

The Hon. Dr. Fernando CHEUNG,  
Chairman,  
Panel on Welfare Services,  
Legislative Council,  
Hong Kong SAR,  
People's Republic of China.

Dear Dr. CHEUNG,

4 November 2005

**SERVICES AND SUPPORT TO VICTIMS OF SEXUAL VIOLENCE.**

Thank you for your letter dated 2 November and your kind invitation to address this panel on the issue of services and support to victims of sexual violence.

Let me begin by outlining a brief background of my involvement in this area. I was employed as a doctor and worked in the Forensic Pathology Service, Department of Health in 1982 and began my work with victims of sexual violence as of then. The mode of service delivery adopted was one whereby the Forensic Pathology Service performed the “medicolegal examination” and the collection of “forensic specimens”. The medical examination report and the specimens were then handed to the investigating police officer for forensic analysis, prosecution, etc. Victims were only seen when brought to the office by police officers. On some occasions, we would attend hospitals to perform this medicolegal examination and forensic specimen collection, again at the request more often of the police rather than the hospital. **To this day, the Forensic Pathology Service is only performing this role.**

In the mid and late eighties, there developed recognition of rape trauma syndrome and an increasing awareness of the trauma caused by the process of police reporting, forensic medical examination, court attendance, etc. These developments have led to several reforms of rape legislations even in Hong Kong. These developments also led to the development of multi-disciplinary rape crisis centers for victims of sexual violence. It recognized that the needs of victims were multi-faceted and required multi-disciplinary support. These included:- health screening, pregnancy screening, screening for sexually transmitted diseases, acute crisis support, longer term psychological counseling and chaperone services for courts, etc. Initially, the changes were slow and limited with the setting-up of rape examination suites in sites outside police stations. Gradually, many purposely built specialized rape crisis centers are in existence. Some of these centers are hospital based but many are separately housed. Most provide round the clock service.

In Hong Kong, a small step was made when we set up the Procedures for Handling Victims of child sexual abuse sometime in late 1995. **At least three**

**government premises were fitted out with examination suites, interview suites, etc for delivery of service to victims of child sexual abuse. These suites are still available although largely underutilized. These facilities are however not used for adult victims of sexual assaults.**

Since 1995, on and off through various channels, the issue of services for victims of sexual assault was brought to the attention of government and was commented upon internationally at CEDAW. It was again highlighted at a conference organized by the Equal Opportunities Commission as well as at the Anniversary Conference of the Family Planning Association. Despite all these, there has been no systematic review of the services for adult victims of sexual violence, particularly rape.

The Association Concerning Sexual Violence Against Women successfully obtained a grant from the Jockey Club as well as premises from Kwong Wah Hospital to establish Hong Kong first and only purpose built rape crisis center in 2001. This center adopted a one-stop service and multi-disciplinary approach to support victims of sexual violence. It encouraged the provision of required services to victims of sexual violence at its center named RainLily. The work of RainLily is self-evident and a formal evaluation report of its services have been produced and presented. I must at this point declare my interest; I am a member of the Steering Committee for RainLily.

It is my humble view that RainLily by far provides the most comprehensive service for victims of sexual violence particularly rape. No other service agency, government or non-government is providing these services. **I understand that their funding period by the Jockey Club has ended and would strongly urged this panel to insist that the Government provides continuing support for what in effect is the only service of its kind in Hong Kong!**

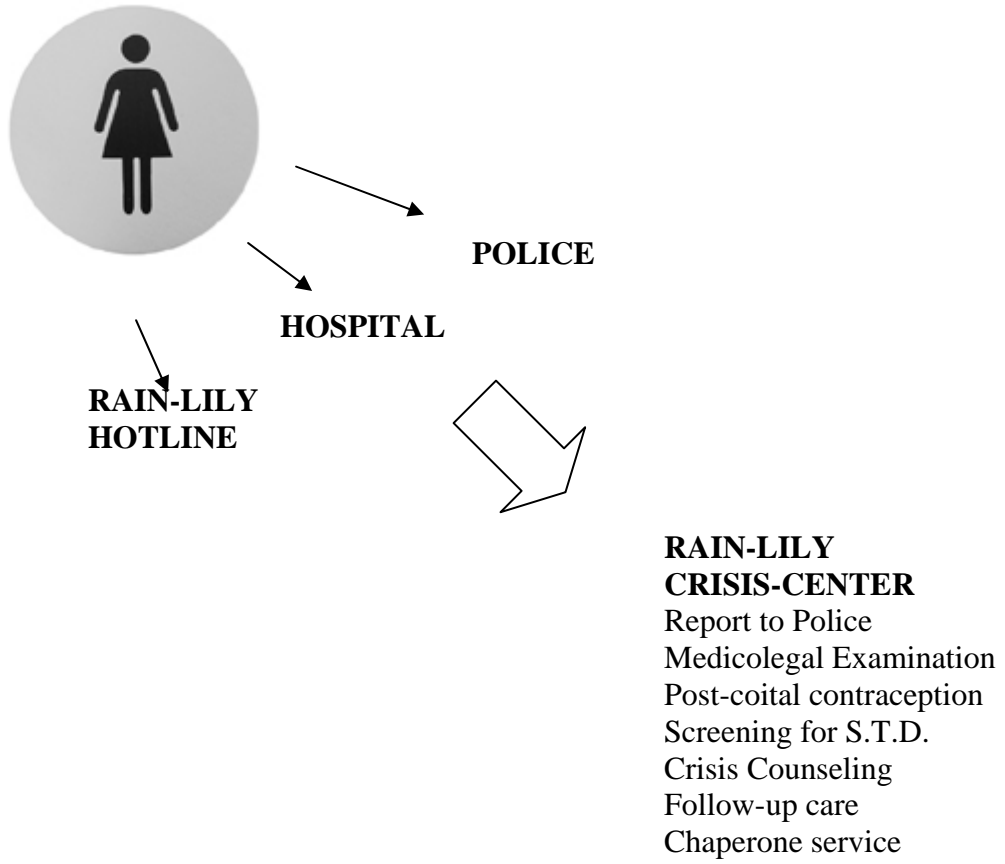
It is clear that RainLily alone is not reaching all victims of sexual violence and it is distressing to see what a victim of sexual violence will have to experience to obtain all the necessary services to meet with their needs and to help them to recover from the devastating experience of sexual violence. I attach a diagram to illustrate the difference in service delivery for a victim attending RainLily and one that is handled only by Government agencies. (See attached)

**In conclusion, I implore you and members of your Panel to look critically at the available services and to not only secure the continuous availability of funding for RainLily but to institute a review and reform of the current services available for victims of sexual violence so as to ensure that the unfortunate victims of sexual violence in our community is provided with the level of care and support of a place we proudly refer to as Asia's World City**

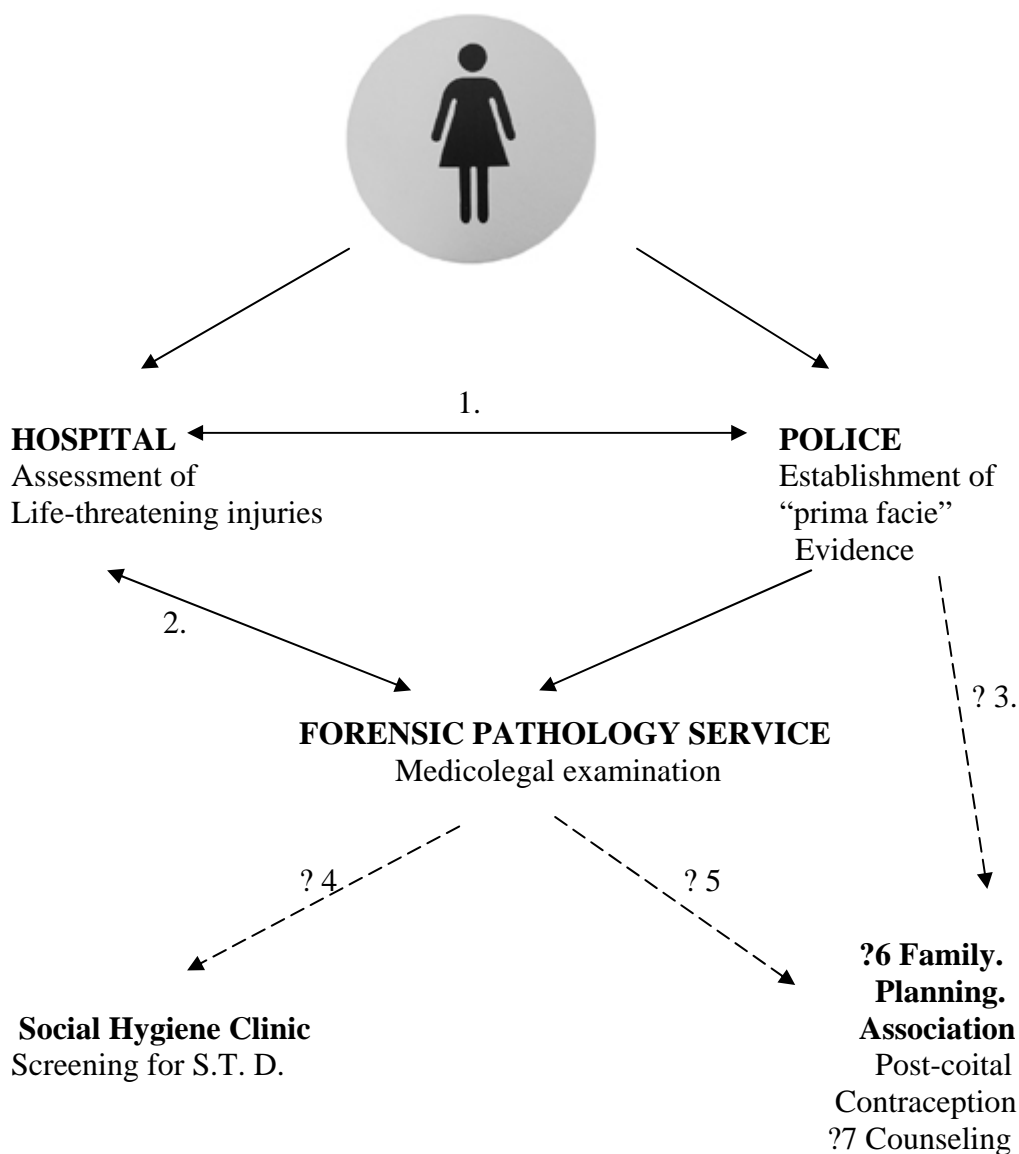
Yours respectfully,

Dr Philip Beh  
Faculty of Medicine, The University of Hong Kong

**SCHEMATIC OF SERVICE PROVISION BY RAIN-LILY**



**SCHEMATIC OF NON-RAINLILY SERVICE DELIVERY**



Notes.

1. It is not uncommon that Police will first send a victim to the Hospital to determine if there are “life-threatening” conditions. Where, there are none, the victim will then be sent back to the police who will then arrange for examination with Forensic Pathology Service
2. Hospital doctors occasionally will contact Forensic Pathology Service and discuss the venue for the medicolegal examination; i.e. whether the victim

should be seen by the Forensic doctors at the hospital or discharged and then arrangements made by the Police for the victim to attend the office of the forensic doctors.

3. It is unclear if Police will routinely refer victims to the Family Planning Association for Post-coital contraception
  4. It is unclear if Forensic doctors will routinely refer victims to the Social Hygiene Clinic for Screening of S.T.D. (Sexually Transmitted Diseases)
  5. It is unclear if Forensic doctors will routinely refer victims to the Family Planning Association for Post-coital contraception and counseling
  6. It is unclear if the Family Planning Association still provides this service.
  7. It is unclear if the Family Planning Association still provides this service
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- If the Family Planning Association is no longer providing this service, it is highly probable that victims of sexual assault are not getting these services.
  - It is also clear that in this model there is no acute crisis support, neither is there chaperone service (although the police does provide a female police officer to accompany the victim to the hospital or to the forensic pathology service. They however do not accompany victims to the Family Planning Association, Social Hygiene Clinic or Court attendance.
  - It is also unclear where if any social workers, medical social workers or clinical psychologists come into contact with victims.