

For Discussion  
on 3 July 2006

## **LEGCO PANEL ON WELFARE SERVICES**

### **Review of Services for Victims of Sexual Violence**

#### **Introduction**

At the special meeting of the Panel on Welfare Services held on 15 December 2005, the Administration informed Panel Members that it would conduct a review on the existing service model for victims of sexual violence. This paper seeks to update Members of the latest developments.

#### **Background**

2. The Administration has long recognised the uniqueness and importance of the services provided to victims of sexual violence. Various measures have been put in place in the past few years to improve such services, which include the setting up of inter-departmental working group, the formulation of procedural guidelines, and the establishment of a central registry on sexual violence cases and a website for supporting victims of sexual violence.

3. As regards the long-term development of the service, the Administration recognised that there was room for improvement so as to provide victims of sexual violence with enhanced support and service convenience. The Administration therefore initiated a review on the existing services, with a view to strengthening the collaboration among different disciplines, the coordination function of the case manager, and the synergy among related welfare service units to provide better support to victims.

## **Latest Developments**

4. During the past six months, the Health, Welfare and Food Bureau (HWFB) and the Social Welfare Department (SWD), in collaboration with the Hospital Authority (HA), the Police and the Forensic Pathology Service of the Department of Health (DH), have reviewed the existing mode of service provision and service coordination among departments concerned. A new service model has been proposed.

5. In line with established practice, the Administration would consult the Social Welfare Advisory Committee (SWAC) on the proposed new service model on 22 June 2006 before finalising the proposal. In view of LegCo Members' concern over this subject matter and the fact that the LegCo Panel on Welfare Services has scheduled a special meeting on 3 July 2006 to discuss this, we attach herewith a discussion paper entitled "Review of Service for Victims of Sexual Violence" prepared for the SWAC for Members' advance information. Subject to the deliberation and advice by the SWAC at its meeting on 22 June 2006, we shall refine the proposal as necessary and report any further changes to LegCo Members at the special meeting of the Panel to be held on 3 July 2006.

Health, Welfare and Food Bureau/  
Social Welfare Department  
June 2006

## **Review of Services for Victims of Sexual Violence**

### **INTRODUCTION**

This paper gives an account of the Administration's review of the service for victims of sexual violence and the proposed new service model.

### **BACKGROUND**

2. The Administration has long attached importance to the service need of victims of sexual violence. Various measures have been put in place to improve such services, which include the setting up of the Working Group on Sexual Violence in 2000 (which was amalgamated with the Working Group on Battered Spouse to form the Working Group on Combating Violence in 2001), the formulation of the "Procedural Guidelines for Handling Sexual Violence Cases" (the Guidelines) in 2002, and the establishment of a central registry on sexual violence cases and a website for supporting victims of sexual violence in 2003.

3. All along, the Integrated Family Service Centres (IFSCs) (formerly known as the Family Services Centres), the Family and Child Protective Services Units (FCPSUs) and the Medical Social Services Units (MSSUs) are the major casework units responsible for handling such cases. To reduce a victim's trauma of repeating unpleasant experience to different parties throughout the helping process, a case manager approach has been adopted with a view to co-ordinating services provided by different professionals since formulation of the Guidelines in 2002.

Under most circumstances, a social worker would take up the role of a case manager.

4. Apart from these subvented services, there are also pilot projects funded by other sources providing support to victims of sexual violence. For example, in 2000, with funding support from the Hong Kong Jockey Club Charities Trust (HKJCCT), a pilot project named Sexual Violence Crisis Centre (the Rainlily) was set up by the Association Concerning Sexual Violence Against Women (the Association). Based in Kwong Wah Hospital, the Rainlily cooperates with this hospital to provide a series of services to female victims of sexual violence, which include hotline, 24-hour crisis intervention, arrangement of police interview and forensic examination, medical service support, counselling, escort, survivors' support group, volunteer training and publicity. The funding support from the HKJCCT expired in December 2005 but the Association has obtained alternative funding support from the Community Chest which will last till March 2007.

5. The subject of 'services for victims of sexual violence' was discussed twice in the LegCo Panel on Welfare Services in November and December 2005 respectively. Two motions requesting the Government to provide regular subvention to the Association to continue the services of Rainlily were passed. In deciding whether subvention should be provided, we had to consider the Government's financial situation, service need, existence of similar service, effectiveness of the service-in-question, the availability of alternative funding, its relationship with other related services and the policy of open bidding for new subvented service. After careful consideration, we decided not to provide recurrent funding to Rainlily. But we agreed to review the mode of service provision for sexual violence cases with a view to further improving the services through enhancing service accessibility, the specialization and coordination function of the case manager, the collaboration among different disciplines and the synergy among related welfare service units.

## **REVIEW OF THE SERVICE MODE**

6. During the past six months, the Health, Welfare and Food Bureau (HWFB) and the Social Welfare Department (SWD) have critically examined the existing mode of service provision and service coordination among departments concerned together with the Hospital Authority (HA), the Police and the Forensic Pathology Service of the Department of Health (DH), having regard to the experience of Rainlily and based on the following basic principles:

- i. timely, professional and specialized services should be available to victims of both sexes and their family members on a 24-hour basis ;
- ii. there should be an easy contact point, and services provided should be easily accessible to victims who may come from different locations of the whole territory;
- iii. the need for victims to undergo different procedures and to repeat the incidents should be minimized through better service coordination ;
- iv. continuous support and after-care services to the victim after the crisis should be available; and
- v. synergy among related welfare service units concerned should be achieved.

The review comes up with improvement measures detailed below.

### **Arrangement within SWD to provide an extensive network of support by a pool of specialized social workers**

7. Having considered that victims of sexual violence are usually in a desperate crisis state hence in need of immediate crisis intervention service, and they may be subject to further disturbance if they are required to travel a long way for the necessary services or to transfer between

hospitals, it is important to make services accessible and convenient to them. In this connection, we will make use of SWD's extensive network of IFSCs / FCPSUs / MSSUs spread through its 12 districts as service contact points, particularly those in the same vicinity of the hospitals concerned.

8. However, it is recognized that in dealing with sexual violence cases, the social workers concerned need to have more specialized knowledge and skills in dealing with the traumatic experience of the victims and in working with other related professionals. Therefore, SWD will designate a specialized pool of social workers from its extensive network of service units to handle sexual violence cases. The pool will comprise about 2-5 social workers from each of the 12 districts. They will be given special training to facilitate them to take on such duties. The training content will include crisis intervention skills, counselling, healing tasks and coping skills for victims and survivors of sexual violence, collaboration with different disciplines, etc. On the other hand, those non-designated social workers will also be given general training and they will give back up support to the designated workers.

### **Arrangement of HA to provide a network of immediate medical support and after care medical service**

9. As victims of sexual violence may need medical service, support from hospitals is very important. Of the same reason as stated in paragraph 7 above, immediate medical services at the hospital attended by victim should be available. Therefore, for accessibility and convenience sake, **all** HA hospitals with Accident and Emergency Department (AED) will provide immediate medical services (i.e. medical examination and treatment, emergency contraception, and screening test for Hepatitis B) to victims of sexual violence as may be required.

10. As for medical after-care services, in order to enhance service

convenience and reduce the need for victims to approach different clinics and repeat the incidents, HA will designate the following clinics/departments to provide 6-month after-care services for victims of sexual violence. Services will include screening of sexually transmitted diseases, AIDS, and other medical treatment as may be required :

| <b>Cluster</b> | <b>Hospitals with AED within the Cluster</b>                                                                                                                                            | <b>Designated Clinic / Department providing medical after-care service</b> |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| HK             | Pamela Youde Nethersole Eastern Hospital,<br>Queen Mary Hospital,<br>Ruttonjee Hospital<br>St John Hospital                                                                             | Gynaecology Clinic /<br>Pamela Youde Nethersole Eastern Hospital           |
| Kln            | Kwong Wah Hospital,<br>United Christian Hospital,<br>Queen Elizabeth Hospital,<br>Princess Margaret Hospital,<br>Caritas Medical Centre,<br>Yan Chai Hospital<br>Tseung Kwan O Hospital | Gynaecology Clinic /<br>Queen Elizabeth Hospital                           |
| NTE            | Prince of Wales Hospital,<br>North District Hospital<br>Alice Ho Miu Ling Nethersole Hospital                                                                                           | Family Medicine Specialist Clinic / Prince of Wales Hospital               |
| NTW            | Tuen Mun Hospital                                                                                                                                                                       | Family Medicine Specialist Clinic / Tuen Mun Hospital                      |

11. To further enhance the interfacing and cooperation with social

workers, HA will also provide a list of contact numbers of the AEDs and designated clinics/departments to social workers who can make pre-attendance calls to the AEDs for appointment, and arrange follow-up appointments at the designated clinics/departments for after-care services. In case victims first visit AEDs on their own, the AEDs concerned can also refer the case to the social workers for immediate follow-up through the designated hotline.

12. For cases that do not require immediate medical examination and treatment at AED, the designated clinics/departments can still provide after-care services to victims referred by medical practitioners if such services are needed.

### **Arrangement of the Police and Forensic Pathology Service of the Department of Health (DH)**

13. Apart from hospitals, social workers will also work closely with the Police and forensic pathologists of DH in providing services to victims of sexual violence. Police will also provide a list of the contact persons concerned to facilitate social workers to report sexual violence cases and request for immediate assistance. Upon receipt of a report, the Police will liaise with the duty forensic pathologist to make the necessary case specific arrangement for forensic medical examination of the victim. After forensic examination, forensic pathologists will be available to advise on the need of after-care services for victims and will work with the Police and social workers to make referrals when necessary. The AEDs will make suitable arrangement for forensic pathologist to conduct forensic examination and for the police to take statement in case the situation so warrants taking into account the need to protect the privacy of the victims.

## **A New Multi-purpose Crisis Intervention and Support Centre to be operated by an NGO through Open Bidding**

14. With support from the Lotteries Fund, a non-governmental organisation (NGO) will be selected through open bidding to operate a new Multi-purpose Crisis Intervention and Support Centre with provision of round-the-clock services in a newly identified set of premises in the New Territories West, where there are more cases of family crisis and domestic violence and hence a greater need for time-out facilities. This centre will provide support to victims of sexual violence through coordination with the service units of SWD and other departments concerned, as well as provision of direct services such as a 24-hour hotline to the public and professionals, short-term accommodation, outreaching and crisis intervention services after normal office hours, and case consultation service etc. On top of the service for victims of sexual violence, the centre will also provide services for other cases of family crisis and domestic violence to complement the services provided by IFSCs / FCPSUs / MSSUs, as well as other crisis services. SWD will invite interested NGOs to make brief proposals on the service components and mode of operation through a letter of intent, based on which a detailed service specification will be formulated and detailed proposals from NGOs invited.

### **Service Components of the New Service Mode**

15. Summing up the above arrangements, the new service model will comprise the following components:

- i. 24-hour hotline service relating to support for victims of sexual violence*
  - ◆ To be provided by a selected NGO

- ii. 24-hour outreaching service for sexual violence crisis cases**
  - ◆ To be provided by the designated social workers of SWD during office hours and by the designated social workers of the selected NGO outside office hours.
  
- iii. Case management for sexual violence cases**
  - ◆ Designated social workers will act as case manager to provide / coordinate services such as emotional support, counselling, report to police, medical treatment, forensic examination etc. They will also escort / accompany the victims to go through all necessary procedures.
  
  - ◆ To ensure continuity of service, the same designated social worker will follow through the case and provide / coordinate follow-up services including on-going counselling, medical after care service, referral for clinical psychological service, legal aid service, housing assistance and support groups, and also assistance to the victims in facing court proceedings as may be required.
  
- iv. Short-term accommodation service**
  - ◆ To be available in the new Multi-purpose Crisis Intervention and Support Centre as well as other similar facilities in existence, in case the victim is in an acute crisis state and for other reasons not suitable to return to home, e.g. the sexual violence incident took place at home.
  
- v. Medical support by HA to sexual violence cases**
  - ◆ Immediate medical services in all HA hospitals with AED
  - ◆ 6-month after-care services in 4 designated clinics/departments of HA

**vi. Training**

- ◆ SWD will organise different levels of training to enhance the frontline professionals' knowledge and skills in handling sexual violence cases:
  - Basic training for all social workers to enhance their sensitivity and awareness, etc.
  - Advanced training for designated social workers of SWD and NGO on understanding the impact of sexual violence incidents on the victims and the handling skills.
- ◆ Training will also be extended to other professionals including medical personnel, police, forensic pathologists etc. as may be required

16. Under this new service model, victims of sexual violence or other professionals concerned (e.g. Police, Medical Officer of AED) may seek assistance through a 24-hour designated hotline. Designated social worker will then be arranged to provide immediate outreaching and crisis intervention services to the victim in a place that is convenient to the victim. Medical service can also be arranged in the nearest hospital. Other services such as forensic examination, report to police, temporary accommodation, if needed, may also be arranged at the same time. The same designated social worker will follow through the case, and medical after-care service, if required, can be arranged in a designated clinic that is convenient to the victim. This model represents improvements to the current services through enhancing service convenience, the specialization and coordination function of the case manager, the collaboration among different disciplines, and the synergy among related service units.

17. We will review the effectiveness of the model in about three years after implementation.

## **SCHEDULE OF IMPLEMENTATION**

18. The new service model is targeted to be implemented in January 2007. To tie in with the implementation of the new service model, the existing Guidelines for Handling Sexual Violence Cases will be revised with joint effort of different disciplines. Briefing sessions to frontline professionals will also be arranged in late 2006.

## **ADVICE SOUGHT**

19. Members are invited to advise on the new service model as proposed above.

**Health, Welfare and Food Bureau /  
Social Welfare Department  
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