wai in 2004 still reverberates in the minds of many. The establishment of an

independent review mechanism, designed to prevent avoidable child deaths, has been advocated for many years. One fatality is too many. The Child Fatality Review Panel was created in 2008, with secretarial support, by the Social Welfare Department. Its terms of reference are to review services, identify practices, monitor progress of recommendations, examine death trends, and enhance cross sectoral and professional collaboration. However, instead of being the advocated independent statutory body, the panel has only limited powers to enforce its recommendations, let alone to drive systemic change. Information access is tightly controlled, time gaps arise before review can be started after a death, analyses of trends are not forthcoming, and the impact of the CFR on child welfare has yet to be clarified. If the CFR is to negotiate higher ground benchmarking with overseas counterparts, these limitations must be addressed. Besides fatalities, serious cases of child abuse also require similar attention, but this unfortunately is outside the CFR's current mandate. Reference should be taken from countries with well-established mechanisms which cover such serious cases.¹

Sex Conviction Record Check (SCRC) 2011

The SCRC is a weapon of the child protection system, designed to prevent paedophiles gaining access to children. Child sexual abuse is a hideous crime globally, irrespective of whether it occurs in the home, or in educational, recreational, sporting, religious, governmental or other institutions. Checks can only ever be made if a jobseeker consents. After the SCRC's introduction, a deterrence effect of only six offence disclosures were made from among 120,000 applications over a 38-month period. However, in 2015, two young girls were victimised by a volunteer tutor, whose job description is outside the scheme's scope. The scheme is less than comprehensive, and loopholes must be plugged. Child safety is the priority, yet the SCRC

¹ Child Safeguarding Review Practice Review. United Kingdom. Available at <https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel> Accessed 22 April 2019.

does not cover existing employees, spent convictions, criminal charges pending court judgement, crimes committed out of Hong Kong, private tutors and volunteers, and families cannot access relevant information about dangers to their children. In the United Kingdom, the Child Sex Offenders Disclosure Scheme provides for wider usage, full risk-assessment, and controlled disclosure with confidentiality concerns addressed.² The UK scheme provides a useful model, and the SCRC can be measured against it to ensure that it achieves the desired objectives.

Urine Testing of New-borns of Mothers with Problem Drug Use 2014

Parental problem drug use is challenging. It causes serious harm to children at every age from conception to adulthood—a core message in the UK's report entitled "Hidden Harm".³ With an estimated 300,000 children of problem drug users, the report called for changes in policy and practice, and stressed the importance of working together. In Hong Kong, data on children harmed or at-risk of parental problem drug use is lacking. Nevertheless, a sharp rise of neglect cases in children age under two is noted in the past 5 years.⁴ Such a rise was a result of a change in practice by the handling professionals. Since 2014–2015, urine drug testing of new-borns of substance abusing mothers has become a standard practice. A positive test leads to a Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC), and a coordinated care plan. Such testing was emphasised by the Child Fatality Review Panel in its third report upon review of the death of a child under the care of problem drug users.⁵ Although the magnitude of the problem is not well documented, a pressing priority is to ensure that there is comprehensive collaboration among professionals, in a coordinated manner. The authorities should prioritise resources for deficiency areas, including alternate child care support, rehabilitation of parents with problematic drug use,

research driven practices, professional, individual and multi-agency training.

Revision of the Procedural Guide for Handling Child Abuse Cases 2019

The Procedural Guide authored by the Social Welfare Department (SWD) was first published in 1981. It is regularly reviewed and updated with input by professionals from various agencies and sectors. Conflicts, however, may arise in the role delineation among professionals in case handling if there is a mismatch of agency resources and assigned responsibilities. Under such circumstances, a model of collaboration and coordination among stakeholders must be worked out, based on the principle of the best interest of the child. Professionals should be familiar with the procedures necessary to manage cases. The 2018 enhanced Child Protection Registry (CPR) in the Procedural Guide captures, for the first time, death from abuse, clearly vital information. Other new data captures include internet sex, compensated dating, children with disabilities, abuser problem drug use, intimate partner violence, abuse by religious personnel or inmates of residential service, and deviation of child care plans from what is recommended in the MDCC. It would be sensible to collate the CPR data with that captured by the Hong Kong Hospital Authority and the Hong Kong Police Force.

Commission on Children 2018

The number of newly registered abused children reached a historical high of over 1,000 in 2018, the year the Commission on Children was established. Against Child Abuse has been advocating for such a commission for over twenty years. Evidently, the Commission has the responsibility to safeguard child's best interest and to deliver its purpose—to develop child policies and integrate them into different departments and

² Child Sex Offenders Disclosure Scheme. Home Office of United Kingdom Government 2010. Available at <https://www.gov.uk/government/publications/child-sex-offender-disclosure-scheme-guidance>. Accessed 22 April 2019.

³ Advisory Council on the Misuse of Drugs. UK. Hidden Harm: Responding to the needs of children of problem drug users 2003.

⁴ Cheung CHP, Tse ML. Hong Kong must wake up to the role of drugs in child and neglect. South China Morning Post. 17 September 2018.

⁵ Child Fatality Review Panel. Third Report for Child Death Cases in Hong Kong 2012 and 2013 (August 2017). Available at https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_fcwdocument/id_cfrp/. Accessed 22 April 2019.

bureaus, to ensure service collaboration, realise and monitor child's rights in Hong Kong, to confirm child's participation and derive robust research data.

Child protection is part of the Commission's responsibility. The existing building blocks of the child protection system in Hong Kong, some described here, need a rigorous review to ensure they can deliver. A common deficiency of these building blocks is their lack of authority, whether in terms of enforcing execution, following up on recommendations, or ensuring genuine collaboration across bureaux, sectors and disciplines.

The priority of the Commission's work must be to protect children in vulnerable situations. Children, for example, are vulnerable to predators and bad influences in cyberspace, but they are left unprotected by the existing legislation. Children are vulnerable in families with parental drug use problems, mental health problems, domestic violence problems, or parents who are too young to parent.

The child's well-being can also be jeopardised if the education system's emphasis is exclusively on academic excellence, as child development must be viewed holistically. Child abuse hospitalisations, for example, invariably increase in the months of school examinations.⁶ At the same time, there is media reportage of student self-harm or suicides related to academic stress. Poverty, moreover, is a core social determinant of health, and the data of SWD's Child Protection Registry shows high child abuse rates in districts with significant poverty levels.⁷ There is a need to understand why and how these problems persist, and how real improvements can be made.

Over the years, much local data on child protection has been generated, and this needs to be put to good use. A well-developed Databank on children is long overdue. Such data could, for example, help service mapping, identify those in need of care and protection and monitor problem areas.

A fully committed lead person of the Commission with undivided attention, possessed with authority to move things forward and provide accountability, is important. The Commission on Children must show its worth. A comprehensive approach to child protection is necessary, which must also be proactive. Apart from setting child policies, the Commission must seek the modernisation of outdated laws and press for new laws to counter fresh threats to children. It must ensure that the rights which children are entitled to enjoy under the Convention on the Rights of the Child in Hong Kong, become a reality. Against Child Abuse and many others expect much of the Commission, and it must deliver on their behalf.

Conclusion

Although there has been progress in recent times, it is clear that much more needs to be done for child welfare. Some challenges appear soluble, while others are more vexing. They require coordinated efforts by all sectors, with legal input being indispensable. Children who are exposed to injury or worse after being left unattended by carers are a particular concern, and the criminal law must be strengthened to deter such conduct. The defence of "reasonable chastisement" must no longer be available to parents who beat their children. Emotional harm to a child must be prosecutable in the same way as physical harm, given that its effects can be at least as damaging. Internet dangers must also be combated. As different risks emerge, so everyone has a shared responsibility to protect the most vulnerable in society. Against Child Abuse's mission is to promote a caring and non-violent environment for the optimal growth and development of our children, thereby giving them better lives. Going forward, ACA will redouble its efforts to ensure that there is a robust child protection system in Hong Kong.

Dr Patrick Cheung
ACA Chairperson

⁶ Ip P, Ho FK, Chan KL, et al. Child maltreatment hospitalisations in Hong Kong: incidence rate and seasonal pattern. *Archives of Disease in Childhood* 2016;101:1107-1113.

⁷ Social Welfare Department. Newly Reported Child Abuse Cases. Available at <https://www.swd.gov.hk/vs/english/stat.html>. Accessed 28 Apr 2019.



不忘初心 為護兒同行

與防止虐待兒童會的連繫始於 1983 年，當時我是一名高中學生，為了一份專題報告而走訪該會其時位於彩雲邨的辦事處。對於訪問過程我已印象模糊，惟對那個載有虐兒資料及相片的文件夾卻記憶猶新。望著一張張傷痕累累的相片，而施虐者又大多數是父母和家人，對於一個中學生而言是何等的震撼，心裡既難過又疑惑。雖然體罰在那個年代普遍被大眾認為是管控孩子行為的方法，但事實上對孩子使用暴力不單違反了管教原則和真義，更可能令他們學到以暴易暴，對其身心成長及發展影響深遠。相信為人父母者都懷有希望孩子健康快樂地成長的初心，何解會將孩子傷害至此？不管是婚姻問題、個人成長經歷、工作還是生活壓力使然，都不宜將情緒宣洩在孩子身上。虐待兒童不只是家庭問題，它委實是社會問題，需要正視和探究問題的根源，並制定對策。

從事了十多年教育工作後，很想將知識和經驗應用在社工專業上，我感恩於 2009 年加入防止虐待兒童會，與具使命感和充滿熱誠的同事們一起為保護兒童的願景而努力。本會職員數目不多，縱使服務不斷擴展，至今團隊亦只有 35 人，但我們重視服務質素和團隊精神，除了在職員退修活動中檢討過去服務及討論未來計劃外，更定期召開機構及各服務小組會議，期望增強凝聚力，以及促進同事間的工作交流和經驗分享，有助建構開放、信任和互相支持的工作環境。

成立初期，本會的工作是由接聽熱線電話開始。自 1982 年起，個案輔導、小組工作、教育及預防性項目亦隨之開展。經過 40 年的發展，在執行委員會的帶領及同事們的努力下，本會的服務在保護兒童範疇上奠定了基石，並一直肩負起預防虐兒，保護兒童、輔導治療和倡導等角色，為香港的兒童及其家庭提供適切的服務。

預防虐兒

本會保護兒童學院自 2013 年開始為不同的機構，團體及學校提供專業培訓及推廣保護兒童政策，亦為家長及兒童舉辦多元化的課程和活動，每年為約五千多人提供課程或培訓。此外，本會在 1997 年借鑑外國的成功經驗，以義工輔助社工的介入模式，為新生嬰兒家庭推行一項創新的家庭探訪計劃。從兩次的研究中，証實這種服務模式能有效紓緩準父母或新手父母的焦慮和壓力，向家庭傳遞正面管教和社區資源等訊息，以及減低虐兒的危機因子，是及早預防虐兒的有效策略。現時本會喜獲不同贊助機構的支持，在不同地區為不同服務對象提供家訪服務，憑藉計劃義工的無私付出和貢獻，累計已服務超過 2,500 個家庭。

保護兒童

本會的熱線和諮詢服務提供渠道讓公眾舉報懷疑虐兒個案、為兒童提供情緒支援、為家長解答管教問題，以及向專業人士提供諮詢服務。若經熱線及諮詢服務收集到有關懷疑虐兒個案，本會會派出兩位社工，透過外展形式進行調查，全面評估虐兒風險及盡早制定介入方向。至今本會共接聽了 28,320 宗熱線和處理了 4,374 宗個案調查。

輔導治療

在進行調查工作後，若個案涉及親職管教、親子溝通或兒童情緒問題，我們在家庭的同意下會提供個案輔導，總計服務了約 5,188 個家庭。此外，本會亦會透過小組工作為有管教困難或情緒困擾的家長，以及受家庭因素影響而有情緒問題的兒童提供治療服務，服務達 57,700 人次。

倡導

倡導是本會其中一個重要角色，在這條無休止、無盡頭的征途上前行，需要有堅定的信念，更需要有合作伙伴及各持份者的支持，同心協力維護兒童的福祉和權益。本會在過去 40 年見證了政府成立專門的保護兒童單位、修訂法例、設立保護兒童機制、培訓專業同工、訂立及檢討處理虐兒個案程序等，均對推動保護兒童工作有所裨益；然而，要使兒童真正得到保護，還需要建立以聯合國兒童權利公約為本的兒童政策和法例。

現今社會在許多方面都較數十年前進步了，惟社會人士對不同種類的虐兒問題仍存有不少分歧，即使專業人士及市民大眾對身體虐待的容忍度減低了，卻未能就全面立法禁止體罰作好準備，家庭裡體罰兒童的情況依然普遍。社會上不時發生的兒童自殺、性侵犯、疏忽照顧、嚴重虐兒、甚至死亡個案正在告訴我們現時的法例、制度、措施、服務等還未足夠保護兒童免受傷害。

在未來的日子，我們將繼續積極為全面立法禁止體罰、兒童的精神健康、幼兒照顧服務、設立嚴重個案檢討機制、對危機組群支援、關注貧窮兒童的需要、設立中央資料庫、性罪行定罪紀錄查核機制、推行家長教育及全面性教育等事項向政府提出建議，期望香港不久將來能有長遠的預防虐兒政策。

每一位兒童都是寶貴而獨特的，他們是獨立個體，亦是社會的未來。他們的權利應受尊重，他們的聲音應被聆聽，讓兒童健康發展和成長是社會整體的責任，期盼政府及社會各界能持續攜手為兒童營造關懷和安全的成長環境。

黃翠玲
防止虐待兒童會總幹事



Healthy Start Home Visiting Programme¹: Its Effectiveness, Limitations and Future Service Directions

Introduction

Early life experiences of children have profound effects not only determine their physical health but also their emotional and cognitive development. Maternal separation and nonbonding have a significant impact on early brain development, which places children at risk of emotional and cognitive deficit (Shonkoff & Garner, 2012; Bagot & Meaney, 2010; Flaherty, Thompson & Litrowrik, et al, 2006; Shonkoff, Boyce & McEwen, 2009 in Adirim & Supplee, 2013). Data on child development consistently indicate that the earliest years of life are accompanied by the highest risk for physical child abuse and neglect, and that almost all child fatalities due to child abuse and neglect occur in the first five years of life (US Department of Health and Human Services, Children's Bureau, 1998; Wang & Daro, 1998 in Guterman, 1999). On the intervention level, child protection practitioners and agencies have attempted strategies to prevent child abuse and neglect by reaching out to families with newborns, home visiting programme is one of those strategies used to address such concern. Zercher & Spilker (2005) noted that most home visiting models have a structured protocol, materials, and goals and use a combination of direct information sharing or service provision and case management with referral to community resources. Avellar & Supplee (2013) found that most of the models address child health and development by targeting parenting, for example, encouraging sensitive caregiving, increasing parent knowledge on development, or recognising child illnesses.

Early Development

Having noted these from findings in studies and practice experiences overseas, the NGO specialising in child protection in Hong Kong—the Against Child Abuse (ACA), made proactive response to prevent child abuse and neglect at children's early years, home visitation was chosen as an intervention strategy

to address the above-stated growing concerns. The “Healthy Start Home Visiting Programme” was launched in 1997. The Programme was a 3-year project staffed by two social workers who recruited, trained and matched 49 volunteers to 53 families at risk of child abuse from the year 1997 to 2000 in Tuen Mun, Yuen Long and Tin Shui Wai.

Service Effectiveness

For service improvement, the effectiveness of this on-going programme was measured in the first evaluation phase (1997–2000), 30 mothers in the service group, and another 30 mothers in the control group took part as respondents. In the second evaluation phase (2000–2002), the responses of 29 programme participants were analysed (ACA, 2000; Chan & Lam, 2002), and in the third evaluation phase (2015–2018), 186 respondents participated in the programme were studied (Chan, Yeung & Chung, 2019). To date this programme has been delivered for more than two decades, it is time to review and discuss related issues, i.e. its effectiveness, target service users—parents and children, volunteers, model of the service, funding, etc. and to examine more in-depth the goals achieved, the limitations, and to make suggestions for improvement and further development.

Firstly, is this programme effective in preventing child abuse? It was reported that new mothers and mothers of second or further pregnancy suffering from loneliness and depression were helped by befriending volunteers with child care experiences, the home visiting programme was found helpful (ACA, 2000). Furthermore, by directly measuring the change in the overall child abuse potentials of the respondents before and after joining the programme, the evaluation report completed in December 2002 shows that the child abuse potential of the respondents was significantly reduced after joining the home visitation programme (Chan & Lam, 2002). This is direct evidence to substantiate that home visitation

¹ Editor's note: The project was first funded as a pilot project by the Community Chest of Hong Kong from April 1997 to March 2000 and afterwards by the Hong Kong Jockey Club Charities Trust for another two years, from August 2000 to July 2002. It was then evaluated as a project having its value to continue. From 2008 until now, we gained the generous support from the Hong Kong Jockey Club Charities Trust again to continue our service under the Community Project Grant.

programmes are effective in preventing child abuse among the new mothers. From looking at the latest study completed in 2019 of the same programme rendered in 2015–2018, the results also indicate that the Programme was effective in reducing the child abuse potential of the respondents, significantly reduced their loneliness feelings and enhanced their social support. It was also found that positive effects were significantly achieved in the first year of the service rendered. The effect of service extending more than one year is, however, not significantly noticeable (Chan, Yeung & Chung, 2019).

In view of the above, the Programme is effective in preventing child abuse through a reduction in the child abuse potential and the results are encouraging. The goals achieved are due to the ACA's foresight of the need to deliver this pioneer work in prevention of child abuse and neglect, the careful planning of the training structure and materials, recruitment and supervision of the volunteers, and the helpful referrals of the target families from organisations supporting ACA's mission. Many volunteers were the committed service users of the ACA and they formed a group of befrienders with good childcare experiences to serve the target families. These volunteers' services were monitored by a small number of social workers who were the anchormen and supervisors of the works of these volunteers.

Limitations

With retrospect, there are limitations which should be addressed for future improvement of services. The service providers aimed at serving the families with first born infants but at times, referrals did not come by and services were offered to families with mothers of second or further pregnancy. Quite a number of these mothers showed loneliness and depression which were helped by the once-a-month visit of the befriending volunteers, and some mothers were referred to a social worker for follow up casework service. As pointed by overseas researchers, "intensive programs or programs with at least three visits per months were more than twice as effective as were less intensive programs. Home visiting programs using nurses or mental health professionals as providers were not significantly more effective than were programs using paraprofessionals" (Nievar, Van Egeren &

Pollard, 2010, p. 499). The use of lay volunteers carefully screened and matched them to serve the needy families was the choice of the ACA which has limited resources for this Programme, the commitment and helpfulness of these befrienders had helped uplifting the emotions and parenting skills of the parents, and if resources available for arrangement of more frequent home visits for each family per month, more underlying problems of the families would be unveiled before they become serious.

Perfecting Future Services

The backbone of home visiting programme is comprised of a trio partnership: social workers, volunteers, and parents who work hand in hand to prevent child abuse and neglect in a child's early years. The ACA needs continuous and sufficient funding to perfect their work which aims at primary prevention measure to fight child abuse in Hong Kong. They need increased manpower of professional social workers to work with volunteers, the social workers will recruit volunteers in wider districts with careful screening, in-depth training, frequent and closer supervision and strengthened networking among volunteers to continue their commitment to serve, and between the ACA and the referring organisations for stronger collaboration. With increased funding support, more social workers and volunteers can be engaged to work together. There will be more frequent home visits by volunteers twice a month, and group supervision of the volunteers by social worker once every two months. This measure will enhance the work spirit and skills of the volunteers and ensure delivery of quality service.

To conclude, the service will be too costly and wide in scope to manage if the coverage is population-based, the ACA should focus on delivery of its home visiting programme by the best feasible, viable service model to prevent child abuse and neglect in Hong Kong. It should continue a community-based model, aiming at serving at-risk communities with statistics showing prevalence of child abuse and neglect incidents. The target service users are mothers with newborns, but service should also be reached out to mothers with second or further pregnancy and their child is born within two years. Early prevention is not just detecting child abuse and neglect of infants, but it should also identify the emotional needs of both

the mother and the child. If manpower allows, more fathers of families with newborns should also be targeted because from the reports, fathers of the families confronted by family role change, they worked long hours and they were physically and emotionally stressed. The Programme should note the uprising social problems such as pregnant and or new, young mothers who are drug addicts, new mothers lacking family and social support who are suffering from depression and suicidal risk. These mothers and their spouse are potential service users of home visitation.

The ACA could continue a mixed professional social worker—volunteer model of home visiting, and if resources available, in addition to the lay volunteers as helpers to the new parents, it is suggested that nurse or health care professionals are invited to take part in training the parents and volunteers in child care, skills and health knowledge. Frequency of home visit could preferably at least twice a month, more frequent in the later pre-natal stage and the beginning post-natal stage. In addition to individual supervision face to face or through telephone after reports from volunteer are handed in, social worker could arrange group meeting with volunteers once every two months. The purpose is for sharing experiences among volunteers and build up support networks.

Epilogue

The duration of the existing service is one year for the family and the volunteers. While follow up service could be built in for families with obvious needs at the time of completing the one year home visiting service by the volunteers, extended services especially those longer than two years are not recommended in view of the recent evaluation results by Chan, Yeung and Chung (2019), and the research findings by Kendrick, Elkan, Hewitt, et al, (2000) that home visiting services of less than two years are more likely to show a treatment effect than those of longer duration. The stakeholders of this meaningful service could expand its trio partnership to a quartet partnership: social workers, volunteers, parents and referring organisations in the district. With improvement in the coordination and referrals for other community resources and supports, more families will benefit from learning responsible parenting and improved mother—infant physical and mental health. The ACA agrees with Adirim & Supplee (2013)'s vision, home visiting programme is not just service replication in different districts, but rather a design to use it as leverage to create a more comprehensive and coordinated early childhood service system.

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Child Protection: Strengthening the Criminal Law

Child abuse is endemic in Hong Kong, and increases annually. There have been some horrific cases recently, although much abuse goes unreported. They involve neglect, physical, psychological and sexual abuse, yet culprits often evade justice. In key areas, the current laws are inadequate to protect the most vulnerable, and reforms are now necessary.

In particular, the child cruelty law is not designed to cover psychological abuse. Although it can be used where there is physical injury, such as bruising, there are difficulties when there are no tangible signs. If a child is persistently frightened, bullied, ignored or scapegoated, or is otherwise deprived of love and affection, the impact can be severe, but culprits are often getting away with it. The law, therefore, must be re-cast, to specify that willful cruelty likely to cause psychological harm or suffering is an offence, and that somebody who causes injury or unnecessary suffering to a child is prosecutable, irrespective of whether the child sustains physical or psychological harm.

Child suffering is always tragic, and sometimes results in death. Several shocking cases have recently exposed weaknesses in the law, when children died after those responsible for their welfare have either turned a blind eye to possible dangers, or did not check if the child was alright. To plug this loophole, a new offence is required which places liability on anyone who causes the death of a child, or should have known that a child was at risk of significant harm but failed to take reasonable steps to prevent it. Although the Law Reform Commission began its examination of this reform in 2006, nothing has resulted and children are the losers.

Where, moreover, people have access to children, they need to be properly vetted. When this does not happen, it can expose children to grave risks. Stringent checks are therefore required, so that predators can be stopped in their tracks. Although the Security Bureau's Sexual Conviction Record Check enables employers to see if people seeking child-related work have prior sexual convictions, a check is only possible if the jobseeker consents. Although the scheme covers such people as teachers, social workers, pediatricians, librarians, school bus drivers and doctors, it does not include private tutors or volunteers. Child safety requires comprehensive checking, and the existing arrangements must be tightened.

In some jurisdictions, the police, as a precaution, can confidentially notify head teachers, doctors, youth leaders, sports club managers and even landlords about a convicted sex offender's presence in their area. Offenders are required to inform the police if they change address, leave home for more than a week, or go abroad. High-risk offenders face extra controls, including surveillance, supervised accommodation and electronic tagging. Such measures are often seen elsewhere as a vital part of child protection, and Hong Kong must also ensure that its own safeguards are sufficient.

Although much child abuse is physical in nature and arises domestically, corporal punishment is still lawful in homes. Research has shown that many children face regular domestic abuse, sometimes with hard objects. Although the UN Committee on the Rights of the Child has urged governments to prohibit corporal punishment in all settings, including the home, it has so far only been banned in schools and correctional institutions. Force, particularly if repeated, can traumatise the child and cause long-term damage, and the abolition of child beating in all situations is now a priority.

In the digital age, moreover, children also face significant threats in cyberspace. These include cyberbullying, online grooming—sometimes leading to sexual assault—and exposure to online pornography. Although much has been done to combat child sexual imagery on the internet, abuse still occurs on some online platforms, often involving children from Southeast Asia. A strong case now exists for imposing a statutory duty of care on social media companies, obliging them to do more to protect children, if necessary by deploying artificial intelligence to locate and remove child abuse imagery online.

Cyberbullying is also a real problem, and countermeasures are required. Recent research by the Polytechnic University has shown that substantial numbers of schoolchildren have seen their personal information posted online without their consent, causing them depression, anxiety and stress. The Privacy Commissioner has reported a huge increase in cyberbullying complaints, although many cases go unreported. A dedicated law which criminalises such conduct is therefore required, together with a means of compelling social media companies to remove unauthorised online posts.

Children also need protection from online grooming by pedophiles, which is now a real concern. Sexual predators make use of social networks to identify victims, and they know how to avoid detection. The sending of a sexual message to a child needs to be criminalised, and the technology companies must be required to police their platforms. They could, for example, closely monitor a large numbers of friend requests to a child, or intervene when there is no obvious connection between the parties. If anonymisation techniques are being used, this may be a telltale sign that all is not as it should be.

Many children are also being exposed to online pornography, often at an early age. This can arise from curiosity, inadvertence or peer pressure, and may result in psychological damage. Legislation which links access to age-verification is therefore necessary, with online providers being required to ensure that adult websites are inaccessible to under-18's, failing which they will face prosecution. Their clear responsibility is to prevent or delete exploitative material from their sites, perhaps also by using artificial intelligence.

The age of criminal responsibility in Hong Kong is only 10, which is very low. This means that pre-teen children, with little appreciation of legal matters, can face prosecution. In mainland China, however, children are criminally liable at 16, although, for some offences, such as intentional homicide, the age is 14. In Macao, children under 16 are exempt from prosecution, although a special protection scheme exists for young offenders aged 12, or above. In Taiwan, a child below 14 is not criminally liable, although a young offender may undergo rehabilitative training.

Wherever possible, children must be shielded from prosecution. The consequences of a court appearance upon a developing child can be severe. A strong case therefore exists for raising the age of criminal responsibility to 12, or even higher, and the Law Reform Commission should review the situation. Until then, the police must seek to use cautionary warnings as an alternative to prosecution, whenever they are dealing with child suspects.

At present, the laws concerning child protection are scattered around the statute book, and there are inconsistencies in how they define the age of a child. Efforts to promote child welfare would undoubtedly be more effective if the relevant laws could be consolidated, and if they were made more rational. If the guiding principles could also be clearly spelt out, this would promote a greater focus on child issues.

To ensure that children are fully protected, significant reforms of the criminal law are necessary. It has not moved with the times, and children are suffering in consequence. Major improvements elsewhere have simply passed Hong Kong by, and this must be rectified. If the Commission on Children does not take up the cudgels, Against Child Abuse may have no option but to do so itself.

Prof Ian Grenville Cross SBS, QC, SC
ACA Patron



Financial Oversight

Overview

Financial prudence is an important element of corporate governance. As a publicly funded organisation, it is critical that the sponsored funds and donations it gets are effectively used and properly accounted for.

The implementation of financial prudence is through financial oversight. Financial oversight is the responsibility of the board of the organisation and the principal officer concerned is its treasurer.

The key areas of financial oversight include:

- Establishing financial plans in support of the organisation's vision and mission
- Ensuring that the operation of the organisation is sustainable
- Establishing financial controls
- Ensuring compliance with statutory and funding bodies' requirements

Establishment of Financial Plans

On a regular basis, financial plans should be prepared in line with the organisation's strategic plan. Because of the many inherent uncertainties surrounding and changing service needs, a three-year planning cycle is deemed reasonable. Annual budget plans are to be developed therefrom. Actual performance must be regularly reviewed against the current year's budgets and the past year to identify irregularities and trends.

The board is to be actively involved in the review and approval of the financial plans and budgets and responsible for the regular monitoring of financial performance in addition to the approval of the audited financial statements.

Sustainability of Organisation

As most non-governmental organisations in Hong Kong depend on the funding from major sponsors and such funding are mainly project-based, there is a risk that the funder may consider that certain current service is no longer pertinent to their perspective and the consequence is the discontinuation of an extension of funding of such project. The organisation would then have to either terminate the project, disengage the staff involved, or seek alternative funding support if it decides that the service is of importance to the society. Economic downturns will also affect public donations. In view of such contingency, it is most essential for the organisation to maintain an adequate reserve to see it through temporary unforeseen shortfalls. It is generally considered appropriate to maintain a reserve sufficient to cover 6–9 months of operating expenses.

One other alternative is to develop its own source of regular income through fee-charging services and fundraising activities. However, it is essential to ensure that the costs of fundraising are of reasonable proportion.

Enhancing Capacity of Organisation

An organisation may generate surplus thus reserve from its self-financing activities or from its successful donation campaign. There may be restrictions or guidelines imposed by funding sponsors on how reserves may be invested. In Hong Kong, the Social Welfare Department of the Hong Kong Government restricts that the funds can only be placed in bank deposits. Even though other funding sponsors may not have specific conditions imposed on the investment of the organisation's reserve, it is however prudent to observe the most conservative guideline as the volatile investment market, be it equity, fixed income or other financial products, could expose the organisation to unwarranted risks which it might not be able to bear.

In our case, the Board decided to use part of our reserve some years back to acquire a property for use as head office and child protection centre to provide the space much needed to widen our scope of service and hedge against the risk of ever rising rental.

Establishment of Financial Controls

The Board is responsible for the setting up of policies and procedures to prevent error, impropriety, and fraud.

The important measures include:

- proper segregation of duties. This entails the separation of duty of record keeping, processing from authorisation.
- purchasing and tendering procedures. Different limits and numbers are to be set for verbal quotations, written quotations, and tender. All quotations and tenders must be properly recorded and the opening be witnessed.
- different authorisations on procurement and expenditure. Two levels of approvals will minimise fraud. For major commitments, board approval should be required.
- code of ethics and conflict of interest policy. Code of ethics is to establish guidelines for all to follow and conflict of interest policy is to prevent impropriety dealings.
- determination of senior staff compensation and benefits. The board has to ensure that the senior management is getting a reasonable compensation package comparable to counterpart in the sector.
- risk management. The board is to identify the organisation's activities which may cause financial risk and policies and procedures and takes steps to mitigate. This entails the keeping of proper records, the setting of procedures and protective measures, as well as an expeditious channel of reporting to the board through management. Insurance coverage should be obtained when considered appropriate.
- audit committee. The establishment of an audit committee to perform regular review of the organisation's internal control and financial effectiveness is essential for large organisations, however, it may not be feasible for small organisations due to the limitation of resources. Under which case, closer supervision of the board and management is required.

Compliance

The board must ensure that the organisation complies with all statutory requirements under the Companies Ordinance and Inland Revenue Ordinance as well as all funding bodies requirements, including the stipulated usages, achievement of key performance indicators, use or return of unspent balances etc.

While there are no stipulated requirements on the amount of financial information to be published by non-governmental organisations, it is believed that full disclosure of financial information is pertinent as financial transparency will enable funders and the public to know how effective the organisation has been using its resources in achieving its dedicated mission.

Conclusion

Effective financial oversight by the board will ensure the financial effectiveness of the organisation in the provision of its services and public accountability. It will also enhance the credibility of the organisation in seeking further funding supports.

Mr James NG
ACA Honorary Treasurer



Enabling a Child to Exercise Basic Rights from Birth through Breastfeeding and Primary Prevention of Child Abuse

Introduction

It is not difficult to link child rights with child protection or with breastfeeding although practitioners who focus on breastfeeding are generally not those involved in child protection and vice versa. Yet when breastfeeding is taken as part of responsive parenting, when parents learn to be sensitive to the child's behavioural signals and respond accordingly, the link to the prevention of child abuse and neglect is only natural. Breastfeeding saves lives, protects the child from ill health, enhances his growth and development, and needs his full participation to be effective. Enabling a child to be breastfed gives him the opportunity to exercise his basic rights from birth.

Breastfeeding, Relationship Building and Child Protection

In 1907, Budin, one of the earliest medical doctors who specialised in the care of the newborn, wrote "Mothers separated from their young soon lost all interest in those whom they were unable to nurse (breastfeed) or cherish".¹ He observed, a century ago, the association between child neglect and the inability to care for and breastfeed one's offspring. Klaus and Kennell in the 70's noted that while staff of neonatal intensive care units might have devoted "extraordinary efforts" "to save small premature infants, they would return to emergency rooms battered by their parents although they had been sent home intact and thriving".² They brought home the importance of preserving parent-infant relationships while medical staff were intent on the physical needs of their patients. More specifically, a 15-year cohort study by Strathearn et al found an association between breastfeeding and a reduction in reports of maternal maltreatment.³

It is well established that breastfeeding protects the health of both the mother and the baby. Infant and maternal mortality is reduced through breastfeeding in high as well as low/middle income countries.⁴ For the child, breastfeeding is associated with higher cognitive development, education attainment and income earning.⁵ Breastmilk provides nutrition and immunological protection to the baby but breastfeeding is not only giving breastmilk. Breastfeeding involves relationship building and is part of responsive parenting. This is how pregnant women are now introduced to breastfeeding with further reinforcement after the baby is born.

In support of breastfeeding, World Health Organisation's Baby-friendly Hospital Initiative recommends the Ten Steps to Successful Breastfeeding and mother-friendly care.⁶ These include not only teaching mothers how to breastfeed but maternity and neonatal services are to have in place measures to motivate, empower and facilitate mothers to breastfeed. Expectant mothers are taught to connect with their baby before birth through talking and singing to their unborn child, feeling his movements and involving other members of the family to do the same. They are encouraged to have a companion, often the father, during labour and delivery. At birth the baby is put in skin-to-skin contact with the mother. This elicits hormonal responses in both the mother and the baby, the major one being oxytocin, or "love hormone" in lay terms. Babies are kept close to their mothers at all times unless there are clinical reasons to do otherwise. This allows mother and baby to learn to know each other. Mothers are taught to feed according to baby's early hunger cues rather than waiting till the baby cries. For babies who had to be admitted into the neonatal unit, mothers are also given the opportunity to have skin-to-skin contact with the baby. Parents are seen as partners in care rather than visitors to the unit.

¹ Budin P. *The Nursling*. London: Caxton Publishing Co. 1907.

² Klaus MH, Kennell JH. *Care of the Parents*. In: Klaus MH, Fanaroff AA, editors. *Care of the High-risk Neonate*. Philadelphia: W. B. Saunders Company. 1973.

³ Strathearn L, Mamun AA, Najman JM, O'Callaghan MJ. Does breastfeeding protect against substantiated child abuse and neglect? A 15-year cohort study. *Pediatrics*. 2009; 123(2): 483–493.

⁴ Victora CG, Bahl R, Barros AJD, et al. Breastfeeding in the 21st century—epidemiology, mechanisms, and lifelong effect. *Lancet* 2016; 387:475–90.

⁵ Victora CG, Horta BL, Loret de Mola C, et al. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health* 2015;3:e199–205.

⁶ Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services—the revised Baby-friendly Hospital Initiative. Geneva: World Health Organisation. 2018.

Other than breastfeeding when hunger cues are observed, mothers are also encouraged to respond to other needs of their baby through breastfeeding such as when the baby needs a cuddle for comfort or when the mother herself wishes to relax. The position the mother holds her baby for breastfeeding is perfect for her to have eye contact with the baby, smiling and talking to him. Babies with needs attended to grow up feeling more secure and better able to deal with their own emotions. Being responsive is not spoiling the baby.

Many of the practices above do not only apply to mothers who elect to breastfeed. Connecting with the baby before birth, skin-to-skin contact and rooming-in are for all mothers. Being Baby-friendly means not only supporting mothers who breastfeed but also those who are unable to breastfeed exclusively or at all because of health reasons, or have made an informed decision to mix or bottle feed because of their individual circumstances. They are also taught responsive feeding, holding the baby close, having eye contact with the baby, talking to him while feeding, and limiting the number of carers to facilitate bonding between the baby and his parents.

Conclusion

The Centre on the Developing Child at Harvard University which actively applies science to practice identified three essential elements in the “Foundations of Health”, namely, stable, responsive relationships, safe, supportive environments and appropriate nutrition.⁷ Breastfeeding encompasses all these. From a child rights perspective, breastfeeding enhances a child’s chance of survival, protects his physical and mental health, develops his potentials and requires his full participation.

Although Against Child Abuse’s primary role is not the promotion of breastfeeding, staff and especially volunteers of our home visitation programmes having an understanding of what is optimal infant feeding would be complementary to our other efforts.

Dr Patricia Ip, BBS
ACA Executive Committee Member

⁷ Center on the Developing Child. The Foundations of Lifelong Health (in Brief). 2010. Available at www.developingchild.harvard.edu Accessed 19 April 2019.



ACA Hong Kong 四十週年誌慶 明天會更好

今年 11 月是香港防止虐待兒童會建立 40 週年，將會隆重慶祝，本人謹代表澳門防止虐待兒童會向 ACAHK 致以最摯誠的祝賀。

於 1998 年，澳門政府有感對保護兒童的重要，於該年簽署了聯合國兒童權利公約而成為締約國，當中要實踐公約的內容，澳門必需有完善兒童政策和如何去履行公約。16 年前澳門社會工作局誠邀香港防止虐待兒童會成員來澳帶領我們，在雷張慎佳女士協助之下，於 2003 年籌備建立 ACAM，之後正式成立了澳門防止虐待兒童會，並於 2006 年本會之護兒中心開始投入服務，當時是澳門唯一專責提供保護兒童服務的民間機構。本會致力為兒童及家庭提供優質及全面的預防與治療服務。

當時來說，認識保護兒童我們也在初步階段，對於應做的角色及實施的策略，因為得到 ACAHK 的帶領和協助，使

我們領悟並開展了工作。了解到我們的使命是倡導全面的兒童政策，透過社區教育及培訓專業人員，提供高質素的預防工作，也為兒童及家庭提供專業的服務。ACAHK 成員也協助我們掌握了保護兒童的知識和技巧，由開設到現在都每月派員來中心，督導我們社工並作培訓，協助我們解決虐兒問題和家長的困惑，也指引我們如何組織活動和作倡導。所以在設立政策、個案及輔導、調查虐兒、推動公眾教育等等也得到不少幫助。

在中心開展初期，澳門防止虐待兒童會共有 22 名委員，來自香港的委員有 12 位，因為得到大量的支持，使我們有一個很好的開始。一路走來，我們也並不是一帆風順，因為澳門社會急速變遷，娛樂事業掘起，經濟躍進大受衝擊，人力資源供不應求等等困難，很多家庭問題湧現，所以曾經歷了艱難的時刻。當時 ACAHK 給我們意見，也為



我們解決和渡過不少難關，有你們的知識、經驗和實力，由始至終在支持，即使現在我們已走上平坦之路，我也要作深深的感謝。

2019年，ACAM委員共有14人，我們在香港委員鼓勵之下，已經自立並有願景的發展。現時在澳門會方香港委員仍有四人，葉麗嫦醫生、周振邦醫生、林陳蘭德博士和伍金銘先生，都是為我們服務了16年的創會委員，他們都會來澳門參與會議，為我們解決問題和作建議。尤其是葉麗嫦醫生和林陳蘭德博士，她們都好像沒有缺席過會議，比我們更為熱心和樂意，我也從她們身上學懂了甚麼是保護兒童，甚麼是宏觀大同去愛護無國界的小朋友。2019年3月16日，理事會會議完畢後，我送她倆到碼頭，我突然察覺到，她們步履有些緩慢，好像有點疲累，不再健步如飛，但仍翻山涉水來支援我們，這個碼頭，也度過十多年了，此刻在我心深處作無言感激，在此致敬。

香港防止虐待兒童會40週年之後又總會迎來更燦爛的朝陽，今天之後又會有明天，人生真有意思，保護兒童更有意義。藉此40週年慶典，祝福我們大家明天更好。

黃曼雲
澳門防止虐待兒童會理事長

四十週年紀念活動

40TH ANNIVERSARY EVENTS



防止虐待兒童會 40 週年「童心・同載」攝影比賽大專組冠軍作品——張雅盈小姐

Champion of Post-secondary and University Group of Against Child Abuse 40th Anniversary "A Legacy of Love for Children" Photography Competition—Ms Cheung Nga Ying

四十週年紀念活動 40th Anniversary Events

1月27日

27 January

「和諧家庭·樂聚安定」嘉年華暨屯門中心開放日

Harmonious Family and Joyful at On Ting Carnival and Tuen Mun Centre Open Day



嘉年華一眾嘉賓

Guests of the carnival



由本會主席張志雄醫生致辭

Speech given by Dr Patrick Cheung, ACA Chairperson

4月28日

28 April

「沒有巴掌·愛護孩子」嘉年華@黃大仙廣場

No Spanking, Caring for Children Family Day Carnival at Wong Tai Sin Square



嘉年華一眾嘉賓

Guests of the carnival



嘉賓與參與市民合照

Guests and participated citizens

6月30日

30 June

「童心滿載·親子同樂」嘉年華@葵涌興芳路遊樂場

Safeguarding the Innocence of Children Family Day Carnival at Hing Fong Road Playground, Kwai Chung



嘉年華一眾嘉賓

Guests of the carnival



本會主席張志雄醫生頒贈紀念品予嘉賓——

香港救助兒童會總幹事方曉明女士

Dr Patrick Cheung, ACA Chairperson presented souvenir to guest—Ms Amy Fong, Director of Save the Children Hong Kong

3 月至 6 月
March to June

「童心·同載」攝影比賽
"The Legacy of Love for Children" Photography Competition



榮譽專業評審章國明導演
Director Alex Cheung,
Honour Professional Judge



榮譽專業評審黃修平導演
(由張泳義小朋友繪畫)
Director Adam Wong,
Honour Professional Judge
(drawn by child Zhang Wing Yee)



由本會總幹事黃翠玲女士頒獎予公開組別冠軍及季軍得獎者——徐彪先生

Ms Donna Wong, ACA Director presented the prizes for the Champion and Second-runner up of Open Group—Mr Tsui Piu



由本會總幹事黃翠玲女士頒獎予大專組別雙冠軍得獎者——張雅盈小姐

Ms Donna Wong, ACA Director presented the prizes for the Champion of Post-secondary and University Group—Ms Cheung Nga Ying



由本會總幹事黃翠玲女士頒獎予大專組別雙冠軍得獎者——鍾浩軒先生

Ms Donna Wong, ACA Director presented the prizes for the Champion of Post-secondary and University Group—Mr Chung Ho Hin



由本會總幹事黃翠玲女士頒獎予中學組別冠軍得獎者——蔡敏兒小姐



3 月至 10 月
March to October

會歌創作 Creation of Agency Song



作曲、編曲及混音：
方富輝先生
Mr Chris Fong,
the song writer, music
arrangement and mixing



填詞：鄭志忠先生
Mr Jones Cheng,
the lyrics writer



香港歌手高皓正先生為本會會歌錄音
Mr Zac Kao, a Hong Kong singer, was
recording for ACA agency song



高皓正先生、經理人白潔如女士（左一）與工作小組合照
Mr Zac Kao and agent Ms Kitty Pak (1st left)
took photo with working team



歌唱導師魏靜汶女士為本會會歌錄音
Ms Cherry Ngai, a singing teacher, was
recording for ACA agency song



魏靜汶女士與工作小組合照
Ms Cherry Ngai took photo with working team



10月6日(改期至
2020年1月12日)

6 October (Re-scheduled
to 12 January 2020)

Run for Children · Run for Love : 「ACA x 草日護兒跑」暨親子同歡嘉年華

Run for Children · Run for Love: “ACA x Chao Yat Charity Run” and
Child Protection Carnival



當日親臨慈善跑比賽現場的嘉賓包括：梁仲基先生(草日)、方力申先生、高皓正先生、鄭麗莎女士及小羞羞女團

Guests who will join our Charity Run event include: Mr Leung Chung Kei (Chao Yat), Mr Alex Fong, Mr Zac Kao, Ms Lisa Cheng and A Little Bit Shy (ALBS)



機構星級護兒大使方力申先生拍攝宣傳短片

Mr Alex Fong, ACA Ambassador, took promotional video



星級護兒大使黃翠如小姐拍攝宣傳短片及硬照

Ms Priscilla Wong, Event Ambassador, took promotional video and photos



星級護兒大使陳逸寧小姐拍攝宣傳短片及硬照

Ms Isabel Chan, Event Ambassador, took promotional video and photos



星級護兒大使柳俊江先生拍攝宣傳短片及硬照

Mr Ryan Lau, Event Ambassador, took promotional video and photos



星級護兒大使梁釗峰先生拍攝宣傳短片及硬照

Mr Andy Leung, Event Ambassador, took promotional video and photos



星級護兒大使鄭麗莎女士拍攝宣傳短片及硬照，並親臨慈善跑現場為參賽者帶領熱身

Ms Lisa Cheng, Event Ambassador, took promotional video and photos, and will lead the warm-up exercise on the Charity Run event



易恆健小朋友與蘇俊庭小朋友拍攝宣傳短片及硬照

Two children, Yik Hang Kin and So Chun Ting, took promotional video and photos



2018 年 10 月
至 2019 年 11 月
October 2018 to
November 2019

四十週年紀念短片、硬照及海報

40th Anniversary Commemorative Videos, Photos and Posters



四十週年紀念海報

40th Anniversary Commemorative Poster



四十週年紀念海報

40th Anniversary Commemorative Poster



四十週年紀念海報

40th Anniversary Commemorative Poster



四十週年紀念海報

40th Anniversary Commemorative Poster



四十週年紀念海報

40th Anniversary Commemorative Poster

星級護兒大使陳逸寧小姐及黃翠如小姐
拍攝《「罰」系家長》短片Ms Isabel Chan and Ms Priscilla Wong, Event Ambassadors,
took a video regarding corporal punishment星級護兒大使梁釗峰先生及黃翠如小姐
拍攝《「頑」我童真》短片Mr Andy Leung and Ms Priscilla Wong, Event Ambassadors,
took a video regarding their "naughty" memories星級護兒大使梁釗峰先生及柳俊江先生
拍攝《「忙」羊補牢》短片Mr Andy Leung and Mr Ryan Lau, Event Ambassadors,
took a video regarding busy parents



義務拍攝團隊：創作總監寧炫聲先生、監製李梓稜先生、陳進杰先生、陳麗鳳女士、張卓敏女士、梁嘉健先生、施惠儀女士、徐家權先生、董凱瑩女士、黃慧芯女士、黃英群女士、胡嘉恩女士

Volunteer shooting team: Mr Riddick Douglas Ning, Creative Director; Mr Jacky Lee, Producer; Mr Chan Chun Kit; Ms Christina Chan, Ms Cheung Cheuk Man; Mr Kenax Leung; Ms Cy Sze; Mr Dennis Tsui; Ms Sharon Tung; Ms Comet Wong; Ms Polly Wong; Ms Wu Ka Yan

11月1日
1 November

多專業研討會：香港保護兒童工作的最新發展及實踐 Professional Sharing Forum—Child Protection: Recent Development and Practices in Hong Kong



11月20日
20 November

第四十屆週年記者招待會、週年大會及四十週年晚宴 The 40th Annual Press Conference, Annual General Meeting and 40th Anniversary Dinner

附錄 APPENDICES



防止虐待兒童會 40 週年「童心・同載」攝影比賽中學組亞軍作品——胡駿銘先生

First Runner-up of Secondary School Group of Against Child Abuse 40th Anniversary "A Legacy of Love for Children" Photography Competition—Mr Wu Chun Ming

贊助人、顧問及現屆委員會成員名單

List of Patron, Honorary Advisors & Current Executive Committee Members

贊助人

江樂士教授 SBS, QC, SC

顧問

周梁淑怡女士 GBS, OBE, JP

麥列菲菲教授 CBE, OBE, JP

馬登夫人 MBE, JP

譚惠珠女士 GBS, CBE, JP

楊傳亮先生 BBS, JP

義務法律顧問

廖伯賢律師

義務核數師

楊錫禹會計師樓

義務兒童精神科顧問

黎以菁教授

義務建築及工程顧問

何顯毅先生

執行委員會成員

張志雄醫生 主席

詹德慶先生 副主席

伍金銘先生 義務司庫

郭家強先生 義務秘書

葉麗嫦醫生

林陳蘭德博士

葉柏強醫生

應雲壯先生

趙寶卿博士

鄭慧芬醫生

管理委員會

張志雄醫生 主席

詹德慶先生 副主席

伍金銘先生 義務司庫

郭家強先生 義務秘書

黃翠玲女士 總幹事

PATRON

Prof Ian Grenville CROSS SBS, QC, SC

ADVISORS

The Hon Mrs Selina CHOW GBS, OBE, JP

Professor Felice Lieh MAK CBE, OBE, JP

Mrs Anne MARDEN MBE, JP

Ms Maria TAM Wai Chu GBS, CBE, JP

Mr Charles C.L. YANG BBS, JP

HONORARY LEGAL ADVISOR

Mr Paul LIU

HONORARY AUDITORS

S Y Yang & Company

HONORARY CONSULTANT ON CHILD PSYCHIATRY

Dr Kelly LAI Yee Ching

HONORARY CONSULTANT ON ARCHITECTURAL & ENGINEERING

Mr Bosco HO

EXECUTIVE COMMITTEE MEMBERS

Dr Patrick CHEUNG Chairperson

Mr Nicholas JIM Vice Chairperson

Mr James NG Hon Treasurer

Mr Keith KWOK Hon Secretary

Dr Patricia IP

Dr Gladys LAM

Dr Patrick IP

Mr YING Wan Chong

Dr Hermia CHIU

Dr Anna CHENG

MANAGEMENT COMMITTEE

Dr Patrick CHEUNG Chairperson

Mr Nicholas JIM Vice Chairperson

Mr James NG Hon Treasurer

Mr Keith KWOK Hon Secretary

Ms Donna WONG Director

專業發展委員會

張志雄醫生 主席
葉麗嫦醫生
林陳蘭德博士
張善喻博士
葉柏強醫生
蕭耀強醫生
黃翠玲女士 總幹事

宣傳委員會

張志雄醫生 主席
伍金銘先生
詹德慶先生
郭家強先生
方高翠印女士
黃翠玲女士 總幹事

人力資源委員會

詹德慶先生 主席
張志雄醫生 當然委員
伍金銘先生
黃翠玲女士 總幹事
李如寶女士 職員代表

保護兒童學院督導委員會

趙寶卿博士 主席
張志雄醫生 當然委員
伍金銘先生
郭家強先生
黃翠玲女士 總幹事

PROFESSIONAL DEVELOPMENT COMMITTEE

Dr Patrick CHEUNG Chairperson
Dr Patricia IP
Dr Gladys LAM
Dr Anne CHEUNG
Dr Patrick IP
Dr SHIU Yiu Keung
Ms Donna WONG Director

PUBLICITY COMMITTEE

Dr Patrick CHEUNG Chairperson
Mr James NG
Mr Nicholas JIM
Mr Keith KWOK
Mrs Matrena FONG
Ms Donna WONG Director

HUMAN RESOURCES COMMITTEE

Mr Nicholas JIM Chairperson
Dr Patrick CHEUNG Ex-officio Member
Mr James NG
Ms Donna WONG Director
Ms Yupo LEE Staff Representative

CHILD PROTECTION INSTITUTE STEERING COMMITTEE

Dr Hermia CHIU Chairperson
Dr Patrick CHEUNG Ex-officio Member
Mr James NG
Mr Keith KWOK
Ms Donna WONG Director

歷屆執行委員會成員(1979-2019)

Lists of Executive Committee Members by Precedence (1979-2019)

創會成員 (按英文姓氏順序排列) Founding Members (in alphabetical order)

Ms Doris CALDWELL	Mr Jeremy CHEUNG
Dr Patricia IP	Mrs Helene KLEIJN
Mr Jan W. KLEIJN	Ms Patricia PENN
Dr Janie THOMAS	

執行委員會成員 (按英文姓氏順序排列) Executive Committee Members (in alphabetical order)

Names	姓名	Position	Period
Dr HWANG King Hung	黃金鴻博士	Chairperson	1981-1985
		Hon Treasurer	1985-1989
		Member	1989-1995
Mrs Nancy RHIND	蘭德夫人	Vice Chairperson	1981-1985
		Member	1985-1995
Mr Jeremy CHEUNG	張鼎昌先生	Hon Secretary	1981-1982
		Member	1982-1988
Ms Doris CALDWELL		Member	1981-1982
Mrs Betty CHENG	鄭阮培恩女士	Hon Secretary	1982-1985
		Member	1981-1982
Mrs CHENG CHUNG Yau Ling	鄭鍾幼齡女士	Vice Chairperson	1994-1998
		Hon Secretary	1992-1993
		Member	1981-1991, 1998-2007
Dr Patricia IP	葉麗嫦醫生	Chairperson	1990-1992, 1994-2000, 2001-2008
		Vice Chairperson	1985-1989, 1992-1993, 2000-2001
		Member	1981-1985, 1989-1990, 2008-Present
Mr Anthony LUI		Member	1981-1983
Mrs Angela MCLEOD		Member	1981-1983
Mr Thomas MULVEY	馬偉東先生	Member	1981-1987
Ms Heidy NG	吳燕平女士	Hon Secretary	1985-1986
		Member	1981-1985
Ms Patricia PENN	潘翠山女士	Member	1981-1986
Mrs Patricia RUNYAN		Co-opted Member	1981-1983
Ms Carcy WONG	黃婉珊女士	Hon Secretary	1986-1987
		Member	1982-1986, 1987-1991
Mr Dominic CHEUNG	張啟文先生	Hon Treasurer	1982-1985
		Member	1985-1986

Names	姓名	Position	Period
Mrs Carolyn FRENCH	法蘭士夫人	Member	1983–1984
Mrs Wendy GLYNN	格連夫人	Member	1983–1993
Dr Janie THOMAS	湯馬士夫人	Chairperson	1985–1990
		Member	1983–1985, 1990
Dr Bryan TULLY		Member	1985–1987
Ms Nora YAU		Member	1985–1987
Ms Selina KAN		Member	1986–1986
Mrs Wendy MACCALLUM		Hon Secretary	1987–1992
		Member	1987, 1992–1994
Mr Nicholas CRAWFORD		Member	1987–1988
Ms Colette VAN DER EB		Member	1987–1997
Ms Jane HUTCHEON		Member	1987–1989
Dr Gladys LAM	林陳蘭德博士	Chairperson	1992–1993, 2000–2001
		Vice Chairperson	1989–1992, 1998–2000, 2001–2008
		Member	1987–1988, 1994–1998, 2008–Present
Mrs Priscilla LUI	雷張慎佳女士	Director	1987–2011
Ms TAM Kam Oi		Member	1987–1989
Mr Nick CRAWFORD		Member	1988–1991
Mrs Laurene MAN		Member	1988–1989
Mr James NG	伍金銘先生	Hon Treasurer	1989–Present
Mr Charles O'BRIAN		Member	1990–1996
Mr NB CRAWFORD	郭賦力先生	Member	1991–1993
Dr CHUNG See Yuen	鍾思源醫生	Member	1991–1996
Ms KAN Shin Yu	簡倩如女士	Vice Chairperson	2008–2011
		Member	1992–2008
Ms Julia Mary LIVERSEY		Hon Secretary	1994–1998
		Member	1992–1993
Dr CHOW Chung Bong	周鎮邦醫生	Member	1993–2016
Mrs Inger TONG	湯顯森夫人	In Attendance	1993–1995
Ms Grace CHAN	陳婉燕女士	Hon Secretary	1998–2008
		Member	1994–1998
Mrs Anne MARDEN	馬登夫人	Member	1994–1996
Dr HO Ting Pong	何定邦醫生	Member	1996–2009
Mrs Anthea Evadne STRICKLAND	施雁飛女士	Member	1997–2002

Names	姓名	Position	Period
Ms Dee CREBBIN		Member	2000–2002
Mr Nicholas JIM	詹德慶先生	Vice Chairperson	2013–Present
		Hon Secretary	2008–2012
		Member	2001–2008
Dr Patrick CHEUNG	張志雄醫生	Chairperson	2008–Present
		Member	2001–2008
Dr LEE MAN Yuk Ching	李文玉清博士	Hon Secretary	2013–2018
		Member	2001–2013
Ms Vera LAM	林滿馨律師	Member	2004–2008
Dr Edward CHAN	陳高凌博士	Vice Chairperson	2012–2013
		Member	2008–2012
Ms LAM Woon Sum	林浣心校長	Member	2008–2009
Dr Jessica HO	何愛珠博士	Director	2011–2017
Dr Patrick IP	葉柏強醫生	Member	2012–Present
Mr Keith KWOK	郭家強先生	Hon Secretary	2018–Present
		Member	2013–2018
Ms Eliza YAU	邱虹誼女士	Member	2017–2018
Mr YING Wan Chong	應雲壯先生	Member	2018–Present
Dr Hermia CHIU	趙寶卿博士	Member	2018–Present
Dr Anna CHENG	鄭慧芬醫生	Member	2019–Present

現任職員名單

Current Staff Members

總會

黃翠玲女士 總幹事
 李蓓兒女士 行政經理
 單識君女士 行政主任
 郭冬秀女士 會計主任
 練寶儀女士 籌募及推廣主任
 張淑余女士 中心管理員（半職）

竹園辦事處

李如寶女士 服務經理（竹園中心）
 陳影美女士 社工
 鄭啟恩女士 社工
 劉綺虹女士 社工
 鄧偉基先生 社工
 賴奇欣女士 計劃社工
 羅嘉裕女士 計劃社工
 鄧譯晴女士 計劃社工
 黃靜枌女士 計劃社工
 韋裕君女士 計劃幹事
 胡淑華女士 行政主任
 梁伯濠先生 計劃助理
 梁麗賢女士 計劃文員
 曾國威先生 司機 / 信差
 侯金蘭女士 中心管理員

屯門辦事處

杜凱琳女士 服務經理（屯門中心）
 吳偉僑先生 高級培訓主任
 溫琳女士 社工
 林穎琦女士 計劃社工
 潘洛峻先生 計劃社工
 劉美儀女士 行政主任
 文庭越女士 計劃助理
 譚綽盈女士 計劃助理（兼職）
 何旺弟女士 中心管理員

葵涌辦事處

黃敏琪女士 服務經理（葵涌中心）
 黃振邦先生 社工
 朱婉琪女士 計劃社工
 謝鳳婷女士 計劃社工
 梁錫麟先生 計劃社工
 杜紫珊女士 行政助理
 黃潔瑩女士 中心管理員（半職）

Head Office

Ms Donna WONG Director
 Ms Pearl LEE Administration Manager
 Ms Cindy SHIN Administrative Officer
 Ms Gloria KWOK Accounts Officer
 Ms Summer LIN Funding and Promotion Officer
 Ms CHEUNG Shuk Yu Caretaker (Half-time)

Chuk Yuen Office

Ms LEE Yu Po Service Manager (Chuk Yuen Centre)
 Ms May CHAN Social Worker
 Ms CHENG Kai Yan Social Worker
 Ms Karry LAU Social Worker
 Mr Jack TANG Social Worker
 Ms Olivia LAI Project Social Worker
 Ms Katy LO Project Social Worker
 Ms Dorothy TANG Project Social Worker
 Ms WONG Ching Naam Project Social Worker
 Ms Yvonne WAI Project Officer
 Ms Glorise WU Administrative Officer
 Mr Just LEUNG Project Assistant
 Ms Catherine LEUNG Project Clerk
 Mr TSANG Kwok Wai Driver/Messenger
 Ms HAU Kam Lan Caretaker

Tuen Mun Office

Ms Jenny TU Service Manager (Tuen Mun Centre)
 Mr Peter NG Senior Training Officer
 Ms Katherine WAN Social Worker
 Ms Vinky LAM Project Social Worker
 Mr Ben POON Project Social Worker
 Ms Betty LAU Administrative Officer
 Ms Hannah MAN Project Assistant
 Ms Chelsa TAM Project Assistant (Part-time)
 Ms Wendy HO Caretaker

Kwai Chung Office

Ms WONG Man Ki Service Manager (Kwai Chung Centre)
 Mr Alex WONG Social Worker
 Mr Winki CHU Project Social Worker
 Ms Vivian TSE Project Social Worker
 Mr Stone LEUNG Project Social Worker
 Ms Dolphin TO Administrative Assistant
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防止虐待兒童會 40 週年「童心・同載」攝影比賽中學組冠軍作品——蔡敏兒小姐

Champion of Secondary School Group of Against Child Abuse 40th Anniversary "A Legacy of Love for Children" Photography Competition—Ms Tsoi Man Yi

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Be Woks ~ ~ ~

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