

For Discussion
on 15 December 2005

LEGCO PANEL ON WELFARE SERVICES

Services for Victims of Sexual Violence

Introduction

At the meeting of the Panel on Welfare Services of the Legislative Council held on 14 November 2005, Members endorsed the following motion moved by the Hon. Leung Kwok-hung –

“That this Panel demands the Administration to immediately fund Rainlily so as to enable it to continue its services, and that the Home Affairs Bureau and the Health, Welfare and Food Bureau should follow-up and submit reports with a view to improving service on addressing family violence and sexual violence.” (translation)

2. This paper aims to set out the Government’s response to the above motion. In brief, the Social Welfare Department (SWD) has been coordinating with other departments concerned (including the Police, Forensic Pathology Service of the Department of Health (DH) and the Hospital Authority) to work out short-term contingency measures. In the event that the Rainlily ceases its services, in addition to the existing mainstream service units, SWD will deploy its existing social workers to form a small crisis support team, and work with the departments concerned to provide 24-hour crisis intervention services (including reporting to the Police for statement-taking, conducting forensic examination, arranging medical services, counselling and escort services, and making referrals etc) for victims of sexual violence. These crisis intervention services can be carried out in a hospital. As regards the long-term development of the service, SWD will review the existing service model and strengthen the collaboration among different disciplines, the coordination function of the

case manager, and the synergy among related welfare service units. Details of the Government's response are set out in the ensuing paragraphs.

Existing Services Provided to Victims of Sexual Violence and Service Modes

3. The Administration has long recognised the uniqueness and importance of the services provided to victims of sexual violence. Various measures have therefore 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.

4. For services to victims of sexual violence, the Administration considers that the prerequisite is to provide them with convenient services and to enhance service coordination so as to reduce the need, where possible, for the victims to go to different places for necessary procedures and repeat their unpleasant experience. As most victims of sexual violence usually seek help first from the Police, nearby hospitals or service units, crisis intervention services (such as medical treatment and examination, forensic examination, and statement taking, etc.) should therefore be conducted in the police station or hospital in the vicinity. If a victim would have to undergo the above procedures in a designated "crisis centre", she would have to travel from one place to another soon after seeking help, and if this designated "crisis centre" is located far away from the police station or hospital concerned, say from the police station/hospital in the New Territories to a "crisis centre" in Kowloon, this would give rise to additional procedures and may hence delay the handling time. Moreover, it is inevitable that the victims may, for various reasons, have to go to different places for various procedures (for example, to the crime scene to collect evidence, to identify the suspect(s), to receive psychological assessment or specialist treatment, etc.). The procedures involved therefore may not necessarily be conducted and completed at one location.

5. Therefore, the idea of designating one centre to handle sexual violence cases is not necessarily the only and most effective mode of service. In the broad sense, the essence of "one-stop service" lies in the continuity of service. It requires the availability of an appropriate personnel throughout the whole process to offer instant support to the victims and to coordinate

the work of various departments and units so that the victims can go through all the procedures in a convenient, safe, confidential and protected manner.

6. At present, the Integrated Family Service Centres, the Family and Child Protective Services Units and the Medical Social Service Units are the mainstream service units providing service for victims of sexual violence. These service units cover the whole territory of Hong Kong. Victims may approach a nearby unit direct for assistance or be referred to the unit by other professionals such as police officers and medical personnel. In developing the multi-disciplinary guidelines in 2002, a “case manager” approach has been adopted by these service units in handling such cases. Social workers, who act as case managers, will arrange follow-up services (such as reporting to the Police, injury assessment, medical treatment, post-coital contraceptive service, screening of sexually-transmitted diseases, forensic examination, counselling, emotional support, psychological counselling, arrangement of accommodation, financial assistance and legal service, etc.) for victims, proactively liaise with relevant service centres in the neighbourhood (including hospitals, DH clinics and police stations) and coordinate various procedures through such means as obtaining statements or medical reports from relevant departments, etc. This would reduce victims’ stress and their trauma of repeating their unpleasant experience throughout the process. Social workers may accompany the victims to report to the police, receive medical treatment and even attend court hearing if needed. Witness support service will also be arranged by a social worker if the victim is a child or mentally incapacitated person. These mainstream service units will also provide a wide range of follow-up services to the victims of sexual violence after the crisis. This maintains continuity of service.

7. Taking an overview on the existing service modes, whether the sexual violence cases are handled by a designated “crisis centre” or by the mainstream service units, it would often necessitate the victim to go to more than one place for conducting the necessary procedures. But the most important point is that, throughout the whole process, a social worker would be available to liaise with various units and coordinate relevant services, which will enable the victim to feel a sense of support and reduce the need for the victim to recall the unpleasant experience as far as possible.

Long-Term Development of Service

8. As regards the long-term development of the service, there is still room for improvement so as to provide victims of sexual violence with enhanced support and service convenience. The Administration will review the existing services and strengthen the collaboration among different disciplines, the coordination function of the case manager, and the synergy among related welfare service units to provide instant support to victims during crises according to their needs and minimize unnecessary procedures involving the victims.

Rainlily's Funding Application

9. We understand that the Association Concerning Sexual Violence Against Women has already applied for funding from another non-government funding source, apart from the Hong Kong Jockey Club Charities Trust, to continue its service.

Considerations for Government Subvention

10. The Administration has all along encouraged different sectors to participate in social services through different means, including provision of funding support. In fact, not all social services are funded by the government. A lot of the non-mainstream services are being provided through other funding sources. In deciding whether subvention would be provided for a particular type of service, the Administration has to consider the Government's financial situation, service need, existence of similar service, and the relationship of the service-in-question and other related services, etc. At the same time, the Administration would need to have in-depth understanding of the operation of the agency concerned including its financial situation, service provision and case management, etc. The Administration would also need to discuss and reach a mutually agreed funding and service agreement with the agency concerned regarding the mode of service delivery, case management, output and outcome standards, etc. In general, it may be necessary for the Administration to go through the process of open bidding and to consider different service proposals before awarding the service contract to an agency. Under such circumstances, it is not possible for the Administration to make any commitment to provide subvention to a particular agency.

Contingency Plan

11. The Administration is aware that there may be concerns over service provision in the event that Rainlily has to cease its services from January 2006 due to the lack of funding. Whilst the Administration will ensure that the existing mainstream service units will continue to provide support services for victims of sexual violence, SWD has been coordinating with other departments concerned (including the Police, Forensic Pathology Service of DH and the Hospital Authority) to work out short-term contingency measures. In the event that the Rainlily ceases its services, SWD will deploy its existing social workers to form a small crisis support team to provide support services for victims of sexual violence. These will include hotline service (with a direct helpline for victims and members of the public, and a round-the-clock special hotline for professional referral) as well as 24-hour crisis intervention services (including reporting to the Police for statement-taking, conducting forensic examination, arranging medical services, counselling and escort services, and making referrals etc). These crisis intervention services can be carried out in a hospital.

Social Welfare Department/
Health, Welfare and Food Bureau
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