

Comments and Suggestions Regarding Practice in Domestic Violence as Reflected In Sui Wai Family Service Review Panel Report

Presented by

**Against Domestic Violence –
Professional Family Counsellors' and Family Therapists' Concern Group**

A. Spouse Abuse

1. Safety Comes Before Family Unity

Our group welcomes the upholding (p.45) of the principle that safety comes before family unity in handling domestic violence cases, despite family unity is valued by our society at large. The Panel has addressed the issue of power imbalance, around which heated discussion had occurred in the international professional community pertaining to the notion that domestic violence in itself could not be primarily viewed as a relationship problem in which the partners have equal power. We are pleased that the Panel took the position that safety of the victim is affected by the victim's weaker power in the relationship and therefore conjoint interviews are especially inappropriate during the assessment phase of the case. We also agree that only with both parties consent and when judged to be safe by the worker should conjoint couple therapy begin. After that, regular individual sessions with both parties should be held to detect and handle any reoccurrence of violence on an on-going basis.

2. Outlining Safety Considerations and Indicators in Professional Guidelines

The Safety Comes First principle must be operationalized into evidence-based considerations and procedures. Otherwise, it may eventually deteriorate into inconsistent, loose and subjective judgment by individual workers not necessarily up to professional safety standards. **We strongly recommend that clear indicators and specific considerations be outlined in the Professional Guidelines based on research evidence regarding when conjoint interviews are considered dangerous and when are they safe, and what kind of abusers' programs are effective.**

Our group has passed written suggestions about the existing Professional Guideline issued by the Social Welfare Department on Spouse Abuse to the Tin Sui Wai Review Panel. We have also passed written suggestions to the Social Workers' Association regarding its draft on an alternative Manual in Spouse Abuse. These suggestions are supported by rigorous and update literature reviews and many years of clinical experience. We wish that they would be shared and circulated among relevant committees and be incorporated as much as possible.

3. Use of Systems Approach and Conjoint Work in Domestic Violence Cases

The Panel points out that there is no evidence that more emphasis has been placed on the Systems approach of couple and family therapy in the professional training organized by the Social Welfare Department.

Our group believes that the issue is not whether various approaches have received equal “air time” in our professional training. The core issue is whether professionals dealing with domestic violence, when learning the systemic approach common among marriage and family therapy, are given ample training in the documented theoretical, conceptual and practical danger precautions necessary in handling abuse cases, including spouse abuse and child abuse.

Because Systems theories generally see the presenting problems as partly responsible and contributed by each family member in the family system, it is seen by most domestic violence experts as compromising the safety of the victim in spouse abuse or child abuse cases. **In cases of abuse, the victim is in a position with much lesser power relative to the abuser. Therefore, the victim cannot be responsible, even partly, for the abuse or the stopping of the abuse.** Full consideration must be given to power imbalance between the abuser and the victim during the whole helping process.

With our years of front line, supervision and training experience in the field, **our impression is that in the professional field of Hong Kong, there is a general lack of training regarding the above conceptualization and practical applications of safety precautions which take full considerations of the power imbalance in the abusive relationships.** Therefore, it is extremely important that the safety caution, precaution and specific risk considerations mentioned above in point 2 above in terms of outlining them in the Professional Guideline.

4. Use of Multi-disciplinary Case Conference (MDCC)

We do not support the suggestion of making use of MDCC as a means to determine or assess a case as to whether spouse abuse is involved. In handling a suspected domestic violence case, this requires urgent and decisive action, the decision of which cannot possibly be delayed by a case conference,, especially when children are not involved and there is not the potential of needing to remove a child or temporarily taking away a parent’s parental rights. Instead, frequent use of supervision and peer consultation should be highly encouraged.

5. Death/Major Crisis Incident Independent Review Board

We suggest careful reviewing each case involving death or major trauma to allow professional community to learn and identify from such painful experience loopholes in our safety standards, judgment, implementations and inter-department collaboration. Such knowledge will also be very helpful to avoid major mistakes, fine-tune our practice and to update our Professional Guidelines

in a practical and step-by-step manner and hence greatly improve safety in domestic violence cases.

6. Making Abusers' Treatment Groups more Available (p.26)

We would like to point out that as we begin to take a more cautious attitude, and appropriately so, our professional community should recognize the widely accepted research evidence that **Cognitive Behavioural Treatment Group specifically designed for abusers is the modality of choice when it is dangerous to conduct family or couple work**. The report mentioned (p.26) that treatment should be made available to abusers. This means that as safety standards tightens, some cases which would have been treated by using couple or family therapy in the past would now be treated by individual counselling or abusers' group. Presently, there are only very few such specific group available and judges are not aware of this option. The implications to include more specialized service, specialized training and resource, which is currently not available in the Integrative Family Service scheme.

7. Specialized Treatment Service For Domestic Violence Cases for Districts

Management and treatment of domestic violence cases requires expertise, which has to be developed through accumulating specialized experience. While the notion of **Integrative Family Service** might have its merits, most workers involved are caught up by the demands of tangible service and case management, thus making **it impossible for workers to accumulate specialized experience and develop expertise in the more in-depth work of risk assessment and counselling involved in domestic violence**.. We suggest that a specialized service team be established in each major district to both provide specialized service and an opportunity to cultivate expertise.

While there is a need for better co-ordination of resources in social services in Tin Sui Wai, we feel that this does not necessarily improves the quality and safety standard in handling domestic violence cases. In fact, even the most proactive co-ordination effort to mobilize resources in the district will often be not fast enough to cope with the immediate dangers occurring frequently in domestic violence cases. With the ever-changing circumstances and level of risk involved in such cases, **it is unrealistic to expect that the reallocation of manpower will meet the needs and deal with dangers arise in a timely and safe manner**. Since counseling domestic violence requires specialized knowledge and skills, **it is also unrealistic to expect a social worker with a generic training and experience, e.g. youth social worker, with little experience in domestic violence to conduct counseling in a domestic violence case competently and hence safely**. Professional competence developed through accumulated specialized experience and not reallocation of resources is a must to ensure safety standards are met.

B. Child Abuse

1. Re-conferencing for Disputes in Multi-Disciplinary Case Conference (MDCC)

Our group agrees that in face of disputes among professionals, re-conferencing is a good way to increase safety, in the event that the minority in fact represents a better level of sensitivity and the majority has somehow under-estimated the risk. For example, if the worker responsible for counselling the victim feels consistently worried about the safety of the victim, this concern should be taken seriously even if the worker is the only one in the conference who feels this way.

In Hong Kong, when voting in MDCC in Hong Kong, non-trained professionals have as much say as the worker working with the suspected victim child. This in effect reduces representation of the well being of the child, who is most powerless and cannot advocate for him/herself. Unlike in the U.K., children who are suspected victims in Hong Kong does not participate in the case conference and therefore does not have their own voices in the conference. To balance this lack or representation, we suggest that the child's individual worker or counsellor should also play the role similar to that of a child advocate in the case conference and should represent more say.

In this regard, we suggest that the worker doing individual counselling for the victim should have two votes as s/he is likely to have developed a better sensitivity towards the victim through more in-depth contacts and understanding. This technical change is a practical way to ensure that children's voices are heard.

2. Reducing Random Discretion in Receiving Referrals for Suspected Child Abuse Cases

We suggest that standardized checklists be used to operationalize the definition of various kinds of child abuse. Such standardization will help to increase consistency across the helping filed and reduce the random discretion when FCPSU social workers receive telephone referrals and reduce inconsistencies among different workers.

3. Separating the Conflicting Roles of Investigation, Safety Monitoring and Counselling

Currently, the responsible worker has his/her own discretion as to when to and when not to merge these two roles. One often cited example is when the worker is clearly rejected by the clients(s), two separate workers become necessary.

We believe, and most countries with an extensive social service experience such as U.K., U.S.A., Australia, etc also hold the practice that the investigation work and safety monitoring are be carried out by a different social worker from the worker/and psychologist responsible for the counselling. We strongly believe that

merging these two intrinsically conflicting roles heavily curtails the effectiveness of both protecting the victim and safety control as well as counseling /therapy.

On the one hand, being also the investigator, the counsellor/therapist cannot help the abuser and the victim achieve fundamental and not superficial change.

From a clinical viewpoint, the level of counselling work achievable in mixed and conflicting roles can only be advice giving, case management and at most supportive counseling. One cannot expect any deep level emotional or personality change where children abusers can deal with their own personal issues and childhood trauma, so that their abusive tendency is no longer necessary or greatly reduced. We believe that most abusers need this kind of indepth counseling or treatment. Any counselling or therapy falling short of this becomes only a diluted form of counselling which in the end deprives our children victims of an opportunity for a truly non-abusive and healthy family re-unification.

By the same token, being both the investigator and counsellor, the counselling provided for victims will not achieve the depth that the victim can feel safe enough to express or resolve the pain and trauma stemming from the abusive experience., thus highly increase the chance of the victim adjusting poorly in life in the future, or even resort to abuse, thus greatly increases financial resources drawn by social problems associated to them.

We believe that separating these two roles involves not so much as to increase in resource but in a rather fundamental change in values on the part of our helping community. Do professionals see the role conflicts seriously and appreciate its impact on their work? Or are professionals already very overwhelmed that they rather stay at a superficial or case management level to simplify their job, as a way to cope with an impossible workload? Are our professionals competent in investigation, safety monitoring and in-depth counselling/therapy? Do our helping professionals believe in the power of counseling or therapy? Do we as a society value our children so much that any abuse or re-abuse is totally unacceptable? Or is our culture still skewed towards protecting the rights of parents much more than that of our children? Do we appreciate as a community the long-term damage of any abuse experienced by our children?

4. Case Conference Before Family Re-unification

Case conference should also be held before family reunification takes place after an abused child has been placed outside home. At the same time, any family reunification should only take place after careful case conferencing among professionals involved. Sending victims back to an abusive home is highly associated with the occurrence of re-abuse, which causes deeply serious trauma to the victim, which are extremely difficult to treat. As we all know, untreated experience as a victim is seen as one of the causes of becoming abusive parents in the future.

Victims need in-depth counseling to minimize the current impact and future damage from the abuse experience. Abusers need treatment abusers and their

progress is the best predictor of the possibility of re-abuse, assuming that the counselling is in-depth and not just superficial lip service to someone who also conducts investigation in the abuser. Assessing the determination and ability of the non-offending parent's ability to protect the child is also crucial. Assessing the ability of both parents in functioning as a parent is also of paramount importance in deciding on re-unification. Follow-up counselling for these parents and individual counseling for victims in midst of family therapy, if any, after re-unification is also essential for the long-term safety monitoring of child abuse.

5. Suggested Amendment to Existing and Alternative Guidelines

A set of suggested amendments to the Multi-disciplinary Guidelines currently used were passed to the Tin Sui Wai Review Panel for the authorities' consideration in July, 2004 after meeting with the Panel. Another set of suggested amendments were passed to Social Workers' Association in December, 2004 regarding their draft on an alternative manual for handling domestic violence cases. These suggestions are supported by extensive literature review and years of clinical experience, local and overseas. They also represent professional commitment and resource rendered to our community on a voluntary basis . We urge that they would be considered seriously by all parties involved and the Social Welfare Department in their efforts to revise their professional Manuals.