

# 立法會

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### **Panel on Welfare Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 8 March 2021**

### **Support for victims of domestic violence and sexual violence**

#### **Purpose**

This paper provides background information and gives an account of the discussions of the Panel on Welfare Services ("the Panel") since session 2015-2016 and the Subcommittee on Strategy and Measures to Tackle Domestic Violence and Sexual Violence ("the Subcommittee") formed under the Panel in the Fifth Legislative Council ("LegCo") on support for victims of domestic violence and sexual violence.

#### **Background**

##### Strategies to tackle domestic violence and sexual violence

2. At present, the Social Welfare Department ("SWD") adopts a cross-disciplinary model as well as a multi-pronged intervention approach to combat domestic violence and sexual violence. The Committee on Child Abuse and the Working Group on Combating Intimate Partner Violence and Adult Sexual Violence, both chaired by the Director of Social Welfare and comprise representatives from the Hong Kong Police Force ("the Police"), the Education Bureau ("EDB"), the Hospital Authority ("HA") and non-governmental organizations ("NGOs"), etc., have been set up to map out the strategies to tackle the problems of child maltreatment, domestic violence and sexual violence. Three sets of procedural guidelines, namely the Protecting Children from Maltreatment - Procedural Guide for Multi-disciplinary Co-operation, the Procedural Guidelines for Handling Intimate Partner Violence Cases and the Procedural Guidelines for Handling Adult Sexual Violence Cases, are in place to assist frontline

professionals in handling cases concerned in a professional and effective manner.

### Support for victims of domestic violence, the families and the perpetrators

3. SWD has set up 11 Family and Child Protective Services Units ("FCPSUs") which specialize in providing one-stop support service for victims of domestic violence, the families and the perpetrators. Social workers of FCPSUs will serve as the case managers to coordinate various services and assistances, including crisis intervention, arrangement of shelter, temporary accommodation or residential service for victims and their children who are of high risk of further violence, counselling service, medical services, and provision of statutory protection for the children if needed, etc. For perpetrators of intimate partner violence, FCPSUs has implemented the Batterer Intervention Programme ("BIP") and the Anti-violence Programme ("AVP").<sup>1</sup> Since October 2018, SWD has subvented three NGOs to operate the Support Programme for Enhancing Peaceable Relationship ("SPeaR")<sup>2</sup> in five service regions to provide an early and flexible intervention for perpetrators or potential perpetrators under intimate partner violence to prevent and stop violence as well as to improve the intimate relationship; and to provide support service for children who have witnessed or been exposed to intimate partner violence and victims of intimate partner violence. The above apart, the Victim Support Programme for Victims of Family Violence, which is run by an NGO with funding from SWD, provides victims of domestic violence with enhanced support services including provision of information on legal aid, accommodation, treatment and child care support.

### Support for victims of sexual violence

4. SWD has adopted a one-stop service model to handle sexual violence cases since 2007. Under this service model, a designated social worker will be assigned as a case manager to provide 24-hour outreach service as well as coordinate and arrange continuous support and follow-up services for each victim, including emotional counselling, reporting to the

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<sup>1</sup> BIP is a voluntary 13-session counselling programme for persons who have used violence towards their spouses or heterosexual co-habitants and wish to maintain and improve their intimate partner relationships, whereas AVP is a psycho-educational programme approved by the Director of Social Welfare for perpetrators who are mandated by the court to attend the programme in the granting of a non-molestation order under the Domestic and Cohabitation Relationships Violence Ordinance (Cap. 189).

<sup>2</sup> SPeaR was previously named the Educational Programme on Stopping Domestic Violence which was launched by SWD in October 2013 to provide short-term counselling for perpetrators who were in need and willing to receive such service.

Police and statement-taking, arrangement of medical care and forensic examination, social work support and provision of service information. The one-stop service aims to enable victims to receive services and go through the relevant procedures in a convenient, safe, confidential and supportive environment, and minimizes the need for the victims to recount their unpleasant experience. To tie in with the implementation of the one-stop service model, the Procedural Guidelines for Handling Adult Sexual Violence Cases was revised in 2007 to enhance cooperation and coordination of relevant departments and organizations in meeting the needs of the victims.

5. For the provision of one-stop service for sexual violence victims, SWD has commissioned the Tung Wah Group of Hospitals to operate the CEASE Crisis Centre to provide one-stop crisis intervention and support services for victims and their families. Short-term accommodation of normally not more than two weeks will be provided immediately if needed, and follow-up services for victims will last for at least six months. Separately, HA has arranged one designated room and one back-up room ("designated rooms") in each of the 18 public hospitals providing Accident and Emergency ("A&E") service over the territory for sexual violence victims to receive the one-stop service and go through the necessary procedures in the same room as far as possible.

### **Deliberations of the Panel and the Subcommittee**

6. Issues relating to the support for victims of domestic violence and sexual violence were discussed at a number of meetings of the Panel and the Subcommittee. The major deliberations and concerns of members are summarized in the ensuing paragraphs.

#### Categorization of domestic violence cases

7. Some members expressed concern as to whether the current classification of domestic conflict reports which took effect from 2009 was effective in reflecting the nature of domestic violence cases. The Administration advised that the purpose of classifying domestic conflict reports into the three categories of "domestic violence (crime)"<sup>3</sup>, "domestic

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<sup>3</sup> "Domestic violence (crime)" cases refer to criminal cases involving violence that occur between persons having marital or intimate partner relationships, including murder, manslaughter, wounding, serious assault, rape, indecent assault, criminal intimidation, criminal damage and possession of offensive weapons, etc.

violence (miscellaneous)"<sup>4</sup> and "domestic incidents"<sup>5</sup> was to more accurately reflect the nature of the cases and deploy appropriate resources to handle the cases and assist the victims. Cases were classified according to their nature by the Police during investigation, and were transferred to various formations for follow-up in accordance with established procedures and guidelines. Cases would be referred to SWD for follow-up where necessary. All cases would be recorded in the Enhanced Central Domestic Violence Database ("the Database").

8. Members noted that around 85% of domestic conflict cases were categorized by the Police as "domestic incidents". On members' enquiry as to whether repeated "domestic incidents" had become domestic violence cases, the Administration advised that in the event that another domestic conflict case was reported on the same family, the overall situation of the domestic conflict which was previously recorded in the Database would help the Police assess the case and provide necessary assistance for the family concerned such as referring the case to relevant service units.

9. Members were concerned that psychological abuse was not clearly defined in the context of domestic violence, and the number of psychological abuse cases recorded by SWD for child abuse cases and spouse/cohabitant battering cases was small. The Administration advised that it would strengthen training and guidelines for frontline staff to differentiate psychological abuse from other types of abuse.

#### Support for victims of domestic violence and the families

10. Members considered that sufficient counselling time should be provided for a victim of domestic violence and the family concerned for a thorough understanding of their needs and the provision of appropriate assistance. They enquired whether the Administration had any plan to increase the duration of counselling services for domestic violence cases. The Administration advised that the domestic violence problem involved complicated family and personal factors and the time required for handling each case was different. While SWD did not have the average processing time of each case handled by social workers, it should be noted that the average caseload per frontline social worker in FCPSUs had reduced from 44 cases in 2008-2009 to 27 cases in 2017-2018. Many cases whereby the

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<sup>4</sup> "Domestic violence (miscellaneous)" cases refer to cases involving common assault and a breach of the peace that occur between persons having marital or intimate partner relationships.

<sup>5</sup> "Domestic incidents" refer to any family-related incidents not involving violence or a breach of the peace that occur between persons having marital or intimate partner relationships, such as disputes, nuisance, annoyance or conflicts, etc.

situation in the families concerned was not stable had been handled by FCPSUs for years. For cases with stabilized situation, the responsible social worker of FCPSU would follow the cases for another six to nine months and would only close the case after careful examination.

11. Some members were concerned that the psychological problems of children witnessing domestic violence might only emerge when they grew up. They suggested that the Administration should provide dedicated services for children witnessing domestic violence. The Administration advised that under SPeaR which was introduced in October 2018, educational programme would be provided for children witnessing or being exposed to intimate partner violence so as to protect them from harm.

12. Holding the view that schools should play a more active role in identifying the symptoms of child abuse and following up the cases, members considered that sufficient social work support should be provided for primary schools and kindergartens, such as through the implementation of a policy of "one school, one social worker" for each kindergarten. According to the Administration, a three-year pilot scheme had been launched in the 2018-2019 school year to provide social work service in phases for pre-primary children and their families in subsidized or aided pre-primary institutions (including aided child care centres, kindergartens and kindergartens-cum-child care centres). To help chart the way forward, SWD had commissioned the City University of Hong Kong in December 2019 to conduct an evaluation study on the mode of operation and performance of the pilot scheme. For primary schools, EDB had, starting from the 2018-2019 school year, provided public sector primary schools with additional resources under a new funding mode to enable them to implement the policy of "one school social worker for each school" according to school-based circumstances.

13. Some members considered that the Administration should establish a mandatory reporting mechanism of child abuse cases so that the relevant government departments could act promptly and take necessary actions to prevent recurrence of such cases. The Administration advised that the newly revised Protecting Children from Maltreatment - Procedural Guide for Multi-disciplinary Co-operation was implemented in April 2020 to enhance the handling procedures for child abuse cases and collaboration among professionals. It would study how sharing of information on child abuse cases among government departments could be strengthened, with due consideration to the privacy of the families and children concerned to prevent them from further harm.

### Intervention for perpetrators

14. There was a concern that the participation rates of BIP and AVP were low when compared with the total number of domestic violence cases. Questions were raised as to whether the low participation rate of BIP was due to insufficient manpower and whether a review of BIP would be conducted. The Administration advised that some target participants might not be able to attend BIP, which comprised of 13 two-hour sessions, continuously because of work. SPear, which was a six-hour educational programme and was delivered in a more flexible format, served as another service alternative for perpetrators. Where necessary, participants could receive further in-depth intervention after completing SPear. As regards AVP, the number of participants in the programme depended on the number of referrals by the court. Since there were only a small number of applications for non-molestation orders, the number of referrals by the court was also small. In the light of the situation, the Administration had re-allocated the resources for AVP to provide SPear. On members' suggestion that the complicated application procedures for non-molestation orders should be reviewed critically, the Administration advised that the Family Court was in the course of setting up a working group to review the application procedures.

### Support for families at risk of domestic violence

15. There were suggestions that SWD should proactively reach out to families with potential risk of domestic violence, conduct home visits on a regular basis, and arrange social workers to station at Maternal and Child Health Centres ("MCHCs") for the provision of timely support so as to reduce the occurrence of domestic violence. The Administration advised that the territory-wide Integrated Family Service Centres ("IFSCs") provided a spectrum of preventive, supportive and remedial services for needy families. Separately, the Comprehensive Child Development Services jointly implemented by EDB, the Department of Health, HA and SWD would identify and meet various health and social needs of children aged between 0 to five and their families at an early stage through MCHCs, public hospitals and other service units (e.g. IFSCs). For case referrals made by MCHCs, case social workers would follow up with and pay home visits to the families concerned to better understand their needs. In case a high-risk family refused to receive the services, SWD would attempt to intervene in the family via other channels, such as through other services provided for the family. The social worker would keep in view whether there were signs of domestic violence in the families and enlist the Police's assistance if necessary.

### Provision of one-stop service for victims of sexual violence

16. Members were concerned that the one-stop service currently provided by the Administration for victims of sexual violence did not measure up to the standards set out in the Guidelines for medico-legal care for victims of sexual violence issued by the World Health Organization. For instance, not all designated rooms in the 18 public hospitals were equipped with facilities for gynecological or forensic examination. There were also cases whereby victims did not receive support in a timely manner and statements were not taken in designated rooms. Question was raised about the respective utilization rate of the services provided for sexual violence victims under the one-stop service model. Members also called on the Administration to map out the timetable to take forward the request set out in the motion passed at the Council meeting of 12 December 2018 that the Administration should, inter alia, allocate additional resources to HA for setting up a 24-hour one-stop crisis support centre for sexual violence victims and abused children in three public hospitals respectively in the New Territories, on Hong Kong Island and in Kowloon.

17. The Administration advised that under the one-stop service model, a people-oriented approach was adopted. A dedicated social worker of the CEASE Crisis Centre would be assigned as case manager to provide immediate outreaching or crisis intervention service for the victim in need on a 24-hour basis for emotional counselling service and social work support. On average, case managers responded in 30 minutes and arrived at the victim's location in less than one hour after receiving a service request. Staff of the A&E Department of public hospitals would also accord priority to attending to victims of sexual violence. The designated case manager would coordinate and arrange follow-up services from other disciplines for the victims in accordance with their needs. While the Administration did not have the figures that could reflect the full picture of the utilization rate of various services provided by different disciplines, it should be noted that those sexual violence victims who sought assistance a long time after the incident might not need to undergo forensic examination or medical treatment.

18. On the suggestion of setting up crisis support centres in public hospitals, the Administration advised that HA needed to ensure optimal use of the already overcrowded space of public hospitals to meet the increasing demand for healthcare services. At present, the provision of designated rooms in the 18 public hospitals could facilitate victims to receive one-stop services in hospital areas according to their needs. All these rooms had doors and were sound-proof so as to protect patients' privacy. Among them, 14 public hospitals could provide rooms with beds for gynecological

examination and bathrooms were available in all public hospitals for use of patients in need. In the longer term, HA would actively study the provision and enhancement of the relevant rooms or facilities in newly built or renovated hospitals for patients in need, including sexual violence victims.

19. Members did not subscribe to the Administration's response and maintained the view that the principle of providing one-stop service for victims of sexual violence had not been upheld at public hospitals. At the meeting of the Panel on 9 December 2019, a motion was passed urging the Government to draw up a reasonable timetable for establishing within public hospital premises three one-stop crisis support centres which met the criteria of comfort, secure, having a high degree of privacy and being well-equipped with healthcare facilities.

#### Public education

20. Expressing concern that victims of domestic violence and sexual violence might not be aware of the channels to seek assistance, members considered that the Administration should promote the services available and the hotline of CEASE Crisis Centre through Announcements in the Public Interest. The Administration advised that SWD had set up a website of "Support for Victims of Child Abuse, Spouse/Cohabitant Battering and Sexual Violence" to educate the general public on prevention of sexual violence, and provide information on support services for victims and how to seek assistance when necessary. SWD also promoted the message on prevention of domestic violence and sexual violence to the public on different social networking platforms at various times. Apart from the above, SWD had provided additional resources for an NGO since January 2020 to raise ethnic minorities' awareness of domestic violence and sexual violence through community education programmes, and encourage victims to seek help.

#### Training for frontline personnel

21. Members urged the Administration to provide frontline personnel (including police officers and social workers) with professional and specialized training to enhance their sensitivity and skills in distinguishing domestic violence cases from domestic incidents, as well as handling cases of sexual violence involving people of different genders, backgrounds, cultures and sexual orientations. According to the Administration, SWD had regularly organized various training courses for frontline social work staff to enhance their ability to provide services for people with different backgrounds. SWD would also send its staff to attend training activities for frontline professionals organized by other relevant bureaux,



departments and NGOs. Separately, the Police had incorporated elements of domestic violence and various topics relating to the handling of victims of sexual violence into the regular police training courses. To ensure that relevant healthcare and professional staff were familiar with the procedures of the one-stop service for victims of sexual violence for better collaboration, SWD would work jointly with HA, the Police and relevant departments to organize drill exercises on the provision of one-stop service at public hospitals around once a year.

### Shelter service for victims of domestic violence and sexual violence

22. Members raised concern about inadequate provision of short-term accommodation for victims of domestic violence and sexual violence. They urged the Administration to draw up a concrete plan for increasing the capacity of refuge centres, earmark additional provisions for the expansion of shelter service, and set up dedicated refuge centres for victims of domestic violence and sexual violence from vulnerable groups, such as elderly persons, ethnic minorities and sexual minorities, to cater for their specific needs. The above apart, the refuge centres should enhance their mutual referral mechanism so that better arrangement could be made to reserve adequate residential places for urgent cases.

23. According to the Administration, SWD subsidized five refuge centres for women operated by NGOs with a total capacity of 268 places for females and their children aged below 18 who needed temporary refuge because of immediate risk of domestic violence or serious personal or family problems. In addition, CEASE Crisis Centre also provided 80 short-term residential service places for individuals or families facing domestic violence or other family crisis, as well as for victims of sexual violence. SWD was making an effort to explore with the operator of refuge centres the possibility of increasing the number of places through insitu expansion by utilizing spare space and to bid for additional resources and manpower in accordance with the established mechanism.

### **Relevant papers**

24. A list of the relevant papers on the LegCo website is in the **Appendix**.

## Appendix

### Relevant papers on support for victims of domestic violence and sexual violence

Meeting	Date of meeting	Paper
Subcommittee on Strategy and Measures to Tackle Domestic Violence and Sexual Violence	8 March 2016*	<a href="#">Report of the Subcommittee to the Panel on Welfare Services</a>
Panel on Welfare Services	19 January 2018 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	9 April 2018 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1541/17-18(01)</a>
	9 December 2019 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)747/19-20(01)</a> (Chinese version only) <a href="#">CB(2)747/19-20(02)</a> (Chinese version only) <a href="#">CB(2)760/19-20(01)</a> <a href="#">CB(2)905/19-20(01)</a>
	30 December 2020	<a href="#">CB(2)504/20-21(03)</a>

\* Issue date