

Letters to the Editor

Dear Editor,

Re: Validation of the Chinese Juvenile Victimization Questionnaire by Chan KL, Fong DYT, Yan E, Chow CB, Ip P. *HK J Paediatr (new series) 2011;16:17-27*

We commend the spirit of these authors for their gallant effort to dig into a complex and yet pressing problem – Juvenile victimization in Hong Kong. As the chief editor comments aptly in the current Editorial: *pinpointing the actual health needs of local population can go a long way to improve health-professional education and training*. This paper has the potential of fulfilling such grand objective.

However, we are immediately dumbfounded by these questions: W8 "*Exposure to Random Shootings, Terrorism, or Riots*" and W9 "*Exposure to War or Ethnic Conflict*." In the eagerness to seek complete fidelity, which our authors pride themselves of; the original US format is transplanted in unedited form to the present-day Hong Kong. I beg none of our authors had ever experienced random shooting, war of riots in their lifetimes, let alone our much younger post-90 teenagers. The last time we were at war was the Japanese invasion of 1942, and riots were seen in 1967. If the questions are odd balls, then it is even odder to find that 13.1% (*Riots & Shooting*) and 7.5 % (*War & Ethnic Conflict*) of the respondents have had such lifetime personal experience respectively!!! A reader from Mars may be excused in believing Hong Kong as a chaotic war zone in the likes of Baghdad, Afghanistan or even New York Harlem. Also fantastically high incidence is reported in these areas: 4.9% had personally witnessed murder (W7), kidnapping (C7) and 2.7% of their family members or friends had been murdered (W6). Any Hong Kong resident would laugh off these data as unreal and fabrication. It seems phantasy-question evokes phantasy-answer. Surely there is something seriously wrong with the data validation process and questionnaire design.

When the US original papers^{1,2} are scrutinized, we are impressed by the thoroughness the designers had gone about to define the questions; a number of research institutions were engaged, Department of Justice's crime and victimization statistics were analysed and the final design was based on a preliminary DVS victimization survey that had gone through countless peer reviewing process. In short, it has a reality basis. Nothing of that sort is prepared in this paper; and a high fidelity and whole-sale transplant inevitably produced such hilarious results that, no matter how sophisticated the statistics and how eloquent the presentation is, a fundamental conceptual fault cannot be argued away; such poor quality data inevitably invalidate the result. Sadly this fact escapes the attention of two most senior community paediatricians among the authors and even our learned reviewers of the Journal.

橘越淮而积. It is futile to sacrifice reality for the sake of international compatibility, which our authors seem to be so much obsessed with. Once more, we concur with the tenor of the current issue's Editorial: to improve local standard, one has to study local situation with **real and reliable** local data; mere transplant won't do.

References

1. Finkelhor D, Ormrod RK, Turner HA, Hamby SL. Measuring poly-victimization using the Juvenile Victimization Questionnaire. *Child Abuse Negl* 2005;29:1297-312.
2. Hamby SL, Finkelhor D, Ormrod R, Turner H. The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual. Durham, NH: Crimes against Children Research Center. March 2004.

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Reply

Dear Editor,

Thank you for the opportunity to reply to the letter from Lau and Fung. In their letter, Lau and Fung speculated the usefulness and reliability of several items of the Chinese Juvenile Victimization Questionnaire (JVQ) when applying on the Hong Kong Chinese population. However, we do not agree to their points that our study was "phantasy- (fantasy-) question evokes phantasy- (fantasy-) answer" and that our data are "unreal" and with "poor quality."

To research is to find out new knowledge rather than confirming our limited understanding of the world. Using an instrument, e.g. the JVQ as well as other measures or scales, for research should include as many possible experiences as the targets might have so as to capture a complete profile of the respondents. Lau and Fung have made an assumption that "none of our authors had ever experienced random shooting, war of riots in their lifetimes, let alone our much younger post-90s teenagers." Yet, reliance of their life experiences and expectations to construct an instrument can be dangerous. Teenagers, especially the post-90s, generally have much exposure, e.g. to a variety of countries and experiences, than the older generations during childhood. As researchers, we should never underestimate or ignore the possible experiences they might have. If we remove the items exploring the "*Exposure to Random Shootings, Terrorism, or Riots*" (W8) from the Chinese JVQ, the prevalence rates of the corresponding type of juvenile victimization may be underreported because individuals such as Jason Leung (梁頌學), a victim of Manila shooting, and those who had experienced riots in Thailand or recent conflicts in Northern Africa can find

no items to report their experiences. Even the respondents have never experienced those kinds of trauma, they can report null to the items and the validity of the Chinese JVQ should not be affected.

Removing the items concerning shootings, terrorism, riots, wars and conflicts exposure can also undermine its usefulness when applying to other Chinese populations living outside Hong Kong. The Chinese JVQ was developed with the aim to assess juvenile victimization in Chinese societies. If some items are deleted based on the assumed situations in Hong Kong, the validity and the applicability of the Chinese JVQ may be challenged.

We acknowledge Lau and Fung for their comments and opinions on our study. However, our data are of good quality and there is definitely no data error or fabrication. Given the potential usefulness of the Chinese JVQ, we would not have them removed but continue to validate it in other Chinese societies.

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Dear Editor,

Re: Paediatric Education and Training: Are We Ready for a Change? by Chan GCF. *HK J Paediatr (new series)* 2011; 16:1-3

With the establishment of the Hong Kong Children's Hospital, the need for subspecialist training has already passed the stage of arguing whether there is such a need but rather how to accomplish the training in order to provide sufficient subspecialists to cover the day-to-day operation of the centre of excellence. You have pointed out very correctly in your recent editorial:

'Due to the rapid advances in medical technology related to diagnosis and treatment, competent paediatric subspecialists are definitely required. Preparation in training the new generation of paediatric subspecialists is therefore urgently needed to meet the future demands.'

In my subspecialty, paediatric gastroenterology (GI), there has been no training program in any of the medical centres in Hong Kong because we do not have a comprehensive paediatric GI service within the Hospital

Authority (HA). Paediatric GI is an intensely procedure-oriented discipline and a lot of hands-on training is required. Currently the training programs in pediatric gastroenterology or most other subspecialties in the USA is of three years in length in accredited centers. Upon finishing the fellowship program, candidates are required to sit for a subspecialty board examination before they are qualified subspecialists.

I would think that the establishment of a team of pediatric gastroenterologists to staff the new children's hospital is urgently needed, and without a training program currently, it is necessary for the planners to assemble such a team as soon as possible in one of the general hospitals before it can move into the new children's hospital and be able to function properly.

To establish a children's hospital is a daunting task. It is not just the hardware but the human factor which is even more important. I hope the HA and the universities would give this imperative full support otherwise I am afraid the transition into the new hospital would not be as painless as we would like it to be.

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