

# *Preventing Child Abuse from Age Zero: The Nexus between Partner Violence and Child Abuse*

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**The University of Hong Kong**

*“Practice and Research for Social Service Excellence”*

*Conference & Workshop*

HKCSS & ExCEL3, 11 October 2012

# Definition

- Who is a child?
  - Every human being below the age of 18 years unless under the law applicable under the child majority is attained earlier (Convention on the Rights of the Child (CRC))
- What is child maltreatment?
  - Includes all forms of physical and emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation that results in actual or potential harm to the child's health, survival, development or dignity (WHO, 2006)
- *Report of the consultation on child abuse prevention, 29–31 March 1999. Geneva, World Health Organization, 1999 (document WHO/HSC/PVI/99.1).*
- Krug EG et al., eds. *World report on violence and health. Geneva, World Health Organization, 2002.*

# Four subtypes of child maltreatment

- i. Physical abuse
- ii. Sexual abuse
- iii. Neglect and negligent treatment
- iv. Emotional abuse

(2006)

Sources from World Health Organization

# Child Protection Registry (CPR) <http://www.swd.gov.hk/vs/english/stat.html>

Types of Child Abuse	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Physical	286	265	306	292	277	345 (56%)	413 (54.1%)	438 (54.3%)	499 (52.9%)	483 (54.8%)	503 (50.7%)	488 (48.8%)	410 (46.8%)
Neglect	15	30	29	17	20	40 (6%)	41 (5.4%)	77 (9.6%)	114 (12.1%)	78 (8.8%)	102 (10.3%)	113 (11.3%)	105 (12.0%)
Sexual	210	150	152	179	150	189 (30%)	234 (30.7%)	233 (28.9%)	270 (28.6%)	277 (31.4%)	331 (33.3%)	334 (33.4%)	307 (35.0%)
Psychological	11	16	17	11	4	9 (2%)	23 (3.0%)	12 (1.5%)	20 (2.1%)	15 (1.7%)	15 (1.5%)	18 (1.8%)	18 (2.1%)
Multiple	53	39	31	21	30	39 (6%)	52 (6.8%)	46 (5.7%)	41 (4.3%)	29 (3.3%)	42 (4.2%)	48 (48%)	37 (4.2%)
<b>Total</b>	<b>575</b>	<b>500</b>	<b>535</b>	<b>520</b>	<b>481</b>	<b>622</b>	<b>763</b>	<b>806</b>	<b>944</b>	<b>882</b>	<b>993</b>	<b>1001</b>	<b>877</b>

# Prevention of child abuse & neglect

- When and how?

## Nature of child abuse: Poly-victimization

Current pragmatic approach in studying family violence: -

- ✓ Considerable studies of family violence have focused on a single form of victimization out of the large spectrum of family violence like child victimizations (Finkelhor, Ormrod, Turner & Hamby, 2005)
- ✓ Finkelhor, Ormrod, Turner & Hamby (2007) revealed that 22% of the children experienced four or more different kinds of victimization in a single year (poly-victims).
- ✓ Poly-victimization was highly predictive of trauma symptoms.

# Co-occurrence of partner violence and child abuse

- studies of the relations between child abuse and IPV usually focus on abuse in the childhood as a predictor of adult partner violence
- child abuse and partner violence co-exist, as a result of risk factors that happens among perpetrators and families-at-risk

# US studies

- Casanueva, C. et al (2009) Repeated reports for child maltreatment among intimate partner violence victims: Findings from the National Survey of Child and Adolescent Well-Being. *Child Abuse & Neglect* 33: 84–93.
- Children of mothers physically abused by an intimate partner during the last 12 months or previously at the intake interview (44%) were twice as likely as children of mothers who had not experienced such violence to be rereported to CPS (29% vs. 14%, Odds Ratio = 2.0, 95% Confidence Interval = 1.1–3.4).
- Rereports occurred almost twice as quickly for children of mothers who experienced IPV compared to children of mothers who had not experienced IPV (Hazard Ratio = 1.9, 95% Confidence Interval = 1.1–3.0).
- The need for universal assessment and provision of services for IPV among families that are investigated by CPS.

# US studies

- Hamby, S., Finkelhor, D. et al. (2010) The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect* 34: 734–741.
  - Witnessing partner violence (WPV) is very closely associated with several forms of maltreatment and exposure to other forms of family violence in this sample, with adjusted OR ranging from 3.88 to 9.15.
  - WPV is also significantly associated with a wide variety of other forms of victimization, with OR ranging from 1.43 to 7.32.
  - More than 1/3 (33.9%) of youth who witnessed partner violence had also been maltreated in the past year, compared with 8.6% of non-witnesses.
  - For lifetime data, more than half (56.8%) of WPV youth had also been maltreated. Neglect and custodial interference were most closely associated with WPV.

# My studies

• Chan, K.L. Association Between Intimate Partner Violence and Child Maltreatment in a Representative Student Sample in Hong Kong. *Violence Against Women*, Forthcoming.

• Chan, K.L., Brownridge, Douglas A., Fong, Daniel Y.T., Tiwari, A., Leung, W.C. & Ho, P.C. (2012). Violence against pregnant women can increase the risk of child abuse: A longitudinal study. *Child Abuse & Neglect*, 36(4): 275-284.

• Chan, K.L. (2011). Children Exposed to Child Maltreatment and Intimate Partner Violence: A Study of Co-occurrence Among Hong Kong Chinese Families. *Child Abuse & Neglect*, 35(7), 532-542.

• Chan, K.L. (2011). Correlates of Childhood Sexual Abuse and Intimate Partner Sexual Victimization. *Partner Abuse*, 2(3), 365-381.

Chan, K.L., Yan, Elsie, Brownridge, Douglas A., Tiwari, A. & Fong, Daniel Y.T. (2011). Childhood Sexual Abuse Associated with Dating Partner Violence and Suicidal Ideation in a Representative Household Sample in Hong Kong. *Journal of Interpersonal Violence*, 26(9), 1763 - 1784.

Chan, K.L. (2011). Association Between Childhood Sexual Abuse and Adult Sexual Victimization in a Representative Sample in Hong Kong Chinese. *Child Abuse & Neglect*, 35(3), 220–229.

❖ Chan, K.L. (2011) Co-occurrence of intimate partner violence and child abuse in Hong Kong Chinese Families. *Journal of Interpersonal Violence*. 26(7): 1322-1342.

❖ Chan, K.L., Brownridge, Douglas A., Yan, Elsie, Fong, Daniel Y.T. & Tiwari, A. (2011). Child maltreatment poly-victimization: Rates and short-term effects on adjustment in a representative Hong Kong sample. *Psychology of Violence*, 1(1): 4-15.

❖ Chan, K.L., Fong, Daniel Y.T., Yan, Elsie, Chow, C.B., & Ip, P. (2011). Validation of the Chinese Juvenile Victimization Questionnaire. *Hong Kong Journal of Paediatrics*, 16(1): 17-24.

# As reported by parents

	No abuse	IPV only	Child abuse only	Co-occurrence	% of child abuse among IPV	% of IPV among child abuse
<b>Lifetime prevalence</b>						
Perpetration of IPV & child abuse	77.0%	12.8%	6.4%	3.8%	22.8%	37.1%
Victimization of IPV & perpetration of child abuse	77.8%	12.0%	6.5%	3.7%	23.7%	36.4%
<b>Preceding-year prevalence</b>						
Perpetration of IPV & child abuse	85.6%	8.4%	4.5%	1.5%	15.6%	24.0%
Victimization of IPV & perpetration of child abuse	86.8%	7.1%	4.5%	1.5%	17.5%	25.0%

# As reported by children (12-17)

	<b>Child maltreatment among IPV cases</b>	<b>IPV among child maltreatment cases</b>
IPV by parents (Lifetime)	54.4%	55.3%
IPV by parents (preceding year)	46.5%	51.3%

# Rates of co-occurrence

- ❖ Chan, K.L., Brownridge, Douglas A., Yan, Elsie, Fong, Daniel Y.T. & Tiwari, A. (2011). Child maltreatment poly-victimization: Rates and short-term effects on adjustment in a representative Hong Kong sample. *Psychology of Violence, 1*(1): 4-15.

Based on the Household Survey on spousal violence and child abuse in HK

# About the study

- *Objective.* This article examines the unique effects of multiple forms of victimization, namely child abuse and neglect (CAN) and exposure to parental intimate partner violence (IPV), on children's self-blame, feelings of being threatened, self-esteem, and ability to control anger.
- *Method.* The cross-sectional study recruited a population-based sample of 2,062 children aged 12-17 years in Hong Kong.

## Prevalence of Parental CAN

	Rate %
Lifetime prevalence	
Psychological aggression	72.0
Neglect	36.0
Corporal punishment	40.8
Physical maltreatment	29.3
Preceding-year prevalence	
Psychological aggression	57.6
Neglect	27.4
Corporal punishment	19.2
Physical maltreatment	14.9

## Prevalence of Parental IPV

	Rate %
<i>Lifetime prevalence</i>	
Physical assault	27.1
Injury	14.0
Psychological aggression	71.6
Physical or Injury	28.4
<i>Preceding-year prevalence</i>	
Physical assault	15.5
Injury	7.2
Psychological aggression	55.6
Physical or Injury	16.6

# Preceding-Year Prevalence of Co-occurrence of exposure to IPV and CAN

	%			<i>p</i>
	Prevalence	Boys	Girls	
Nonabuse group	70.2	70.8	69.6	.341
Child abuse only	13.1	13.4	12.9	
IPV only	6.5	6.8	6.2	
Co-occurrence of exposure to IPV and CAN	10.2	9.0	11.4	
Child abuse among children exposed to IPV	61.1	57.0	64.8	

## *Logistic Regression on Perceptions of Child Abuse (Physical Maltreatment/Severe Physical Maltreatment)*

	aOR (95% CI)	
	Self-blame	Feeling threatened aOR (95% CI)
Gender		
Boy	1.018 (0.826, 1.255)	0.674*** (0.547, 0.83)
Girl	1.000	1.000
Age	1.000 (0.942, 1.062)	0.936* (0.881, 0.993)
Have sibling	0.761* (0.617, 0.939)	1.087 (0.882, 1.339)
Disability	—	1.939 (0.194, 19.375)
Exposure to intimate partner violence (IPV)	1.503** (1.106, 2.045)	2.4*** (1.735, 3.32)
Child abuse		
Child abuse group (physical maltreatment/ severe physical maltreatment)	3.442*** (2.468, 4.801)	2.158*** (1.546, 3.012)
Corporal punishment only	2.852*** (1.938, 4.196)	1.552* (1.062, 2.268)
Nonchild abuse group	1.000	1.000

*Note.* aOR = adjusted odds ratio (adjust all variables in the same table); CI = confidence interval.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

# IPV and Its Association with Child Abuse and Neglect as Reported by Regression Analyses

	Neglect	Corporal punishment	Physical maltreatment
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Model 1: IPV	OR=3.186*** (2.374, 4.276)	OR=3.098*** (2.34, 4.102)	OR=3.542*** (2.345, 5.349)
Model 2: IPV Controlled for Demographic and Financial Stress Factors [e.g. No. of children living with parents, being newly arrived in Hong Kong, unemployment, income, receiving social security, indebtedness, stressful conditions]	aOR=2.761*** (2.006, 3.801)	aOR=2.883*** (2.138, 3.887)	aOR=2.876*** (1.833, 4.515)
Model 3: IPV Controlled for Relationship Factors [e.g. in-law conflict, relationship distress, dominance, negative attribution, support]	aOR=2.725*** (1.994, 3.723)	aOR=2.957*** (2.199, 3.977)	aOR=2.518*** (1.607, 3.947)
Model 4: IPV Controlled for Perpetrator-related Characteristics [e.g. gender, age, educational attainment, alcohol abuse, drug abuse, chronic illness, self-esteem, depressive symptoms, jealousy, anger management, crime history, childhood witnessed parental violence, violence approval, social desirability]	aOR=2.479*** (1.791, 3.43)	aOR=2.549*** (1.876, 3.463)	aOR=1.721* (1.065, 2.779)

# Explanations:

- Parents, more often fathers, can serve as the perpetrators of both IPV and child maltreatment
- Men often commit a more severe type of family violence and child maltreatment (Casanueva et al., 2007)
- Victims of IPV may also abuse their children
- Such behaviors may be explained by the abused mother's efforts to protect her children from a more aggressive father, as well as by the possibility that the battered mother may have learned to use violence to take control over her children under stressful conditions

IPV is a risk factor of Child Abuse and Neglect

Spill-over effect: Parents using violence to solve spousal disputes are more likely to use aggressive tactics towards their children; thus, negative marital interactions may spill over into the parent–child relationship, resulting in child abuse

How do IPV and CAN relate?

# Common risk factors of CAN & IPV

IPV

CAN

Risk  
factors

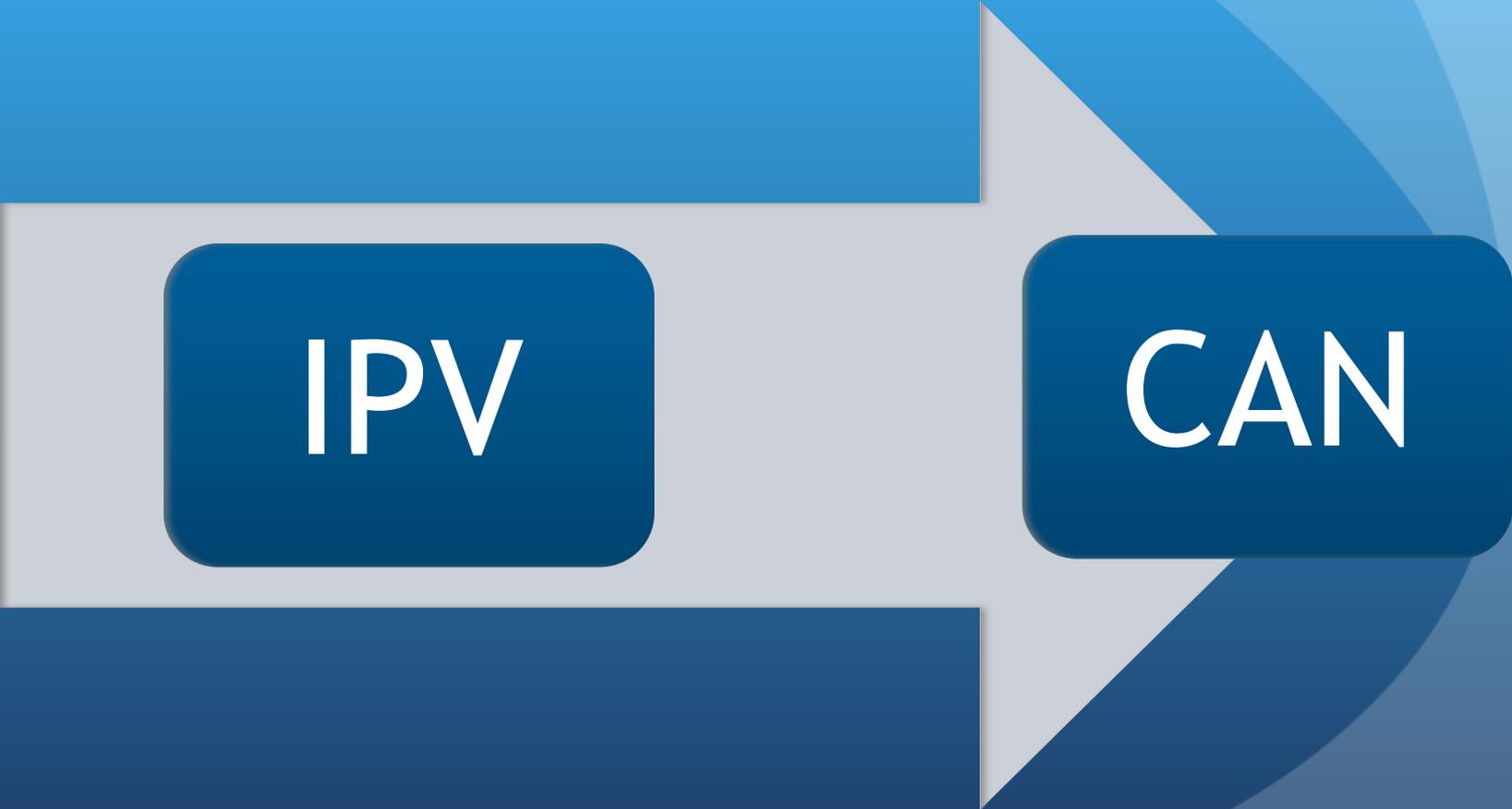
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graph BT; A[Risk factors] --> B[IPV]; A --> C[CAN];
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The diagram illustrates the relationship between risk factors and two outcomes: IPV and CAN. At the bottom center, a dark blue box labeled 'Risk factors' has two yellow arrows pointing upwards. One arrow points to a dark blue box on the left labeled 'IPV', and the other points to a dark blue box on the right labeled 'CAN'. This visualizes that common risk factors contribute to both IPV and CAN.

# Common risk factors of CAN & IPV

- **Family-related factors** such as poverty, life stressors, neighborhood violence, parental history of severe punishment, marital problems, marital conflict, poverty, social isolation, and other negative aspects of family life, including unemployment and insufficient income (Gewirtz & Edleson, 2007; Herrenkohl & Herrenkohl, 2007; Herrenkohl et al., 2008; Kantor & Jasinski, 1998; Lee, Kotch, & Cox, 2004).
- **Perpetrator-related risk factors** such as parental mental health, chronic illness, loneliness, educational level, criminal history, unemployment, alcohol or drug abuse, and parental skills are also reported to be associated with child maltreatment and IPV (Dube et al., 2001; Hartley, 2002; Herrenkohl et al., 2008; Kessler, Molnar, Feurer, & Appelbaum, 2001; Tajima, 2004)

IPV is a risk factor for child abuse & neglect



A large, light blue arrow points from left to right across the center of the slide. Inside the tail of the arrow is a dark blue rounded rectangle containing the text 'IPV'. Inside the head of the arrow is another dark blue rounded rectangle containing the text 'CAN'. The background of the slide is a gradient of blue with abstract curved shapes.

IPV

CAN

# IPV is a risk factor for child abuse & neglect

- IPV occurs report a much greater rate of physical punishment (Berger, 2005; Casanueva, Martin, & Runyan, 2009; Lee et al., 2004; Tajima, 2000).
- IPV and psychological aggression (Zolotor, Theodore, Coyne-Beasley, & Runyan, 2007) and neglect (Casanueva et al., 2009).
- IPV and child sexual abuse has been established as well (Rumm, Cummings, Krauss, Bell, & Rivara, 2000)

CAN is a risk factor for IPV



A diagram illustrating the relationship between CAN and IPV. It features a large, light blue arrow pointing from left to right. Inside the arrow, there are two dark blue rounded rectangular boxes. The left box contains the text 'CAN' and the right box contains the text 'IPV'. The background of the slide is a gradient of blue with abstract curved shapes.

CAN

IPV

- CAN may also be a risk factor of IPV
- We need a longitudinal study to confirm that IPV is a risk factor of CAN

# A longitudinal study

- Chan, K.L., Brownridge, Douglas A., Fong, Daniel Y.T., Tiwari, A., Leung, W.C. & Ho, P.C. (2012). Violence against pregnant women can increase the risk of child abuse: A longitudinal study. *Child Abuse & Neglect*, 36(4): 275-284.

# Baseline study (2005)

- *The First Territory-wide Survey on Intimate Partner Violence against Pregnant Women in Hong Kong*
- To determine the prevalence and effect of IPV against pregnant women
- 7 Obstetrics & Gynaecology Units in 6 clusters of the Hospital Authority
- July 2005 - April 2006
- 3,245 Pregnant women attending antenatal clinics in the participating hospitals

# Prevalence of IPV against pregnant women

- **9.1%** reported that they were abused by their intimate partners in the **past year**

## *Risk factors for IPV:*

- Low education level
- Drinks alcohol
- In debt
- Requiring financial assistance
- More children
- Requiring social support
- Unplanned pregnancy
- Chronic illness in the family
- In-law conflict

## Impact of IPV

- IPV adversely affects the ***health & mental health*** of pregnant women (postnatal depression, health & mental health component of the health-related quality of life)

# 1<sup>st</sup> Follow up study

- Of all participants in the 2005 study, we recruited 487 women (with 184 having reported pregnancy IPV in the 2005 study) with newborn babies for a follow-up study.

# Factors Associated with Child Physical Abuse

	Physical Abuse (Lifetime)	Physical Abuse (Preceding year)	FU Abused (Preceding year)
Abused in 2005 during pregnancy	1.735* (1.065, 2.825)	1.783* (1.095, 2.902)	4.240*** (2.624, 6.850)

Note. \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

OR = odds ratio, adjusted for gender, no of children & age of parents; CI = confidence interval.

<sup>a</sup>  $p$  value by the Hosmer and Lemeshow test

## *Major findings*

- High prevalence of CAN in HK
- Association of IPV & CAN
- IPV against pregnant women will lead to CAN
- Participants who had experienced both CAN and exposure to parental IPV reported lower levels of self-esteem and higher rates of being aggressive and violent, and feeling threatened.
- These children also reported the highest levels of feeling that their well-being was threatened and of blaming themselves for parental violence and parental discipline.

- These data support the poly-victimization model, indicating that many youth experience multiple forms of victimization.
- They also indicate that the various forms of family violence are especially closely linked.
- These results provide new urgency to calls to better integrate services to adult and child victims of family violence.

# Implications of the studies

- **Screening** for co-occurring forms of family violence:
- Unless the full extent of violence across different types is evaluated, practices focusing on only a single type of violence exposure will be neither efficient nor effective in intervening in the cycle of violence.
- It is thus essential for child protective service workers, clinicians, researchers, and police officers to be aware of the interconnections among types of violence and the variables that exacerbate those connections if the environment for abused children is to be improved.

# Screening

- Screening to identify the needs of child witnesses could be done in domestic violence shelters, and screening to identify the needs of adult victims could be done in child protective service settings.
- Screening for CAN for cases petition for injunction order.

# Implications to intervention

- **Intervention** by checking for the simultaneous existence of multiple forms of violence within the same nuclear family should therefore be implemented.

- children being treated for child abuse should also be screened to see if they are witnessing IPV
- To go further, child abuse welfare services and services for IPV should screen for all other forms of family violence and collaborate to provide a more effective and integrated intervention and prevention program.
- Training for assessing effective responses to both IPV and child maltreatment is necessary for both child protective service workers and domestic violence agencies who should also be aware of the interconnections among types of violence.

# Development of screening and risk assessment

- Screening Tool: Chinese Abuse Assessment Screen
- Violence assessment tools: Chinese CTS2; CTS-CA; CTSPC; CTSPC-CA
- Chinese Family Violence Risk Assessment Tools

# Screening Tool: Chinese AAS

## Identifying intimate partner violence: comparing the Chinese abuse assessment screen with the Chinese revised conflict tactics scales

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Accepted 23 May 2007. Published Online Early 6 July 2007.

OnlineOpen: This article is available free online at [www.blackwell-synergy.com](http://www.blackwell-synergy.com)

**Objective** To assess the measurement accuracy and the utility of the Chinese Abuse Assessment Screen (AAS).

**Design** A cross-sectional study.

**Setting** An antenatal clinic of a public hospital and a community centre in Hong Kong.

**Sample** A total of 257 Chinese women consisting of 100 pregnant women and 157 nonpregnant women.

**Method** The Chinese AAS was administered first, followed by the Chinese Revised Conflict Tactics Scales (CTS2). This was performed in the same sitting, and each participant was interviewed once either at an antenatal clinic (for the pregnant women sample) or at a community centre (for the nonpregnant women sample).

**Main outcome measures** Estimates of the sensitivity, specificity, positive and negative predictive values and positive and negative likelihood ratios.

Please cite this paper as: Tiwari A, Fong D, Chan K, Leung W, Parker B, Ho P. Identifying intimate partner violence: comparing the Chinese abuse assessment screen with the Chinese revised conflict tactics scales. *BJOG* 2007;114:1065–1071.

### Introduction

Intimate partner violence (IPV) is a major public health problem with profound health consequences.<sup>1</sup> Organisations of health professionals have recommended screening women

**Results** Using the Chinese CTS2 as the standard, the specificity estimates of the Chinese AAS for emotional, physical and sexual abuse were  $\geq 89\%$ , while the sensitivity estimates varied from 36.3 to 65.8%. The sensitivity improved in the screening for more severe cases (66.7%). The positive predictive values were  $\geq 80\%$ , and the negative predictive values varied from 66 to 93%. Factors such as the age difference between the couple and the woman's need for financial assistance were found to be associated with intimate partner violence (IPV).

**Conclusion** The Chinese AAS has demonstrated satisfactory measurement accuracy and utility for identifying IPV when the Chinese CTS2 was used as the standard.

**Keywords** Abuse assessment screen, Chinese, intimate partner violence, revised conflict tactics scale.

for domestic violence in healthcare settings (e.g. the American College of Obstetricians and Gynecologists<sup>2</sup> and the British Medical Association<sup>3</sup>). However, concern has been expressed about the lack of evidence for the effectiveness of the available screening programmes.<sup>4,5</sup> Moreover, the accuracy of the screening tools used to identify IPV has also been questioned.<sup>6</sup>

Of the tools available for screening for IPV, the Abuse Assessment Screen (AAS)<sup>7</sup> has been used extensively in many healthcare settings throughout the USA and internationally.<sup>8</sup> Psychometric evaluations of the AAS have shown that women

- Tiwari, A., Fong, D.Y.T., Chan, K.L., Leung, W.C., Parker, B., Ho, P.C. (2007). Identifying intimate partner violence: comparing the Chinese abuse assessment screen with the Chinese revised conflict tactics scales. *BJOG*, 114:1065–1071.

## The Abuse Assessment Screen (AAS) Questionnaire

1. Have you ever been emotionally or physically abused by your partner or someone important to you? [1] Yes  [2] No
  
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?  

[1] Yes  [2] No

If yes, by whom? (circle all that apply)

- [1] Husband
- [2] Ex-husband
- [3] Boyfriend
- [4] Stranger
- [5] Others (specify) \_\_\_\_\_

No. of times: \_\_\_\_\_

5. Since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?

[1] Yes  [2] No

If yes, by whom? (circle all that apply)

[1] Husband

[2] Ex-husband

[3] Boyfriend

[4] Stranger

[5] Others (specify) \_\_\_\_\_

No. of times: \_\_\_\_\_

Indicate the area of injury: \_\_\_\_\_

Score the most severe incident to the following scale:

[1] Threats of abuse, including use of a weapon

[2] Slapping, pushing; no injuries and/or lasting pain

[3] Punching, kicking, bruises, cuts and/or continuing pain

[4] Beaten up, severe contusions, burns, broken bones

[5] Head, internal, and/or permanent injury

[6] Use of weapon, wound from weapon

4. Within the last year, has anyone ever forced you to have sexual activities?  
[1] Yes  [2] No

If yes, by whom? (circle all that apply)

[1] Husband

[2] Ex-husband

[3] Boyfriend

[4] Stranger

[5] Others (specify) \_\_\_\_\_

No. of times: \_\_\_\_\_

5. Are you afraid of your partner or anyone you listed above?

[1] Yes  [2] No

Reference: McFarlane, J. & Parker, B (1994). Preventing abuse during pregnancy: an assessment and intervention protocol. MCN, 19, P. 324. Developed by the Nursing Research Consortium on violence and abuse.

# Three Chinese Family Violence Risk Assessment Tools

- Perpetrator of spouse battering (Form A)
- Victim of spouse battering (Form B)
- Perpetrator of child abuse (Form C)

# Publications:

- Chan, K.L. (2012). Evaluating the Risk of Child Abuse: The Child Abuse Risk Assessment Scale (CARAS). *Journal of Interpersonal Violence*, 27(5), 951-973.
- Chan, K.L. Assessing the Risk of Intimate Partner Violence in the Chinese Population: The Chinese Risk Assessment Tool for Perpetrator (CRAT-P). *Violence Against Women*, Forthcoming.
- Chan, K.L. (2012). Predicting the Risk of Intimate Partner Violence: The Chinese Risk Assessment Tool for Victim. *Journal of family violence*, 27(2), 157-164.

# Home visitation

- Identification of high risk families: partner violence, mental illness, poverty, criminal history, drug abuse etc.
- Home visitation to provide support for high risk families

# Home Visitation (Olds et al., 1999) as early prevention strategies

- originated in New York and was designed primarily to improve maternal health and behaviours in mothers possessing risk characteristics including teenage pregnancy, unmarried and low socioeconomic status.
- proven to be beneficial for the neediest of families (Olds et al., 1999).
  - Olds, D. L., Henderson, C. R. Jr., Kitzman, H. J., Eckenrode, J. J., Cole, R. E. & Tatelbaum, R. C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children*, 9(1), 44-65.
- mother was enrolled through the end of second trimester of pregnancy. The frequency of home visits changed with the stages of pregnancy and could be adapted to each mother's needs.

# What we can do in HK?

- ACA Health Start and Good Parent Program, for new born families
- Multidisciplinary collaboration: e.g. Health Start & Comprehensive Child Development Service; Refuges for battered women and child protective services etc.