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

Dear Dr. CHEUNG, 13 December 2005.

Re: Services for Victims of Sexual Violence

It saddens me immensely to be writing this letter. Despite all the submissions made, it is apparent that the Social Welfare Department and the Health and Welfare Bureau are oblivious to the needs of victims of sexual assault and the accepted standards of care expected. To this point, it may be pertinent that they read the WHO publication "Guidelines for medico-legal care for victims of sexual violence" published in 2003. These guidelines were written by Dr. David Wells, Dr. Wendy Taylor. Attached is a PDF file of this document for your reference. I have taken the liberty of contacting one of the authors and his view as to the proposed measures that is tabled by the administration can be simply summarized as **"This sounds like a retrograde step that goes against all the principles of victim service delivery."**

Please allow me to highlight some of the issues to support the above observation:-

a. The document starts by stating that it will deploy its existing social workers to form a small crisis support team, and work with the departments concerned to provide a 24-hour crisis intervention service. This sounds encouraging, however until it states that this crisis intervention services can be carried out in a hospital. **Which hospital does the administration have in mind? Does this hospital have the facilities that are currently available in Rain-Lily? Are these facilities available 24 hours a day and seven days a week?**

b. Para (2) continues to say that the SWD will review the existing service model and strengthen collaboration between disciplines, etc... Isn't it rather ironic that the Department has not by this time even achieved this very basic review despite having an interdepartmental working group to study sexual violence for the last few years**!! Is not the Department indirectly admitting that its current service model is uncoordinated between the disciplines?** Yet, it is rejecting a proven service model that has been working for the last five years!! **Surely, this is a case of re-inventing the wheel!!**

c. The document suggests in Para (4) that "...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.) **This statement in itself shows how unaware the writer is of the needs of victims of sexual assault. Firstly, I sincerely hope that victims of sexual assault are not being taken to the crime scenes to collect evidence – this instantly contaminates the crime scene and makes any evidence collected of no evidential value!!**

d. Para (4) further states..."most victims of sexual violence usually seek help from the police, nearby hospitals or service units…crisis intervention should therefore be conducted in the police station or hospital in the vicinity." **The police station is NO place for rape crisis intervention; this fact was accepted as far back as the mid 1980's. Even Hong Kong when it promulgated its handling procedures for child sexual abuse in the mid-90's accepted this fact!! That was the reason specialized medical examination suites were set up by the police in locations away from police stations and for that matter from the hospital**. It also ignores the known fact that there are probably more victims of sexual violence who require help but who do not wish to involve the police. This is an international fact and is seen in studies done in Hong Kong as well. In the 90's when the service was provided by the Family Planning Association, at least half of their clients did not want to report to the police. **The current proposal will discourage victims of sexual assault who do not wish to make police reports to seek help which they need.**

e. It is true that there are some jurisdictions that use the hospital as a point of crisis intervention, however these hospitals have a team of staff trained to respond to victims of sexual assault and also special suites where victims of sexual assault can provide their police statements, be examined and counseled, etc. **There is nothing in the government's proposal that suggest that the hospitals are starting up such a service or preparing such purpose built facilities.**

f. I agree whole heartedly that the idea of designating one centre to handle sexual violence cases is not necessarily the most effective mode of service delivery**, there should have been several more one-top service centers for the population size of Hong Kong!**

g. I disagree that the essence of a one-stop service lies in the continuity of service. **A client who is being referred from Rooms, A, B, C, D...etc still gets continuity of service BUT this is not a ONE-stop service**.

h. In Para (7) again it states that "it would often necessitate the victim to go to more than one place for conducting the necessary procedures." **That is exactly the point, why we should have a ONE stop service. The victim should not have to go to many places for the necessary procedures; the procedures should come to the victim!!**

i. In Para (8) **I agree whole-heartedly that the administration indeed has plenty of room for improvement so as to provide victims of sexual violence with the best possible support that Hong Kong deserves**. Measures indeed should be instituted to totally overhaul our currently outdated system of care and support for victims of sexual violence. **Until we have such upgraded services, victims of sexual violence should not be expected to accept a retrograde and inferior support service from what is currently available.**

The proposed interim measure by the administration has been poorly thought out and cannot replace the current services offered by Rain-Lily. I humbly urged this LegCo Panel to inform the administration that their proposed interim measures are unacceptable, would be a retrograde step and a disservice to Hong Kong.

Yours sincerely,

Dr. Philip S.L. Beh
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(Forensic Pathology)
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St Mary's Centre
Sexual Assault Referral Centre

Clinical Director - Dr Cath White

Our ref:

Your ref:

Date: December 13th 2005

Dear Philip,

Some points as to why a "One Stop" centre is important.

1. If one was talking about cancer, there would be no hesitation in taking someone to a "centre of excellence". Rape is not on a par with a broken limb. Most clients and their supporters would rather have the inconvenience of travel/delay if they knew that the service would be gold standard, than a local service of poorer quality.
2. A thorough rape examination takes on average at least 2 hours. Accident & Emergency departments seldom have the capacity to allow this.
3. For forensic integrity, the examination suite should be cleaned to a "forensic" standard to prevent a defence of cross contamination. Police station suites/ A&E rooms are not designed for this purpose.
4. SARCs (Sexual Assault Referral Centres) have been recognised as best practice, with higher victim satisfaction, confidence in the criminal justice process
   and improved legal outcomes. (See below, an excerpt from Thematic Review, p 20)

5. A UK Home Office study, looking at Attrition in Rape cases, “A Gap or a Chasm” recommended SARCS as best practice.
6. In policing terms, it is easier to have efficient working protocols and policies between the forensic examiners and the investigators if there is a core group based in selected venues.
7. Recruitment and retention of suitably qualified FEMALE forensic physicians is enhanced by a SARC. This work is difficult. Burn out is a danger. By having a SARC one can ensure training, appraisal and supervision which enhances quality & retention.
8. A SARC offers the opportunity for self referrals. Information from these cases can be passed on to the police in an anonymised way, increasing police intelligence and influencing police responses to the community needs.
9. Child Protection issues are often dealt with poorly. This has led to numerous tragedies over the years. A strong working relationship between the professional bodies can be developed with a SARC / police/ social services/ domestic violence units. An inexperienced doctor, who has never seen a rape case before, is unlikely to consider the safety needs of any children at home. A SARC can develop “information sharing” procedures which can be monitored. When services are piece meal this will be far more difficult.
10. A SARC can have stores of starter packs for Post exposure drugs for HIV, Hep B, STI’s.
11. The gold standard for child examinations is to record the genital findings using a colposcope. Any images / DVDs need to be stored in a secure manner with a regionally agreed disclosure policy. These are highly

sensitive images that must not fall into the wrong hands. Colposcopes are expensive and the user must be familiar with them to gain useful images.

Medical examinations

4.6 The arrangements for the medical examination of victims are crucial both to their well being and to the evidence gathering process. Facilities provided are now on a sliding scale from the ideal to the less than adequate. The ideal offers a designated and specialist examination facility with a victim-based choice of the sex of the doctor carrying out any examination. The inspection revealed a number of examples of **good practice** facilities:

- St Mary's Hospital in Greater Manchester.
- The Juniper Centre in Leicestershire.
- The Haven Centre in London.
- The REACH Centre in Northumbria.

4.7 Although no formal data exists to support this view, interviews with special interest groups and police alike report the impact of these and other such sexual assault referral centres as showing increased satisfaction with the police from victims. An additional advantage of this approach is that victims can access from the outset skills and professionalism from a range of agencies, including health and social services, as well as counsellors and skilled volunteers.

4.8 At the bottom of the sliding scale was the use of doctors' surgeries. At the lower end are forces without dedicated examination suites but with facilities that serve a dual purpose, with primary use geared to the child victims of abuse. This is not regarded as good practice, taking account of the advances in forensic science and evidential needs. The Inspectorates found that such facilities do not offer the care and professionalism that a victim has the right to expect. The potential for contamination must be minimised to withstand any subsequent challenges to the evidence gathered. Ad hoc arrangements and inadequate management of facilities could provide a greater likelihood of evidential challenge. The employment, for example, of specialist cleaning contractors needs to be considered. The unacceptable practice, as in one case, of forensic medical examiners (FMEs) having to clean surgeries or suites themselves must be eliminated.

4.9 Providing the appropriate environment is important for **all** victims, but especially so for those who have particular difficulty in bringing any sexual assault upon them to police notice. There is a range of reasons for such reluctance. For some minority ethnic victims there may be cultural factors, religious influence and, at times, a lack of faith in police. Similar considerations may also apply to many male victims. The provision of appropriate facilities can reduce some of the apprehensions especially when there is a professional continuum from notification, through medical examination and statement taking, to after-care and access to skilled counselling. We comment further on the reluctance of some victims to report an allegation of rape in chapter 11.

RECOMMENDATION ONE

We recommend that all forces carry out an immediate review of existing facilities for victim examination so that both victim care and the integrity of evidence are maximised.

Lovett, J., Regan, L. and Kelly, L. (2004) Sexual Assault Referral Centres: Developing Good Practice and Maximising Potentials. Home Office Research Study 285. London: Home Office.

SARCs: Benefits to victims, the police, and health services

A SARC is defined as

> A 'one stop' location where victims of sexual assault can receive medical care and counselling whilst at the same time having the opportunity to assist the Police investigation into alleged offences, including the facilities for a high standard of forensic examination.

From this brief description, it can be deduced that the most obvious benefits offered by a SARC are related to victim care. These benefits are clear: the recent SARCs evaluation[i] noted a number of distinct and valuable benefits to victims, both male and female, or rape and sexual assault.

In addition to these, a SARC should by its nature be a joint venture between police forces, health providers, the voluntary sector, and the criminal justice system. A good SARC will offer a wide range of benefits to professionals working with victims of rape and sexual assault in all these areas, as well as enhancing the capacity police and health services.

A SARC enhances the investigation and prosecution of cases, and enables health providers and support workers to access victims in an appropriate environment within a supportive framework and rapid timeframe. In addition, it can enhance capacity within the health service to deal with wider sexual health issues, and within the police to address sexual crime. The benefits identified include cost efficiency savings.

The following benefits have been identified by recent research and by practitioners working in sexual health and sexual assault investigation / prosecution. They have been broken down into the following headings for ease of reference:

- **Victim Care**
- **Police and Forensic Examiners**
- **Health services**
- **Criminal justice system**
- **Other**

Victim Care

- The SARCs evaluation states that SARCs offer a high standard of victim care, fulfilling the victim's right to bodily integrity, privacy and dignity. SARCs record very high ratings of victim satisfaction.
- An integrated service where the victim can have their various medical, forensic, advice and support needs met quickly and sympathetically. Victims of rape and sexual assault attending a SARC do not have to access the different services they may require across a number of locations or be kept waiting. Many SARCs are located in hospitals, and this allows access to appropriate staff and equipment, including A&E services if necessary.

- Higher level of satisfaction with and confidence in the investigation and criminal justice process, making victims less likely to withdraw complaints and therefore more likely to see justice.
- Provision for victims who do not want to present to the police.
- Encourage take-up of support in the aftermath of rape.

Police and Forensic Examiners

- The Police currently have the main burden of care for a rape victim from the point at which they report. SARCs relieve this pressure on police officers, and provide a high-quality service for dealing with the immediate aftermath of rape. The SARCs evaluation includes testimony from police officers on their great support for the SARC model.
- Some SARCs offer a Crisis worker who is able to provide advice and support to the victim throughout the process, which frees up police time.
- High standards of facilities and equipment for forensic examination.
- Some SARCs are equipped to take forensic evidence 'anonymously',. ie without the victim having to report to the police. This has a number of benefits:

- Police intelligence	- with access to anonymously donated forensic evidence, police can build up a picture of a serial rapist even if all his victims do not officially report the crime
- Individual cases	- if a victim has forensic evidence taken from which their attacker is identified, they are likely to be encouraged to press charges. - Additionally, if a victim decides to report to the police some time after the attack, forensic evidence that would otherwise be unobtainable is available for the investigation.

Health services

- At present many health services, including GUM clinics, A&E, and GP surgeries**,** already deal with victims of sexual assault but offer a varying quality of service. SARCs ensure that the staff are properly trained to deal with extremely sensitive victims and police and other health practitioners will know exactly where to refer victims to in order that they can receive a comprehensive service.
- Victims of rape who are seen at a SARC will be provided with emergency contraception, HIV prophylactics if necessary, and will be screened for STDs. By providing these services, SARCs relieve pressure on GUM and family planning clinics, A&E, and GP surgeries.
- By offering immediate medical care and advice, SARCs reduce the likelihood of longer-term sexual diseases and unwanted pregnancies.
- Victims who receive good immediate care and counselling are less likely to need ongoing counselling and mental health care.
- Staffing structures enable staff to carry out a range of work activities, for example by integration with a sexual health service, which makes the best use of skilled resources, provides relief from the intensive work of dealing with rape victims and ensures the availability of staff supervision and support.

- SARCs provide a focus for the development of professional practice and support for clinicians including forensic medical examiners working in the SARCs

Criminal justice system

- High standard of evidence gathering and forensic reports (though there is currently no minimum standard).
- The evaluation of SARCs decided that there was insufficient evidence available to indicate whether SARCs resulted in increased reporting to the police.
- Potentially, longer-term cost-benefits can be achieved as SARCs increase confidence in the criminal justice system and contribute to bringing more offenders to justice.

Other

- SARCs act as a centre of excellence and expertise, and provide advice, training, and support to local health practitioners and police involved in this work
- SARCs facilitate innovation and development of practice as clinical, forensic and legal practice changes
- Increased co-ordination between agencies (though there remains potential for further development).
- SARCs facilitate the development of services, such as case tracking and support/advocacy, which address long-standing gaps.

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[i] (Home Office Research Study 285: Lovett, J., Regan, L. and Kelly, L. (2004) *Sexual Assault Referral Centres: developing good practice and maximising potentials*