Study on Child Abuse and Spouse Battering

Overall Report

(Part One)

Department of Social Work and Social Administration
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1. Introduction

This report summarizes Part One of the Study on Child Abuse and Spouse Battering commissioned by the Social Welfare Department (SWD) during April 2003 to April 2005, conducted by the Research Team of the University of Hong Kong. (*Report on findings of Household Survey* and *Peace at home: Report on the Review of the Social and Legal Measures in the Prevention and Intervention of Domestic Violence in Hong Kong*).

2. Study Objectives

2.1 The aim of Part One of this research is to study different types of child abuse and spouse battering, including physical abuse, sexual abuse, psychological abuse, neglect (for child abuse only) as well as multiple abuses. More specifically, this research has the following objectives:

Part One

a) To estimate the incidence and prevalence rates of child abuse and spouse battering in Hong Kong;

b) To analyze the demographic, social, psychological and family profile of perpetrators and victims;

c) To identify the essential elements contributing to effective prevention and intervention (including whether the provision of legislative measures such as the Domestic Violence Ordinance could facilitate prevention and intervention); and

d) To study the feasibility and implications of adopting mandatory treatment of perpetrators in Hong Kong (including but not limited to mode and definition, manpower, related judicial, administrative and legislative arrangement, etc.) with reference to overseas examples (e.g. UK, USA, Singapore, Canada, New Zealand, Australia, etc.).

3. Report on findings of Household Survey

Background

3.1 The aim of this research is to study different types of child abuse and spouse battering, including physical abuse, sexual abuse, psychological abuse, neglect (for child abuse only) as well as multiple abuses. More specifically, the objectives of the research include, inter alia, to the estimation of the incidence and prevalence rates of child abuse and spouse battering in Hong Kong and the analysis of the demographic, social, psychological and family profile of perpetrators and victims.

3.2 Findings presented in this report, which are based on a territory-wide household survey, provide a comprehensive and up-to-date report on the prevalence and incidence of child abuse and spouse battering in Hong Kong. In terms of scale and coverage, it is the first of its kind ever conducted in Hong Kong. In addition,

survey findings on the profile of perpetrators and victims, as well as risk factors identified in the survey, are presented.

Survey Methodology

Data collection approach

3.3 Information on domestic violence is usually collected through the administrative records maintained by government departments and other welfare agencies dealing with spouse battering and child abuse. To supplement information from administrative channels, information on the victims of domestic violence is also collected through household surveys. The merit of conducting household surveys is that it can include reported and unreported incidents of domestic violence. Through the survey, information on the prevalence of domestic violence can be obtained, based on respondents' recall of incidents that have happened to them.

3.4 To reduce reluctance of the respondents in answering questions on domestic violence, the revised version of the Conflict Tactics Scales (CTS) was used in the study. In administering the Scales, the respondents were first asked items on positive conflict tactics involving reasoning before being prompted for more aggressive and violent acts. This helped warm up the interview. This method could reduce resistance on the part of the respondents in co-operating in the survey. The CTS2 comprises 39 items on 5 sub-scales, namely negotiation, psychological aggression, physical aggression, injury and sexual coercion.

3.5 In addition, the Parent-Child Conflict Tactics Scale (CTSPC) was used to obtain information on child abuse. Apart from physical or non-physical violence, child abuse may also take the form of neglect.

Data collection method

3.6 The household survey method involving face-to-face interview was adopted in the study. By collecting information from the household survey, it is possible to cover both reported and unreported incidents of domestic violence, as well as families with (the violence group) and without domestic violence (the non-violence group). Information obtained from the survey will permit analysis of the prevalence and incidence of child abuse and spouse battering, as well as factors leading to incidence or otherwise of child abuse and spouse battering.

3.7 To facilitate data collection and encourage the respondents to answer the questions frankly and fully, three different interview methods were used, as follows:

a) For most questions which were not sensitive, the usual, direct interview method was used, during which the interviewers asked the questions and dropped down answers given by the respondents;
b) For questions which were a bit sensitive, the interviewees were shown the questions and asked to respond by checking the appropriate boxes in the questionnaire, with assistance provided by the interviewers. By doing so, the interviewers did not have to read out the questions;
c) For questions on sensitive issues, the interviewees were asked to complete a self-administered questionnaire. The completed

questionnaires were inserted into a folder in such a way that the interviewers were unable to know the answers given by the respondents. The role of the interviewers was to explain the questions to the respondents and to remind the respondents of the need to answer all questions.

3.8 For respondents who could not read or understand the questions, the direct interview method had to be adopted. With the use of the above interviewing methods, it is believed that reluctance on the part of the respondents to answer sensitive questions could be minimized.

Sample design

3.9 In the survey, the sampling frame used was based on the frame of quarters maintained by the Census and Statistics Department, which includes the Register of Quarters and the Register of Segments. A two-stage stratified sample design was adopted, with the records in the frame of quarters first stratified by geographical area and type of quarters. For the first stage, a stratified random sample of quarters was selected. In the second stage, all members aged 12 or above in households in the sampled quarters with children and/or spouses were enumerated.

Questionnaire design

3.10 Five different sets of pre-designed structured questionnaires were used in collecting information from different groups of respondents. In designing the questionnaires, reference was made to information obtained from in-depth interviews and focus group discussions and views obtained from Social Welfare Department and the Advisory Group on the Study on Child Abuse and Spouse Battering. The questionnaires were also pre-tested before implementation.

3.11 As discussed above, the revised Conflict Tactics Scales (CTS2) and a number of measurement scales were used in the household survey. Briefly, the questionnaire has three main components: an introductory section with demographic questions, the Revised Conflict Tactics Scales to provide the data on the four aspects of spousal violence, and the Personal and Relationships Profile to provide data on 21 aspects of etiology.

Enumeration results

3.12 The survey was conducted during the period from December 2003 to August 2004. A total of 9,707 quarters were sampled, out of which 1,812 were found to be invalid and 5,565 successfully enumerated. A total of 5,049 and 2,062 respondents were interviewed using respectively the adult and child questionnaires. The overall response rate achieved was 71%. For households enumerated, not all eligible respondents could be interviewed for various reasons. It is estimated that about 78% of eligible respondents were successfully interviewed.

Child Abuse

Ever prevalence and annual prevalence of child abuse

Physical assault

3.13 About 45% of child respondents indicated they had ever encountered physical assault by either of or both their parents. This ever prevalence rate of physical assault was slightly higher for male than for female, but the difference was not statistically significant. The bulk of the physical assault was minor in nature, with about 41% of child respondents indicated that they had ever encountered minor physical assault.

3.14 The ever prevalence rate for very severe physical assault was about 9%. The rate was slightly higher for male than for female respondents, but the difference was statistically not significant.

3.15 About 23% of child respondents indicated they had encountered physical assault by either of or both their parents during the 12 months prior to enumeration. This annual prevalence rate of physical assault was slightly higher for female than for male, but the difference was not statistically significant. The bulk of the physical assault was minor in nature, with about 19% of child respondents indicated that they had encountered minor physical assault during the 12 months prior to enumeration.

3.16 The annual prevalence rate for very severe physical assault was about 4%. The rate was slightly higher for female than for male respondents, but the difference was statistically not significant. The rate of very severe physical assault carried out by mother was also slightly higher for female than for male respondents, and the difference was statistically significant.

Psychological aggression

3.17 About 72% of child respondents indicated they had ever encountered psychological aggression by either of or both their parents. This ever prevalence rate of psychological aggression was slightly higher for female than for male, but the difference was not statistically significant.

3.18 About 58% of child respondents indicated they had encountered psychological aggression by either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of psychological aggression was slightly higher for female than for male, but the difference was not statistically significant.

Neglect

3.19 About 36% of child respondents indicated they had ever encountered neglect by either of or both their parents. This ever prevalence rate of neglect was slightly higher for female than for male, but the difference was not statistically significant.

3.20 About 27% of child respondents indicated they had encountered neglect by

either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of neglect was slightly higher for female than for male, but the difference was not statistically significant.

Profile of victims of child physical maltreatment

3.21 For the purposes of the present analysis, the victims of child abuse refer to those who were severe physically or very severe physically assaulted. In other words, those who had experienced psychological aggression, neglect and/or minor physical assault only are not included for the analysis given in this section.

3.22 It is estimated that about 29% of child respondents had ever experienced physical maltreatment or severe physical maltreatment. The percentage was slightly higher for male than female, but the different was not statistically significant. The ever prevalence of physical maltreatment carried out by mothers was slightly higher that that by fathers.

Demographic characteristics

3.23 Children in the physical maltreatment group were younger and naturally were attending lower grades at school, as compared with those in the non-physical maltreatment group. The great majority were attending school. Female accounted for a slightly higher proportion in the physical maltreatment group than male. About 18% of the physical maltreatment group was not born in Hong Kong. For those who were not born in Hong Kong, slightly more than half (53%) of them were new immigrants who were in Hong Kong for less than 7 years.

Other characteristics

3.24 The survey data also show the following:

a) For children in the physical maltreatment group, their attitude towards discipline by parents was less favourable than those in the non-physical maltreatment group, and the difference was statistically significant;

b) Children in the physical maltreatment group had a lower self-esteem than that for the non-physical maltreatment group, and the difference was statistically significant;

c) The physical maltreatment group tended to manage their anger violently, as compared with the non-physical maltreatment group. Probably this is the impact of child abuse on the physical maltreatment group, by making them more aggressive to others.

Profile of perpetrators of child physical maltreatment

3.25 Consistent with the approach adopted in classifying victims of child abuse, for the purposes of the present analysis, perpetrators of child abuse refer to their adult respondents who admitted that they had ever physical maltreated or severely physical maltreated their children. This group of perpetrators accounted for 10% of adult respondents who had children. The survey findings also show that about 10% of adult respondents had ever physical maltreated their children; 2% had ever severely

physical maltreated children.

Demographic characteristics

3.26 The socio-economic characteristics of perpetrators of child physical maltreatment were quite similar to those of non-perpetrators, except that perpetrators of child physical maltreatment had relatively lower level of education, as compared with non-perpetrators; and that a relatively higher proportion of them was self-employed and recipients of CSSA. To distinguish perpetrators from non-perpetrators, other factors will have to be examined, and this will be discussed in the section below.

Risk factors

Violence between parents of victims

3.27 A much higher proportion of children in the physical maltreatment group had seen domestic violence between their parents, compared with those in the non-physical maltreatment group. About 48% of those in the physical maltreatment group had seen physical assault between their parents during the 12 months prior to enumeration, as compared with about 10% for the non-physical maltreatment. About 29% of the physical maltreatment group had seen physical injury resulting from battering between their parents during the past 12 months prior to enumeration, as compared 3% for the non-physical maltreatment group. 84% of the physical maltreatment group had seen psychological aggression between their parents during the 12 months prior to enumeration, as compared with 51% for the non-physical maltreatment group. The difference between the physical maltreatment and non-physical maltreatment groups was statistically significant.

Dual violence of perpetrators

3.28 About 37% of perpetrators of child physical maltreatment admitted that they were also perpetrators of spouse battering. The percentage was higher than that for non-perpetrators (14%). The difference between the perpetrator and non-perpetrator groups was statistically significant.

3.29 About 36% of perpetrators of child physical maltreatment admitted that they were also victims of spouse battering. The percentage was higher than that for non-perpetrators (13%). The difference between the perpetrator and non-perpetrator groups was statistically significant.

Personal and relationships profile of perpetrators

3.30 The average scores in the personal and relationships profile of physical maltreatment group were lower than those of non-physical maltreatment group only in respect of social desirability, self-esteem, support and anger management, and the difference was statistically significant. For other sub-scales, the average scores of the physical maltreatment group were higher than those of non-physical maltreatment group. The difference was statistically significant for all sub-scales, with the exception of the sub-scales face.

Spouse Battering

Ever prevalence and annual prevalence of spouse battering

Physical assault

3.31 The percentage of respondents who reported that they were ever physically assaulted by their spouses (9.6%) was slightly lower than the percentage of respondents who said that they had ever physically assaulted their spouses (10.8%). Female respondents had a slightly higher rate of having assaulted their spouses than male respondents, and the difference is statistically significant. Most physical assaults were minor in nature.

3.32 About 4.5% of respondents reported that they were physically assaulted during the 12 months prior to enumeration, which was lower than the percentage of respondents who said that they had physically assaulted their spouses (5.5%). Most of physical assaults were minor in nature. The difference between male and female respondents was not statistically significant.

Physical injury

3.33 The percentage of respondents who reported that they were physically injured caused by their spouses (3.7%) was slightly lower than the percentage of respondents who said that they had physically injured their spouses (4.3%). Female respondents had a slightly higher rate of having been injured by or having assaulted their spouses than male respondents. Most physical injuries were minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrator on minor, severe and all kinds of injuries.

3.34 About 2% of respondents reported that they were physically injured by their spouses during the 12 months prior to enumeration, which was about the same as the percentage of respondents who admitted that they had physically injured their spouses (2%). Most physical injuries were minor in nature. The difference between male and female respondents was not statistically significant.

Sexual coercion

3.35 The percentage of respondents who reported that they were sexually coerced by their spouses (6.9%) was slightly lower than the percentage of respondents who said that they had sexually coerced their spouses (7.3%). Female respondents had a slightly higher rate of having been sexually coerced by their spouses than male respondents. Most of sexual coercion was minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrators and victims on minor and all kinds of sexual coercion.

3.36 About 3% of respondents reported that they were sexually coerced by their spouses during the 12 months prior to enumeration. The percentage was almost the same as that for respondents who admitted that they had sexually coerced their spouses (3%). Female respondents had a slightly higher rate of having been sexually coerced their spouses than male respondents. Most of sexual coercion was minor in

nature. The difference between male and female respondents was significant for the rate reported by perpetrators and victims on minor and all kinds of sexual coercion.

Overall spouse battering

3.37 It is estimated that about 13.9% of respondents were ever battered by their spouses. The percentage of respondents who reported that they had battered their spouses was slightly higher, at 15.1%. A relatively higher proportion of female respondents reported that they had battered or had been battered by their spouses. The difference between male and female respondents was significant for the rate reported by victims.

3.38 In some households[1], either the male or female respondents are victims of spouse battering, while in other households, both spouses are victims (as well as perpetrators) of spouse battering. Thus, if households are taken as a unit of analysis, the percentage with spouse battering was higher than the percentage of respondents who had ever battered or had ever been battered by their spouses. It is estimated that there were about 20.8% of households with respondents who reported to have ever been battered by their spouses. The percentage of households with respondents who reported to have ever battered their spouses was slightly higher, at 21.7%.

3.39 About 7% of respondents were battered by their spouses during the 12 months prior to enumeration. The percentage of respondents who reported that they had battered their spouses was slightly higher, at 8%. A relatively higher proportion of female respondents reported that they had battered or had been battered by their spouses during the 12 months prior to enumeration. The difference between male and female respondents was not significant for the rate reported by victims.

3.40 It is estimated that there were about 10.6% of households with respondents who reported to have been battered by their spouses. The percentage of households with respondents who reported to have battered their spouses was slightly higher, at 11.9%.

Profiles of victims and perpetrators of spouse battering

3.41 For the purpose of the present analysis, the abused group includes those respondents who reported to have ever physically assaulted, injured or sexually coerced their spouses, or having been physically assaulted, injured or sexually coerced by their spouses. About 18% of the adult respondents belonged to the abused group (including respondents who were victim only, perpetrator only and both victim and perpetrator), and the remaining 82% the non-abused group.

Demographic characteristics

3.42 Compared with the non-abused group, a relatively higher proportion of victims, perpetrators and those who were both victims and perpetrators were in the

[1] A household consists of a group of persons who live together and make common provision for essentials for living. Hence, a household may have more than one respondent. If any respondent in the household reported he/she had battered or had been battered by spouse, the whole household unit would be classified as household with respondents who had battered or had been battered by spouses.

age range of 25-55. Perpetrators and those who were both victims and perpetrators were relatively more educated. However, a relatively higher proportion of victims had no schooling. Besides, a higher proportion of perpetrators and those who were both victims and perpetrators were employed. A relatively higher proportion of victims were homemakers. When comparing the monthly income among the non-abused group, victims, perpetrators and those who were both victim and perpetrator, a relatively higher proportion of perpetrators had higher monthly income. For victims and the non-abused group, a relatively higher proportion of them had no income.

Help seeking behaviour

3.43 The help seeking behaviour of the abused group was different from that of the non-abused group. For emotional disturbance, conflicts with spouses or children, a relatively higher proportion of the abused group, as compared with the non-abused group, would seek help. On the other hand, for more serious conflicts like fight with spouses or children, conflicts or fight with other family members, a relatively lower proportion of the abused group would seek help.

3.44 A significant proportion of the abused group considered that the various social services like counseling, education or economic support were useful in dealing with domestic violence. The percentage who considered legal aid useful was lowest, at around 22%, while that for those who considered family counseling useful was highest, at around 67%. The percentage of the non-abused group who considered the various social services useful was similar. The percentage was also highest, at 65%, for those who considered family counseling useful, and was also lowest, at 23%, for those who considered legal aid useful.

Risk factors

<u>Personal and relationships profile of perpetrators</u>

3.45 The average scores of the personal and relationships profile the abused group, including victims, perpetrators and those who were both victims and perpetrators, were lower than those of non-abused group only in respect of social desirability, self-esteem, support (except for the perpetrator only subgroup) and anger management. For the other sub-scales, the average scores of the abused group were higher than those of non-abused group. The differences among their average scores for the various sub-scales were statistically significant.

<u>Relationship with spouse</u>

3.46 The relationship with spouses of the abused group was in general worse than that of the non-abused group. About 60% of the abused group admitted that they had never been disturbed by their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 86%. The difference between the abused and non-abused groups, in terms of the frequency of their having been disturbed by their spouses, was statistically significant.

3.47 About 69% of the abused group said that they had never been afraid of their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 88%. The difference between the abused and non-abused groups, in terms of the frequency of their having been afraid of their spouses, was statistically significant.

3.48 About 37% of the abused group said that they had never neglected the need and feeling of their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 72%. About 14% of the abused group even admitted that they had always neglected the need and feeling of their spouses while the corresponding proportion for non-abused group was only about 2%. The difference between the abused and non-abused groups, in terms of the frequency of their having neglected the need and feeling of their spouses, was statistically significant.

3.49 The majority of both the abused and non-abused groups said that they had never made their spouses feel unsafe in the 12 months prior to enumeration. The percentage of abused group who had sometimes or always made their spouses feel unsafe (at 10%) was much higher than the corresponding percentage for the non-abused group (1%). The difference between the abused and non-abused groups, in terms of the frequency of their having made their spouses feel unsafe, was statistically significant.

3.50 The majority of both the abused and non-abused groups said that their never stayed away from home in the 12 months prior to enumeration. The percentage of abused group who said that their spouses had sometimes or always stayed away from home (at 18%) was much higher than the corresponding percentage for the non-abused group (5%). The difference between the abused and non-abused groups, in terms of the frequency of their spouses having stayed away from home, was statistically significant.

Battering between parents

3.51 A higher proportion of the abused group, as compared with the non-abused group had seen battering between their parents. The difference between the abused and non-abused groups was statistically significant. For psychological aggression, physical assault and injury, a relatively higher proportion of both the abused and non-abused group had seen their fathers being the perpetrators and their mothers being the victims.

4. Peace at home: Report on the Review of the Social and Legal Measures in the Prevention and Intervention of Domestic Violence in Hong Kong

4.1 There are two objectives of the review. The first is to identify the essential elements contributing to effective prevention and intervention (including whether the provision of legislative measures, such as the Domestic Violence Ordinance, could facilitate prevention and intervention). The second is to study the feasibility and implications of adopting mandatory treatment of perpetrators in Hong Kong (including, but not limited to, mode and definition, manpower, related judicial, administrative and legislative arrangement, etc.) with reference to overseas examples (e.g. UK, USA, Singapore, Canada, New Zealand, Australia, etc.).

4.2 In identifying the essential elements contributing to effective prevention and intervention of domestic violence, the Public Health Approach advocated by World Health Organization is adopted. It stipulates that the violence prevention depends upon social policies and programs, and the coordinated community and legal efforts in the building of peaceful society and family. The Consultant gives views on the overall strategies in prevention and intervention of the problems before leading to the specific discussion on the effective legal measures, including mandatory treatment of perpetrators.

4.3 Based on the findings from the studies conducted for this review, and the review of literature and legislations in other Jurisdictions, a number of issues related to legal measures were examined. The legal measures include the context and conditions in providing court-ordered mandatory batterer intervention programmes, reporting of domestic violence cases, the practice of arrest and prosecution, legal support for victims, multidisciplinary collaboration, reform of Domestic Violence Ordinance (Cap 189), utilization of the injunction orders, child protection and risk assessment.

4.4 The making of a government policy which states clearly the commitment of the government to tackle domestic violence, philosophy in combating domestic violence, and the strategies in fighting against and preventing the domestic violence is recommended. The policy shall include a holistic and inter-agency coordinated community and legal approach in the prevention and intervention with domestic violence.

4.5 The context of a coordinated criminal justice system plays a significant role in making effective the mandatory programmes for perpetrators of domestic violence. The provisions of BIPs under the existing system and through the reform of laws are recommended. A time-limited pilot project is recommended to implement the court-mandatory BIP in Hong Kong.

4.6 Active support and participation from the legal system is the most crucial in making mandatory BIP feasible. A number of legal remedies are recommended for closer examination, including reporting domestic violence cases, the policy and practice of arrest and prosecution, setting up a specialized domestic violence court and a domestic violence serious injury

or fatality review, education for the public and training for legal actors, and legal support for victims.

4.7 Reform of the Domestic Violence Ordinance (Cap 189) is recommended to expand the scope of protection and strengthen the laws in the prevention of and intervention with domestic violence.

虐待兒童及虐待配偶研究

整體報告

(第一部份)

香港大學

社會工作及社會行政學系

2005 年 6 月

香港大學
社會工作及社會行政學系

虐待兒童及虐待配偶研究

整體報告 (第一部份)

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4. 就香港在預防和介入家庭暴力方面所採取的社會性及法律性方法進行檢討的結果 11

此研究是由社會福利署委託及獎券基金資助進行

1 引言

社會福利署委托香港大學於 2003 年 4 月至 2005 年 4 月期間，就虐待兒童及虐待配偶進行研究。是次第一部份整體報告包括家庭問卷調查，與及就香港在預防和介入家庭暴力方面所採取的社會性及法律性方法進行檢討的結果。

2 研究目標

2.1 是項研究的目的，是探討不同種類的虐待兒童及虐待配偶，包括身體虐待，性虐待，心理虐待，對兒童疏忽照顧，與及多種虐待。具體來說，是項研究有下列目標：

第一部份

a) 評估在香港發生的虐待兒童及虐待配偶事件的程度及其普遍性
b) 分析施虐者與被虐者的人口特徵，以及社會性、心理及家庭特徵
c) 辨識構成有效預防及介入措施的元素（包括研究以立法方式，如家庭暴力條例，能否有助成功的預防及介入）
d) 參考外國的例子（如英國，美國，新加坡，加拿大，紐西蘭，澳洲等），以探討在香港推行對施虐者實施強制性治療的可行性及其影響。探討內容可包括方法與定義，人力需求，相關的司法，行政及立法安排等

3 住戶問卷調查結果報告

背景

3.1 是項研究的目的，是就不同種類的虐待兒童及虐待配偶方法進行探討，其中包括身體虐待，性虐待，心理虐待，對兒童疏忽照顧，與及多種虐待。具體而言，是項研究的主要目標是評估在香港發生的虐待兒童及虐待配偶事件的普遍性及其程度，並分析施虐者及被虐者的人口特徵、社會性、心理與及家庭特徵。

3.2 這報告中所列的研究結果，是根據一項就全港住戶所進行的問卷調查所作的分析所得。調查結果亦為香港的虐待兒童及虐待配偶情況提供了最新及最全面的資料。這是在香港首次進行具規模的廣泛問卷調查，所得出的施虐者及被虐者特徵，與及危險因素，將會一一列舉。

調查方法

資料搜集模式

3.3 一般來說，有關家庭暴力的資料，是透過政府部門，與及其他處理虐待配偶及疏忽照顧或虐待兒童的福利機構的行政記錄中取得，並從住戶調查所得有關家庭暴力受害者的資料，補充了從行政途徑所取的不足。進行住戶調查的好處，是能取得有報告及沒有報告的家庭暴力資料。透過問卷調查，研究人員可以根據受訪者就個人對家庭暴力事件的記憶，從而得到家庭暴力普遍性的資料。

3.4 為減低受訪者對回答與家庭暴力相關題目的抗拒，本研究採用了衝突處理指標（CTS2）的修改版本。指標的設計是先讓受訪者就有關正面解決衝突方式，如會先跟對方理論等範疇作出回應，才再請受訪者透露較激烈及暴力的行為，為受訪者作熱身，亦能減少受訪者不願回答的情況出現。修改版的衝突處理指標（CTS2）包含了 39 個項目，編排於 5 個分項，包括談判，心理攻擊，身體攻擊，傷人，與及性脅迫。

3.5 此外，問卷亦用了父母與子女版的衝突處理指標（CTSPC）以取得有關虐待兒童方面的資料。除了身體及非身體虐待，疏忽照顧亦屬於虐待兒童的行為。

資料搜集方法

3.6 是次家庭問卷調查是以面對面的答問模式進行。受訪的對象，包括了有家庭暴力發生（暴力組別）與及沒有家庭暴力發生（非暴力組別）的家庭。透過問卷調查，一些沒有報告的家庭暴力事件亦會被揭示，這令取得的數據能有助分析出虐待兒童及虐待配偶事件的普遍性，與及導致這些事件發生的因素。

3.7 為協助資料搜集與及鼓勵受訪者坦率及完整地回應問題，調查採用了以下三種訪問方法：

a) 對於大多數非敏感性問題，訪問員會以一般的直接訪問方式向受訪者提問，並記錄受訪者的回答；
b) 對於一些稍為敏感的問題，受訪者會自行閱讀問題，並在訪問員協助之下於預設的答案中，選出最適用者。這方式中，訪問員無需向受訪者讀出問題；

c) 對於一些比較敏感的項目，受訪者需自行完成一份自我回應的問卷。完成了的問卷會被放進一個預先準備的檔案夾中，訪問員亦無法得知受訪者於問卷中所填寫的答案。在這方式中，訪問員的職責是向受訪者解釋問題，並指出完成問卷的重要性。

3.8 對於一些無法閱讀及理解問卷內容的受訪者，訪問員需要採用直接提問的方式進行訪問。混合以上之訪問方式能把受訪者對回答敏感性問題的抗拒感減至最低。

樣本設計

3.9 是項問卷調查的抽樣框，是運用政府統計處設立的屋宇單位框，其中包括了屋宇單位檔案庫與及小區檔案庫內的資料。利用二重式樣本設計方式，先把資料依照地區及屋宇種類而劃分，並從各類別中抽取訪問對象。第二重處理則是在抽樣單位當中，確定所有有子女及／或配偶的住戶，對其所有年滿 12 歲或以上的成員進行訪問。

問卷設計

3.10 為了從不同類別的受訪者中取得更全面的資料，是項調查設計了 5 套不同的問卷。在設計問卷前，研究員參考透過深入訪問及焦點小組討論所得的資料，及社會福利署與及是項研究諮詢小組對問卷的意見，並進行了預先測試，才將問卷應用於調查中。

3.11 如上述提及，是項家庭問卷調查亦加入了修改版的衝突處理指標（CTS2）與及其他相關的評量指標。簡單而言，問卷包含了三部份：第一部份以人口特徵相關的問題組成，第二部份主要包括修改版的『衝突處理指標』，以提供伴侶暴力方面四個不同層面的資料，最後的有關『個人及關係特徵』的部份，則從 21 個不同層面收集暴力成因的相關資料。

訪問結果

3.12 問卷調查於 2003 年 12 月至 2004 年 8 月期間進行。受訪單位共有 9,707 個，其中有 1,812 個樣本單位作廢，有 5,565 個樣本單位能成功點算。是項調查共有 5,049 位成年人與及 2,062 位小童接受訪問。總體回應率達至 71%。被數算的住戶當中，亦有部份合適的成員因為不同的原因拒絕接受訪問。但仍有大約 78%的合適成員受訪。

虐待兒童

虐兒情況的過往普遍性與及過去一年普遍性

身體攻擊

3.13 有大約 45%的受訪兒童指他們曾經受過父、母、或兩者的身體攻擊。男童的普遍率雖較女童的稍高，但差別並不顯著。在知道的身體攻擊事件中，大多數性質輕微，有 41%的受訪兒童說他們受過輕微身體攻擊。

3.14 在身體攻擊的過往普遍率中，有 9%屬於非常嚴重情況。男童的比率亦較女童的稍高，但沒有顯著差別。

3.15 大約有 23%的受訪兒童表示他們在受訪前的 12 個月內曾被父、母、或兩者身體攻擊。這普遍年率在女童中稍高，但跟男童的差別並不顯著。在知道的身體攻擊事件中，大多數性質輕微，約有 19%的受訪兒童說他們曾於過去 12 個月內只曾受到輕微身體攻擊。

3.16 在身體虐待普遍年率中，只有 4%屬於非常嚴重情況。女童的比率較男童高，但差別並不顯著。受母親非常嚴重攻擊的比率亦是女童比男童稍高，但兩者之間沒有顯著差別。

心理攻擊

3.17 有大約 72%的受訪兒童表示他們在過往曾受到父、母、或兩者的心理攻擊。女童的過往普遍率比男童稍高，但差別並不顯著。

3.18 約有 58%的受訪兒童表示他們在過去 12 個月曾受到父、母、或兩者的心理攻擊。這普遍年率是女童比男童稍高，但沒有顯著差別。

疏忽照顧

3.19 約有 36%的受訪兒童表示他們在過往曾被父、母、或兩者疏忽照顧。此之普遍率是女童較男童為高，但差別並不顯著。

3.20 大約 27%的受訪兒童說他們在過去的 12 個月內曾被父、母、或兩者疏忽照顧。女童的普遍年率較男童高，但沒有顯著差別。

受到虐待的兒童的特徵

3.21 在是次分析而言，被虐待兒童只代表那些曾受到嚴重身體攻擊或非常嚴重身體攻擊的受害兒童。換言之，那些受到心理攻擊，被疏忽照顧，與及輕微身體攻擊的受害兒童，並不包括於這部份的分析之中。

3.22 根據估計，約有 29%的受訪兒童在過往曾受到身體上的虐待或是嚴重虐待。這比率男率比女童稍高，但分別並非顯著。兒童被母親虐待身體的比率較被父親的稍高。

<u>人口特徵</u>

3.23 受到身體虐待的兒童都是比較年輕，對比起沒有被身體虐待的組別，自然正就讀較低的班級。在這組別中，大多數兒童都在學校就讀，而女童的人數亦較男童稍多。大約 18%的被身體虐待的組別為非在港出生。在這組別的非香港出生兒童中，有稍多於半數（53%）是由中國移居香港少於七年的新移居。

<u>其他特徵</u>

3.24 是次調查數據亦反映出以下要點：

a) 身體受到虐待組別的兒童，對於父母的責罰比較反感，但相對於身體沒有受到虐待組別的兒童所反映的態度，兩者並沒有顯著的差別；
b) 身體受到虐待的兒童，他們的自尊心比身體沒有受到虐待的兒童較低，而且兩者有顯著差別；
c) 身體受到虐待的組別，在處理憤怒的方法上，會比身體沒有受到虐待的組別較為暴力。這或許反映了虐待行為對受到虐待兒童的影響，就是令他們對其他人比較有攻擊性。

對兒童施虐者的特徵

3.25 為了與被虐待兒童的分類方式統一，對兒童施虐者是指在過往曾對子女的身體作出虐待或嚴重虐待的成年受訪者。這一類別的施虐者只佔擁有子女的受訪者人數的 10%。調查結果亦顯示有 10%的成年受訪者曾虐待子女的身體，有 2%表示曾對子女身體作出嚴重虐待。

人口特徵

3.26 施虐者的社會經濟狀況，跟非施虐者的情況相近，對子女身體施虐者的教育程度比非施虐者相對地低一點，而他們是自僱人仕或是綜合社會保障受助人的比例則相對較高。要分辨出施虐者與非施虐者，便要探討其他的因素，這些會在較後篇幅詳述。

危機因素

被虐待兒童父母間之暴力行為

3.27 有很多曾被虐待的兒童都曾目睹過父母之間以暴力相待。在曾受虐待的類別中，大約 48%的兒童曾於過去 12 個月裡目睹父母間作出身體攻擊，相對於非受虐類別的 10%比率高出不少。有大約 29%在受虐類別的兒童在過去 12 個月中見過父母間因暴力而受傷，比起非受虐類別的 3%高出很多。至於父母間的心理攻擊方面，有 84%的受虐兒童在過去 12 個月中曾目睹其發出，在非受虐類別的比率為 51%。以上的比率差別，在統計學上有著顯著的重要性。

施虐者的雙重暴力行為

3.28 有 37%對子女身體虐待的施虐者承認曾經配偶暴力。這比率相對非施虐者的 14%為高，彼此的差距顯著。

3.29 約有 36%對子女施虐的父母表示自己曾被配偶虐待。相比非施虐類別的 13%，兩者有顯著的差別。

施虐者的個人及關係特徵概述

3.30 施虐者類別在個人及關係特徵概述所得的平均分數，在社會合意度，自尊心，支持，與及憤怒處理這幾個範疇上，比非施虐類別的得分顯著較低。在其他的範疇上，除了面子以外，施虐者類別的平均得分比非施虐類別的顯著較高。

配偶暴力

配偶暴力情況的過往普遍性與及過去一年普遍性

身體攻擊

3.31 表示曾給配偶身體攻擊的受訪者（9.6%）較表示曾對伴侶作身體攻擊的受訪者（10.8%）少一點。女性受訪者表示曾攻擊伴侶的比率比男性顯著地稍高，這些攻擊大部份屬於情況輕微。

3.32 大約有 4.5%受訪者表示自己在過去的 12 個月內曾遭身體攻擊，比表示曾攻擊伴侶身體的人數（5.5%）較少。有關的身體攻擊大部份都屬於情況輕微，所得的性別差別亦不顯著。

身體損害

3.33 表示配偶曾對自己造成身體損害的受訪者（3.7%）比表示曾對配偶造成身體損害的受訪者（4.3%）少。女性被配偶損害或損害配偶的比率較男性稍高，而所述的損害大多是情況輕微。在輕微，嚴重，與及各類損害上，男性與女性有顯著的比率差別。

3.34 大約有 2%的受訪者表示在過去的 12 個月內曾遭配偶造成身體損害，這跟承認曾對配偶造成身體損害的比率相近（2%）。大部份的身體損害都是情況輕微，男女比率上的差別並不顯著。

性脅迫

3.35 表示曾遭配偶在性方面脅迫的受訪者（6.9%）較表示曾在性方面脅迫配偶的受訪者（7.3%）少一點。女性受訪者表示曾遭伴侶性脅迫的比率比男性高，這些性脅迫的情況大部份屬於輕微。在輕微及各類性脅迫情況上，不論是施行脅迫或被脅迫，男性與女性皆有顯著的比率差別。

3.36 大約有 3%的受訪者表示在過去的 12 個月內曾遭配偶在性方面脅迫，這跟承認曾對配偶在性方面施行脅迫的比率相近（3%）。女性受到性脅迫的比率比男性稍高，而所述的脅迫情況大多屬於輕微。在輕微及各類性脅迫情況上，男性與女性有顯著的比率差別。

整體配偶暴力情況

3.37 根據估計，大約有 13.9%的受訪者曾遭配偶虐待，而表示曾虐待配偶的受訪者則比率較高，約為 15.1%。表示曾遭配偶虐待或曾虐待配偶的女性相對比男性多。男性和女性在比率上的差別，於受害者的報告上較為顯著。

3.38 有些住戶[1]只有男方或女方是受害者，有些則是男女雙方皆是受害者（也是施暴者）。當家庭作為分析單位時，曾發生虐待配偶事故的比率，比受訪者表示曾遭配偶虐待或是曾虐待配偶的比率高。據估計，大約有 20.8%的家庭有成員表示曾遭配偶虐待，而有成員表示曾虐待配偶的家庭數目則較高，約為 21.7%。

3.39 大約 7%的受訪者表示在過去 12 個月內曾遭配偶虐待，而表示曾虐待配偶的比率則稍高，約為 8%。女性表示曾擬在過去 12 個月內被配偶虐待或虐待配偶的比例較多，但於受害者的情況上，男性和女性的比率差別並不顯著。

3.40 根據估計，約有 10.6%的家庭有成員表示曾遭配偶虐待，而有成員表示曾虐待配偶的家庭數目則較高，約為 11.9%。

虐待配偶受害人及施虐者的特徵

3.41 就是次分析而言，虐待類別包括表示曾對配偶施行身體攻擊、損害、或性脅迫伴侶的受訪者，又或是曾遭配偶施行身體攻擊、損害、或性脅迫的受訪者。約有 18%的成年受訪者被歸納於虐待類別（包括了受害者，施暴者，與及兩者皆是的受訪者），其餘的 82%則屬於非虐待類別。

人口特徵

3.42 與非虐待類別相比，較多受害人、施虐者及同時是受害人及施虐者的受訪者是年齡介乎 25-55 歲。施虐者及同時是受害人及施虐者的受訪者的學歷是相對地高。但較多受害人是從沒有接受教育。此外，較多的施虐者及同時是受害人及施虐者的受訪者是受僱人士。而較高比例的

[1]住戶是指一組同住及分擔主要生活物資的人，故此一個住戶可能會有超過一位受訪者。如果在一住戶中任何一位受訪者報稱他/她曾虐待配偶或遭配偶虐待，整個住戶便歸納為有受訪者曾虐待配偶或遭配偶虐待的住戶。

受害人是家庭照顧者。就入息而言，如把非虐待類別、受害人、施虐者及同時是受害人及施虐者的受訪者作一併比較，後兩者的入息是相對地高，而在非虐待類別及受害人的受訪者中，沒有入息者佔較高比例。

尋求協助的表現

3.43 在尋求協助方面，虐待類別的表現跟非虐待類別的不同。在情緒困擾方面，會就與配偶或子女衝突而尋求協助的比例，是虐待類別比非虐待類別為高。另一方面，就比較嚴重的衝突，如跟配偶或子女打鬥或是跟其他家庭成員打鬥等尋求協助的比率，則是虐待類別較低。

3.44 在虐待類別中，有相當主要的部份認為社會服務能有助處理家庭暴力，例如輔導、教育或經濟資助等。其中以認為法律援助有效的比率最低，只有 22%，而認為家庭輔導有效的比率則最高，有 67%。另一方面，非虐待類別認為社會服務能有助處理家庭暴力的看法相近，有 65%認為家庭輔導有效，認為法律援助有效的，就只有 23%。

危機因素

施暴者在個人和關係上的特徵

3.45 虐待類別在個人及關係特徵所得的平均分數，不論是受害者，施暴者，與及兩者皆是的受訪者，在社會合意度，自尊心，支持（除了施暴者組別），與及憤怒處理這幾個範疇上，皆比非虐待類別的得分較低。在其他的範疇上，虐待類別的平均得分比非虐待類別的顯著較高。在不同範疇平均得分的差別均是顯著。

與配偶關係

3.46 就與配偶關係而言，虐待類別的受訪者一般比非虐待類別的受訪者較差。在虐待類別中，大約 60%承認在過去 12 個月內從未受配偶騷擾，但在非虐待類別中，比率則達到 86%。這種被配偶騷擾次數的比率，虐待類別與非虐待類別的差別顯著。

3.47 約有 69%於虐待類別的受訪者表示在過去 12 個月內從未對配偶感到害怕，但非虐待類別的比率，則有 88%。這種對配偶感到害怕次數的比率，虐待類別與非虐待類別的差別顯著。

3.48 有約 37%的虐待類別受訪者表示在過去 12 個月內從未忽略配偶的需要和感受，而非虐待類別在這方面的比率則明顯較高，有 72%。有 14%在虐待類別的受訪者承認經常忽略配偶的需要和感受，而在非虐待類別中只有 2%。這種忽略配偶需要和感受次數的比率，虐待類別與非虐待類別的差別顯著。

3.49 大部份受訪者，不論是虐待或非虐待類別，皆表示在過去 12 個月內未有令配偶感到不安全。在虐待類別中，表示有時或經常會令配偶感到不安全的比率（10%）比非虐待類別的比率（1%）高出很多。這種令配偶感到不安全次數的比率，虐待類別與非虐待類別的差別顯著。

3.50 大部份受訪者，不論是虐待或非虐待類別，皆表示在過去 12 個月內沒有離開家庭。在虐待類別中，表示配偶有時或經常離家的比率（18%）比非虐待類別的比率（5%）高出很多。配偶離家的比率，虐待類別與非虐待類別的差別顯著。

父母之間虐待

3.51 相對非虐待類別而言，在虐待類別中有較高比率的受訪者曾目睹父母毆鬥。在比例上，虐待類別與非虐待類別有顯著差別。就心理攻擊及身體攻擊方面，不論是虐待或非虐待類別，目睹父親施暴的比例及目睹母親受害的比率均較高。在身體損害方面，受訪者則目睹父親受害多於目睹母親受害。

4 就香港在預防和介入家庭暴力方面所採取的社會性及法律性方法進行檢討的結果

4.1 這檢討部份有兩個目標，第一個是指出構成有效預防及介入措施的因素（包括以立法方式，如家庭暴力條例，是否能促成預防和介入），第二個目標，是以外國例子作參考（如英國，美國，新加坡，加拿大，紐西蘭，澳洲等），研究在香港就施虐者實施強制性輔導的可行性（內容可包括其方法與定義，對人力的需求，相關的司法，行政和立法安排等）。

4.2 為了辨識促成有效預防及介入家庭暴力措施的基本因素，世界衛生組織（WHO）提倡了公眾健康方法。這方法說明預防暴力是否成功，取決於社會政策和計劃，與及社區與法制就建設和諧家庭和社會所付出的共同努力。在討論有效法律方法前，是次研究顧問會先就整體預防及介入措施，包括對施虐者進行強制性治療提出意見。

4.3 根據就是次檢討所進行的研究結果，與及參考有關其他司法制度的文獻和法律，審查了以幾項有關立法方式的事項。立法方式包括為施虐者提供法定強制性介入計劃的架構及條件，報告家庭暴力事件，拘捕和檢控程序，對受害人的法律支援，跨專業合作，修改家庭暴力條例（第 189 章），使用禁制令，保護兒童，與及危機評估等事項。

4.4 建議政府確立政策，清楚表現出在打擊家庭暴力方面的理念和決心，與及制定措施以預防家庭暴力事件發生。政策應包括促成社會各方的全面合作，與及以法律方式預防及介入家庭暴力。

4.5 一個協調的刑事司法制度，在促成對家庭暴力施虐者實施有效的強制性計劃方面，扮演了重要的角色。建議政府在現行的制度下及透過修改法律，加入治療施虐者計劃（BIPs）的條款，並在香港推行有時限的法庭強制治療施虐者先導計劃。

4.6 法制機關對實施強制性治療施虐者計劃的積極參與和支持，對計劃是否能成功推行有著關鍵性的影響。研究顧問建議深入研究幾項法律補救措施，包括舉報家庭暴力個案，拘捕和檢控政策，建立專門審理家庭暴力案件的法庭，檢討在家庭暴力事件中涉及嚴重受傷或死亡的個案，教育公眾和訓練法治人員，與及為受害者提供法律支援。

4.7 建議修改家庭暴力條例（第 189 章），擴大保護範圍及加強法律在預防和介入家庭暴力上的作用。

Study on Child Abuse and Spouse Battering

Report on findings of Household Survey

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Executive Summary

Background

1. The aim of this research is to study different types of child abuse and spouse battering, including physical abuse, sexual abuse, psychological abuse, neglect (for child abuse only) as well as multiple abuses. More specifically, the objectives of the research include, inter alia, to the estimation of the incidence and prevalence rates of child abuse and spouse battering in Hong Kong and the analysis of the demographic, social, psychological and family profile of perpetrators and victims.

2. Findings presented in this report, which are based on a territory-wide household survey, provide a comprehensive and up-to-date report on the prevalence and incidence of child abuse and spouse battering in Hong Kong. In terms of scale and coverage, it is the first of its kind ever conducted in Hong Kong. In addition, survey findings on the profile of perpetrators and victims, as well as risk factors identified in the survey, are presented.

Survey Methodology

Data collection approach

3. Information on domestic violence is usually collected through the administrative records maintained by government departments and other welfare agencies dealing with spouse battering and child abuse. To supplement information from administrative channels, information on the victims of domestic violence is also collected through household surveys. The merit of conducting household surveys is that it can include reported and unreported incidents of domestic violence. Through the survey, information on the prevalence of domestic violence can be obtained, based on respondents' recall of incidents that have happened to them.

4. To reduce reluctance of the respondents in answering questions on domestic violence, the revised version of the Conflict Tactics Scales (CTS) was used in the study. In administering the Scales, the respondents were first asked items on positive conflict tactics involving reasoning before being prompted for more aggressive and violent acts. This helped warm up the interview. This method could reduce resistance on the part of the respondents in co-operating in the survey. The CTS2 comprises 39 items on 5 sub-scales, namely negotiation, psychological aggression, physical aggression, injury and sexual coercion.

5. In addition, the Parent-Child Conflict Tactics Scale (CTSPC) was used to obtain information on child abuse. Apart from physical or non-physical violence, child abuse may also take the form of neglect.

Data collection method

6. The household survey method involving face-to-face interview was adopted in the study. By collecting information from the household survey, it is possible to cover both reported and unreported incidents of domestic violence, as well as families with (the violence group) and without domestic violence (the non-violence group). Information obtained from the survey will permit analysis of the prevalence and incidence of child abuse and spouse battering,

as well as factors leading to incidence or otherwise of child abuse and spouse battering.

7. To facilitate data collection and encourage the respondents to answer the questions frankly and fully, three different interview methods were used, as follows:

a) For most questions which were not sensitive, the usual, direct interview method was used, during which the interviewers asked the questions and dropped down answers given by the respondents;
b) For questions which were a bit sensitive, the interviewees were shown the questions and asked to respond by checking the appropriate boxes in the questionnaire, with assistance provided by the interviewers. By doing so, the interviewers did not have to read out the questions;
c) For questions on sensitive issues, the interviewees were asked to complete a self-administered questionnaire. The completed questionnaires were inserted into a folder in such a way that the interviewers were unable to know the answers given by the respondents. The role of the interviewers was to explain the questions to the respondents and to remind the respondents of the need to answer all questions.

8. For respondents who could not read or understand the questions, the direct interview method had to be adopted. With the use of the above interviewing methods, it is believed that reluctance on the part of the respondents to answer sensitive questions could be minimized.

Sample design

9. In the survey, the sampling frame used was based on the frame of quarters maintained by the Census and Statistics Department, which includes the Register of Quarters and the Register of Segments. A two-stage stratified sample design was adopted, with the records in the frame of quarters first stratified by geographical area and type of quarters. For the first stage, a stratified random sample of quarters was selected. In the second stage, all members aged 12 or above in households in the sampled quarters with children and/or spouse were enumerated.

Questionnaire design

10. Five different sets of pre-designed structured questionnaires were used in collecting information from different groups of respondents. In designing the questionnaires, reference was made to information obtained from in-depth interviews and focus group discussions and views obtained from Social Welfare Department and the Advisory Group on the Study on Child Abuse and Spouse Battering. The questionnaires were also pre-tested before implementation.

11. As discussed above, the revised Conflict Tactics Scales (CTS2) and a number of measurement scales were used in the household survey. Briefly, the questionnaire has three main components: an introductory section with demographic questions, the Revised Conflict Tactics Scales to provide the data on the four aspects of spousal violence, and the Personal and Relationships Profile to provide data on 21 aspects of etiology.

Enumeration results

12. The survey was conducted during the period from December 2003 to August 2004. A total of 9,707 quarters were sampled, out of which 1,812 were found to be invalid and 5,565 successfully enumerated. A total of 5,049 and 2,062 respondents were interviewed using respectively the adult and child questionnaires. The overall response rate achieved was 71%. For households enumerated, not all eligible respondents could be interviewed for various reasons. It is estimated that about 78% of eligible respondents were successfully interviewed.

Child Abuse

Ever prevalence and annual prevalence of child abuse

Physical assault

13. About 45% of child respondents indicated they had ever encountered physical assault by either of or both their parents. This ever prevalence rate of physical assault was slightly higher for male than for female, but the difference was not statistically significant. The bulk of the physical assault was minor in nature, with about 41% of child respondents indicated that they had ever encountered minor physical assault.

14. The ever prevalence rate for very severe physical assault was about 9%. The rate was slightly higher for male than for female respondents, but the difference was statistically not significant.

15. About 23% of child respondents indicated they had encountered physical assault by either of or both their parents during the 12 months prior to enumeration. This annual prevalence rate of physical assault was slightly higher for female than for male, but the difference was not statistically significant. The bulk of the physical assault was minor in nature, with about 19% of child respondents indicated that they had encountered minor physical assault during the 12 months prior to enumeration.

16. The annual prevalence rate for very severe physical assault was about 4%. The rate was slightly higher for female than for male respondents, but the difference was statistically not significant. The rate of very severe physical assault carried out by mother was also slightly higher for female than for male respondents, and the difference was statistically significant.

Psychological aggression

17. About 72% of child respondents indicated they had ever encountered psychological aggression by either of or both their parents. This ever prevalence rate of psychological aggression was slightly higher for female than for male, but the difference was not statistically significant.

18. About 58% of child respondents indicated they had encountered psychological aggression by either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of psychological aggression was slightly higher for female than for male, but the difference was not statistically significant.

Neglect

19. About 36% of child respondents indicated they had ever encountered neglect by either of or both their parents. This ever prevalence rate of neglect was slightly higher for female than for male, but the difference was not statistically significant.

20. About 27% of child respondents indicated they had encountered neglect by either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of neglect was slightly higher for female than for male, but the difference was not statistically significant.

Profile of victims of child physical maltreatment

21. For the purposes of the present analysis, the victims of child abuse refer to those who were severe physically or very severe physically assaulted. In other words, those who had experienced psychological aggression, neglect and/or minor physical assault only are not included for the analysis given in this section.

22. It is estimated that about 29% of child respondents had ever experienced physical maltreatment or severe physical maltreatment. The percentage was slightly higher for male than female, but the different was not statistically significant. The ever prevalence of physical maltreatment carried out by mothers was slightly higher that that by fathers.

Demographic characteristics

23. Children in the physical maltreatment group were younger and naturally were attending lower grades at school, as compared with those in the non-physical maltreatment group. The great majority were attending school. Female accounted for a slightly higher proportion in the physical maltreatment group than male. About 18% of the physical maltreatment group was not born in Hong Kong. For those who were not born in Hong Kong, slightly more than half (53%) of them were new immigrants who were in Hong Kong for less than 7 years.

Other characteristics

24. The survey data also show the following:

a) For children in the physical maltreatment group, their attitude towards discipline by parents was less favourable than those in the non-physical maltreatment group, and the difference was statistically significant;

b) Children in the physical maltreatment group had a lower self-esteem than that for the non-physical maltreatment group, and the difference was statistically significant;

c) The physical maltreatment group tended to manage their anger violently, as compared with the non-physical maltreatment group. Probably this is the impact of child abuse on the physical maltreatment group, by making them more aggressive to others.

Profile of perpetrators of child physical maltreatment

25. Consistent with the approach adopted in classifying victims of child abuse, for the purposes of the present analysis, perpetrators of child abuse refer to their adult respondents who admitted that they had ever physical maltreated or severely physical maltreated their children. This group of perpetrators accounted for 10% of adult respondents who had children. The survey findings also show that about 10% of adult respondents had ever physical maltreated their children; 2% had ever severely physical maltreated children.

Demographic characteristics

26. The socio-economic characteristics of perpetrators of child physical maltreatment were quite similar to those of non-perpetrators, except that perpetrators of child physical maltreatment had relatively lower level of education, as compared with non-perpetrators; and that a relatively higher proportion of them was self-employed and recipients of CSSA. To distinguish perpetrators from non-perpetrators, other factors will have to be examined, and this will be discussed in the section below.

Risk factors

Violence between parents of victims

27. A much higher proportion of children in the physical maltreatment group had seen domestic violence between their parents, compared with those in the non-physical maltreatment group. About 48% of those in the physical maltreatment group had seen physical assault between their parents during the 12 months prior to enumeration, as compared with about 10% for the non-physical maltreatment. About 29% of the physical maltreatment group had seen physical injury resulting from battering between their parents during the past 12 months prior to enumeration, as compared 3% for the non-physical maltreatment group. 84% of the physical maltreatment group had seen psychological aggression between their parents during the 12 months prior to enumeration, as compared with 51% for the non-physical maltreatment group. The difference between the physical maltreatment and non-physical maltreatment groups was statistically significant.

Dual violence of perpetrators

28. About 37% of perpetrators of child physical maltreatment admitted that they were also perpetrators of spouse battering. The percentage was higher than that for non-perpetrators (14%). The difference between the perpetrator and non-perpetrator groups was statistically significant.

29. About 36% of perpetrators of child physical maltreatment admitted that they were also victims of spouse battering. The percentage was higher than that for non-perpetrators (13%). The difference between the perpetrator and non-perpetrator groups was statistically significant.

Personal and relationships profile of perpetrators

30. The average scores in the personal and relationships profile of physical maltreatment group were lower than those of non-physical maltreatment group only in respect of social

desirability, self-esteem, support and anger management, and the difference was statistically significant. For other sub-scales, the average scores of the physical maltreatment group were higher than those of non-physical maltreatment group. The difference was statistically significant for all sub-scales, with the exception of the sub-scales face.

Spouse Battering

Ever prevalence and annual prevalence of spouse battering

Physical assault

31. The percentage of respondents who reported that they were ever physically assaulted by their spouses (9.6%) was slightly lower than the percentage of respondents who said that they had ever physically assaulted their spouses (10.8%). Female respondents had a slightly higher rate of having assaulted their spouses than male respondents, and the difference is statistically significant. Most physical assaults were minor in nature.

32. About 4.5% of respondents reported that they were physically assaulted during the 12 months prior to enumeration, which was lower than the percentage of respondents who said that they had physically assaulted their spouses (5.5%). Most of physical assaults were minor in nature. The difference between male and female respondents was not statistically significant.

Physical injury

33. The percentage of respondents who reported that they were physically injured caused by their spouses (3.7%) was slightly lower than the percentage of respondents who said that they had physically injured their spouses (4.3%). Female respondents had a slightly higher rate of having been injured by or having assaulted their spouses than male respondents. Most physical injuries were minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrator on minor, severe and all kinds of injuries. It should be noted that the percentage for all physical injuries may be smaller than the sum of minor and severe injuries as some respondents reported both minor and severe injuries.

34. About 2% of respondents reported that they were physically injured by their spouses during the 12 months prior to enumeration, which was about the same as the percentage of respondents who admitted that they had physically injured their spouses (2%). Most physical injuries were minor in nature. The difference between male and female respondents was not statistically significant.

Sexual coercion

35. The percentage of respondents who reported that they were sexually coerced by their spouses (6.9%) was slightly lower than the percentage of respondents who said that they had sexually coerced their spouses (7.3%). Female respondents had a slightly higher rate of having been sexually coerced by their spouses than male respondents. Most of sexual coercion was minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrators and victims on minor and all kinds of sexual coercion.

36. About 3% of respondents reported that they were sexually coerced by their spouses during the 12 months prior to enumeration. The percentage was almost the same as that for respondents who admitted that they had sexually coerced their spouses (3%). Female respondents had a slightly higher rate of having been sexually coerced their spouses than male respondents. Most of sexual coercion was minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrators and victims on minor and all kinds of sexual coercion.

Overall spouse battering

37. It is estimated that about 13.9% of respondents were ever battered by their spouses. The percentage of respondents who reported that they had battered their spouses was slightly higher, at 15.1%. A relatively higher proportion of female respondents reported that they had battered or had been battered by their spouses. The difference between male and female respondents was significant for the rate reported by victims.

38. In some households[1], either the male or female respondents are victims of spouse battering, while in other households, both spouses are victims (as well as perpetrators) of spouse battering. Thus, if households are taken a unit of analysis, the percentage with spouse battering was higher than the percentage of respondents who had ever battered or had ever been battered by their spouses. It is estimated that there were about 20.8% of households with respondents who reported to have ever been battered by their spouses. The percentage of households with respondents who reported to have ever battered their spouses was slightly higher, at 21.7%.

39. About 7% of respondents were battered by their spouses during the 12 months prior to enumeration. The percentage of respondents who reported that they had battered their spouses was slightly higher, at 8%. A relatively higher proportion of female respondents reported that they had battered or had been battered by their spouses during the 12 months prior to enumeration. The difference between male and female respondents was not significant for the rate reported by victims.

40. It is estimated that there were about 10.6% of households with respondents who reported to have been battered by their spouses. The percentage of households with respondents who reported to have battered their spouses was slightly higher, at 11.9%.

Profiles of victims and perpetrators of spouse battering

41. For the purpose of the present analysis, the abused group includes those respondents who reported to have ever physically assaulted, injured or sexually coerced their spouses, or having been physically assaulted, injured or sexually coerced by their spouses. About 18% of the adult respondents belonged to the abused group (including respondents who were victim only, perpetrator only and both victim and perpetrator), and the remaining 82% the non-abused group.

1 A household consists of a group of persons who live together and make common provision for essentials for living. Hence, a household may have more than one respondent. If any respondent in the household reported he/she had battered or had been battered by spouse, the whole household unit would be classified as household with respondents who had battered or had been battered by spouses.

Demographic characteristics

42. Compared with the non-abused group, a relatively higher proportion of victims, perpetrators and those who were both victims and perpetrators were in the age range of 25-55. Perpetrators and those who were both victims and perpetrators were relatively more educated. However, a relatively higher proportion of victims had no schooling. Besides, a higher proportion of perpetrators and those who were both victims and perpetrators were employed. A relatively higher proportion of victims were homemakers. When comparing the monthly income among the non-abused group, victims, perpetrators and those who were both victim and perpetrator, a relatively higher proportion of perpetrators had higher monthly income. For victims and the non-abused group, a relatively higher proportion of them had no income.

Help seeking behaviour

43. The help seeking behaviour of the abused group was different from that of the non-abused group. For emotional disturbance, conflicts with spouses or children, a relatively higher proportion of the abused group, as compared with the non-abused group, would seek help. On the other hand, for more serious conflicts like fight with spouses or children, conflicts or fight with other family members, a relatively lower proportion of the abused group would seek help.

44. A significant proportion of the abused group considered that the various social services like counseling, education or economic support were useful in dealing with domestic violence. The percentage who considered legal aid useful was lowest, at around 22%, while that for those who considered family counseling useful was highest, at around 67%. The percentage of the non-abused group who considered the various social services useful was similar. The percentage was also highest, at 65%, for those who considered family counseling useful, and was also lowest, at 23%, for those who considered legal aid useful.

Risk factors

Personal and relationships profile of perpetrators

45. The average scores of the personal and relationships profile the abused group, including victims, perpetrators and those who were both victims and perpetrators, were lower than those of non-abused group only in respect of social desirability, self-esteem, support (except for the perpetrator only subgroup) and anger management. For the other sub-scales, the average scores of the abused group were higher than those of non-abused group. The differences among their average scores for the various sub-scales were statistically significant.

Relationship with spouse

46. The relationship with spouse of the abused group was in general worse than that of the non-abused group. About 60% of the abused group admitted that they had never been disturbed by their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 86%. The difference between the abused and non-abused groups, in terms of the frequency of their having been disturbed by their spouses, was statistically significant.

47. About 69% of the abused group said that they had never been afraid of their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 88%. The difference between the abused and non-abused groups, in terms of the frequency of their having been afraid of their spouses, was statistically significant.

48. About 37% of the abused group said that they had never neglected the need and feeling of their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 72%. About 14% of the abused group even admitted that they had always neglected the need and feeling of their spouses while the corresponding proportion for non-abused group was only about 2%. The difference between the abused and non-abused groups, in terms of the frequency of their having neglected the need and feeling of their spouses, was statistically significant.

49. The majority of both the abused and non-abused groups said that they had never made their spouses feel unsafe in the 12 months prior to enumeration. The percentage of abused group who had sometimes or always made their spouses feel unsafe (at 10%) was much higher than the corresponding percentage for the non-abused group (1%). The difference between the abused and non-abused groups, in terms of the frequency of their having made their spouses feel unsafe, was statistically significant.

50. The majority of both the abused and non-abused groups said that their never stayed away from home in the 12 months prior to enumeration. The percentage of abused group who said that their spouses had sometimes or always stayed away from home (at 18%) was much higher than the corresponding percentage for the non-abused group (5%). The difference between the abused and non-abused groups, in terms of the frequency of their spouses having stayed away from home, was statistically significant.

Battering between parents

51. A higher proportion of the abused group, as compared with the non-abused group had seen battering between their parents. The difference between the abused and non-abused groups was statistically significant. For psychological aggression and physical assault, a relatively higher proportion of both the abused and non-abused group had seen their fathers being the perpetrators and their mothers being the victims. For physical injury, on the other hand, a relatively higher proportion had seen their fathers being the victims and their mothers being the perpetrators.

I. Introduction

1.1 Study objectives

1.1.1 The aim of this research is to study different types of child abuse and spouse battering, including physical abuse, sexual abuse, psychological abuse, neglect (for child abuse only) as well as multiple abuses. More specifically, this research has the following objectives:[2]

Part One

a) To estimate the incidence and prevalence rates of child abuse and spouse battering in Hong Kong;

b) To analyze the demographic, social, psychological and family profile of perpetrators and victims;

c) To identify the essential elements contributing to effective prevention and intervention (including whether the provision of legislative measures such as the Domestic Violence Ordinance could facilitate prevention and intervention);

d) To study the feasibility and implications of adopting mandatory treatment of perpetrators in Hong Kong (including but not limited to mode and definition, manpower, related judicial, administrative and legislative arrangement, etc.) with reference to overseas examples (e.g. UK, USA, Singapore, Canada, New Zealand, Australia, etc.);

Part Two

e) To develop and validate assessment tools to facilitate early identification of cases at risk of child abuse and spouse battering and timely intervention;

Part Three

f) To conduct training for 500 frontline professionals on the use of the assessment tools.

1.2 Child abuse and Spouse Battering in Hong Kong

1.2.1 The rapid demographic, social and economic changes in Hong Kong have undermined family solidarity and resulted in an increasing incidence of family violence. According to studies conducted in recent years, the prevalence of husband-to-wife physical violence is about 10%[3] to 14% of families[4]. According to Central Information System on Battered Spouse Cases captured by the Social Welfare Department of the Government of Hong Kong Special Administrative Region, the number of battered spouse cases increased twofold from 1,679 in 1999 to 3,298 in 2003. In 2003, about 88% of

2 Based on the tender document.

3 Tang, C. S. K. (1999), "Wife abuse in Hong Kong Chinese families: a community survey", *Journal of Family Violence*, 14(2), 173 – 191.

4 Tang, C. S. K. (1994). 'Prevalence of spousal aggression in Hong Kong', *Journal of Family Violence*, *9*(4), 347-356.

spouse abuse victims were women, whereas 81.7% of the perpetrators were husbands and 3.6% were cohabitees. The majority of the cases involved physical abuse. In 2003, for example, 78% of the total cases involved physical abuse.[5]

1.2.2 According to the Child Protection Registry captured by the Social Welfare Department, the number of newly reported child abuse cases was 481 in 2003, representing a drop of 7.5% as compared to the number of 520 in 2002. Physical abuse was also the major type of abuse which comprises 58% of the cases.6

1.2.3 A number of studies have been conducted in Hong Kong on child abuse and spouse battering. A few of these studies are summarized below:

a) In a study conducted in 1995 on an effective sample of 1,019 respondents (with a response rate of 52%), it was found that 53% of children had experienced minor violence and 46% experienced severe violence during the year surveyed.[7]
b) In a community study conducted in 1996, the rate of verbal aggression by spouse was estimated to be 73%; for minor violence, the rate was about 9.7%; and for severe violence 1.6%;[8]
c) A study of the incidence of child abuse in Hong Kong was commissioned by the Social Welfare Department in 1997. The study covered an effective sample size of over 1,600 respondents, randomly selected to represent the Chinese parents aged 18 or above, with a response rate of about 50%. The survey showed that the percentage of parents who had at least one incident of psychological child abusive behaviour in the surveyed year was as high as 68%; for minor violent behaviour against the children, the percentage was 52%; and of severe violent behaviour, 40%;[9]
d) A survey was conducted in 1998 on 715 respondents aged 18 or above, residing in Tuen Mun. The respondents were recruited from participants in activities and users of the in-door game hall. About 12.5% of 715 respondents claimed that they knew abused women living in Tuen Mun; [10]
e) A study on child sexual abuse was commissioned by SWD in 1998. Information was collected through interviews with informants (including the victims, parents of the victims and professionals involved in investigation, assessment and treatment) of 16 cases and from administrative records on 132 child abuse cases.[11]
f) A study on the impact of family violence on battered women and children was conducted by the Principal Investigator in 2000, on a clinical sample of 107 women and 84 children, based on records kept by the Christian Family

5 Social Welfare Department, the Government of the Hong Kong Special Administrative Region.
6 Ditto.
7 Tang, Catherine So-kum (1998), "The rate of physical child abuse in Chinese families: a community survey in Hong Kong", in *Child Abuse and Neglect*, 22(5): 381 - 391.
8 Tang, Catherine, So-kum (1999), "Marital power and aggression in a community sample of Hong Kong Chinese families", in *Journal of International Violence*, 14(6): 586 – 602.
9 Social Welfare Department (1999), *Studies on child abuse: associative factors and district differences.*
10 Chan, K. L. (1998). *Research on family violence in Tuen Mun.* Hong Kong: Harmony House & Yan Oi Tong.(In Chinese)
11 Social Welfare Department (1999), *A study on the professional, parental and victims' perspectives on the process and outcomes of investigation, assessment and intervention by child protection professionals in child sexual abuse cases in Hong Kong*.

Service Center;[12]

g) Another study was conducted by the Principal Investigator in 2002 to investigate the impact of family violence on children who had witnessed parental violence. About 50% of the child subjects were also abused by their fathers.[13]

1.2.4 Except for the only one study on child abuse which was representative to the Hong Kong population, no one study on the spousal battering had been conducted with representative sample. Also there was no one study conducted in Hong Kong that studied the co-occurrence of child abuse and spousal battering in Hong Kong.

1.2.5 The recent upsurge of family tragedies has aroused much public concern about the problems of domestic violence. The needs for better understanding of the causes of domestic violence and identifying more effective measures to tackle the problem are recognized. Both the LegCo Panel on Welfare Services and the Fight Crime Committee have, in the respective meetings of 11 March 2002 and 23 March 2002, considered it necessary to conduct research in the area of domestic violence to improve understanding of the problem.

1.2.6 Findings presented in this report, which are based on a territory-wide household survey, provide a comprehensive and up-to-date report on the prevalence and incidence of child abuse and spouse battering in Hong Kong. In terms of scale and coverage, it is the first of its kind ever conducted in Hong Kong. In addition, survey findings on the profile of perpetrators and victims, as well as risk factors identified in the survey, are presented.

12 Chan, K. L. (2000). *Study of the impact of family violence on battered women and children* . Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 38).

13 Chan, K. L. (2002). *Study of children who witnessed family violence*. Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong.

2. Survey Methodology

2.1 Framework for the Survey

Data collection approach

2.1.1 Information on domestic violence is usually collected through the administrative records maintained by government departments and other welfare agencies dealing with spouse battering, child neglect and abuse. There are inherent weaknesses with information available from administrative channels, including likelihood of under-reporting and other limitations like the lack of information about the victims and the circumstances in which the events occur.

2.1.2 To supplement information from administrative channels, information on the victims of domestic violence is also collected through household surveys. The merit of conducting household surveys is that it can include reported and unreported incidents of domestic violence. Through the survey, information on the prevalence of domestic violence can be obtained, based on respondents' recall of incidents that have happened to them.

2.1.3 The usual approach in conducting a household survey on domestic violence, including prevalence and incidence of child abuse and spouse battering, is the use of a dedicated survey such as face-to-face or telephone interviews. To reduce reluctance of the respondents in answering questions on domestic violence, a special questionnaire design is used (e.g. the questionnaire used in surveys conducted in the US and Canada, based on the Conflicts Tactics Scales). This will be discussed in the paragraphs below.

Methods of assessing prevalence of family violence

2.1.4 In the U.S., the first national family violence survey was conducted in 1976, on a sample of 2,143 family members. The second national survey was conducted in 1985, on a sample of 6,002 individuals. In both surveys, the Conflict Tactics Scales (CTS) was used to assess the extent and incidence of domestic violence. The tactics used in the Scales involves three general modes with which family members use to deal with conflict among themselves.[14]

2.1.5 In administering the Scales, the respondents are first asked items on positive conflict tactics involving reasoning before being prompted for more aggressive and violent acts. This will help warm up the interview. Furthermore, items on the parent-to-child relationship will be asked first, followed by child-to-child relationship, before proceeding to the more difficult and threatening questions about husband-wife relationship. This method can reduce resistance on the part of the respondents in co-operating in the survey.[15]

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14 Straus, Murray A., "The national family violence surveys" in *Physical violence in American families*, p. 3 – 16.
15 Straus, Murray A. "Measuring intrafamily conflict and violence: the Conflict Tactics (CT) Scales" in *Physical violence in American families*, p. 29 – 47.

2.1.6 Despite the fact that the CTS has been widely used in research on domestic violence, it is not without shortcomings. For example, the scale does not cover such types of abuses like sexual assault. By situating violence in the context of settling conflicts, it runs the risk of omitting incidents that do not arise from conflicts. Finally, it does not provide information on the context and motive resulting in domestic violence.

2.1.7 To remedy some of the limitations of CTS, a revised CTS (CTS2) was developed in 1995, which allowed researchers to record different types of sexual assault and include information on outcomes of violent acts.[16] The CTS2 comprises 39 items on 5 sub-scales, namely negotiation, psychological aggression, physical aggression, injury and sexual coercion.[17]

Additional measures of child abuse

2.1.8 Professor Murray A. Straus, the original author of the CTS & CTS2 as well as the international advisor of this commissioned study, has also developed a Parent-Child Conflict Tactics Scale (CTSPC) for the purposes of obtaining information on child abuse. Apart from physical or non-physical violence, as included in CTS2 above, child abuse may also take the form of neglect. Professor Straus has developed a Multidimensional Neglect Scale to measure neglect of four basic developmental needs of children: physical, emotional, supervisory and cognitive. The Scale contains 20 items covering the four sub-scales, and for its shorter version 8 items.[18] The neglect subscale was developed and included in the CTSPC.

Contributing factors leading to child abuse and spouse battering

2.1.9 As pointed out by researchers, the CTS cannot be relied upon to provide information on the context and motive leading to domestic violence. A number of methods have been proposed by researchers. For example, based on the theory of social control, the Social Integration Scale, comprising 26 items covering five sub-scales (namely belief, commitment, involvement, network availability and criminal peers) was developed to examine how social bonding and integration could help explain the reduction of domestic violence.[19]

2.1.10 Concerning factors leading to child abuse, some researchers group the causes into three main categories, as follows: [20]

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16 DeKeseredy, Walter. S. and Schwartz, Martin D. (1998), "Measuring the extent of woman abuse in intimate heterosexual relationships: a critique of the Conflicts Tactics Scales", National Electronic Network on Violence Against Women.

17 Straus, Murray A., Hamby, Sherry L., Boney-McCoy, Sue and Sugarman, David B. (1996), "The Revised Conflict Tactics Scales (CTS2): development and preliminary psychometric data", in *Journal of Family Issues*, 17(3): 283 – 316.

18 Straus, Murray A., Kinard, E. Milling, Williams, Linda Meyer (1995), "The Multidimensional Neglect Scale, Form A: Adolescent and Adult-recall version", paper presented to the Fourth International Conference on Family Violence Research, Durham, NH.

19 Rose, Susan, M. and Straus, Murray A. (1995), "The social integration scale", paper presented to the Fourth International Conference on Family Violence Research, Durham, NH.

20 Sullivan, Susan (2000), *Child neglect: current definitions and methods: a review of child neglect research, 1993 – 1998*, Family Violence Research Unit, Health Canada.

a) Personalistic causes, which refer to the personality characteristics of parents, including the mental and psychological conditions, the lacking of understanding of parent-child relationship, substance abuse, etc., some of which may be attributable to the parents' own experience as children;
b) Economic causes (e.g. poverty);
c) Environmental causes, which include poor marital relationship and social isolation (which may be significant for certain groups like new immigrants, single parents, etc.).

Risk factors

2.1.11 Risk factors refer to characteristics associated with an increased likelihood that a problem behavior will occur[21]. Research on intimate violence in recent years has focused on the identification of risk factors for spousal violence and its association with severity/types/frequency of intimate violence, types of batterers, community populations, or clinical samples and stages of the violence cycle.

2.1.12 Hotaling and Sugarman[22] screened over 400 studies published in the professional literature and identified eight consistent risk markers of a husband's violence toward his wife: sexual aggression towards the wife; violence towards the children; witnessing parental violence as a child or teenager; low occupational status, especially working class; excessive alcohol usage; low income; low assertiveness; and low educational level. In a recent review of risk markers for spouse violence, four main groups of risk markers were consistently found in research of the past 20 years[23]: violence across generations (parental violence); socioeconomic risk factors (income, education, and occupational status); alcohol and personality factors; and gender. These risk factors were commonly identified in studies conducted in Western countries.

2.1.13 Applicability of findings of risk factors in Chinese societies is not consistently confirmed. A major source of the studies on spousal abuse in Hong Kong is certain master's and doctoral theses submitted to the University of Hong Kong. These studies have focused on the "leave or stay" factor in abusive relationships, help seeking and coping, social support, and professional response such as from the police, social workers, and magistrates.

2.1.14 The concept of "power and control"[24] was usually adopted as a framework for understanding why men used violence against their wives. Based on this concept, Liu [25] conducted a study on battered women from rural areas and cities in Mainland China. Some prominent risk factors such as in-law family conflicts, male dominance, conjugal power

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21 Kantor, G. K., & Jasinski, J. L. (1998). Dynamics and risk factors in partner violence. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* . USA: SAGE Publication, Inc.
22 Hotaling, G. T., & Sugarman, D. B. (1986). An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and victims, 1*(2), 101-124.
23 Jasinski, J. L., & Williams, L. M. (Eds.). (1998). *Partner violence: A comprehensive review of 20 years of research*. USA: SAGE Publication, Inc.
24 Dobash, R. E., & Dobash, R. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.
25 Liu, M. (1999). *Equality and control: The politics of wife abuse in rural and urban China*. Unpublished Ph.D. thesis, The University of Hong Kong, Hong Kong.

struggle (over parenting, family decision-making, and reproduction), gambling, and extra-marital affairs were identified.

2.1.15 Another study conducted in Hong Kong revealed that men's domination in marital relationships was associated with marital aggression and dissatisfaction[26]. In a recent study conducted by the Principal Investigator on family violence[27], some major risk factors that led to family violence were identified: patriarchal belief and violence approval held by perpetrators, spousal conflicts and personality problem of perpetrators. The studies of wife assault in Mainland China and Hong Kong were still limited to a small number of risk factors. A more comprehensive study of risk factors will help develop a better understanding of wife assault in Chinese societies.

2.1.16 Based on research conducted so far, in China, Hong Kong and elsewhere, attempt is made in the survey to obtain as accurately as possible information on the prevalence and incidence of child abuse and battering, and the various risk factors associated with child abuse and spouse battering, based on which an analysis will be made on the possible impact of different prevention and intervention strategies, including legislative provisions and mandatory treatment of perpetrators. The scales developed by Professor Strauss, including CTS2 and CTSPC (both adult and child versions), which have been tested in a number of studies in Hong Kong, are adopted. In addition, a number of scales are also used in the survey to obtain information on contributing and risk factors on domestic violence. This will be discussed in the section below on survey methodology.

2.2 Survey methodology

Problems and issues that need to be addressed

2.2.1 There are a number of problems and issues that need to be addressed in conducting the study, as follows:

a) Under-reporting;
b) The need to collect sufficient information on the circumstances and contexts within the family that are conducive to child abuse and spouse battering, as pointed out above. This is especially important given that spouse battering may sometimes be mutual, with a person being both the victim and perpetrator of spouse battering. Besides, there is close correlation between spouse battering and child abuse within a family.

2.2.2 Given the stigma associated with family violence, under-reporting child abuse and spouse battering is likely to be significant. For example, the occurrence of wife battering is often underreported because of feelings of fear, shame, and guilt experienced by the victims.

2.2.3 Unless injuries are noticeable or women need to seek medical attention, the

26 Tang, C. S. K. (1999). 'Marital power and aggression in a community sample of Hong Kong Chinese families'. *Journal of Interpersonal Violence*, *14*(6), 586-602.
27 Chan, K. L. (2000). *Study of the impact of family violence on battered women and children* . Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 38).

problem does not easily become visible. Other factors that contribute to underreporting are tolerance of minor physical assault and insensitivity to risk factors. There is a common belief that minor physical assault is not an abusive act but a daily routine of stressed couples. Conflict will turn to harmony soon after the fight.

2.2.4 Underreporting will result in an inaccurate assessment of the gravity of the child abuse and spouse battering in Hong Kong. Furthermore, the underreported cases may contain rich information on factors leading to child abuse and spouse battering, which is useful in devising identification, intervention and prevention measures.

2.2.5 Every step should therefore be made in designing the study methodology to keep underreporting to an absolute minimum. And this can be achieved through:

a) The use of a data collection method, with accompanied quality control measures, that will result in a relatively lower rate of non-response;
b) The proper use of questionnaire design to reduce the reluctance of the respondents to report incidence of child abuse and spouse battering.

These will be discussed in the paragraphs below.

Data collection method

2.2.6 As discussed above, the household survey method was adopted in the study. By collecting information from the household survey, it is possible to cover both reported and unreported incidents of domestic violence, as well as families with (the violence group) and without domestic violence (the non-violence group). Information obtained from the survey will permit analysis of the prevalence and incidence of child abuse and spouse battering, as well as factors leading to incidence or otherwise of child abuse and spouse battering.

2.2.7 In view of the problems and issued identified above, face-to-face interview rather than telephone interview in conducting the household survey was adopted. The reasons are as follows:

a) With a face-to-face interview, it is possible to achieve a higher response rate than that of a telephone survey. Obtaining a higher response rate is important, because it will reduce the likelihood and extent of underreporting, and help generate more information, especially on those families that have a tendency to underreport cases of child abuse and spouse battering to social workers or in a telephone survey;

b) With face-to-face interview, a longer interviewing time is possible. This will allow the use of sophisticated survey instruments, to be discussed in the section below, to obtain more reliable information on child abuse and spouse battering. In addition, more detailed information on the circumstances and contexts within the family, as well as on the incidents of battering and being battered by different persons in the family could be collected.

Sample design

2.2.8 In the survey, the sampling frame used was based on the frame of quarters maintained by the Census and Statistics Department, which includes the Register of Quarters and the Register of Segments. This is the most up-to-date and complete sampling frame available in Hong Kong.

2.2.9 A two-stage stratified sample design was adopted, with the records in the frame of quarters first stratified by geographical area and type of quarters. Selection of sampling units using systematic replicate sampling technique was used with fixed sampling intervals and non-repetitive random numbers. The use of replicated sampling is to facilitate the calculation of sampling errors, and to ensure that the required effective sample size can be met, by adjusting the number of replicates used. For the first stage, a stratified random sample of quarters was selected. In the second stage, all members aged 12 or above in households in the sampled quarters with children and/or spouses were enumerated. In order to enumerate about sufficient number of child respondents, additional replicates were used in the survey.

Questionnaire design

2.2.10 Five different sets of pre-designed structured questionnaires were used in collecting information from different groups of respondents. In designing the questionnaires, reference was made to information obtained from in-depth interviews and focus group discussions and views obtained from SWD and the Advisory Group on the Study on Child Abuse and Spouse Battering. The questionnaires were also pre-tested before implementation.

2.2.11 As discussed above, the revised Conflict Tactics Scales (CTS2) and a number of measurement scales were used in the household survey. Briefly, the questionnaire has three main components: an introductory section with demographic questions, the Revised Conflict Tactics Scales to provide the data on the four aspects of spouse violence, and the Personal and Relationships Profile to provide data on 21 aspects of etiology. More details about the three components are described below:

a) The Revised Conflict Tactics Scales (CTS 2)

The Revised Conflict Tactics Scales (CTS2) is a 39-item self-report scale which contains five subscales with each subscale has minor and severe levels. (See Appendix 2). The CTS2 provides rates of ever prevalence and annual prevalence (or incidence) of spousal violence, as well as chronicity and severity for the following aspects of spousal conflicts:

(i) Negotiation;
(ii) Psychological aggression;
(iii) Physical assault;
(iv) Physical injury; and
(v) Sexual Coercion.

The constructs are not derived from the legal definitions of violence. However, it has been widely adopted to define different types of violent

means in conflict resolution. Information on conflict resolution through non-violent means like negotiation or psychological aggression is gathered in the survey. In CTS2, negotiation may involve a cognitive means like "explain one's thinking to the spouse" or an emotional one like "show that one still cares about the spouse". When conflicts are attempted to be resolved through psychological aggression, it can be considered as minor or severe. Minor means includes for example "insult or swear at spouse" and severe one includes for example "threaten to hit or throw something at spouse".

According to CTS2, spouse battering occurs when conflicts are attempted by to be resolved through physical assault, physical injury and sexual coercion. Specific means of spouse battering, as reflected in the items used in CTS2 can also be classified as minor and severe. It should be noted that when certain behaviour is classified as minor, it does not mean that it is not worth serious attention. The purpose of classifying behaviour of spouse battering into minor and severe in CTS2 is mainly to measure the relative severity of spouse battering. Thus, some researchers prefer to use the terms "level 1" and "level 2", instead of minor and severe, in describing the relative severity of spouse battering.

Another feature of CTS2 is the gathering of information on both the respondents and the respondents' spouses. This symmetry in measurement permits the identification and subsequent monitoring the relationship between spouses, as reported by the respondents. Research has shown that the cessation of violence by one spouse is highly dependent on whether his/her spouse also stops the violent acts.[28]

The CTS2 have been translated into Chinese by the Principal Investigator with the permission of the original author, Prof. Murray A. Straus, who is also the international advisor of this study. According to the findings of previous studies, the internal consistency reliability of the CTS2 scales was generally high, with an alpha coefficient ranging from .79 to .95.[29] In addition, in a study involving sampled students from 33 universities which tested the reliability and validity of CTS2, the alpha coefficients of reliability for the five CTS2 scales were generally high across all 33 universities in 17 countries, indicating that the CTS has high cross-cultural reliability.[30] A local study also showed that the Chinese translation of the CTS 2 had satisfactory reliability (α ranged from .78 to .88)[31].

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28 Strauss, Murray A. , et al. (1996), "The revised conflict tactic scale (CTS2): development and preliminary psychometric data", in *Journal of Family Studies*, 17(3): 283 – 316.

29 Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283-316.

30 Straus, M. A. (2004). Cross cultural reliability and validity of the revised conflict tactics scales. Paper presented at the XVI World Meeting of ISRA, 2004, Santorini, Greece
September 18-22, 2004.

31 Chan, K. L. (2000). *Study of the impact of family violence on battered women and children* . Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 38).

For the present study, the subjects were asked to report on their spouses' behavioral responses toward them during conflicts for the past year on a 7-point scale (0 = never, 1 = once, 2 = twice, 3 = 3 to 5 times, 4 = 6 to 10 times, 5 = 11 to 20 times, and 6 = 20 or more times). It is to record the frequency of the acts, not the frequency of the conflict incidents.

b) The child report on the Revised Conflict Tactics Scale (CTS2-CA)

The CTS2 has the version for child report on the parental violence (CTS2-CA).[32] Information was collected from the child respondents on their relationship between their parents, based on incidents of spouse battering they have seen. The child report on the Revised Conflict Tactics Scale (CTS2-CA) was adopted for the child questionnaire, but with the negotiation and sexual coercion sub-scales omitted.

c) The Parent-Child Conflict Tactics Scale (CTSPC)

For the purpose of obtaining information on child abuse, a Parent-Child Conflict Tactics Scale (CTSPC) was employed for the measurement of child abuse in the questionnaire for child respondents [33]. The scale is also based on conflict theory, covering physical assaults as well as other tactics (e.g. neglect) to deal with conflicts, regardless of whether the child is injured or not. In designing the questionnaire, the items were interspersed such that it would be difficult for the child respondents to blindly answer the questions in a certain manner. It would help guide the respondents to think about each item more before giving an answer.[34] The CTSPC has 7 subscales: non-violent discipline (4 items), psychological aggression (5 items), minor assault (or corporal punishment) (5 items), severe assault (physical maltreatment)(4 items), very severe assault (severe physical maltreatment)(4 items), neglect (5 items) and weekly discipline (4 items) (please see Appendix 3). In this report, the presentation of the ever and annual prevalence rates of child physical abuse is based on the calculation of Physical Maltreatment (severe physical assault) and Severe Physical Maltreatment (very severe physical assault). It does not imply that the minor physical assault behaviors are not abusive behavior. Conceptually the minor physical assault behaviors are classified as corporal punishment which is another important topic to explore.

d) The child report on the Parent-Child Conflict Tactics Scale (CTSPC-CA)

The CTSPC has the version for child report on the parent-child conflict or child abuse (CTSPC-CA).[35] The CTSPC-CA also includes items on sexual

32 Straus, M. A. *Child-report, adult-recall, and sibling versions of the Revised Conflict Tactics Scales*. Family Research Laboratory, University of New Hampshire.
33 Straus, Murray A., Hamby, Sherry L., Finkelhor, David., Moore, David W. & Runyan, Desmond. (1998). Identification of Child Maltreatment with the The Parent-Child Conflict Tactics Scales (CTSPC): Development and Psychometric data for a National sample of American parents. Child Abuse and Neglect 22: 249-270.
34 Strauss, Murray A., et al. (1998), "Identification of child maltreatment with the parent-child conflict tactics scales: development and preliminary psychometric data for a national sample of American parents", in *Child Abuse & Neglect*, 22(4): 249 – 270.
35 Straus, M. A. *Child-report, adult-recall, and sibling versions of the Revised Conflict Tactics Scales*. Family Research Laboratory, University of New Hampshire.

maltreatment. These items were not included in the child questionnaire because it was considered not appropriate to ask the child respondents these sensitive and embarrassing questions. Instead, attempts were made to collect information on sexual maltreatment of children from the adult respondents. The parallel version of the Parent-child Conflict Tactics Scale (CTSPC) responded by the adult respondents was also adopted to collect findings, based on the report of adult respondents, on the tactics dealing with conflict between parent and child. The items of sub-scales are exactly the same with the CTSPC-CA.

e) The Personal and Relationships Profile (PRP)

The PRP is a multi-scale instrument that provides a profile of scores for variables that have an empirically demonstrated relationship with physical violence against a spouse in a marital, cohabiting, or dating relationship.

The PRP has been translated into Chinese by the Principal Investigator. A back translation was conducted to compare differences. The Chinese version was further checked by two clinical psychologists and three experienced social workers who have been working with family violence.

The Chinese version of the PRP was used in the survey to measure 12 variables associated with domestic violence. The respondents were asked to indicate whether they agree or disagree that the statement describes themselves, using the following response categories: Strongly Disagree = 1, Disagree = 2, Agree = 3, and Strongly Agree = 4. The mean alpha coefficient administered to college students was .74, which showed satisfactory internal reliability.[36] The subscales of the PRP are shown in the following table and detailed items for each subscale please refer to Appendix XX

Scales	Brief Description
Personal or Intrapsychic Scales	
Criminal History	The extent to which the respondent has committed criminal acts
Depression	Disturbances in mood and dysphoric cognitions
Substance Abuse	Excessive use of alcohol or other mine-altering drugs
Stressful Conditions	Stress or hassles experienced in daily living
Sexual Abuse History	Abuse happened in adult, family-child or non-family child
Violence Approval	Extent of acceptance of using physical force
Relationship Scales	
Anger Management	Recognizing signs of anger, self-talk and behavioral self-soothing

36 Straus, M. A., & Mouradian, V. E. (1999). *Preliminary psychometric data for the personal and relationships profile (PRP): A multi-scale tool for clinical screening and research on partner violence.* Paper presented at the American Society of Criminology, Toronto, Ontario.

Dominance	Control over spouse in the hierarchical relationships
Jealousy	Extreme concern about the possible sexual and social exclusiveness of spouse
Negative Attribution	Blame attributed to spouse
Relationship Distress	Areas of dissatisfaction with the relationship, characterized by high conflict and few positive interactions
Social desirability	To measure things that are slightly undesirable but true of everyone. The higher the social desirability score the more likely to deny socially undesirable behavior.

f) Support scale

A social support scale from the Family Needs Screener (FNS) was adopted. The Family Needs Screener was developed by Prof. Murray A. Straus who had also developed CTS2 and PRP. The FNS is a shorter version of PRP developed for the screening of spousal and child abuse in US Air Force[37]. The social support scale is a 10-item scale with the same response set as the PRP.

g) Rosenberg self-esteem scale

The scale has been widely used in local studies. It is a 10-items scale measuring the self esteem of the subjects. The Cronbach Alpha is 0.73.[38]

h) Acquisitive Face Orientation Scale

A Protective and Acquisitive Face Orientation Scale was used in a study of dating violence in Hong Kong conducted by the Principal Investigator to measure the face need associated with dating violence. It is a locally validated 20-items self-report scale to measure the concept of Chinese face. The reliability of the two subscales (P & A subscales) were assessed and were satisfactory, with Cronbach Alpha ranging from .7 to .8[39] . In the dating violence study, the Acquisitive Face Orientation subscale showed significant correlation with the intimate violence. Thus, the A subscale was used in this study. The respondents were asked in the survey to indicate whether they agree or disagree that the statement describes themselves, using the following response categories: Strongly = 1, Disagree = 2, Agree = 3, and Strongly Agree = 4.

2.2.12 Three sets of questionnaires were developed in the study, namely the core, adult and child. For the households sampled, the heads of households would be interviewed

37 Kantor, Glenda K. & Straus, M.A. (1999). *Report on the USAF Family Needs Screener*. New Hampshire: Family Research Laboratory.
38 Rosenberg, M. (1979). *Conceiving the self*. New York: Basic books.
39 Wang, H. (2002). *Help seeking tendency in situation of threat to self-esteem and face-losing.* Hong Kong : University of Hong Kong.

using the core questionnaire. Adult respondents who were married (or cohabited) or with children were interviewed using the adult questionnaire. Respondents aged 12 – 17 were interviewed using the child questionnaire. Children aged below 12 were not interviewed because it was considered not appropriate to interview those aged below 12 as they might not understand some of the questions asked. Furthermore, parents might object to allowing their young children to be interviewed. Specimen copies of the questionnaires are given in Appendix 1.

2.2.13 To facilitate data collection and encourage the respondents to answer the questions frankly and fully, three different interview methods were used, as follows:

a) For most questions which were not sensitive, the usual, direct interview method was used, during which the interviewers asked the questions and dropped down answers given by the respondents;
b) For questions which were a bit sensitive, the interviewees were shown the questions and asked to respond by checking the appropriate boxes in the questionnaire, with assistance provided by the interviewers. By doing so, the interviewers did not have to read out the questions;
c) For questions on sensitive issues, the interviewees were asked to complete a self-administered questionnaire. The completed questionnaires were inserted into a folder in such a way that the interviewers were unable to know the answers given by the respondents. The role of the interviewers was to explain the questions to the respondents and to remind the respondents of the need to answer all questions.

For respondents who could not read or understand the questions, the direct interview method had to be adopted. With the use of the above interviewing methods, it is believed that reluctance on the part of the respondents to answer sensitive questions could be minimized.

2.3 Enumeration results

2.3.1 The survey was conducted during the period from December 2003 to August 2004. A total of 5,497 quarters were randomly sampled from the Register of Quarters. Of these 5,497 quarters, 1,043 were found to be non-domestic, vacant or demolished and a further 107 quarters with households that were non-Cantonese, non-Putonghua and non-English speaking and were thus excluded from the sample for the reason of communication problem. For the remaining 4,347 quarters, a total of 3,049 quarters were successfully enumerated, representing a response rate of 70%.

	Number	%
1. Total number of quarters sampled	5,497	-
2. Number of quarters found to be vacant, demolished or non-residential	1,043	-
3. Number of quarters with no English, Cantonese or Putonghua speaking members	107	-
4. Number of quarters eligible for inclusion in the survey (1) – (2) – (3)	4,347	100%
5. Number of quarters successfully enumerated	**3,049**	**70.1%**
6. Number of quarters refusing to respond	870	20.0%
7. Number of quarters that could not be contacted during the survey period	428	9.9%

2.3.2 Out of the 3,049 quarters successfully enumerated, a total of 5,049 and 1,198 respondents were interviewed using respectively the adult and child questionnaires. As the number of child respondents enumerated in the households sampled was below 2,000, which is the target number of respondents required, a supplementary sample of 4,210 quarters was selected, using the same sample design. The enumeration results are shown below for the supplementary sample. A total 864 child respondents were interviewed and the response rate achieved was 71%.

	Number	%
1. Total number of quarters sampled	4,210	-
2. Number of quarters found to be vacant, demolished or non-residential	567	-
3. Number of quarters with no English, Cantonese or Putonghua speaking members	95	-
4. Number of quarters eligible for inclusion in the survey (1) – (2) – (3)	3,548	100%
5. Number of quarters successfully enumerated	**2,516**	**70.9%**
6. Number of quarters refusing to respond	480	13.5%
7. Number of quarters that could not be contacted during the survey period	552	15.6%

2.3.3 In other words, a total of 9,707 quarters were sampled, out of which 1,812 were found to be invalid and 5,565 successfully enumerated. A total of 5,049 and 2,062 respondents were interviewed using respectively the adult and child questionnaires. The overall response rate achieved was 71%. For households enumerated, not all eligible respondents could be interviewed for various reasons. It is estimated that about 78% of eligible respondents were successfully interviewed.

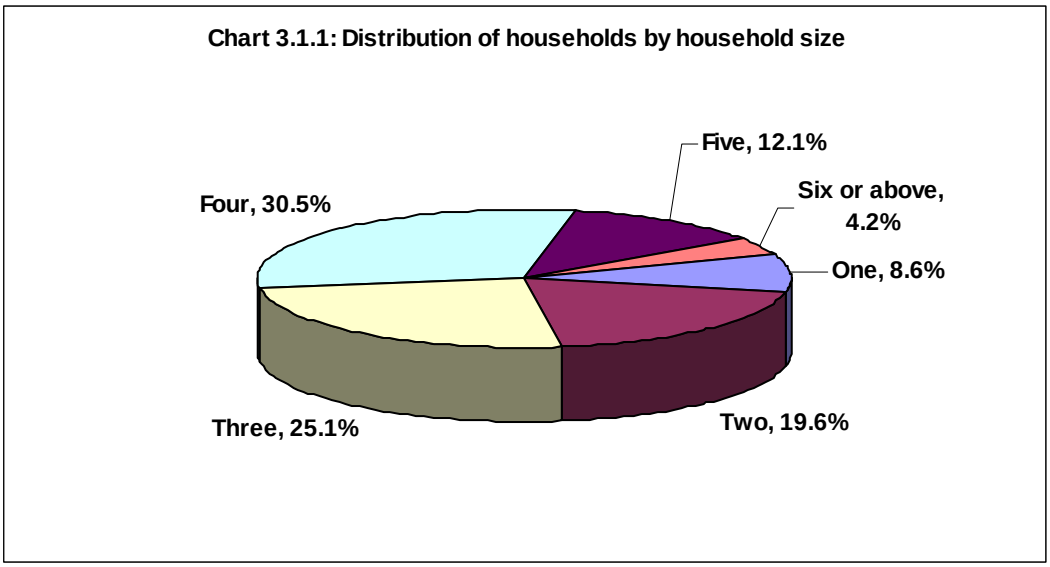
3. Profile of households enumerated

3.1 Household characteristics

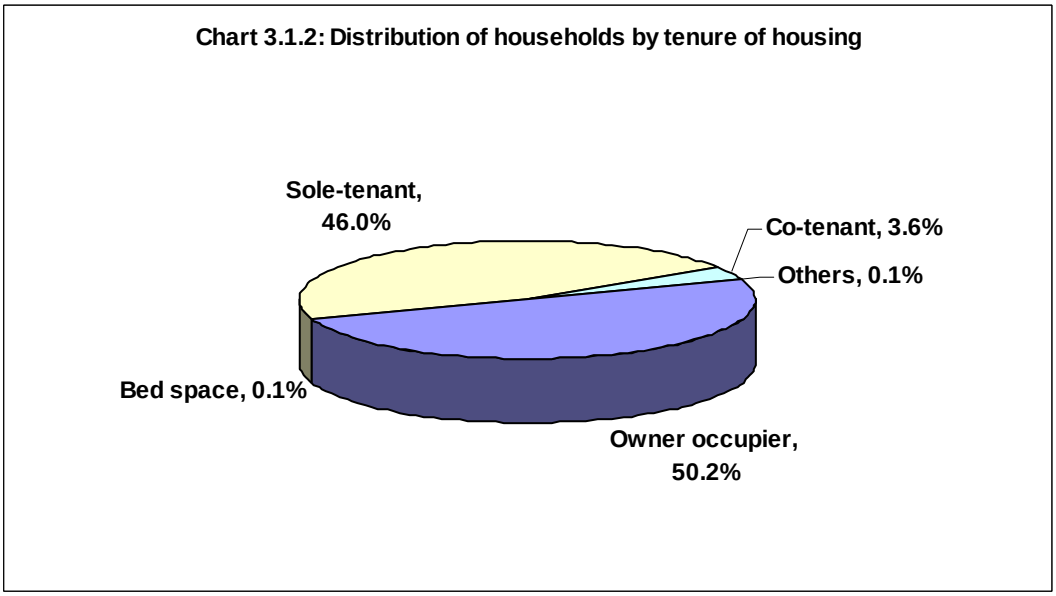
3.1.1 A total of 3,049 households were enumerated in the main sample. In addition, a supplementary sample of 2,516 households was subsequently interviewed in order to obtain sufficient number of child respondents. The geographical distribution of these households is shown in the table below.

Districts	Number of households enumerated in the main survey (main sample)	Number of households enumerated in the main survey (supplementary sample)
Central & Western District	83	93
Eastern District	237	271
Southern District	77	95
Wan Chai District	47	70
Hong Kong Island	**444**	**529**
Kowloon City District	154	123
Kwun Tong District	265	246
Sham Shui Po District	204	113
Wong Tai Sin District	223	140
Yau Tsim Mong District	93	134
Kowloon	**939**	**756**
Islands District	44	30
Kwai Tsing District	235	168
North District	135	90
Sai Kung District	172	123
Sha Tin District	284	239
Tai Po District	152	86
Tsuen Wan District	110	107
Tuen Mun District	276	200
Yuen Long District	258	188
New Territories	**1666**	**1231**
All	**3049**	**2516**

3.1.2 For the 3,049 households enumerated in the main sample, about 31% households had a household size of 4, and a further 25% had a household size of 3.



3.1.3 About 50% of the households were owner-occupiers and a further 46% were sole-tenants.

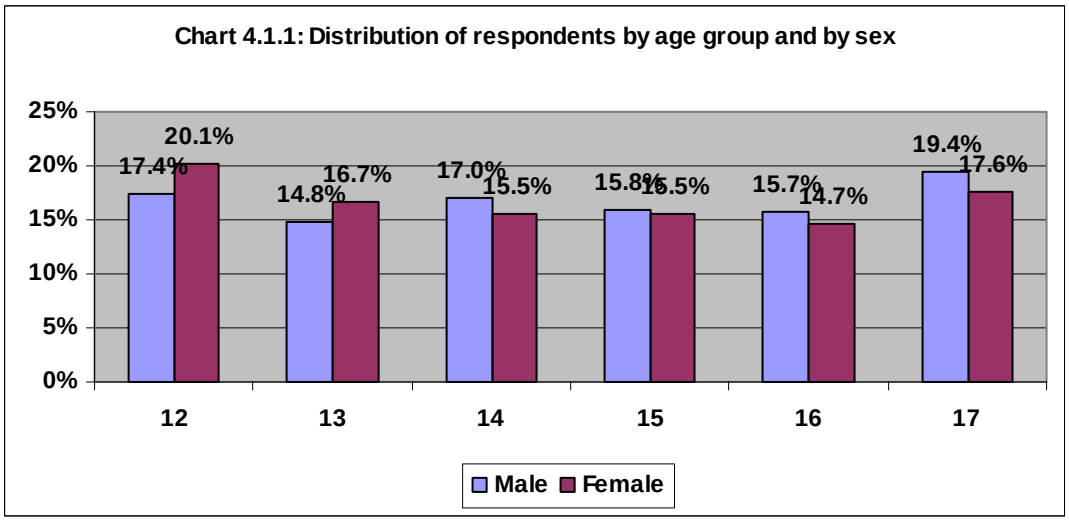


4. Child Abuse

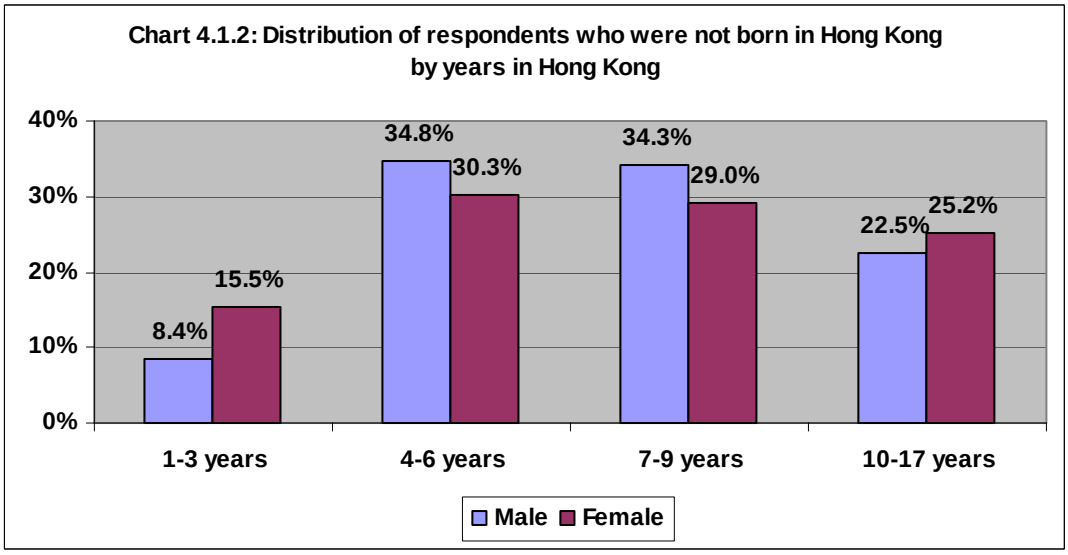
4.1 Profile of child respondents

4.1.1 Survey data on child abuse are based on information obtained from 1,484 households with children aged 12 – 17 enumerated in the survey. In the survey, both the child respondents and their parents in the households concerned were interviewed. It is thus possible to analyze and compare the prevalence and incidence of child abuse, based on information obtained from both the victims and perpetrators.

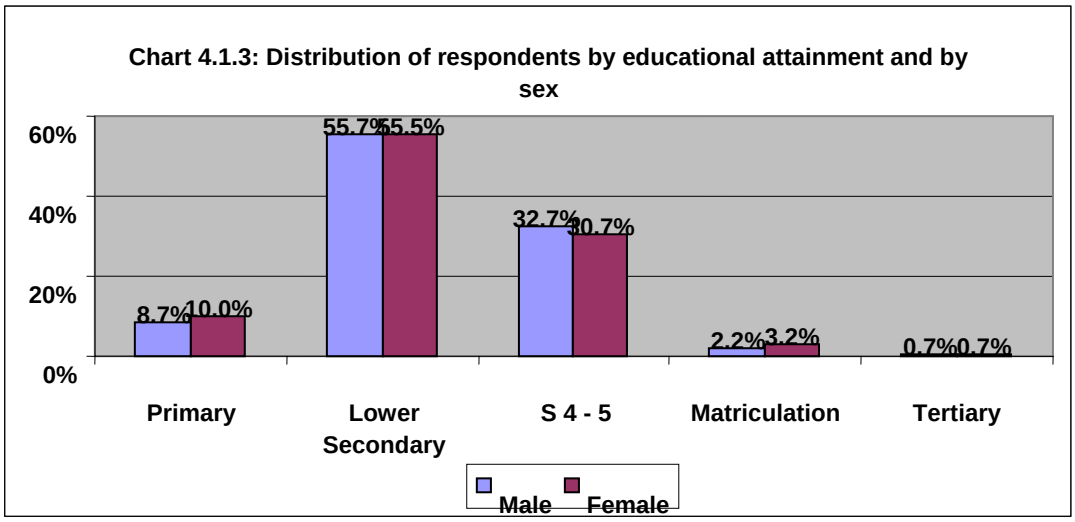
4.1.2 Slightly more than half (51%) of child respondents were male, and slightly less than half (49%) were female. The respondents were more or less evenly spread across different year groups in the age range of 12 – 17.



4.1.3 About 84% of respondents were born in Hong Kong (83% for male and 84% for female). For the 16% not born in Hong Kong, about slightly less than one third had been in Hong Kong for 4 – 6 years and slightly less than one third for 7 – 9 years.



4.1.4 The great majority (98%) of respondents were students. About 1% of respondents were employed and the remaining 1% not at work and not at school. Slightly over half had junior secondary education and about one third had Secondary 4-5 education.



4.1.5 The number of child respondents analyzed by the geographical district of their residence is shown in the table below.

Districts	Number of child respondents interviewed	Percentage distribution
Central & Western District	47	2.28%
Eastern District	106	5.14%
Southern District	24	1.16%
Wan Chai District	16	0.78%
Hong Kong Island	**193**	**9.36%**
Kowloon City District	113	5.48%
Kwun Tong District	146	7.08%
Sham Shui Po District	94	4.56%
Wong Tai Sin District	131	6.35%
Yau Tsim Mong District	32	1.55%
Kowloon	**516**	**25.02%**
Islands District	50	2.42%
Kwai Tsing District	130	6.30%
North District	137	6.64%
Sai Kung District	135	6.55%
Sha Tin District	227	11.01%
Tai Po District	113	5.48%
Tsuen Wan District	78	3.78%
Tuen Mun District	239	11.59%
Yuen Long District	244	11.83%
New Territories	**1353**	65.62%
All	**2062**	**100.00%**

4.2 Ever prevalence and annual prevalence of child abuse

4.2.1 In this section, survey findings in respect of different measures of child abuse, using CTSPC-CA, are presented. It may be argued that certain measures like non-violent discipline may be regarded as child abuse. For the purposes of the present report, all relevant statistics related to parent-child conflict resolution, thus giving a full picture on how conflicts are being resolved within the families. For the purposes of analyzing the profiles of the victims and non-victims of child abuse, those child respondents suffering from severe or very severe physical assaulted are grouped as abused group. Statistics on child abuse are presented in this section, and those for parent-child conflicts in Section 4.5.

Physical assault

4.2.2 A total of 13 items were used to measure physical assault. With a Cronbach alpha of over 85%, the internal consistency of the 13 items was very high.[40] For example, for measures on the ever prevalence of physical assault, the Cronbach alpha was around 87%.

	Items	**Internal consistency**	
		Annual Prevalence	**Ever Prevalence**
By father	13	0.8596	0.8681
By mother	13	0.8686	0.8797

Ever-prevalence

4.2.3 About 45% of child respondents indicated they had ever encountered physical assault by either of or both their parents. This ever prevalence rate of physical assault was slightly higher for male than for female, but the difference was not statistically significant. The bulk of the physical assault was minor in nature, with about 41% of child respondents indicated that they had ever encountered minor physical assault. The prevalence rate of minor physical assault carried out by father was higher for male than for female child respondents, and the difference was statistically significant.

4.2.4 The ever prevalence rate for very severe physical assault was about 9%. The rate was slightly higher for male than for female respondents, but the difference was statistically not significant.

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**	
	%	%	%		
Physical Assault					
Minor by father	33.59	36.03	31.04	0.0166	*
Minor by mother	34.01	34.47	33.53	0.6526	
Minor by either or both parents	**40.79**	**41.91**	**39.62**	**0.2913**	
Severe by father	22.23	23.07	21.36	0.3512	
Severe by mother	22.40	22.79	21.99	0.6627	
Severe by either or both parents	**28.53**	**28.80**	**28.24**	**0.7790**	
Very severe by father	6.78	7.24	6.29	0.3885	
Very severe by mother	6.95	6.27	7.66	0.2138	
Very severe by either or both parents	**9.14**	**9.19**	**9.08**	**0.9345**	
All by father	37.10	39.47	34.63	0.0235	*
All by mother	37.27	37.42	37.11	0.8872	
All by either or both parents	**45.09**	**45.93**	**44.21**	**0.4339**	

40 Cronbach's alpha measures how well a set of items (or variables) measures a single unidimensional latent construct. Technically speaking, it is a coefficient of reliability (or internal consistency).

4.2.5 Information on physical assault was also collected from adult respondents using the adult questionnaire. About 44% of adult respondents admitted that they had ever carried out acts of physical assault on their children. The percentages for minor, severe and very severe physical assault were 43%, 10% and 2% respectively. It should be noted nevertheless that this is not the prevalence rate of physical assault. The figures are presented for reference only. Though not strictly comparable, it may be worth noting that the ever prevalence of severe or very severe physical assault reported by adult respondents was much lower than that reported by child respondents.

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**	
	%	%	%		
Physical Assault					
Minor	43.33	43.25	56.75	0.0000	*
Severe	9.97	45.00	55.00	0.2965	
Very severe	1.82	48.39	51.61	0.9231	

Ever prevalence rate by district

4.2.6 An analysis of the ever prevalence rate by district is given in the table below. The ever prevalence rate for Hong Kong Island (at 54%) was higher than that of Kowloon (45%) and the New Territories (44%). The ever prevalence rate was also relatively higher for certain districts like Southern District (with a prevalence rate of 63%), Wan Chai (56%) and Yuen Long (56%). Care however should be taken in interpreting statistics on the ever prevalence rate by district, as the number of sampled respondents is quite small and the estimates are subject to relatively large sampling errors. For example in Wan Chai District, the survey results showed that the ever prevalence rate was 56%. This figure was subject to a relatively high standard error of 12.4 percentage points implying that there was a 95% chance that the true proportion was between 31.9% and 80.6%.

Districts	Severe or very severe assault %	Total Assault (including minor/severe) %
Central & Western District	34.04	51.06
Eastern District	38.10	52.38
Southern District	45.83	62.50
Wan Chai District	31.25	56.25
Hong Kong Island	**37.50**	**53.65**
Kowloon City District	27.93	50.45
Kwun Tong District	26.21	36.55
Sham Shui Po District	21.51	46.24
Wong Tai Sin District	24.62	48.46
Yau Tsim Mong District	29.03	45.16
Kowloon	**25.49**	**44.90**
Islands District	24.00	32.00
Kwai Tsing District	33.33	47.29
North District	28.47	40.88
Sai Kung District	22.96	37.04
Sha Tin District	19.82	31.28
Tai Po District	29.46	46.43
Tsuen Wan District	17.95	37.18
Tuen Mun District	34.75	51.69
Yuen Long District	41.08	55.60
New Territories	**29.59**	**43.94**
All	**29.31**	**45.09**

Annual prevalence

4.2.7 About 23% of child respondents indicated they had encountered physical assault by either of or both their parents during the 12 months prior to enumeration. This annual prevalence rate of physical assault was slightly higher for female than for male, but the difference was not statistically significant. The bulk of the physical assault was minor in nature, with about 19% of child respondents indicated that they had encountered minor physical assault during the 12 months prior to enumeration.

4.2.8 The annual prevalence rate for very severe physical assault was about 4%. The rate was slightly higher for female than for male respondents, but the difference was statistically not significant. The rate of very severe physical assault carried out by mother was also slightly higher for female than for male respondents, and the difference was statistically significant.

CTS Sub-scales	Happened (12 months prior to enumeration)	Male	Female	p-value	
	%	%	%		
Physical Assault					
Minor by father	13.60	12.77	14.47	0.2625	
Minor by mother	15.40	13.96	16.92	0.0634	
Minor by either or both parents	**19.20**	**17.99**	**20.46**	**0.1563**	
Severe by father	9.75	9.53	9.98	0.7329	
Severe by mother	10.69	9.59	11.84	0.0988	
Severe by either or both parents	**14.07**	**13.21**	**14.97**	**0.2511**	
Very severe by father	2.68	2.29	3.09	0.2587	
Very severe by mother	3.16	2.09	4.28	0.0045	*
Very severe by either or both parents	**4.05**	**3.25**	**4.89**	**0.0606**	
All by father	**16.72**	**16.68**	**16.77**	**0.9594**	
All by mother	**18.42**	**16.62**	**20.30**	**0.0314**	*
All by either or both parents	**23.30**	**22.39**	**24.25**	**0.3199**	

4.2.9 About 32% of adult respondents admitted that they had ever carried out acts of physical assault on their children during the 12 months prior to enumeration. The percentages for minor, severe and very severe physical assault were 32%, 5% and 1% respectively. It should be noted nevertheless that this is not the incidence rate of physical assault. The figures are presented for reference only. Though not strictly comparable, it may be worth noting that the incidence of severe or very severe physical assault reported by adult respondents was much lower than that reported by child respondents.

CTS Sub-scales	Happened (12 months prior to enumeration)	Male	Female	p-value	
	%	%	%		
Physical Maltreatment Assault					
Minor	31.90	43.09	56.91	0.0002	*
Severe	5.48	47.06	52.94	0.8604	
Very severe	0.62	52.38	47.62	0.6720	

Annual prevalence rate by district

4.2.10 An analysis of the annual prevalence rate by district is given in the table below. The annual prevalence rate for Hong Kong Island (at 29%) was higher than that of Kowloon (22%) and the New Territories (23%). The rate was also relatively higher for certain districts like Wan Chai (44%), Yau Tsim Mong (39%) and Kwai Tsing (30%). Care however should be taken in interpreting statistics on the incidence rate by district, as the number of sampled respondents is quite small and the estimates are subject to relatively large sampling errors.

Districts	Severe or very severe assault %	Total Assault (including minor/severe) %
Central & Western District	12.77	27.66
Eastern District	16.19	26.67
Southern District	20.83	29.17
Wan Chai District	25.00	43.75
Hong Kong Island	**16.67**	**28.65**
Kowloon City District	11.71	18.02
Kwun Tong District	13.10	22.07
Sham Shui Po District	11.83	20.43
Wong Tai Sin District	11.54	23.08
Yau Tsim Mong District	22.58	38.71
Kowloon	**12.75**	**22.16**
Islands District	8.00	12.00
Kwai Tsing District	17.83	30.23
North District	13.14	18.98
Sai Kung District	16.30	23.70
Sha Tin District	11.01	16.74
Tai Po District	19.64	25.00
Tsuen Wan District	5.13	17.95
Tuen Mun District	17.80	23.31
Yuen Long District	19.50	29.46
New Territories	**15.39**	**22.97**
All	**14.85**	**23.30**

Psychological aggression

4.2.11 A total of 10 items were used to measure psychological aggression. With a Cronbach alpha of over 70%, the internal consistency of the 10 items was very high. For example, for measures on the ever prevalence of psychological aggression, the Cronbach alpha was over 80%.

	Items	Internal consistency	
		Annual Prevalence	Ever Prevalence
By father	10	0.7705	0.8025
By mother	10	0.7672	0.8096

Ever prevalence

4.2.12 About 72% of child respondents indicated they had ever encountered psychological aggression by either of or both their parents. This ever prevalence rate of psychological aggression was slightly higher for female than for male, but the difference was not statistically significant.

CTS Sub-scales	Ever Happened	Male	Female	p-value
	%	%	%	
Psychological aggression				
By father	63.38	62.73	64.07	0.5272
By mother	63.90	62.49	65.37	0.1732
By either or both parents	**72.01**	**70.14**	**73.95**	**0.0550**

4.2.13 Information on psychological aggression was also collected from adult respondents using the adult questionnaire. About 69% of adult respondents admitted that they had ever carried out psychological aggression on their children. It should be noted nevertheless that this is not the prevalence rate of psychological aggression. The figure is presented for reference only.

Annual prevalence

4.2.14 About 58% of child respondents indicated they had encountered psychological aggression by either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of psychological aggression was slightly higher for female than for male, but the difference was not statistically significant.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Psychological aggression				
By father	48.07	47.00	49.20	0.3179
By mother	50.58	49.19	52.04	0.1966
By either or both parents	**57.60**	**55.79**	**59.48**	**0.0911**

4.2.15 About 61% of adult respondents admitted that they had carried out psychological aggression on their children during the 12 months prior to enumeration. It should be noted nevertheless that this is not the incidence rate of psychological aggression. The figure is presented for reference only.

Neglect

4.2.16 A total of 5 items were used to measure neglect. With a Cronbach alpha of over 60%, the internal consistency of the 10 items was quite high. For example, for measures on the ever prevalence of neglect, the Cronbach alpha was over 70%.

	Items	**Internal consistency**	
		Annual Prevalence	**Ever Prevalence**
By father	5	0.6525	0.7025
By mother	5	0.6391	0.7175

Ever-prevalence

4.2.17 About 36% of child respondents indicated they had ever encountered neglect by either of or both their parents. This ever prevalence rate of neglect was slightly higher for female than for male, but the difference was not statistically significant.

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**
	%	%	%	
Neglect				
By father	31.79	30.12	33.53	0.0975
By mother	31.29	30.77	31.84	0.6002
By either or both parents	**35.96**	**34.74**	**37.23**	**0.2408**

4.2.18 Information on neglect was also collected from adult respondents using the adult questionnaire. About 20% of adult respondents admitted that they had ever carried out acts of neglect on their children. It should be noted nevertheless that this is not the prevalence rate of neglect. The figure is presented for reference only.

Annual prevalence

4.2.19 About 27% of child respondents indicated they had encountered neglect by either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of neglect was slightly higher for female than for male, but the difference was not statistically significant.

CTS Sub-scales	**Happened (12 months before enumeration)**	**Male**	**Female**	**p-value**
	%	%	%	
Neglect				
By father	23.40	21.64	25.25	0.0536
By mother	23.81	22.22	25.47	0.0835
By either or both parents	**27.36**	**25.74**	**29.04**	**0.0941**

4.2.20 About 18% of adult respondents admitted that they had carried out acts of neglect on their children during the 12 months prior to enumeration. It should be noted nevertheless that this is not the incidence rate of neglect. The figure is presented for reference only.

4.3 Other means of parent-child conflict resolution

Non-violent discipline

4.3.1 Apart from child abuse which is used albeit incorrectly as a means of resolving parent-child conflicts, parents may also resort to other means like non-violent discipline (including explanation, using time-out, took away privileges and replacement). A total of 4 items were used to measure non-violent discipline. With a Cronbach alpha of only around 53-63%, the internal consistency of the 4 items was moderately acceptable. For example, for measures on incidents that had ever occurred (or the (ever) prevalence of non-violent discipline), the Cronbach alpha was slightly around 62%.

	Items	**Internal consistency**	
		Annual Prevalence	**Ever Prevalence**
By father	4	0.5664	0.6346
By mother	4	0.5771	0.6208

Ever prevalence

4.3.2 About 79% of child respondents indicated they had ever encountered non-violent discipline by either of or both their parents. In other words, the prevalence of non-violent discipline was quite common in Hong Kong. This ever prevalence rate of non-violent discipline was slightly higher for female than for male, but the difference was not statistically significant. The rate was high for non-violent discipline carried out by mothers.

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**
	%	%	%	
Non-violent discipline				
By father	70.40	70.26	70.56	0.8811
By mother	73.28	72.08	74.53	0.2098
By either or both parents	**79.19**	**78.56**	**79.84**	**0.4772**

4.3.3 Information on non-violent discipline was also collected from adult respondents using the adult questionnaire. About 82% of adult respondents reported that they had ever carried out non-violent discipline on their children. It should be noted nevertheless that this is not the prevalence rate of non-violent discipline. The figure is presented for reference only.

Annual prevalence

4.3.4 About 67% of child respondents indicated they had encountered non-violent discipline by either of or both their parents, during the 12 months prior to enumeration. This annual prevalence rate of non-violent discipline was slightly higher for female than for male, but the difference was not statistically significant. The rate was high for non-violent discipline carried out by mothers.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Non-violent discipline				
By father	56.17	55.58	56.79	0.5810
By mother	60.88	59.16	62.69	0.1017
By either or both parents	**66.59**	**65.65**	**67.56**	**0.3575**

4.3.5 About 75% of adult respondents reported that they had ever carried out non-violent discipline on their children during the 12 months prior to enumeration. It should be noted nevertheless that this is not the prevalence rate of non-violent discipline. The figure is presented for reference only.

Weekly discipline

4.3.6 Another means of resolving parent-child conflicts is weekly discipline (using time out, shouting at, spanking or slapping). A total of 4 items were used to measure non-violent discipline. With a Cronbach alpha of around 65-67%, the internal consistency of the 4 items was moderately acceptable.

	Items	Internal consistency
		Weekly Prevalence
By father	4	0.6723
By mother	4	0.6487

4.3.7 For weekly discipline, information was collected on incidents that had happened in the week prior to enumeration. About 25% of child respondents indicated they had encountered weekly discipline by either of or both their parents. This prevalence rate of weekly discipline was slightly higher for female than for male, but the difference was not statistically significant. The rate was relatively higher for weekly discipline carried out by mothers.

CTS Sub-scales	Happened (in the week prior to enumeration)	Male	Female	p-value
	%	%	%	
Weekly discipline				
By father	17.65	16.87	18.46	0.3451
By mother	20.75	19.75	21.79	0.2544
By either or both parents	**24.82**	**23.44**	**26.25**	**0.1423**

4.3.8 Information on weekly discipline was also collected from adult respondents using the adult questionnaire. About 22% of adult respondents admitted that they had carried out weekly discipline on their children during the week prior to enumeration. It should be noted nevertheless that this is not the prevalence rate of weekly discipline. The figure is presented for reference only.

4.4 Profile of victims of child physical maltreatment

The physical maltreatment group

4.4.1 For the purposes of the present analysis, the child respondents of the survey are further classified into two groups, the physical maltreatment group refers to those child respondents who were severe physically or very severe physically assaulted. In other words, those who had experienced psychological aggression, neglect and/or minor physical assault only are grouped into the non-physical maltreatment group.

4.4.2 It is estimated that about 29% of child respondents had ever experienced physical maltreatment (including severe physical assault or very severe physical assaulted). The percentage was slightly higher for male than female, but the different was not statistically significant. The ever prevalence of physical maltreatment carried out by mothers was slightly higher that that by fathers.

CTS Sub-scales	Ever Happened	Male	Female	p-value
	%	%	%	
Physical maltreatment or severe physical maltreatment				
By father	22.92	23.74	22.06	0.3652
By mother	23.18	23.36	22.99	0.8396
By either or both parents	**29.31**	**29.47**	**29.14**	**0.8690**

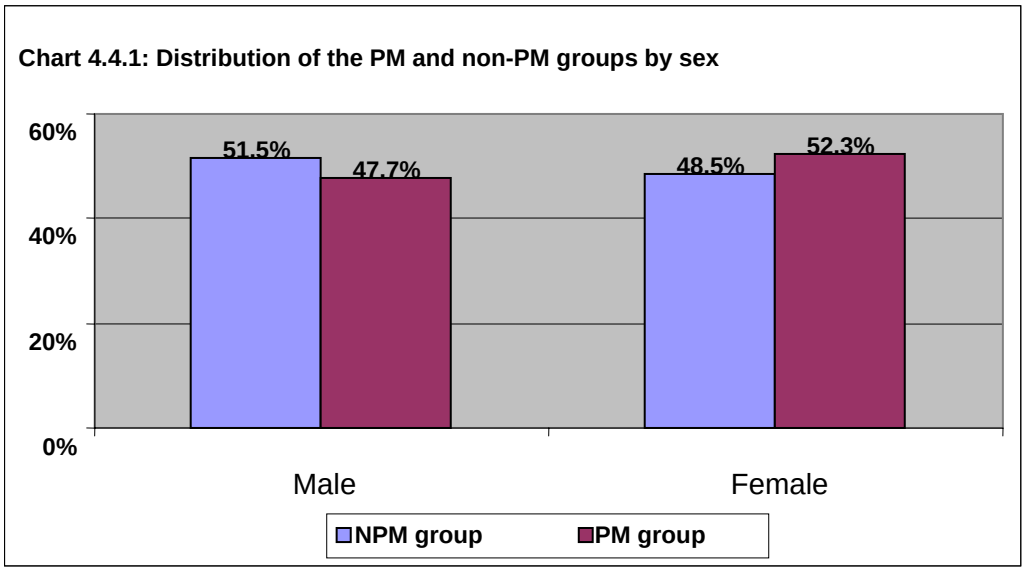
4.4.3 About 15% of child respondents had experienced physical maltreatment during the 12 months prior to enumeration. The percentage was slightly higher for female than male, but the different was not statistically significant. The annual prevalence of physical maltreatment carried out by mothers was slightly higher that that by fathers.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Physical maltreatment				
By father	10.34	10.20	10.48	0.8357
By mother	11.47	10.26	12.74	0.0776
By either or both parents	14.85	13.97	15.77	0.2530

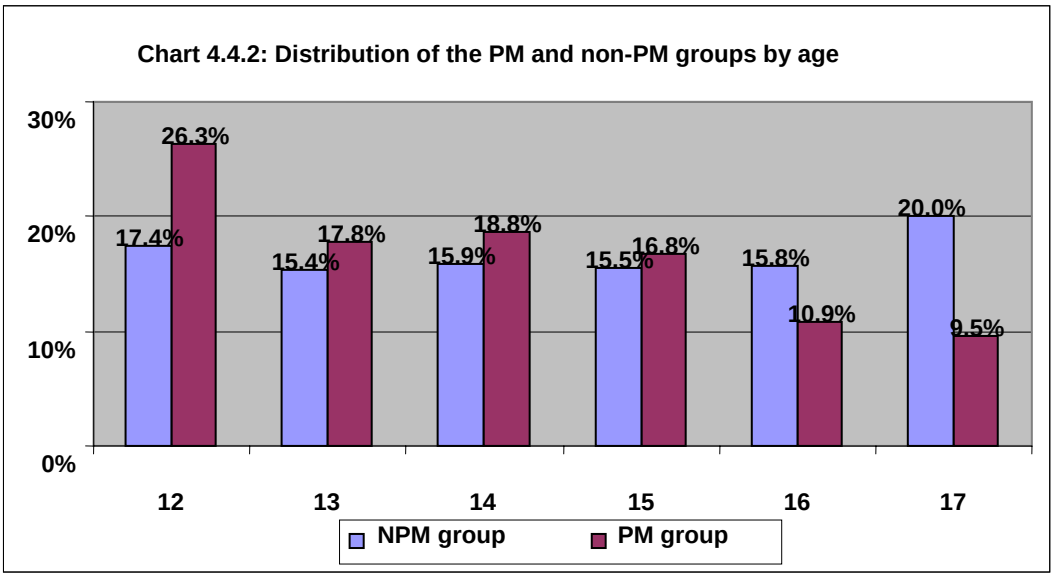
4.4.4 Analysis presented in this section on the physical maltreatment group is based on the 29% of child respondents who had ever experienced physical or severe physical maltreatment by their parents. In the paragraphs to follow, their demographic characteristics are analyzed and compared with those who had never experienced any physical or severe physical maltreatment by their parents (i.e. the non-physical maltreatment group).

Demographic characteristics

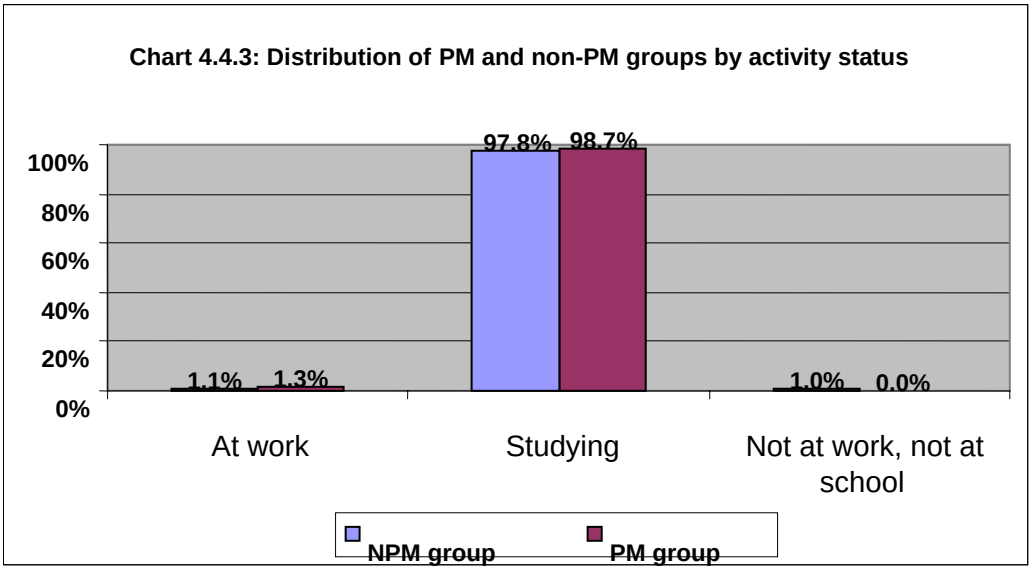
4.4.5 As pointed out above, there were more female than male children who had ever experienced physical maltreatment. Female accounted for 52% of the physical maltreatment group, as compared with 49% for the non-physical maltreatment group. The $\chi 2$ value of the two sex distributions is 0.226, indicating that there is no significant difference in the sex distribution between the physical maltreatment group (PM group) and non-physical maltreatment group (NPM group).



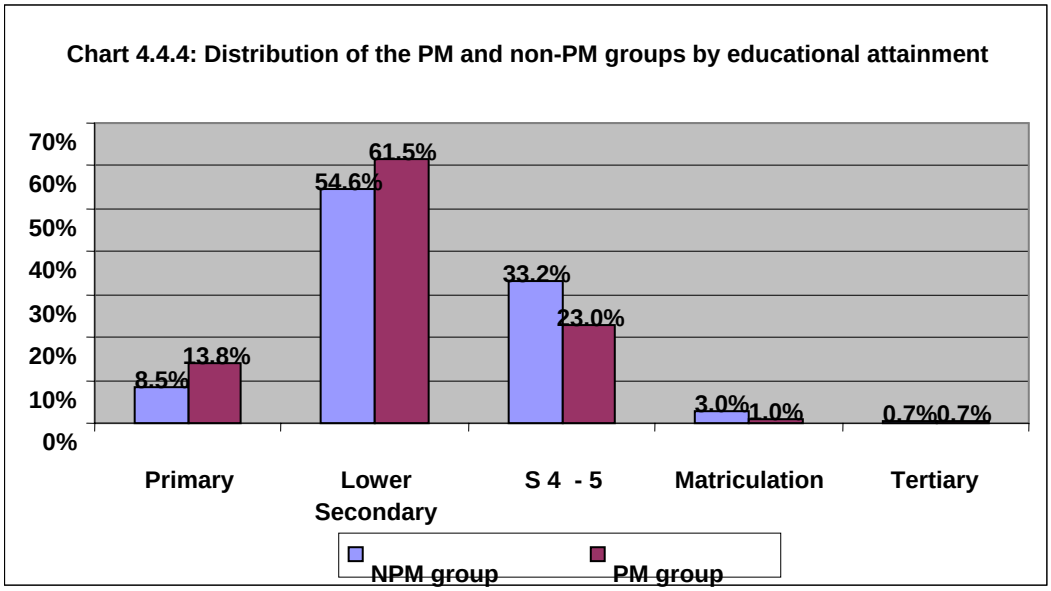
4.4.6 Children in the physical maltreatment group were relatively younger, when compared with the non- physical maltreatment group. About 26% of children in the physical maltreatment group were aged 12 and a further 18% were aged 13. The $\chi 2$ value of the two distributions is almost zero (0.0000), indicating that there is significant difference in age distribution between the physical maltreatment and non-physical maltreatment groups.



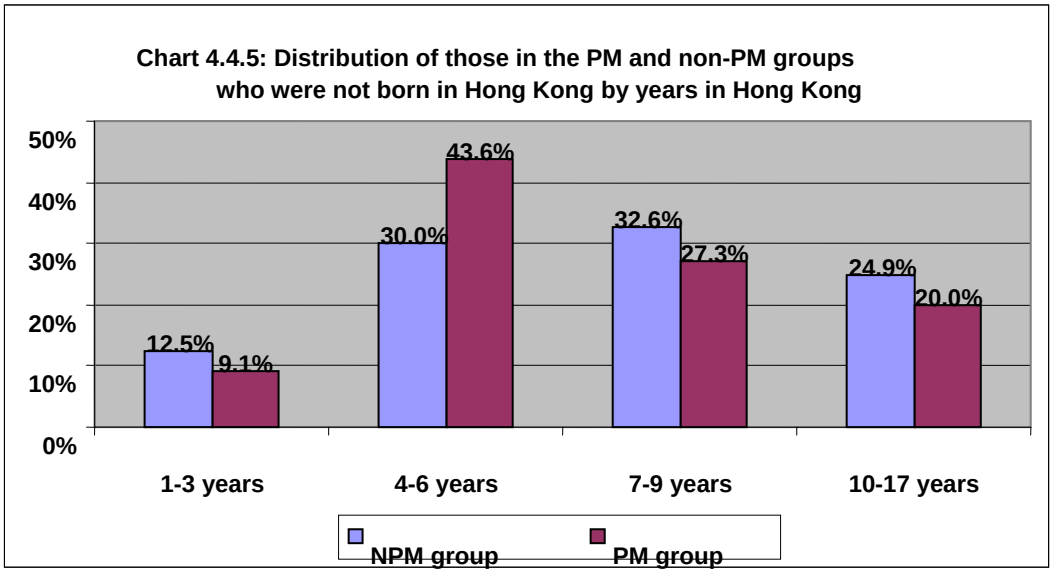
4.4.7 The great majority of children in the physical maltreatment and non-physical maltreatment groups were students. The $\chi 2$ value of the two distributions is 0.273, indicating that there is no significant difference in distribution of activity status between the physical maltreatment and non-physical maltreatment groups.



4.4.8 A higher proportion of children in the physical maltreatment group were attending primary and lower secondary education, when compared with the non-physical maltreatment group. About 14% of the physical maltreatment group had primary education and a further 62% had lower secondary education. The $\chi 2$ value of the two distributions by educational attainment is almost zero (0.0000), indicating that there is significant difference in the educational attainment between the physical maltreatment and non-physical maltreatment groups.



4.4.9 About 18% of children in the physical maltreatment group were not born in Hong Kong, as compared with about 15% for the non-physical maltreatment group. The $\chi 2$ value of the two distributions is 0.34, indicating that there is no significant difference. Among those who were not born in Hong Kong, about 9% of the physical maltreatment group were in Hong Kong for 1 – 3 years and a further 44% were in Hong Kong for 4 – 6 years. The $\chi 2$ value of the two distributions by years in Hong Kong is 0.27, indicating that there is no significant difference in the distribution by years in Hong Kong between the physical maltreatment and non-physical maltreatment groups.



4.4.10 To summarize, children in the physical maltreatment group were younger and naturally were attending lower grades at school, as compared with those in the non-physical maltreatment group. The great majority were attending school. Female accounted for a slightly higher proportion in the physical maltreatment group than male. About 18% of the physical maltreatment group was not born in Hong Kong. For those who were not born in Hong Kong, slightly more than half (53%) of them were new immigrants who were in Hong Kong for less than 7 years.

Attitudes towards discipline by parents

4.4.11 A total of 14 items were used to assess the children's attitudes towards discipline by their parents. Principal component analysis indicates that these 14 items may be grouped into three latent variables, namely negative attribution, perceived threat and self-blame which together explained about 69% of total sample variance. Results of the principal component analysis are summarized below, showing that the latent variable "negative attribution" may be represented by 6 items, "perceived threat" by 4 items and "self-blame" by 4 items.

Items	Component		
	1	2	3
My parents hit me because I did something wrong	0.1828	0.1602	0.8081
My parent hit me because they considered it good for me	0.0075	0.1016	0.7891
My parents abused me.	0.7745	0.1339	0.0559
My parents hit for the repeated reason.	0.6834	0.1472	0.3827
My parents hit me because they did not like me.	0.8505	0.1932	0.0970
My parents hit me because they did not know how to be good parents.	0.8567	0.1881	0.1012
My parents hit me because they had bad temper	0.7260	0.2590	0.2017
I did not understand why my parents hit me.	0.6895	0.3312	0.1243
My parents hit me usually because of my fault.	0.1988	0.3086	0.7167
When my parents hit me, they would blame me for not behaving well.	0.3262	0.3819	0.6084
When my parents hit me, I was afraid.	0.1201	0.7756	0.3626
When my parents hit me, I worried that something tragic would happen.	0.3579	0.7895	0.1109
When my parents hit me, I worried that I would be hurt.	0.2993	0.8161	0.1672
I was afraid that my parents would yell at me loudly	0.2026	0.7880	0.2499

4.4.12 As expected the internal consistency of the 6 items used to represent "attribution" was very high, with an alpha coefficient of 0.88; and that for the 4 items used to reflect "perceived threat" was also very high, with an alpha coefficient of 0.89. For the 4 items used to measure "self-blame", the internal consistency was also high, with an alpha coefficient of 0.80. A composite score has computed from survey data, with "agree very much" assigned a score of 4; "agree", a score of 3; "disagree", a score of 2; and "disagree very much", a score of 1. The composite scores for the 14 items and scores for the three sub-scales, in respect of the physical maltreatment and non-physical maltreatment groups, are shown in the table below. A higher score means that the respondents were more in agreement with the statements, indicating that their attitude towards discipline by parents was less favourable; and the converse is also true. It may be seen that the scores for the physical maltreatment group were higher than those for the non-physical maltreatment group, and the difference was statistically significant.

Attitude towards discipline by parents	Physical maltreatment group		Non-physical maltreatment group		p-value
	Mean	Standard deviation	Mean	Standard deviation	
Overall score	32.796	6.782	27.922	7.212	0.0000
Negative attribution	12.745	3.845	10.278	3.183	0.0000
Perceived Threat	9.848	2.931	8.351	2.906	0.0000
Self-blame	10.498	2.236	9.183	2.656	0.0000

Self-esteem

4.4.13 A total of 10 items were used to assess the self-esteem of the child respondents. The survey data show that the internal consistency of these 10 items was high, with an alpha coefficient of 0.78. The survey findings also show that the self-esteem for the physical maltreatment group was lower than that of the non-physical maltreatment group and the difference was statistically significant. A composite score has computed from survey data, with "agree very much" assigned a score of 4; "agree", a score of 3; "disagree", a score of 2; and "disagree very much", a score of 1. The composite scores for the 10 items, in respect of the physical maltreatment and non-physical maltreatment groups, are shown in the table below. A higher score means that the respondents were more in agreement with the statements, indicating that their self-esteem was higher. It may be seen that the score for the physical maltreatment group was lower than that for the non-physical maltreatment group, and the difference was statistically significant.

Self-esteem	Physical maltreatment group		Non-physical maltreatment group		p-value
	Mean	Standard deviation	Mean	Standard deviation	
10 items	20.721	3.649	22.052	3.984	0.0000

Anger management

4.4.14 A number of questions were used to assess the anger management of child respondents. It may be seen from the analysis below that anger management of the physical maltreatment group was different from that of the non-physical maltreatment group. When the physical maltreatment group respondents were angry, a relatively higher proportion, as compared with the non-physical maltreatment group, would yell loudly, hit others, hit toys or throw things, hide away and keep silence. The difference between the physical maltreatment and non-physical maltreatment groups was statistically significant.

4.4.15 When being laughed at by other children, a relatively higher proportion of the physical maltreatment group, as compared with the non-physical maltreatment group, would respond by threatening those who laughed at them or by hitting back, and the difference was statistically significant. A relatively lower proportion of the physical

maltreatment group, as compared with the non-physical maltreatment group, would respond by telling others, and the difference was statistically significant.

4.4.16 When their properties were taken away by other children without permission, a relatively higher proportion of the physical maltreatment group, as compared with the non-physical maltreatment group, would respond by ignoring them, asking these children to stop doing so, threatening these children or by hitting back, and the difference was statistically significant.

4.4.17 When being hit by other children, a relatively higher proportion of the physical maltreatment group, as compared with the non-physical maltreatment group, would respond by threatening those who hit them or by hitting back, and the difference was statistically significant. A relatively lower proportion of the physical maltreatment group, as compared with the non-physical maltreatment group, would respond by telling others, and the difference was statistically significant.

4.4.18 What may be observed from the above analysis is that the physical maltreatment group tended to manage their anger violently, as compared with the non-physical maltreatment group. Probably this is the impact of child abuse on the physical maltreatment group, by making them more aggressive to others.

	Non-physical maltreatment group %	Physical maltreatment group %	$\chi 2$ value	
Reactions to being angry				
Yell loudly	63.2	68.8	0.0040	*
Hit others	25.0	46.1	0.0000	*
Hit toys or throw things	42.3	64.5	0.0000	*
Talk to others	83.6	81.1	0.1340	
Hide away and keep silence	68.6	75.3	0.0000	*
Response to being laughed at by other children				
Ignore them	77.1	80.7	0.0610	
Ask them to stop	71.9	74.0	0.2460	
Tell others	73.0	70.9	0.0030	*
Threaten them	32.0	40.6	0.0010	*
Hit back	18.2	34.5	0.0000	*
Response to having things taken away by other children without permission				
Ignore them	51.2	59.9	0.0020	*
Ask them to stop	87.2	88.9	0.0010	*
Tell others	74.4	72.7	0.5680	
Threaten them	35.0	41.8	0.0440	*
Hit back	18.0	32.3	0.0000	*
Response to being hit by other children				
Ignore them	70.9	45.0	0.1330	
Ask them to stop	86.8	82.1	0.0850	
Tell others	80.9	73.6	0.0070	*
Threaten them	42.7	50.0	0.0260	*
Hit back	41.4	54.6	0.0000	*

* p-value < 0.05

4.5 Profile of perpetrators of child physical maltreatment

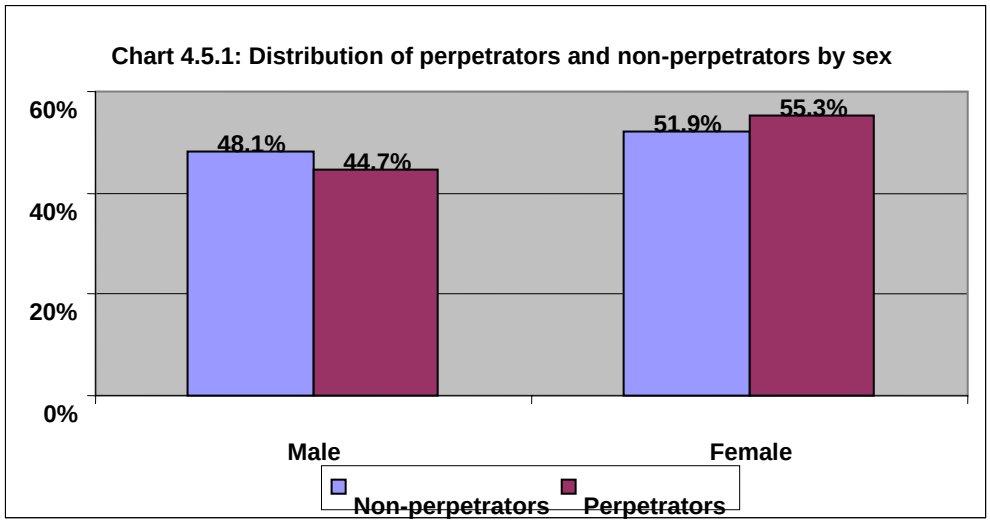
The perpetrator group

4.5.1 Consistent with the approach adopted in classifying victims of child abuse, for the purposes of the present analysis, perpetrators of child abuse refer to their adult respondents who admitted that they had ever physical maltreated or severely physical maltreated their children. This group of perpetrators accounted for 10% of adult respondents who had children. The survey findings also show that about 10% of adult respondents had ever physical maltreated their children; 2% had ever severely physical maltreated children. In the following paragraphs, the profile of perpetrators of child

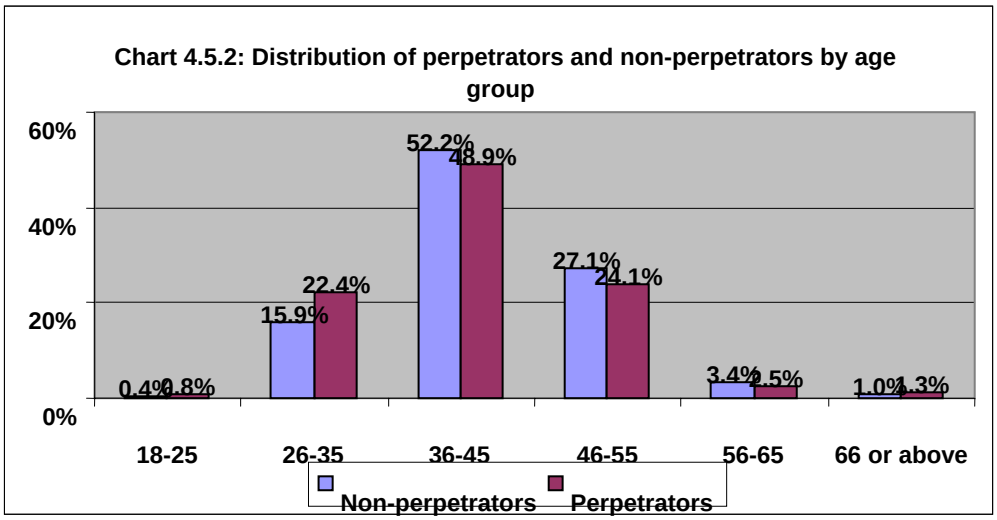
physical maltreatment is presented and compared with that of non-perpetrators.

Demographic characteristics

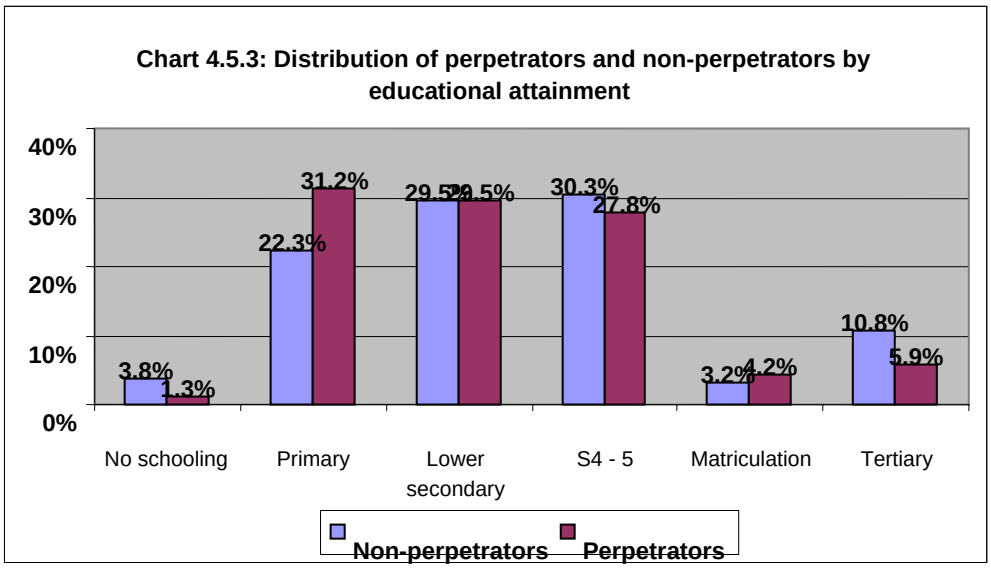
4.5.2 There were proportionately more female than male adults who had ever physical maltreated or severely physical maltreated their children. Female perpetrators accounted for 55% of the perpetrator group, as compared with 52% for the non-perpetrator group. The $\chi 2$ value of the two sex distributions is 0.328, indicating that there is no significant difference in the sex distribution between the perpetrator and non-perpetrator groups.



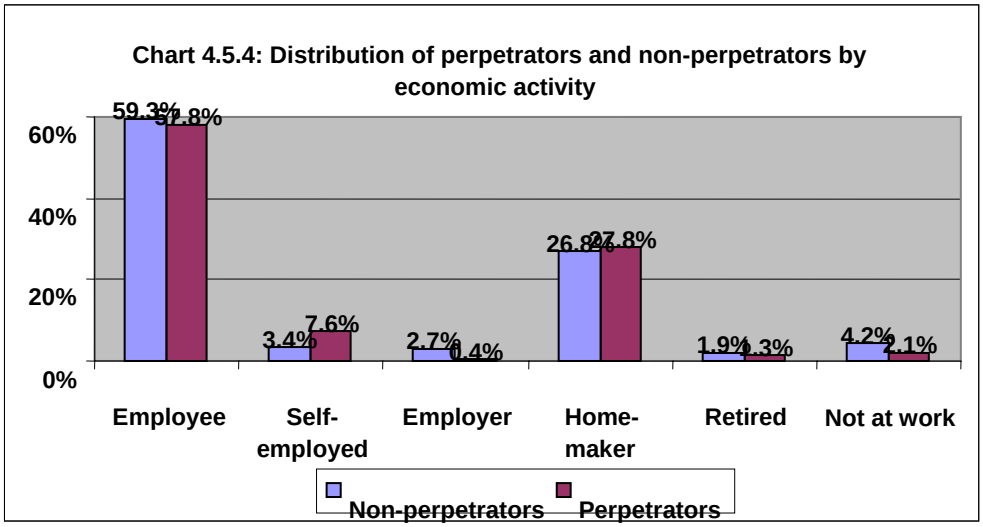
4.5.3 Perpetrators were relatively younger, when compared with non-perpetrators. The majority of perpetrators were in the age range of 26 – 45, with about 22% of perpetrators aged 26 – 35 and a further 49% aged 36 - 45. The $\chi 2$ value of the two distributions is 0.138, indicating that there is no significant difference in age distribution between the perpetrator and non-perpetrator groups.



4.5.4 Perpetrators had relatively lower level of educational attainment, when compared with non-perpetrators. More than half of perpetrators had primary or lower secondary education, with about 31% of them had primary education and a further 30% had lower secondary education. The $\chi 2$ value of the two distributions is almost zero (0.004), indicating that there is significant difference in educational attainment between the perpetrator and non-perpetrator groups.

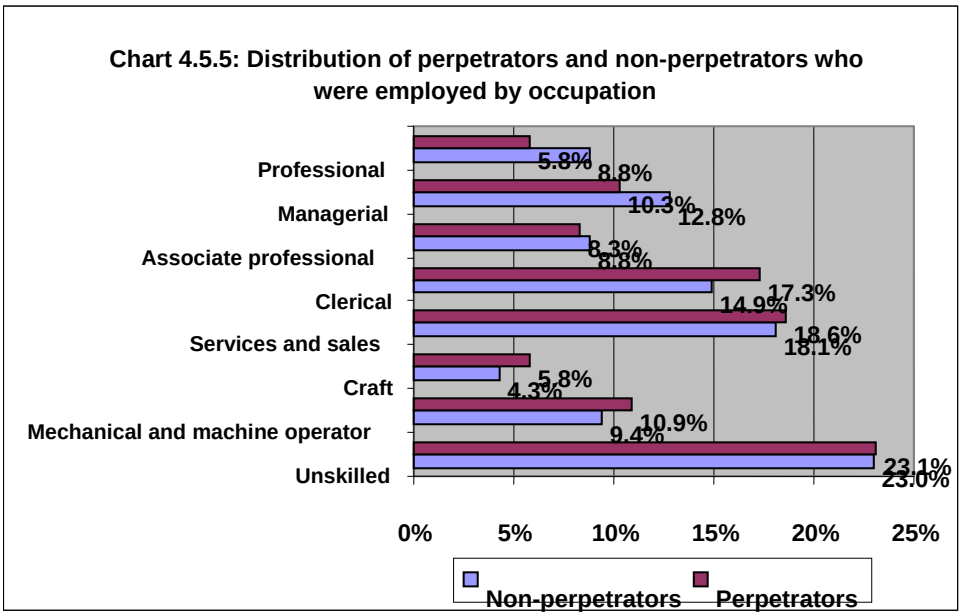


4.5.5 The percentage of perpetrators who were self-employed was higher than that of non-perpetrators. More than half of perpetrators (56%) were employee and a further 8% were self-employed. The $\chi 2$ value of the two distributions is almost zero (0.007), indicating that there is significant difference in the economic activity status between the perpetrator and non-perpetrator groups.

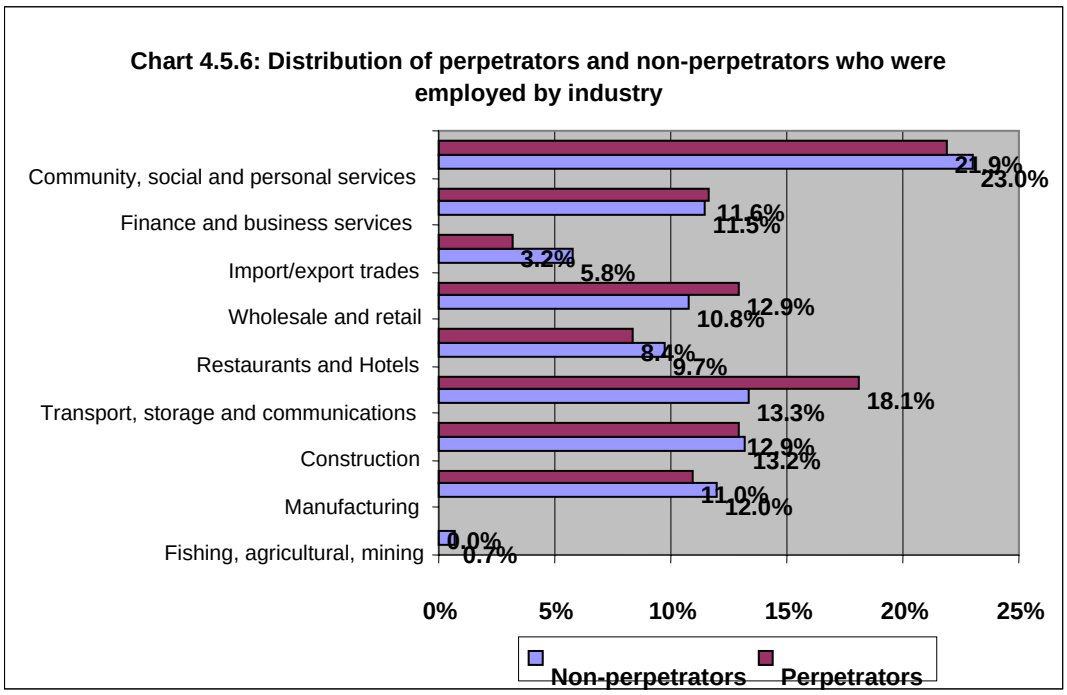


4.5.6 For those who were employed, a relatively higher proportion of perpetrators were semi-skilled and skilled, sales, services and clerical workers, when compared with non-perpetrators. A relatively lower proportion of perpetrators were professional,

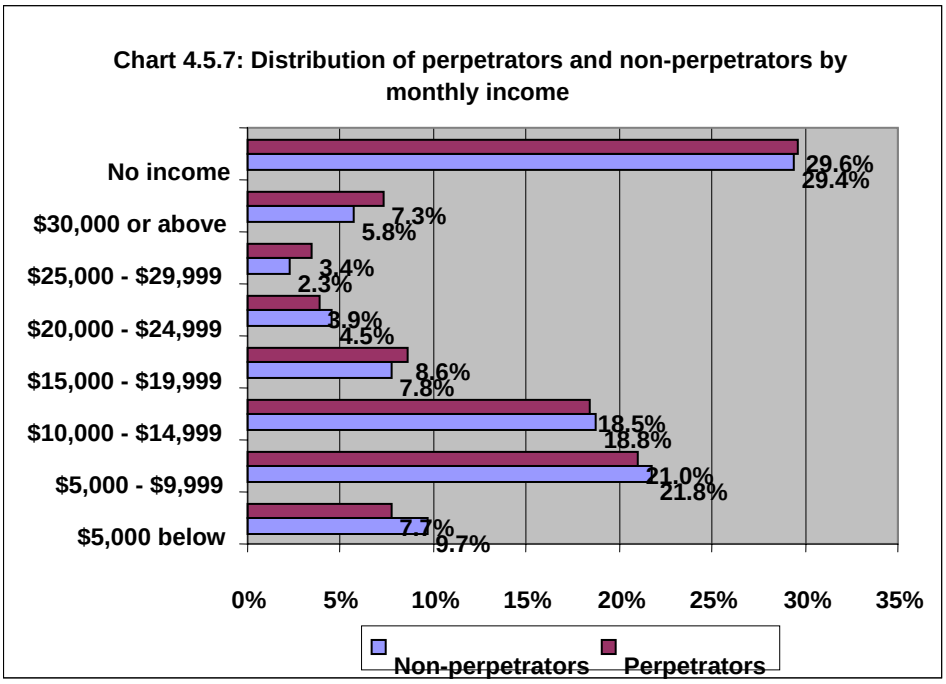
associate professional and managerial workers. The $\chi 2$ value of the two distributions is 0.798, indicating that there is no significant difference in occupational distribution between the perpetrator and non-perpetrator groups.



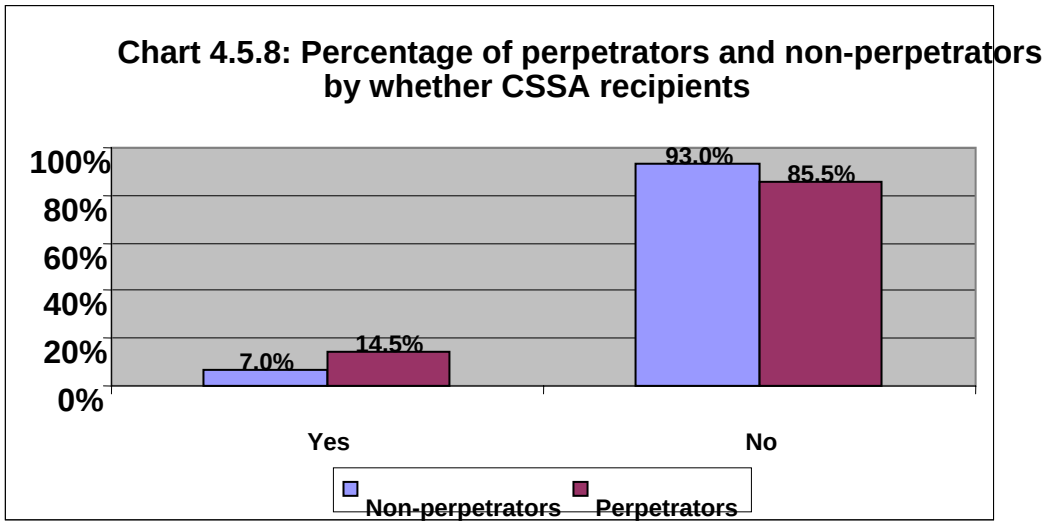
4.5.7 For those who were employed, a relatively higher proportion of perpetrators were working in the wholesale/retail, transport, storage and communications industries, when compared with non-perpetrators. The $\chi 2$ value of the two distributions is 0.645, indicating that there is no significant difference in industry distribution between the perpetrator and non-perpetrator groups.



4.5.8 The distribution of monthly income for perpetrators and non-perpetrators is shown below. The statistics show that the difference in monthly income between the two groups is quite small. The $\chi 2$ value of the two distributions is 0.746, indicating that there is no significant difference in income distribution between the perpetrator and non-perpetrator groups.

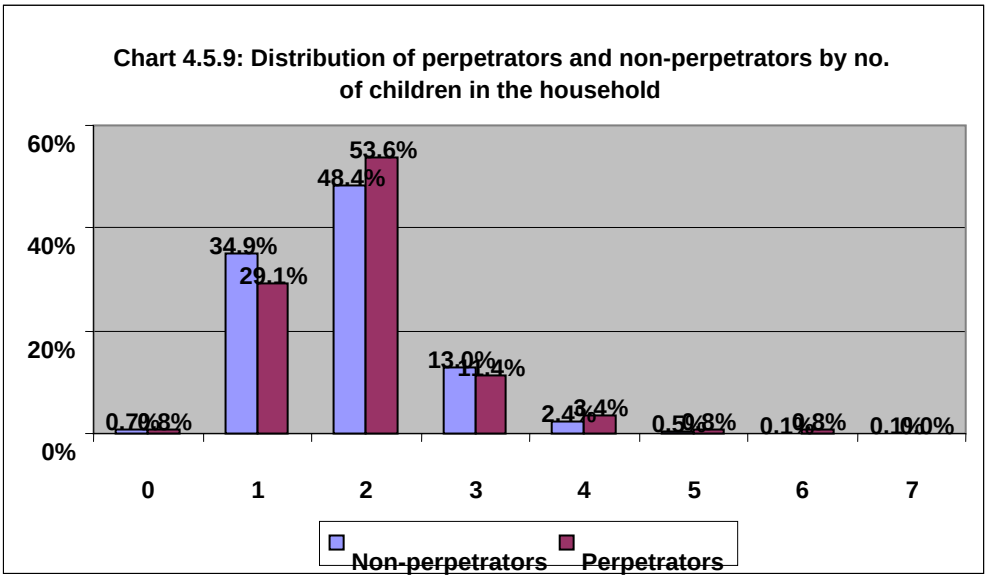


4.5.9 The percentage of perpetrators who or whose family members were recipients of CSSA (15%) was higher than that of non-perpetrators (7%). The $\chi 2$ value of the two distributions is almost zero (0.000), indicating that there is significant difference in the CSSA recipient status between the perpetrator and non-perpetrator groups.



4.5.10 More than half of perpetrators (54%) were living with 2 children and the corresponding percentage (48%) for non-perpetrators was lower. The $\chi 2$ value of the two

distributions is 0.081, indicating that there is no significant difference in the number of children in the housings between the perpetrator and non-perpetrator groups.



4.5.11 The socio-economic characteristics of perpetrators of child physical maltreatment were quite similar to those of non-perpetrators except that perpetrators of child physical maltreatment had relatively lower education, as compared with non-perpetrators; and a relatively higher proportion of them was self-employed and recipients of CSSA. To distinguish perpetrators from non-perpetrators, other factors will have to be examined, and this will be discussed in the section below.

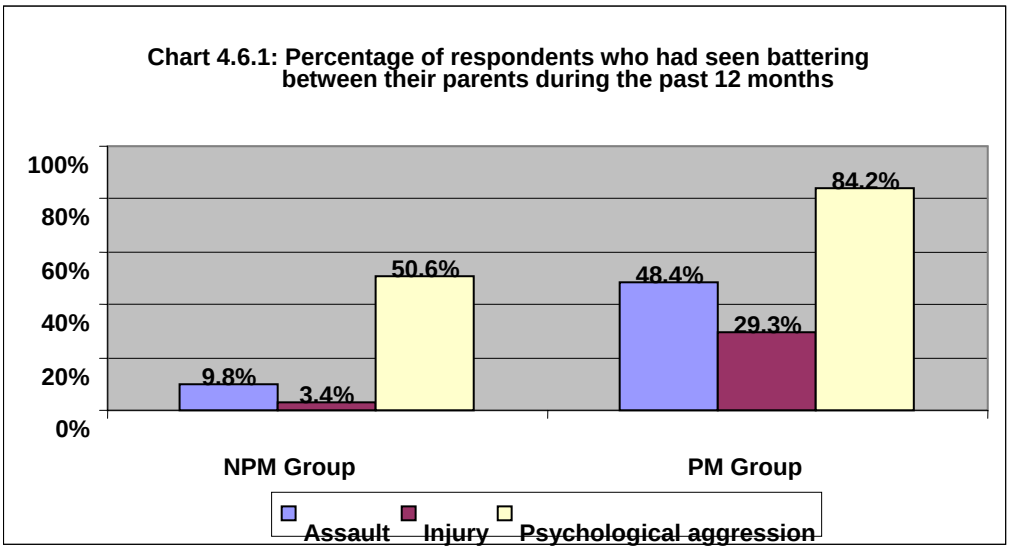
4.6 Risk factors

4.6.1 As discussed above, a number of factors have been identified by researchers as possible causes of child physical maltreatment. These include personal factors like the personality characteristics of parents, economic causes like poverty and relationship factors like poor parent-child relationship, poor marital relationship and social isolation. In the following paragraphs, relevant survey data are analyzed which may shed light on the risk factors of child physical maltreatment.

Violence between parents of victims

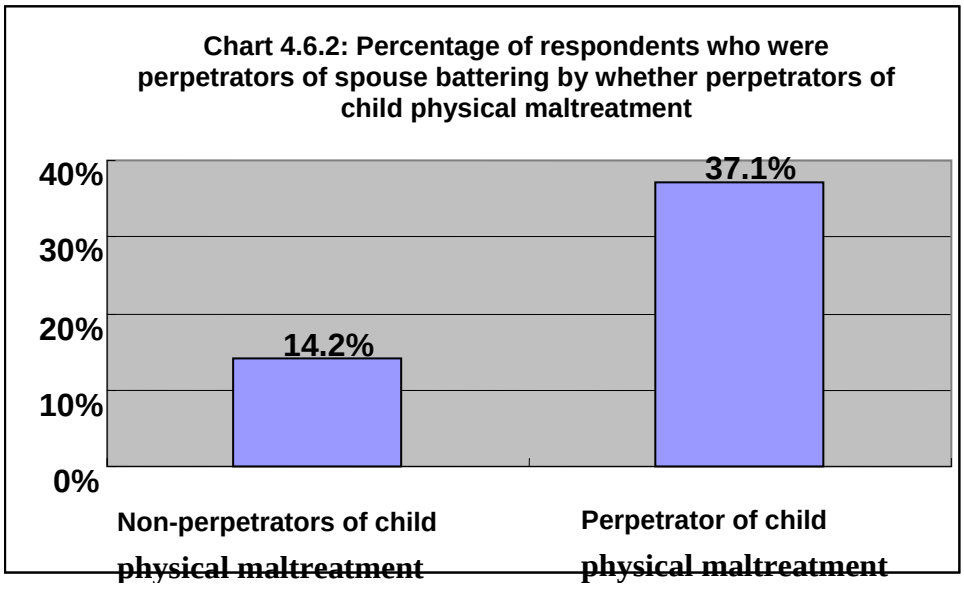
4.6.2 A much higher proportion of children in the physical maltreatment group had seen domestic violence between their parents, compared with those in the non-physical maltreatment group. About 48% of those in the physical maltreatment group had seen physical assault between their parents during the 12 months prior to enumeration, as compared with 10% for the non-physical maltreatment. About 29% of the physical maltreatment group had seen physical injury resulting from battering between their parents during the past 12 months prior to enumeration, as compared 3% for the non-physical maltreatment group. 84% of the physical maltreatment group had seen psychological aggression between their parents during the 12 months prior to enumeration,

as compared with 51% for the non-physical maltreatment group. The difference between the physical maltreatment and non-physical maltreatment groups is statistically significant, with the p-value equals to almost zero.



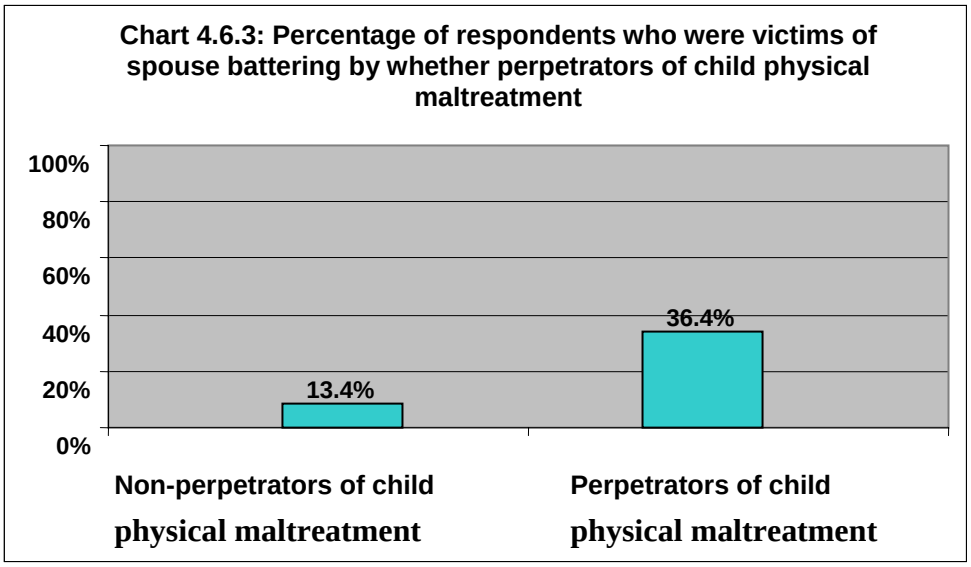
Dual violence of perpetrators

4.6.3 About 37% of perpetrators of child physical maltreatment admitted that they were also perpetrators of spouse battering. The percentage was higher than that for non-perpetrators (14%). The $\chi 2$ value of the two distributions is almost zero (0.000), indicating that there is significant difference between the perpetrator and non-perpetrator groups.



4.6.4 About 36% of perpetrators of child physical maltreatment admitted that they were also victims of spouse battering. The percentage was higher than that for non-perpetrators (13%). The $\chi 2$ value of the two distributions is almost zero (0.000),

indicating that there is significant difference between the perpetrator and non-perpetrator groups.



Personal and relationships profile of perpetrators

4.6.5 The personal and relationships profile (PRP) has been used as a measurement tool for the identification of risk factors of domestic violence. It is designed to measure both the personal characteristics (such as depression) and relation-level variables (such as dominance). High scores in the various PRP sub-scales indicate areas where attention is required.[41] The PRP is unique as compared to other existing scales not only because PRP is easy to administer but also that the PRP score for individual respondents can be plotted on a single profile form, facilitating quick identification of which characteristics that usually have a higher score.[42] The Acquisitive Face Orientation Scale was used to measure the need for face associated with domestic violence.

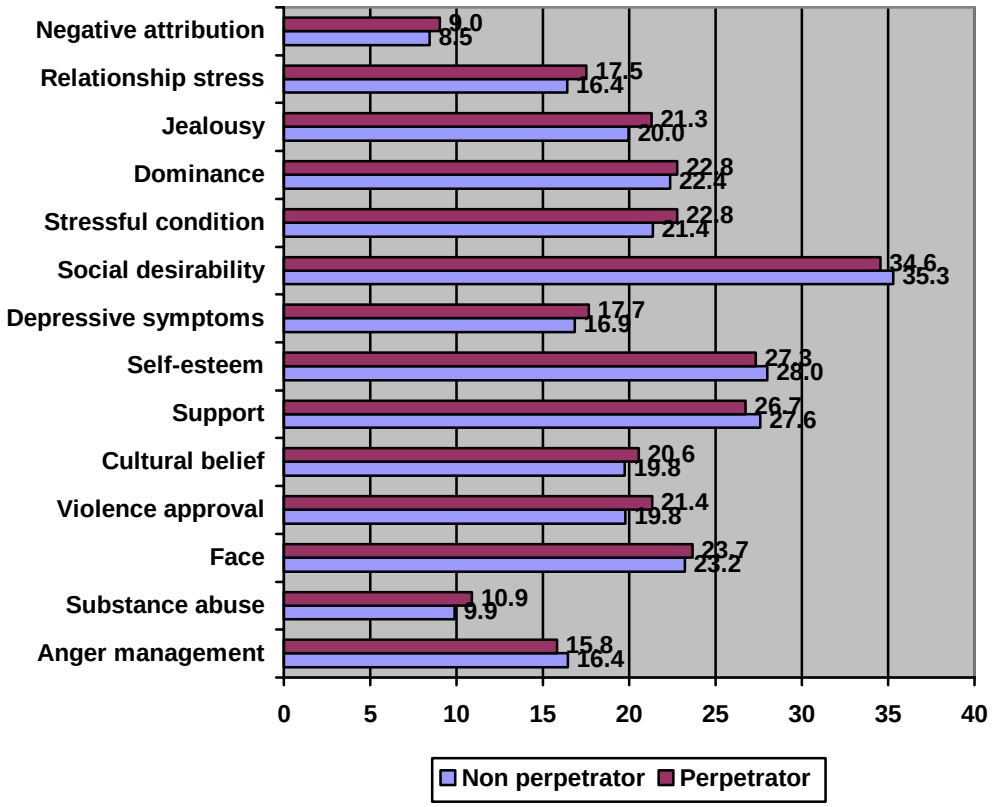
4.6.6 For the present research, a total of 14 sub-scales were used to measure risk factors of domestic violence. Estimates of alpha coefficients are shown in the table below. It may be noted that the internal consistency of most sub-scales is quite high, with the value of alpha coefficient over 0.7. For the sub-scale on anger management, the alpha coefficient is less than 0.5, which becomes 0.52 after deleting one item. In the analysis to follow, the scores for anger management based on 5 items are presented.

41 Strauss, Murray A. et al (1999), "The personal relationships profile (PRP)".
42 Strauss, Murray, A (1999), "Preliminary psychometric data for Personal and Relationships Profile (PRP): a multi-scale tool for clinical screening and research on partner violence".

Alpha coefficient	Items	Total	Male	Female
Anger Management	6	0.4440	0.4380	0.4490
Anger Management (Item deleted)	5	0.5240	0.5249	0.5235
Substance Abuse	7	0.9540	0.9430	0.9650
FACE	10	0.8840	0.8830	0.8830
Violence Approval	9	0.7500	0.7480	0.7500
Cultural Beliefs	8	0.4990	0.4810	0.5070
Support	10	0.7280	0.7230	0.7350
Self-esteem	10	0.6890	0.7010	0.6780
Depressive Symptoms	8	0.7350	0.7290	0.7400
Social Desirability	13	0.6130	0.6250	0.6000
Stressful Conditions	8	0.7570	0.7360	0.7750
Dominance	9	0.7300	0.7300	0.7310
Jealousy	8	0.8790	0.8750	0.8840
Relationship Distress	8	0.8360	0.8220	0.8450
Negative Attribution	4	0.7370	0.7190	0.7490

4.6.7 The average scores for the 14 sub-scales are shown in the chart below. It may be seen that the average scores of physical maltreatment group were lower than those of non-physical maltreatment group only in respect of social desirability, self-esteem, support and anger management, and the difference is statistically significant. For the other 11 sub-scales, the average scores of the physical maltreatment group were higher than those of non-physical maltreatment group. The difference is statistically significant for all sub-scales, with the exception of the sub-scales face.

Chart 4.6.4: Average PRP scores by sub-scales for abused and non-abused groups



4.6.8 Ìn the table below, the mean values, standard deviations and p-values for the deviations and p-values for the 14-subscales are presented.

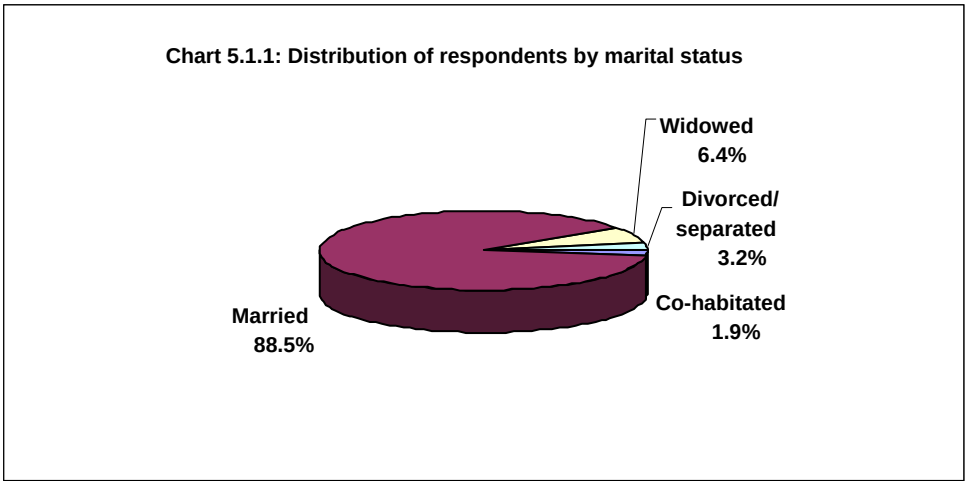
PRP Scales	Non-perpetrator			Perpetrator			Difference		p-value	
	N	Mean	SD	N	Mean	SD	Mean	SD		
Anger Management	1942	16.43	1.68	212	15.80	2.08	0.64	0.15	0.0000	*
Substance Abuse	1113	9.90	3.36	144	10.88	3.99	-0.99	0.35	0.0051	*
FACE	1933	23.23	4.22	214	23.67	4.24	-0.44	0.30	0.1485	
Violence Approval	1947	19.76	3.16	218	21.35	2.78	-1.59	0.22	0.0000	*
Cultural Beliefs	1931	19.75	2.16	214	20.55	2.30	-0.80	0.16	0.0000	*
Support	1688	27.61	2.84	182	26.74	3.10	0.87	0.22	0.0001	*
Self-esteem	1952	28.00	2.40	219	27.34	2.85	0.66	0.20	0.0010	*
Depressive Symptoms	1958	16.86	2.31	212	17.67	2.60	-0.81	0.19	0.0000	*
Social Desirability	1899	35.30	2.91	210	34.55	3.37	0.76	0.24	0.0020	*
Stressful Conditions	1682	21.37	2.81	168	22.79	3.34	-1.43	0.27	0.0000	*
Dominance	1921	22.37	1.69	213	22.77	1.79	-0.39	0.12	0.0014	*
Jealousy	1885	19.95	3.35	210	21.28	3.70	-1.32	0.25	0.0000	*
Relationship Distress	1866	16.40	2.63	206	17.51	3.23	-1.12	0.23	0.0000	*
Negative Attribution	1955	8.45	1.42	227	9.03	1.61	-0.58	0.11	0.0000	*

5. Spouse Battering

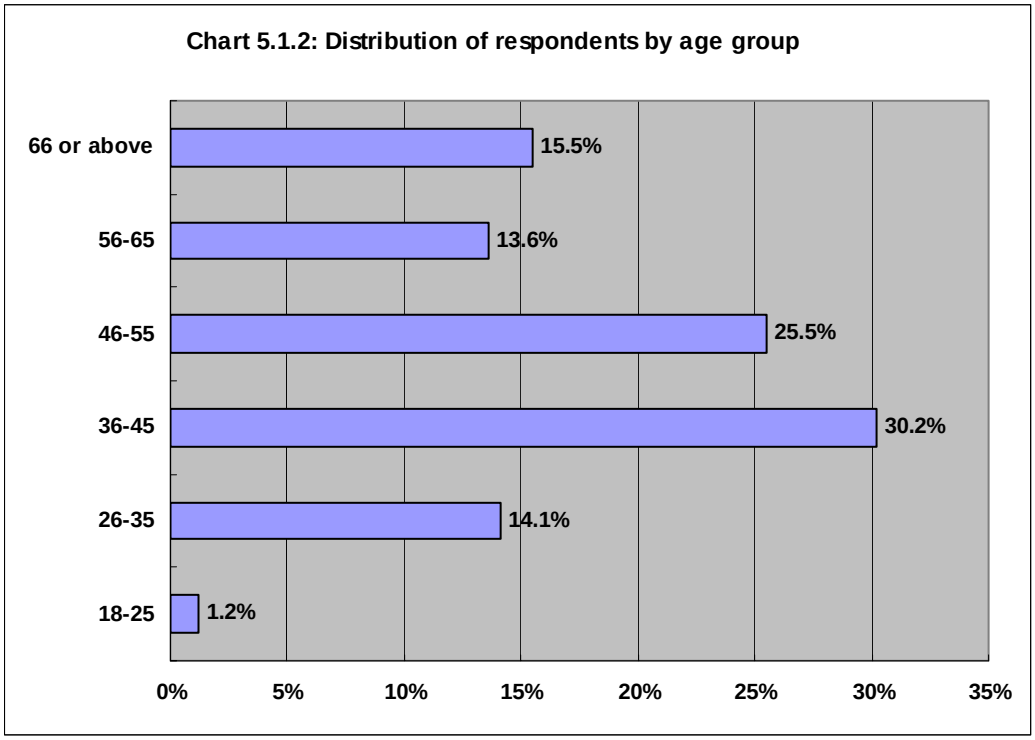
5.1 Profile of adult respondents

Personal characteristics

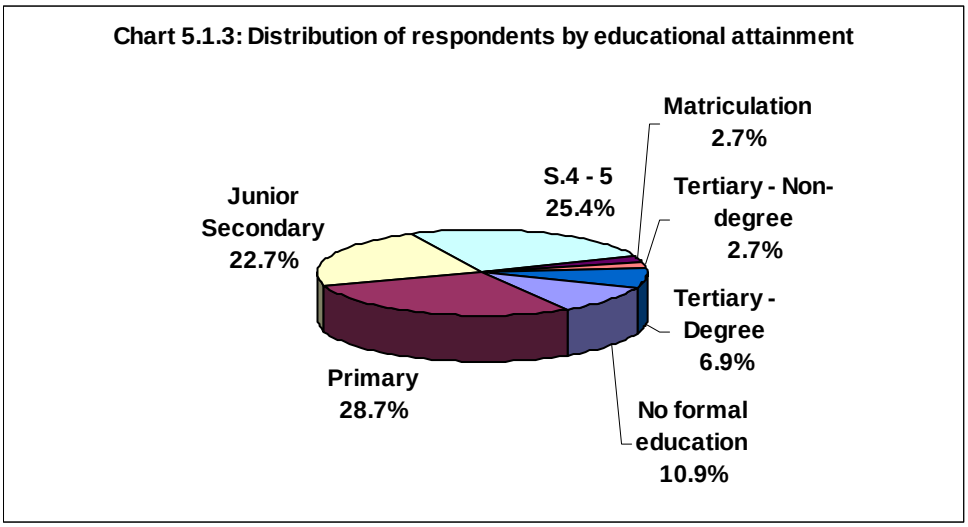
5.1.1 A total of 5,049 adult respondents who were married or cohabitated, or with children were interviewed using the adult questionnaire. About 46.4% of them were male and remaining 53.6% female. The majority of them (99.5%) were Chinese. About 88.5% of them were married, and a further 6.4% were widowed. Only about 1.9% cohabited with their spouses.



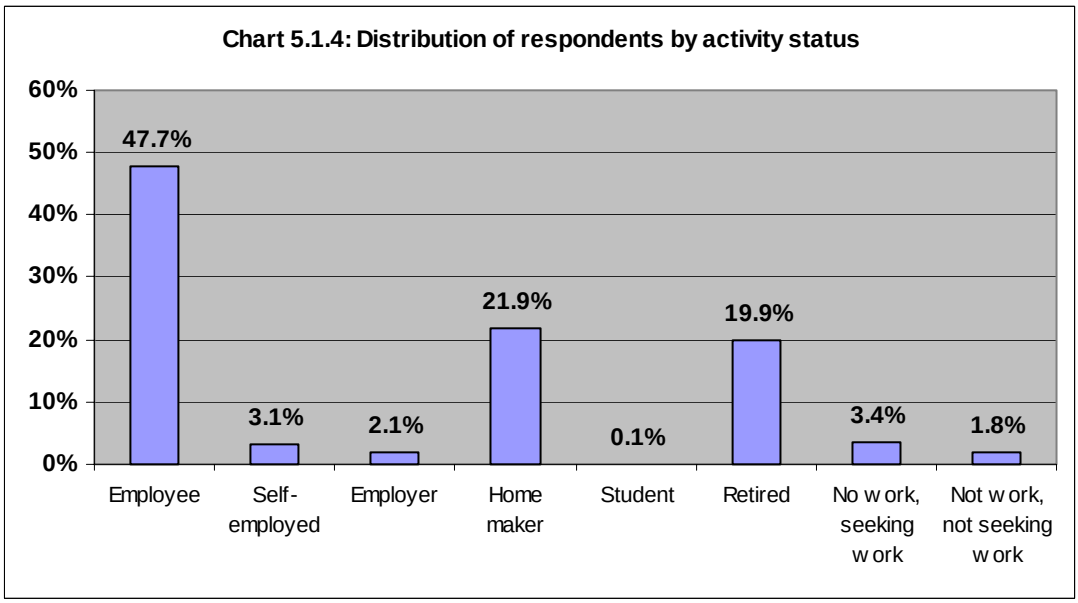
5.1.2 Over half (55.7%) of respondents were aged 36 – 55, and a further 29.1% aged 56 or above. The remaining 15.3% were aged 35 or below.



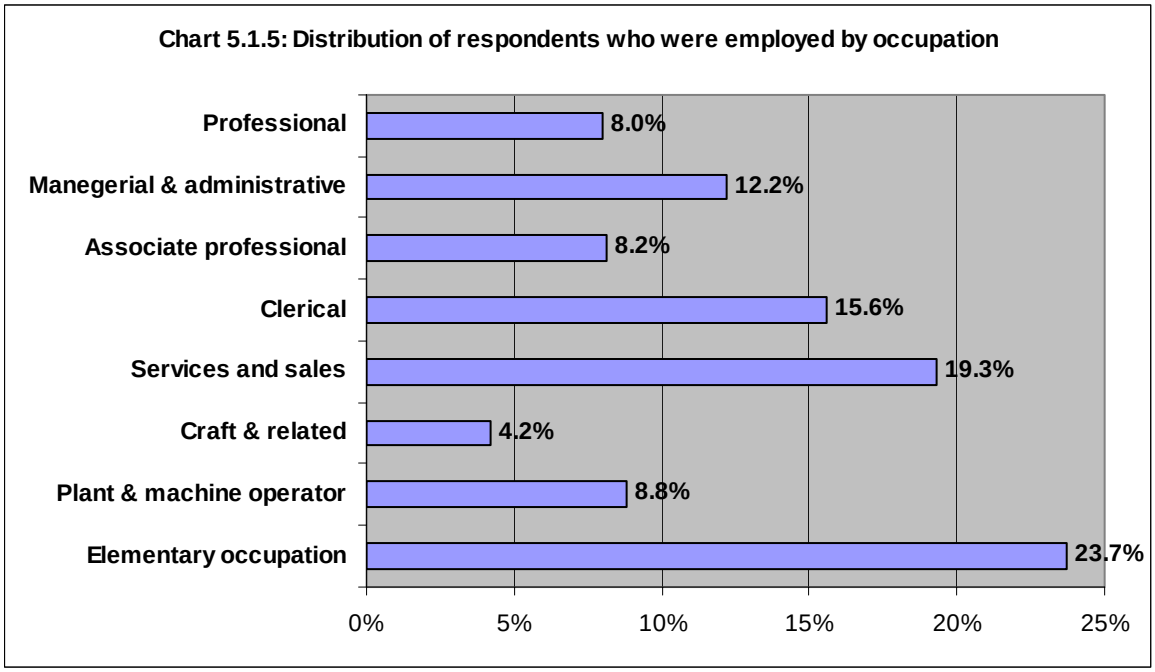
5.1.3 About 37.7% had senior secondary education or above, and a further 22.7% of them had junior secondary education.



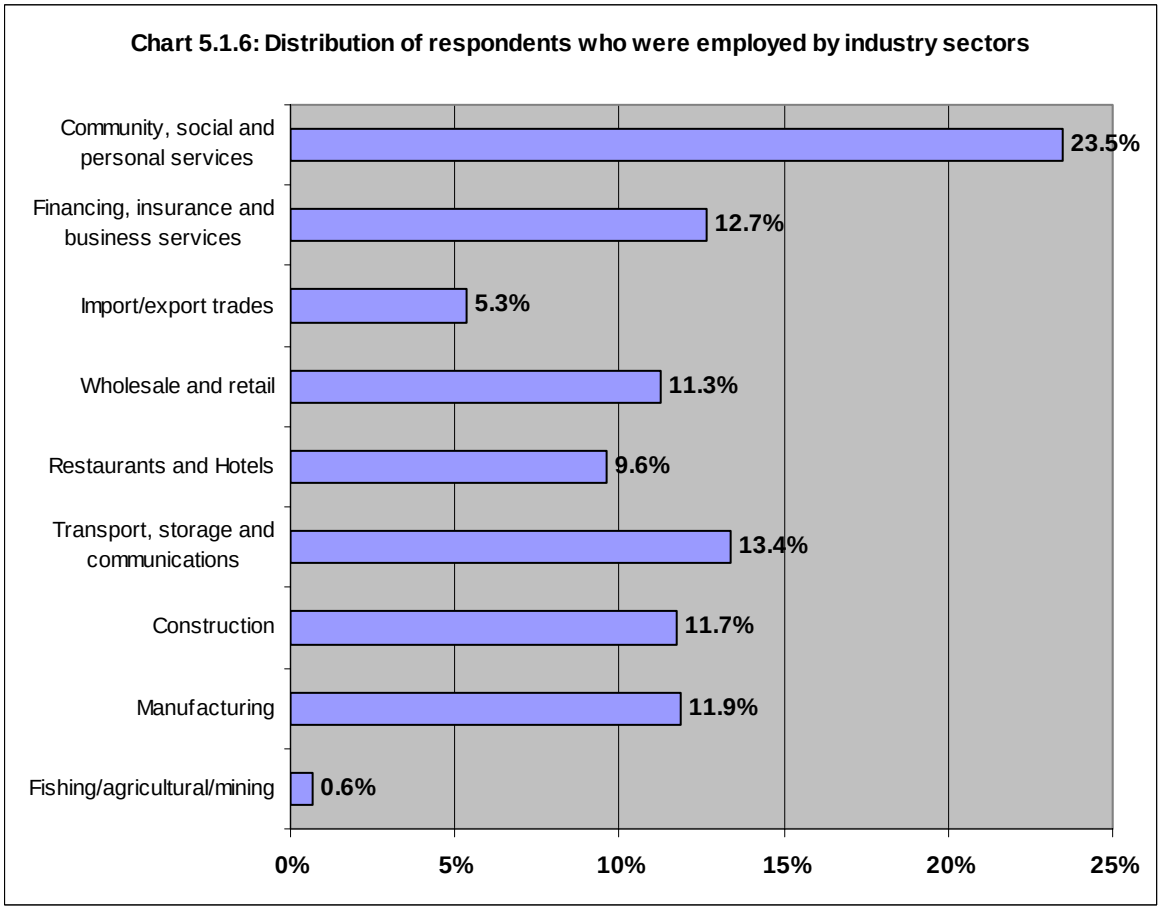
5.1.4 Over half (52.9%) of respondents were employed, and a further 41.9% were economically inactive (including home-makers, students and retirees).



5.1.5 For those who were employed, about 28.4% of them were working in professionals, associate professionals, administrative or managerial workers. About 23.7% were, on the other hand, working in elementary occupations, and a further 8.8% were plant or machine operators.

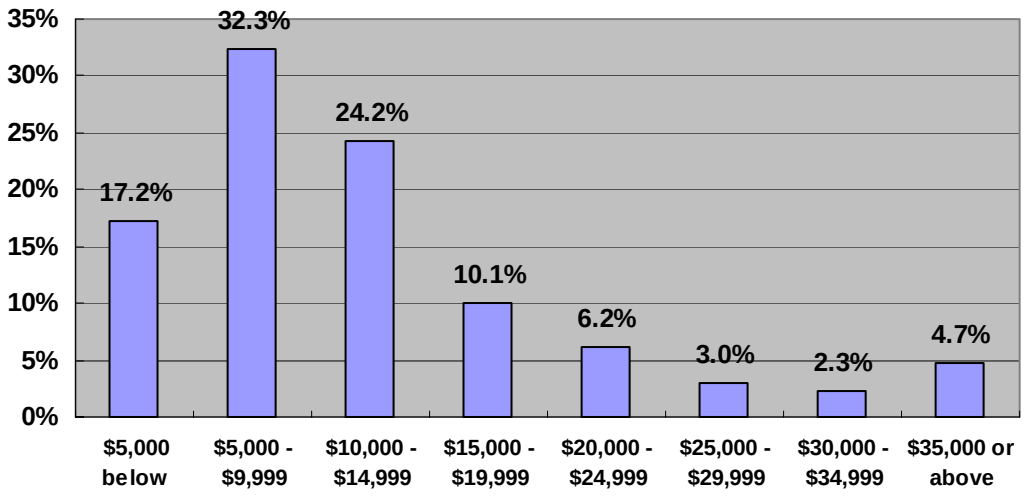


5.1.6 Most of respondents who were employed were working in the services sectors. About 23.5% of respondents who were employed were working in the community, social and personal services sector, and a further 12.7% in the financing, insurance and business services sector, 5.3% in import and export trades and 11.3% in wholesale and retail trades.



5.1.7 About 41.5% of respondents indicated that they did not have any income. For those who had income, nearly half of them (49.5%) had a monthly income below $10,000, and a further 24.2% had a monthly income of $10,000 - $14,999.

Chart 5.1.7 Distribution of respondents with income by monthly income group



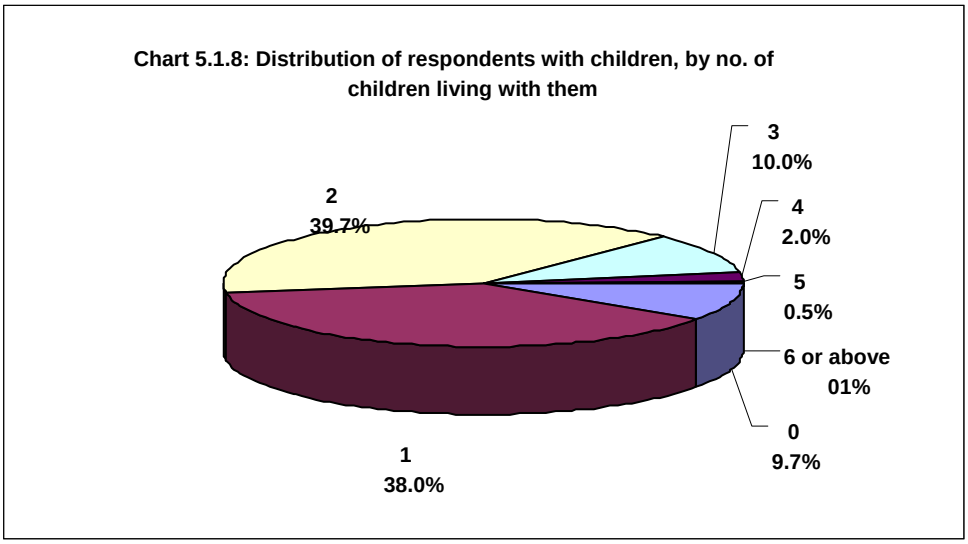
5.1.8 About 5.2% of respondents indicated that they had suffered from debt. About 7.6% of them were CSSA recipients. And 19.6% said that they had chronic diseases, which were mainly hypertension, heart diseases and diabetes. For those who had chronic diseases, about 14.7% indicated that their chronic diseases had affected their relationship with their spouses. The corresponding percentage for those whose relationship with their family members as affected was 12.5%. About 35.5% of those with chronic diseases said that their diseases had an adverse impact on the financial conditions of their family; and over half (52.6%) indicated that it had an adverse impact on their emotion.

5.1.9 The number of adult respondents analyzed by the geographical district of their residence is shown in the table below.

Districts	Number of adult respondents interviewed	Percentage distribution
Central & Western District	125	2.48%
Eastern District	342	6.77%
Southern District	111	2.20%
Wan Chai District	56	1.11%
Hong Kong Island	**634**	**12.56%**
Kowloon City District	328	6.50%
Kwun Tong District	442	8.75%
Sham Shui Po District	372	7.37%
Wong Tai Sin District	369	7.31%
Yau Tsim Mong District	137	2.71%
Kowloon	**1648**	**32.64%**
Islands District	73	1.45%
Kwai Tsing District	370	7.33%
North District	254	5.03%
Sai Kung District	274	5.43%
Sha Tin District	457	9.05%
Tai Po District	245	4.85%
Tsuen Wan District	160	3.17%
Tuen Mun District	466	9.23%
Yuen Long District	468	9.27%
New Territories	**2767**	54.80%
All	**5049**	**100.00%**

Household characteristics

5.1.9 About 86.2% of respondents had children. Among them, 9.7% of them were not living with their children. The majority of these respondents (77.7%) were living with one to two children.



5.2 Ever prevalence and annual prevalence of spouse battering

5.2.1 In this section, statistics on physical assault, physical injury and sexual coercion, which are thought to constitute acts of spouse battering, are presented. Other means of resolving spousal conflicts, including negotiation and psychological aggresssion, are discussed in the next section.

Physical assault

Ever prevalence

5.2.2 A total of 12 items were used to measure the ever prevalence and annual prevalence over the 12 months prior to enumeration (or incidence) of physical assault. Based on survey data on ever prevalence, the internal consistency of these 12 items was found to be very high, with the Cronbach alpha being 96.4% for physical assault by spouses and 96.0% for physical assault by respondents. Statistics on the prevalence of physical assault are summarized in the table below:

CTS Sub-scales	Ever Happened	Male	Female	p-value	
	%	%	%		
Physical Assault					
Minor by spouse	9.32	8.75	9.81	0.2057	
Minor by respondent	10.50	9.53	11.34	0.0385	*
Severe by spouse	3.91	3.14	4.58	0.0097	*
Severe by respondent	3.87	3.60	4.11	0.3534	
All (minor or severe) by spouse	**9.63**	**9.06**	**10.11**	**0.2141**	
All (minor or severe) by respondents	**10.82**	**9.79**	**11.71**	**0.0297**	*

5.2.3 The percentage of respondents who reported that they were ever physically

assaulted by their spouses (9.6%) was slightly lower than the percentage of respondents who said that they had ever physically assaulted their spouses (10.8%). Female respondents had a slightly higher rate of having assaulted their spouses than male respondents, and the difference is statistically significant. Most physical assaults were minor in nature. It should be noted that the percentage for all physical assaults may be smaller than the sum of minor and severe assaults as some respondents reported both minor and severe assaults.

5.2.4 Information on spouse battery was also collected from the child respondents, using the child questionnaire. About 21% of child respondents had ever seen physical assault carried out by their fathers and about 23% had ever seen physical assault carried out by their mothers. It should be noted that the percentage is not the prevalence rate of physical assault. Though not strictly comparable, it may be worth noting that the percentage of child respondents who reported having ever seen physical assault between their parents was much higher than the prevalence rate reported by adult respondents.

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**
	%	%	%	
Physical Assault				
Minor by father	19.63	18.90	20.40	0.3919
Minor by mother	21.88	21.73	22.03	0.8700
Severe by father	10.06	9.31	10.85	0.2459
Severe by mother	10.96	10.68	11.27	0.6693
All (minor or severe) by father	**20.89**	**19.85**	**21.99**	**0.2322**
All (minor or severe) by mother	**23.10**	**23.07**	**23.13**	**0.9738**

Ever prevalence by district

5.2.5 An analysis of the ever prevalence rate by district is given in the table below. The incidence rate for Hong Kong Island (at 11% for assault by spouses and 13% for assault by respondents) was higher than that of Kowloon (9% and 10% respectively) and the New Territories (10% and 11% respectively). The rate was also relatively higher for certain districts like Wan Chai (20% and 24% respectively), Kowloon City (14% and 16% respectively), Sha Tin (12% and 14% respectively), Tai Po (15% and 14% respectively) and Tuen Mun (12% and 13% respectively). Care however should be taken in interpreting statistics on the incidence rate by district, as the number of sampled respondents is quite small.

Districts	Total assault by spouse %	Total assault by respondent %
Central & Western District	7.50	8.13
Eastern District	10.56	11.59
Southern District	11.43	14.95
Wan Chai District	20.37	23.64
Hong Kong Island	**10.98**	**12.56**
Kowloon City District	14.42	15.79
Kwun Tong District	7.26	7.53
Sham Shui Po District	4.96	5.98
Wong Tai Sin District	8.19	11.91
Yau Tsim Mong District	9.77	6.57
Kowloon	**8.58**	**9.71**
Islands District	5.56	4.11
Kwai Tsing District	10.69	11.54
North District	8.40	9.52
Sai Kung District	3.00	1.48
Sha Tin District	12.19	14.09
Tai Po District	14.58	14.46
Tsuen Wan District	7.33	9.93
Tuen Mun District	11.60	13.26
Yuen Long District	9.57	11.85
New Territories	**9.94**	**11.09**
All	**9.63**	**10.82**

Annual prevalence (incidence)

5.2.6 About 4.5% of respondents reported that they were physically assaulted during the 12 months prior to enumeration, which was lower than the percentage of respondents who said that they had physically assaulted their spouses (5.5%). Most of physical assaults were minor in nature. The difference between male and female respondents is not statistically significant.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Physical Assault				
Minor by spouse	4.34	4.38	4.31	0.9133
Minor by respondent	5.30	5.20	5.39	0.7696
Severe by spouse	1.39	1.28	1.49	0.5405
Severe by respondent	1.47	1.39	1.54	0.6451
All (minor or severe) by spouse	**4.51**	**4.60**	**4.43**	**0.7750**
All (minor or severe) by respondents	**5.54**	**5.37**	**5.69**	**0.6288**

5.2.7 Information on spouse battering was also collected from the child respondents, using the child questionnaire. About 11% of child respondents had seen physical assault carried out by their fathers during the 12 months prior to enumeration, and about 13% had seen physical assault carried out by their mothers. It should be noted that the percentage is not the incidence rate of physical assault. Though not strictly comparable, it may be worth noting that the percentage of child respondents who reported having seen physical assault during the 12 months prior to enumeration between their parents was much higher than the incidence rate reported by adult respondents.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Physical Assault				
Minor by father	10.20	9.21	11.24	0.1279
Minor by mother	11.40	10.96	11.86	0.5207
Severe by father	5.69	5.32	6.07	0.4618
Severe by mother	6.19	5.82	6.58	0.4721
All (minor or severe) by father	**11.37**	**10.73**	**12.04**	**0.3499**
All (minor or severe) by mother	**12.62**	**12.20**	**13.06**	**0.5582**

Annual prevalence by district

5.2.8 An analysis of the annual prevalence by district is given in the table below. The incidence rate for Hong Kong Island (at 5% for assault by spouses and 6% for assault by respondents) was higher than that of Kowloon (4% and 5% respectively) and was about the same as that of the New Territories (5% and 6% respectively). The rate was also relatively higher for certain districts like Wan Chai (11% and 15% respectively), Kowloon City (8% and 10% respectively) and Tai Po (9% and 9% respectively). Care however should be taken in interpreting statistics on the incidence rate by district, as the number of sampled respondents is quite small.

Districts	Total assault by spouse %	Total assault by respondent %
Central & Western District	5.00	5.69
Eastern District	4.04	5.18
Southern District	4.76	6.54
Wan Chai District	11.11	14.55
Hong Kong Island	**4.99**	**6.36**
Kowloon City District	7.84	9.91
Kwun Tong District	3.51	2.97
Sham Shui Po District	1.38	2.17
Wong Tai Sin District	1.98	4.43
Yau Tsim Mong District	5.26	4.38
Kowloon	**3.70**	**4.61**
Islands District	0.00	0.00
Kwai Tsing District	5.20	6.59
North District	5.60	5.95
Sai Kung District	1.12	0.74
Sha Tin District	4.06	5.15
Tai Po District	8.75	9.09
Tsuen Wan District	6.67	7.95
Tuen Mun District	5.03	6.96
Yuen Long District	5.22	6.68
New Territories	**4.88**	**5.91**
All	**4.51**	**5.54**

Physical injury

Ever prevalence

5.2.9 Physical assaults may result in physical injuries on the victims. Six items were used to measure the ever and annual prevalence of physical injuries. Based on survey data on ever prevalence, the internal consistency of these 6 items was found to be very high, with the Cronbach alpha being 96.4% for physical injuries caused by spouses and 95.3% for physical injuries caused by respondents. Statistics on the ever prevalence of physical injuries are summarized in the table below:

CTS Sub-scales	Ever Happened	Male	Female	p-value	
	%	%	%		
Physical Injury					
Minor caused by spouse	3.58	3.28	3.83	0.2952	
Minor caused by respondents	4.21	3.42	4.90	0.0098	*
Severe caused by spouse	1.66	1.55	1.76	0.5599	
Severe caused by respondents	2.02	1.56	2.41	0.0331	*
All (minor or severe) caused by spouse	**3.68**	**3.36**	**3.95**	**0.2795**	
All (minor or severe) caused by respondents	**4.32**	**3.51**	**5.02**	**0.0093**	*

5.2.10 The percentage of respondents who reported that they were physically injured caused by their spouses (3.7%) was slightly lower than the percentage of respondents who said that they had physically injured their spouses (4.3%). Female respondents had a slightly higher rate of having been injured by or having assaulted their spouses than male respondents. Most physical injuries were minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrator on minor, severe and all kinds of injuries. It should be noted that the percentage for all physical injuries may be smaller than the sum of minor and severe injuries as some respondents reported both minor and severe injuries.

5.2.11 Information on physical injury between parents was also collected from the child respondents, using the child questionnaire. About 11% of child respondents had ever seen physical injury carried out by their fathers, and about 11% had ever seen physical injury carried out by their mothers. It should be noted that the percentage is not the prevalence rate of physical injury. Though not strictly comparable, it may be worth noting that the percentage of child respondents who reported ever having seen physical injury between their parents was much higher than the prevalence rate reported by adult respondents.

CTS Sub-scales	Ever Happened	Male	Female	p-value
	%	%	%	
Physical Injury				
Minor caused by father	10.01	8.93	11.14	0.0939
Minor caused by mother	10.38	9.91	10.87	0.4792
Severe caused by father	5.20	4.56	5.87	0.1801
Severe caused by mother	4.97	4.96	4.99	0.9768
All (minor or severe) caused by father	**11.27**	**10.35**	**12.24**	**0.1760**
All (minor or severe) caused by mother	**11.31**	**11.25**	**11.37**	**0.9333**

Annual prevalence

5.2.12 About 2% of respondents reported that they were physically injured by their spouses during the 12 months prior to enumeration, which was about the same as the

percentage of respondents who admitted that they had physically injured their spouses (2%). Most physical injuries were minor in nature. The difference between male and female respondents is not statistically significant.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Physical injury				
Minor caused by spouse	1.50	1.46	1.53	0.8347
Minor caused by respondents	1.51	1.39	1.62	0.5000
Severe caused by spouse	0.27	0.35	0.19	0.2735
Severe caused by respondents	0.40	0.43	0.38	0.7546
All (minor or severe) caused by spouse	**1.56**	**1.55**	**1.57**	**0.9491**
All (minor or severe) caused by respondents	**1.57**	**1.52**	**1.62**	**0.7684**

5.2.13 About 5% of child respondents had seen physical injury carried out by their fathers during the 12 months prior to enumeration, and about 12% had seen physical injury carried out by their mothers. It should be noted that the percentage is not the incidence rate of physical injury. Though not strictly comparable, it may be worth noting that the percentage of child respondents who reported having seen physical injury between their parents was much higher than the incidence rate reported by adult respondents.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Physical injury				
Minor caused by father	5.00	4.27	5.77	0.1193
Minor caused by mother	5.21	5.05	5.38	0.7357
Severe caused by father	2.33	1.80	2.89	0.1043
Severe caused by mother	2.05	1.53	2.59	0.0880
All (minor or severe) caused by father	**5.49**	**4.84**	**6.17**	**0.1869**
All (minor or severe) caused by mother	**5.65**	**5.34**	**5.98**	**0.5280**

Sexual coercion

Ever prevalence

5.2.14 Sexual coercion is a different kind of spouse battering, distinct from physical

assaults or injuries. Sexual coercion may or may not be accompanied by physical assault or injuries. Seven items were used to measure the prevalence and incidence of physical injuries. Based on survey data on prevalence, the internal consistency of these 7 items was found to be very high, with the Cronbach alpha being 93.6% for sexual coercion by spouses and also 93.6% for sexual coercion by respondents. Statistics on the prevalence of sexual coercion are summarized in the table below:

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**	
	%	%	%		
Sexual Coercion					
Minor by spouse	6.89	4.64	8.84	0.0000	*
Minor by respondents	7.22	8.14	6.41	0.0188	*
Severe by spouse	1.85	1.56	2.10	0.1694	
Severe by respondents	1.75	1.79	1.72	0.8543	
All (minor or severe) by spouse	**6.93**	**4.68**	**8.88**	**0.0000**	*****
All (minor or severe) by respondents	**7.28**	**8.23**	**6.45**	**0.0161**	*****

5.2.15 The percentage of respondents who reported that they were sexually coerced by their spouses (6.9%) was slightly lower than the percentage of respondents who said that they had sexually coerced their spouses (7.3%). Female respondents had a slightly higher rate of having been sexually coerced by their spouses than male respondents. Most of sexual coercion was minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrators and victims on minor and all kinds of sexual coercion. It should be noted that the percentage for all sexual coercion may be smaller than the sum of minor and severe sexual coercion as some respondents reported both minor and severe sexual coercion.

Annual prevalence

5.2.16 About 3% of respondents reported that they were sexually coerced by their spouses during the 12 months prior to enumeration. The percentage was almost the same as that for respondents who admitted that they had sexually coerced their spouses (3%). Female respondents had a slightly higher rate of having been sexually coerced their spouses than male respondents. Most of sexual coercion was minor in nature. The difference between male and female respondents was significant for the rate reported by perpetrators and victims on minor and all kinds of sexual coercion.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value	
	%	%	%		
Sexual coercion					
Minor by spouse	3.22	2.27	4.03	0.0006	*
Minor by respondent	3.42	3.96	2.94	0.0480	*
Severe by spouse	0.37	0.40	0.35	0.7671	
Severe by respondent	0.33	0.48	0.19	0.0765	
All (minor or severe) by spouse	**3.24**	**2.32**	**4.03**	**0.0008**	*
All (minor or severe) by respondents	**3.46**	**4.05**	**2.94**	**0.0329**	*

Overall spouse battering

Ever prevalence

5.2.17 The perpetrators may have physically assaulted, injured and/or sexually coerced their spouses. Based on information gathered on different kinds of spouse battering, it is possible to estimate the extent of spouse battering in Hong Kong. Statistics on the prevalence of spouse battering are summarized in the table below:

CTS Sub-scales	Ever Happened	Male	Female	p-value	
	%	%	%		
Assault, Injury and/or Sexual					
By spouse	13.90	12.00	15.70	0.0000	*
By respondents	15.10	14.90	15.30	0.7460	

5.2.18 It is estimated that about 13.9% of respondents were battered by their spouses. The percentage of respondents who reported that they had battered their spouses was slightly higher, at 15.1%. A relatively higher proportion of female respondents reported that they had battered or had been battered by their spouses. The difference between male and female respondents was significant for the rate reported by victims

5.2.19 In some households[43], either the male or female respondents are victims of spouse battering, while in other households, both spouses are victims (as well as perpetrators) of spouse battering. Thus, if households are taken a unit of analysis, the percentage with spouse battering was higher than the percentage of respondents who had

43 A household consists of a group of persons who live together and make common provision for essentials for living. Hence, a household may have more than one respondent. If any respondent in the household reported he/she had battered or had been battered by spouse, the whole household unit would be classified as household with respondents who had battered or had been battered by spouse.

battered or had been battered by their spouses. It is estimated that there were about 20.8% of households with respondents who reported to have been battered by their spouses. The percentage of households with respondents who reported to have battered their spouses was slightly higher, at 21.7%.

Annual prevalence

5.2.20 About 7% of respondents were battered by their spouses during the 12 months prior to enumeration. The percentage of respondents who reported that they had battered their spouses was slightly higher, at 8%. A relatively higher proportion of female respondents reported that they had battered or had been battered by their spouses during the 12 months prior to enumeration. The difference between male and female respondents is not significant for the rate reported by victims

CTS Sub-scales	**Happened (12 months before enumeration)**	**Male**	**Female**	**p-value**
	%	%	%	
Assault, Injury and/or Sexual				
By spouse	7.00	6.50	7.40	0.2130
By respondent	8.10	8.30	7.90	0.6210

5.2.21 It is estimated that there were about 10.6% of households with respondents who reported to have been battered by their spouses. The percentage of households with respondents who reported to have battered their spouses was slightly higher, at 11.9%.

5.3 Other means of spousal conflict resolution

Negotiation

Ever prevalence

5.3.1 Apart from spousal battering which is used albeit incorrectly as a means of resolving spousal conflicts, other non-violent means like negotiation and psychological aggression may also be resorted to by either or both spouses. A total of 6 items were used to measure negotiation. With a Cronbach alpha of around 0.96, the internal consistency of the 6 items was very high. For example, for measures on incidents that had ever occurred, the Cronbach alpha was 96%. Statistics on the prevalence of negotiation are shown below.

CTS Sub-scales	Ever Happened	Male	Female	p-value
	%	%	%	
Negotiation				
Emotional by spouse	65.06	64.39	65.65	0.3570
Emotional by respondents	67.24	66.26	68.09	0.1719
Cognitive by spouse	65.06	45.93	54.07	0.3570
Cognitive by respondents	67.24	45.88	54.12	0.1719
All (cognitive or emotional) by spouse	**72.35**	**72.33**	**72.37**	**0.9803**
All (cognitive or emotional) by respondents	**73.78**	**73.50**	**74.02**	**0.6752**

5.3.2 As high as 72% of respondents indicated their spouses had ever carried out negotiation on them, icluding congitive and emotional negotiation. The percentage was slightly lower than the proportion of respondents who admitted that they had ever carried out negotiation on their spouses (73%). In other words, the prevalence of negotiation was quite common in Hong Kong, as a means to resolving spousal conflict. This ever prevalence rate of negotiation was slightly higher for male than for female, for both acts of negotiation conducted by them or inflicted upon them by their spouses, but the difference is not statistically significant.

Annual prevalence

5.3.3 About 54% of respondents indicated they had carried out negotiation on their spouses, during the 12 months prior to enumeration. This annual prevalence of negotiation was slightly higher for male than for female, for both acts of negotiation conducted by them or inflicted upon them by their spouses, and the difference is statistically significant for all acts of negotiation.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value	
	%	%	%		
Negotiation					
Cognitive by spouse	48.09	49.01	47.29	0.2304	
Cognitive by respondents	49.56	50.28	48.92	0.3405	
Emotional by spouse	52.62	54.14	51.30	0.0470	*
Emotional by respondents	53.98	55.31	52.83	0.0808	
All (cognitive or emotional) by spouse	**54.13**	**55.64**	**52.82**	**0.0489**	*****
All (cognitive or emotional) by respondents	**55.29**	**56.78**	**54.00**	**0.0494**	*****

Psychological aggression

Ever prevalence

5.3.4 Psychological aggression is another kind of non-violent means of resolving spousal conflicts. Eight items were used to measure the ever and annual prevalence (incidence) of physical injuries. Based on survey data on prevalence, the internal consistency of these 8 items was found to be quite high, with the Cronbach alpha being 88-89%. Statistics on the prevalence of psychological aggression are summarized in the table below:

CTS Sub-scales	**Ever Happened**	**Male**	**Female**	**p-value**	
	%	%	%		
Psychological aggression					
Minor by spouse	49.25	48.09	50.25	0.1329	
Minor by respondents	53.64	53.33	53.91	0.6813	
Severe by spouse	42.72	42.29	43.09	0.5765	
Severe by respondents	46.30	44.68	47.71	0.0330	*
All (minor or severe) by spouse	**57.24**	**56.77**	**57.64**	**0.5428**	
All (minor or severe) by respondents	**61.08**	**60.67**	**61.43**	**0.5862**	

5.3.5 About 57% of respondents who reported that their spouses had ever carried out psychological aggression on them. The percentage of respondents who admitted that they had carried out psychological aggression on their spouses was slightly higher, at 61%. Female respondents had a slightly higher rate of having been psychologically aggressed their spouses or having been psychologically aggressed by their spouses, than male respondents, but the difference is statistically not significant.

5.3.6 Information on psychological aggression between parents was also collected from child respondents, using the child questionnaire. About 67% of child respondents had ever seen psychological aggression carried out by their fathers, and about 67% had ever seen physical injury carried out by their mothers. It should be noted that the percentage is not the prevalence rate of psychological aggression. Though not strictly comparable, it may be worth noting that the percentage of child respondents who reported ever having seen psychological aggression between their parents was quite close to the prevalence rate reported by adult respondents.

CTS Sub-scales	Ever Happened	Male	Female	p-value
	%	%	%	
Psychological aggression				
Minor by father	60.64	60.68	60.60	0.9679
Minor by mother	61.94	63.20	60.62	0.2280
Severe by father	44.85	43.02	46.77	0.0876
Severe by mother	42.84	41.47	44.27	0.2002
All (minor or severe) by father	**67.01**	**66.48**	**67.56**	**0.6006**
All (minor or severe) by mother	**66.72**	**66.83**	**66.60**	**0.9138**

Annual prevalence

5.3.7 About 41% of respondents reported that they were victims of psychological aggression by their spouses during the 12 months prior to enumeration. The percentage was slightly lower than the proportion of respondents who admitted that they had carried out psychological aggression on their spouses (44%). Male respondents had a slightly higher rate of having or having been psychologically aggressed, but the difference is not statistically significant.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value
	%	%	%	
Psychological aggression				
Minor by spouse	33.07	33.90	32.35	0.2531
Minor by respondent	35.95	37.12	34.92	0.1072
Severe by spouse	30.19	30.83	29.64	0.3687
Severe by respondent	32.89	32.50	33.23	0.5820
All (minor or severe) by spouse	**40.79**	**41.98**	**39.75**	**0.1152**
All (minor or severe) by respondents	**43.81**	**45.16**	**42.63**	**0.0730**

5.3.8 About 51% of child respondents had seen psychological aggression carried out by their fathers during the 12 months prior to enumeration, and about 50% had ever seen physical injury carried out by their mothers. It should be noted that the percentage is not the incidence rate of psychological aggression. Though not strictly comparable, it may be worth noting that the percentage of child respondents who reported having seen psychological aggression between their parents was higher than the incidence rate reported by adult respondents.

CTS Sub-scales	Happened (12 months before enumeration)	Male	Female	p-value	
	%	%	%		
Psychological aggression					
Minor by father	45.29	44.35	46.27	0.3820	
Minor by mother	44.35	44.23	44.47	0.9151	
Severe by father	32.99	30.86	35.22	0.0355	*
Severe by mother	30.85	29.65	32.10	0.2285	
All (minor or severe) by father	51.36	50.05	52.74	0.2225	
All (minor or severe) by mother	49.51	48.90	50.15	0.5726	

5.4 Chronicity of spouse battering

5.4.1 Chronicity is a measure of how often spouse battering happens among those who are assaulted and being assaulted. In the survey, information was collected on the frequency of spouse battering during the 12 months prior to enumeration. It should be noted that (annual) chronicity scores given in this section only apply to those who had or were battered during the 12 months prior to enumeration. The scores are computed based on the number of times of the acts for each CTS sub-scale. In addition, the average number of acts should not be interpreted as the average number of occurrences since multiple acts can exist in the same occurrence.

Physical assault

5.4.2 For those who had physically assaulted their spouses during the 12 months period prior to enumeration, they had on average carried out 7 acts of physically assault during the period. For those who were physically assaulted by their spouses, the number of acts of physically assault inflicted on them was on average 7 during the 12 months prior to enumeration. The annual frequency of severe physical assault was much higher than that of minor physical assault. The difference between male and female is not statistically significant.

CTS Sub-scales	Total	Male	Female	p-value
Physical Assault				
Minor by spouse	5.28	4.60	5.88	0.3440
Minor by respondent	5.17	4.73	5.55	0.4681
Severe by spouse	7.43	3.59	10.28	0.2324
Severe by respondent	7.71	6.75	8.46	0.7478
All (minor or severe) by spouse	**7.38**	**5.38**	**9.18**	**0.2026**
All (minor or severe) by respondents	**7.00**	**6.31**	**7.56**	**0.6124**

Physical injury

5.4.3 For those who had carried out physical injury on their spouses during the 12 months period prior to enumeration, they had on average carried out 5 acts of physical injury during the period. For those who were physically injured by their spouses, the number of acts of physically injury inflicted on them was on average 5 during the 12 months prior to enumeration. The annual frequency of severe physical injury was much higher than that of minor physical injury. The difference between male and female is not statistically significant. Care however should be taken in interpreting statistics on the frequency by sex, as the number of sampled respondents is quite small and the estimates are subject to relatively large sampling errors.

CTS Sub-scales	Total	Male	Female	p-value
Physical Injury				
Minor by spouse	3.27	2.27	4.10	0.2086
Minor by respondent	3.25	2.31	3.95	0.2477
Severe by spouse	11.54	1.5	27.6	0.2346
Severe by respondent	8.30	1.4	15.2	0.1958
All (minor or severe) by spouse	**5.12**	**2.49**	**7.37**	**0.2305**
All (minor or severe) by respondents	**5.26**	**2.51**	**7.49**	**0.2143**

Sexual coercion

5.4.4 For those who had sexually coerced their spouses during the 12 months period prior to enumeration, they had on average carried out 6 acts of sexual coercion during the period. For those who were sexually coerced by their spouses, the number of acts of sexual coercion inflicted on them was higher, at 9, during the 12 months prior to enumeration. The annual frequency of minor sexual coercion was slightly higher than that of severe sexual coercion. A relatively higher proportion of female respondents admitted that they had sexually coerced their spouses, and the difference is statistically significant. Care however should be taken in interpreting statistics on the frequency by sex, as the number of sampled respondents is quite small and the estimates are subject to relatively large sampling errors.

CTS Sub-scales	Total	Male	Female	p-value	
Sexual coercion					
Minor by spouse	8.23	7.53	8.57	0.6380	
Minor by respondent	5.43	4.24	6.84	0.0359	*
Severe by spouse	6.00	2.56	9.44	0.3359	
Severe by respondent	4.38	3.18	7.00	0.2866	
All (minor or severe) by spouse	**8.87**	**7.83**	**9.38**	**0.5586**	
All (minor or severe) by respondents	**5.78**	**4.53**	**7.30**	**0.0418**	*

Negotiation

5.4.5 For those who had carried out acts of non-discipline on their spouses during the 12 months period prior to enumeration, they had on average carried out 39 such acts. For those who were victims of negotiation, the number of such acts inflicted on them was slightly lower, at 38, during the 12 months prior to enumeration. The annual frequency of cognitive negotiation was slightly higher than that of emotional negotiation. A relatively higher proportion of female respondents admitted that they had carried out acts of negotiation on spouse, and the difference is statistically significant.

CTS Sub-scales	**Total**	**Male**	**Female**	**p-value**	
Negotiation					
Cognitive by spouse	19.43	18.59	20.18	0.0705	
Cognitive by respondent	19.96	19.19	20.65	0.0972	
Emotional by spouse	21.33	20.60	22.00	0.1203	
Emotional by respondent	22.01	21.07	22.86	0.0460	*
All (minor or severe) by spouse	**37.99**	**36.42**	**39.43**	**0.0642**	
All (minor or severe) by respondents	**39.38**	**37.52**	**41.07**	**0.0295**	*****

Psychological aggression

5.4.6 For those who had carried out acts of psychological aggression on their spouses during the 12 months period prior to enumeration, they had on average carried out 13 acts of psychological aggression during the period. For those who were victims of psychological aggression, the number of such acts inflicted on them was slightly higher, at 14, during the 12 months prior to enumeration. The annual frequency of minor psychological aggression was more or less the same as that of severe psychological aggression. A relatively higher proportion of female respondents admitted that they were perpetrators or victims, and the difference is statistically significant.

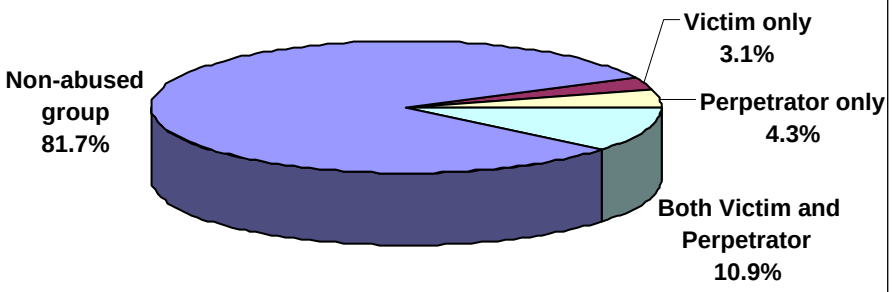
CTS Sub-scales	**Total**	**Male**	**Female**	**p-value**	
Psychological aggression					
Minor by spouse	9.22	8.28	10.06	0.0108	*
Minor by respondent	8.69	7.89	9.44	0.0116	*
Severe by spouse	8.22	7.07	9.26	0.0029	*
Severe by respondent	7.98	7.05	8.78	0.0034	*
All (minor or severe) by spouse	**13.55**	**11.87**	**15.08**	**0.0022**	*
All (minor or severe) by respondents	**13.13**	**11.56**	**14.57**	**0.0007**	*

5.5 Profiles of victims and perpetrators of spouse battering

The abused and non-abused groups

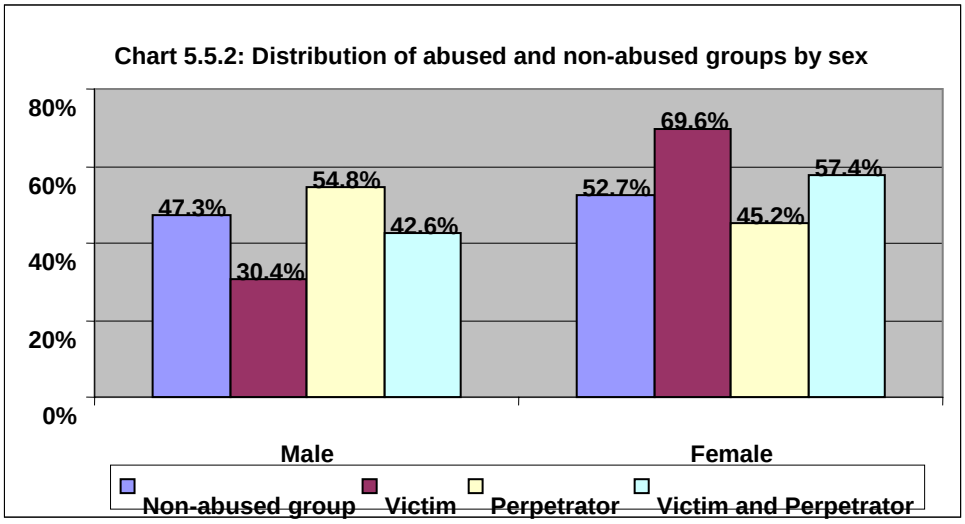
5.5.1 For the purpose of the present analysis, the abused group includes those respondents who reported to have ever physically assaulted, injured or sexually coerced their spouses, or having been physically assaulted, injured or sexually coerced by their spouses. About 18% of the adult respondents belonged to the abused group (including respondents who were victim only, perpetrator only and both victim and perpetrator), and the remaining 82% the non-abused group. It may be of interest to know that the majority of abused group were both victims and perpetrators. In the following paragraphs, the profile of the abused group was analyzed and compared with that of the non-abused group. The annual prevalence of the abused group who reported to have physically assaulted, injured or sexually coerced their spouses, or having been physically assaulted, injured or sexually coerced by their spouses during the 12 months prior to enumeration is 10%.

Chart 5.5.1: Distribution of respondents by abused and non-abused group

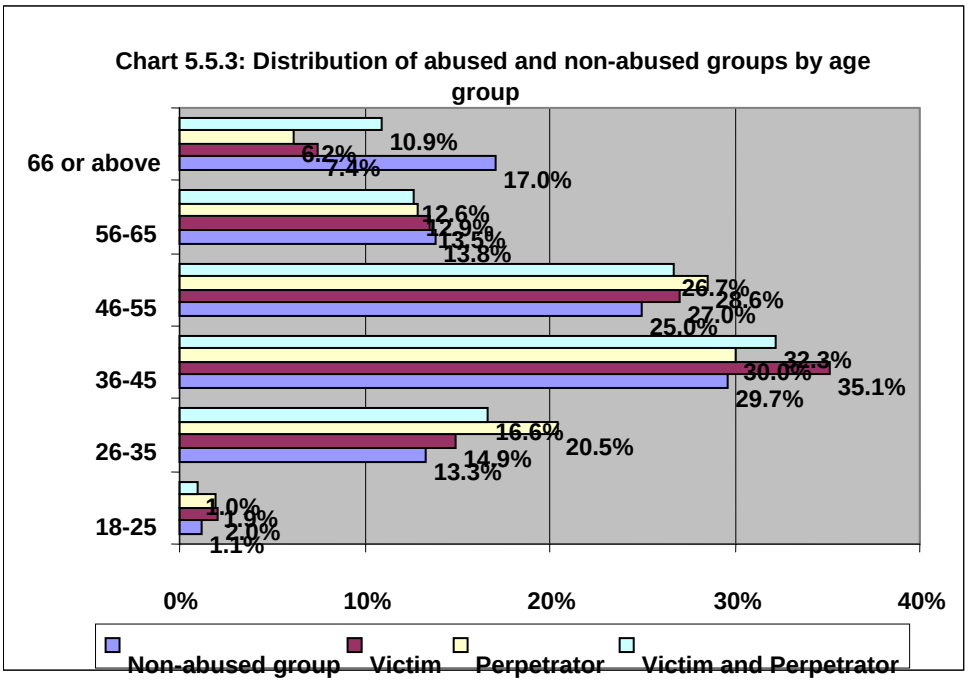


Demographic characteristics

5.5.2 There were proportionately more female than male adults who were victims of spouse battering. For perpetrators, on the other hand, the proportion of female was lower. It may also be worth noting that there was a slightly higher proportion of female among those who were both victims and perpetrators. The $\chi 2$ value of the sex distributions of the four groups of respondents is almost zero (0.000), indicating that there is significant difference in the sex distribution between the non-abused, victims, perpetrators and those who were both victims and perpetrators.

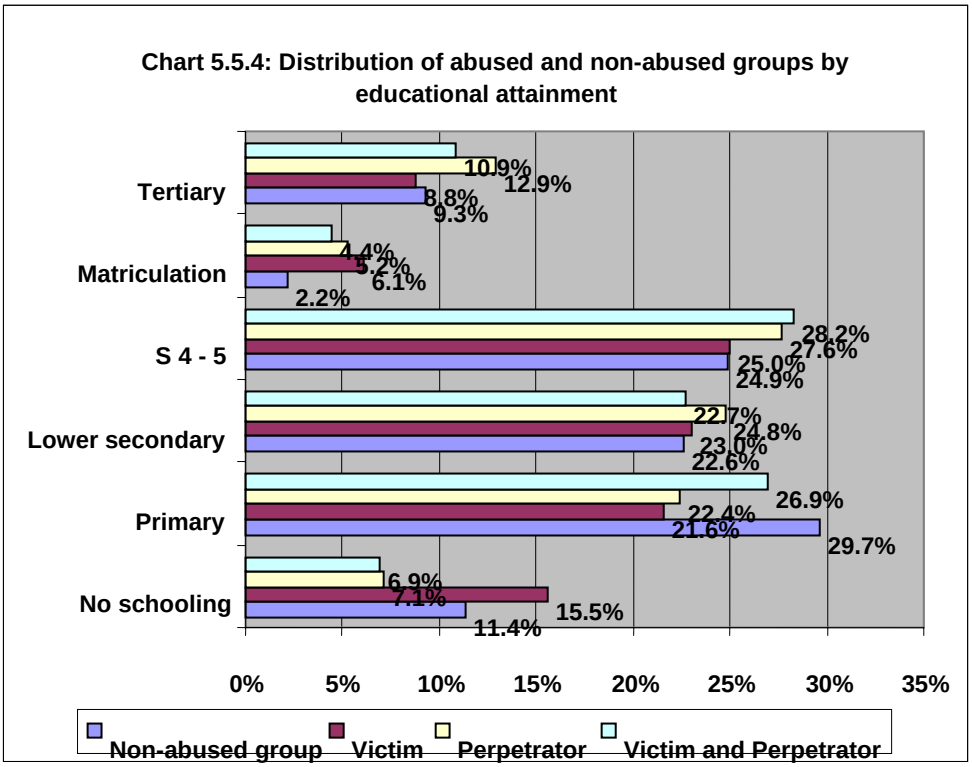


5.5.3 Compared with the non-abused group, a relatively higher proportion of victims, perpetrators and those who were both victims and perpetrators were in the age range of 25 – 55. The proportion of victims who were aged 35 – 45 was higher, as compared with other groups. For perpetrators, the proportion of them who were aged 26 -35 as higher, when compared with other groups. The $\chi 2$ value of the sex distributions of the four groups of respondents is almost zero (0.000), indicating that there is significant difference in the age distribution between the non-abused, victims, perpetrators and those who were both victims and perpetrators. The median ages for the four groups of respondents are 48 for non-abused group, 45 for victims, 45 for perpetrators and 46 for victims and perpetrators.

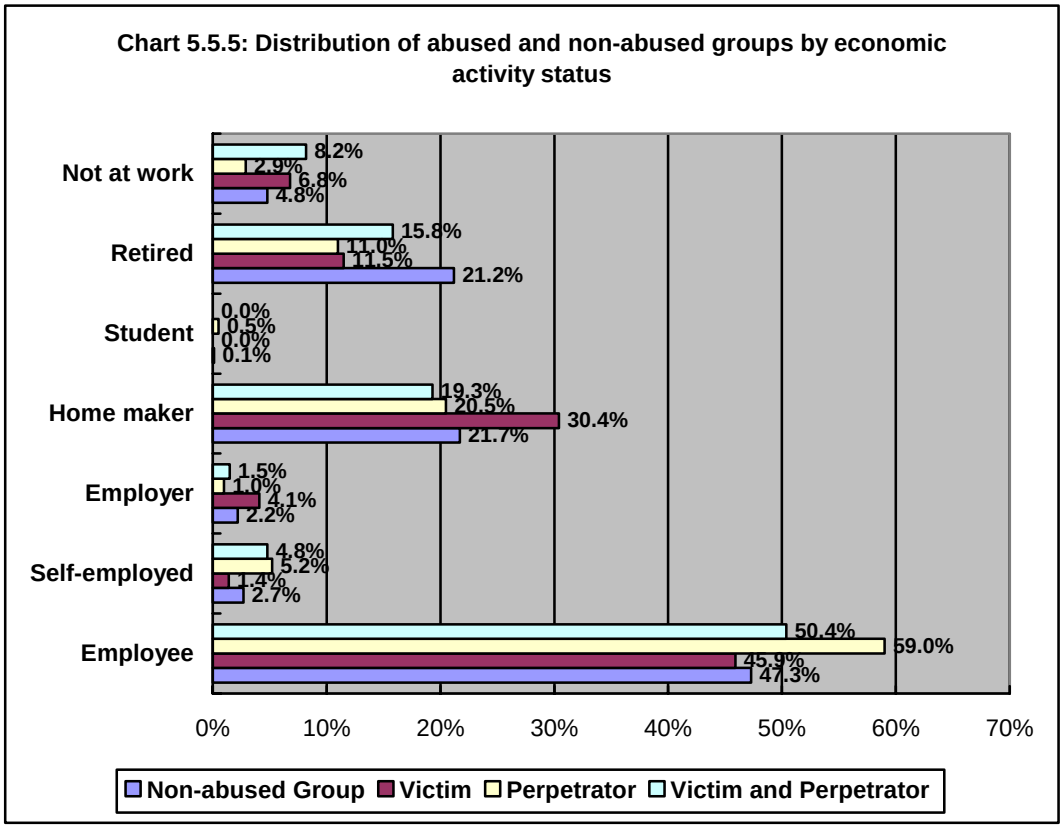


5.5.4 Compared with the non-abused group, perpetrators and those who were both victims and perpetrators were relatively more educated. A higher proportion of them had upper secondary or tertiary education. A relatively higher proportion of victims had no schooling. The $\chi 2$ value of the distributions of the four groups of respondents by educational attainment is almost zero (0.000), indicating that there is significant difference

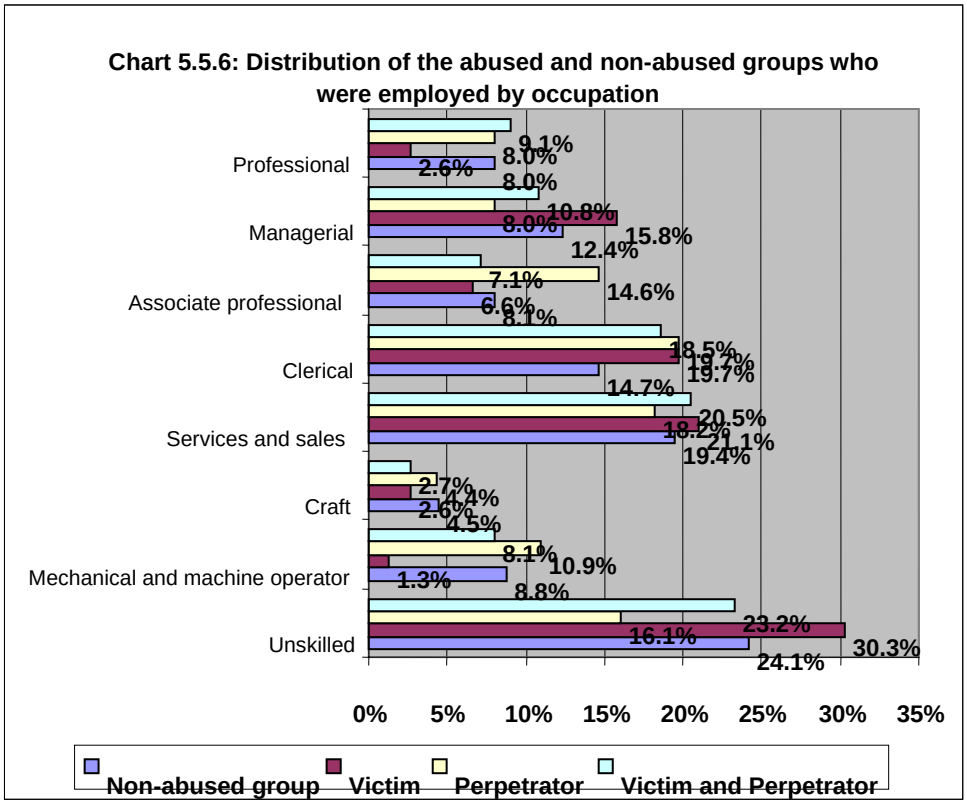
in the educational attainment between the non-abused, victims, perpetrators and those who were both victims and perpetrators.



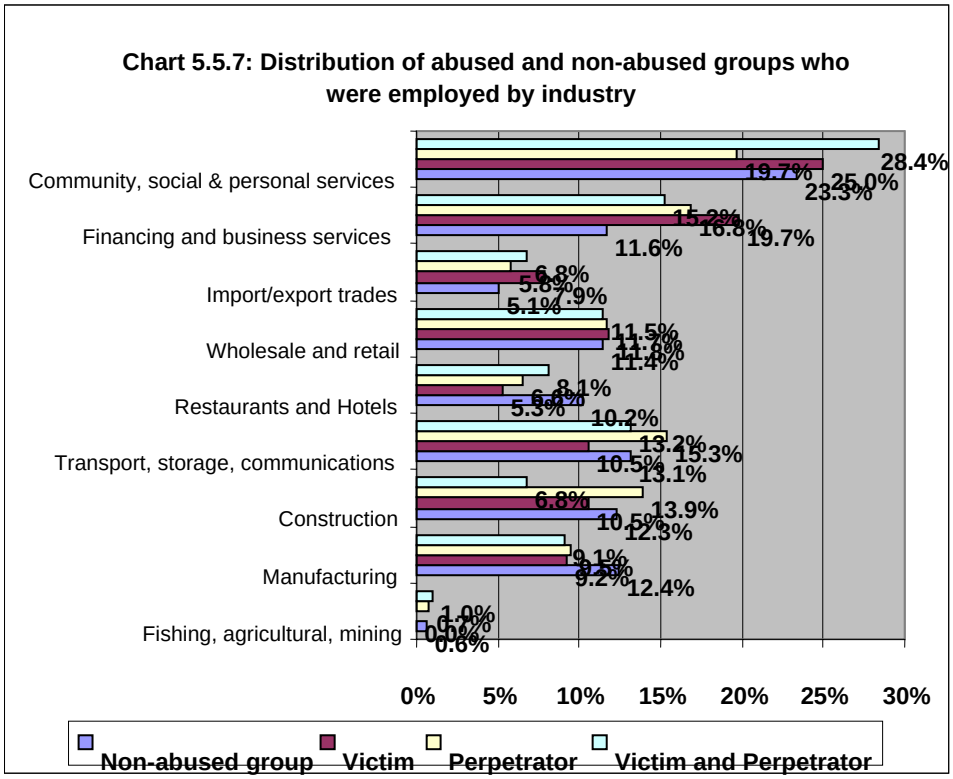
5.5.5 Compared with the non-abused group, a higher proportion of perpetrators and those who were both victims and perpetrators were employed. A relatively higher proportion of victims were home-makers. The $\chi 2$ value of the distributions of the four groups of respondents by economic activity status is almost zero (0.000), indicating that there is significant difference in economic activity between the non-abused, victims, perpetrators and those who were both victims and perpetrators.



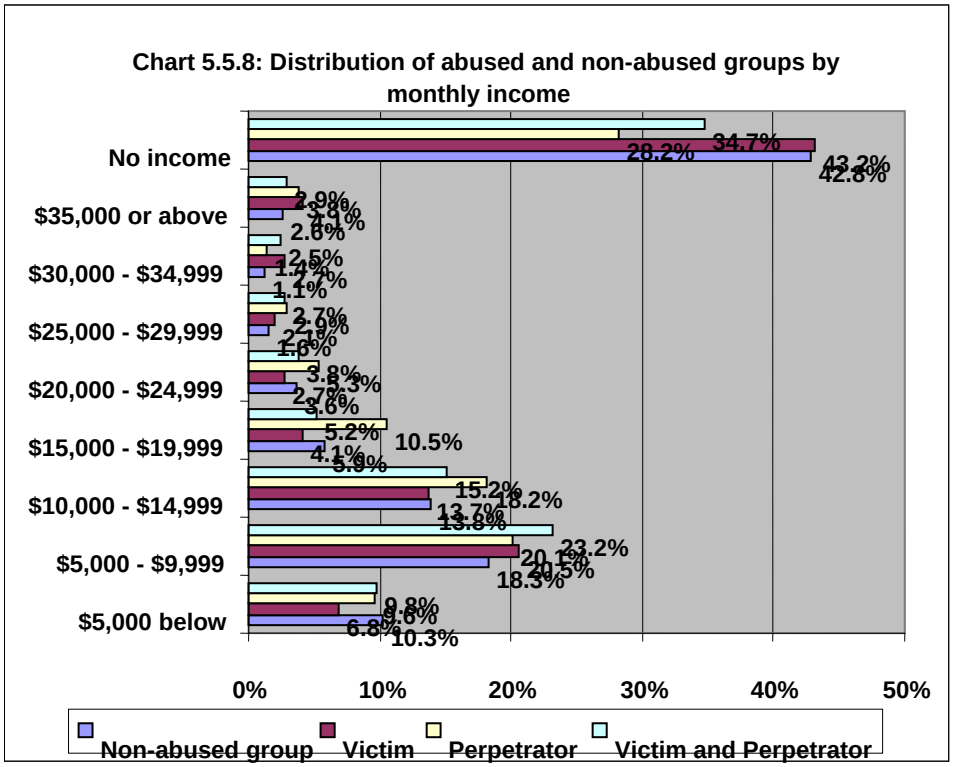
5.5.6 For those who were employed, a higher proportion of perpetrators and those who were both victims and perpetrators were professional and associated professional workers, and mechanical and machine operators, as compared with victims. A relatively higher proportion of victims were unskilled workers. The $\chi 2$ value of the distributions of the four groups of respondents by economic activity status is 0.052, indicating that the difference in occupation distribution between the non-abused, victims, perpetrators and those who were both victims and perpetrators is marginally significant.



5.5.7 For those who were employed, a higher proportion of perpetrators were in the construction, transport, storage and communications industries. The $\chi 2$ value of the distributions of the four groups of respondents by economic activity status is 0.142, indicating that there is no significant difference in industry distribution between the non-abused, victims, perpetrators and those who were both victims and perpetrators.



5.5.8 A relatively higher proportion of perpetrators had higher monthly income. For victims and the non-abused group, a relatively higher proportion of them had no income. The $\chi 2$ value of the distributions of the four groups of respondents by monthly income is almost zero (0.000), indicating that there is significant difference in monthly income between the non-abused, victims, perpetrators and those who were both victims and perpetrators.



5.5.9 Compared with the non-abused group, a higher proportion of victims, perpetrators and those who were both victims and perpetrators had greater number of children in the households. The $\chi 2$ value of the distributions of the four groups of respondents by number of children in the households is 0.236, indicating that there is no significant difference in the number of children in the households between the non-abused, victims, perpetrators and those who were both victims and perpetrators.

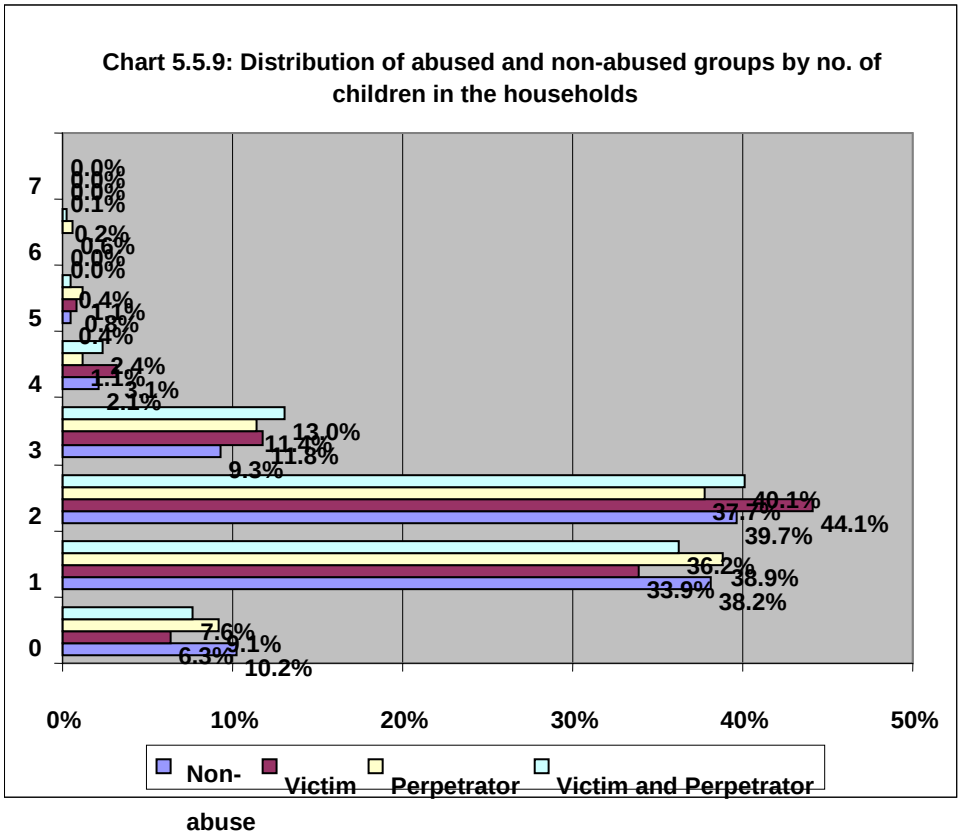
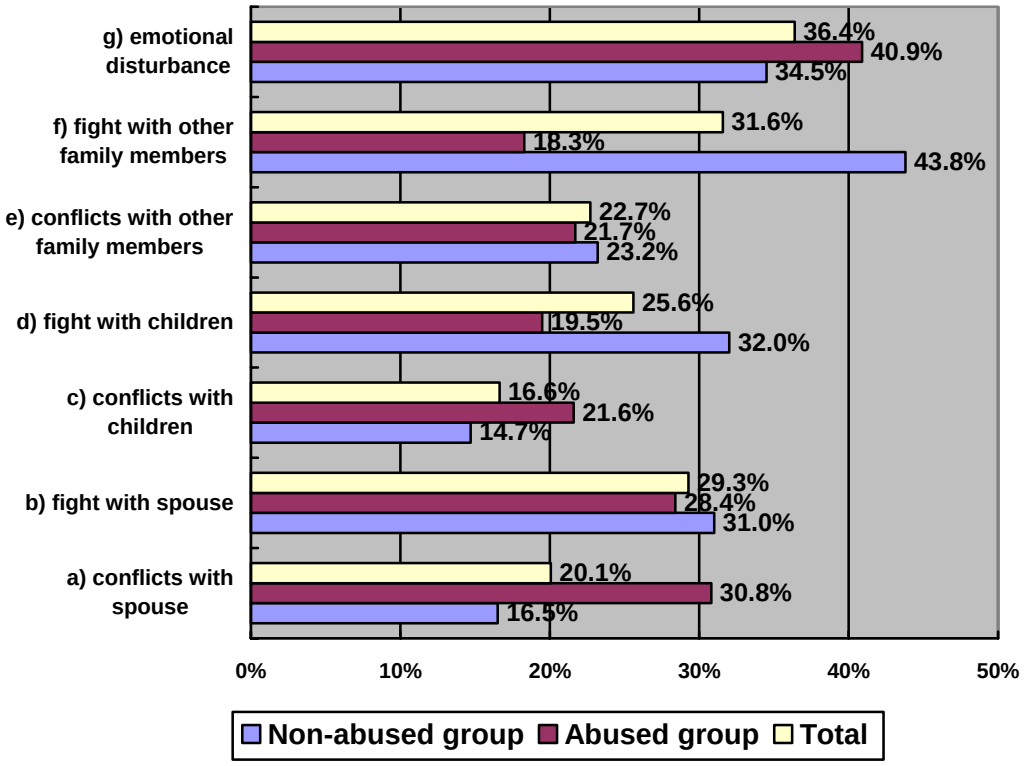


Chart 5.5.9: Distribution of abused and non-abused groups by no. of children in the households
7
6
5
4
3
2
1
0
0%
10%
20%
30%
40%
50%
Non-abuse
Victim
Perpetrator
Victim and Perpetrator

Help seeking behaviour

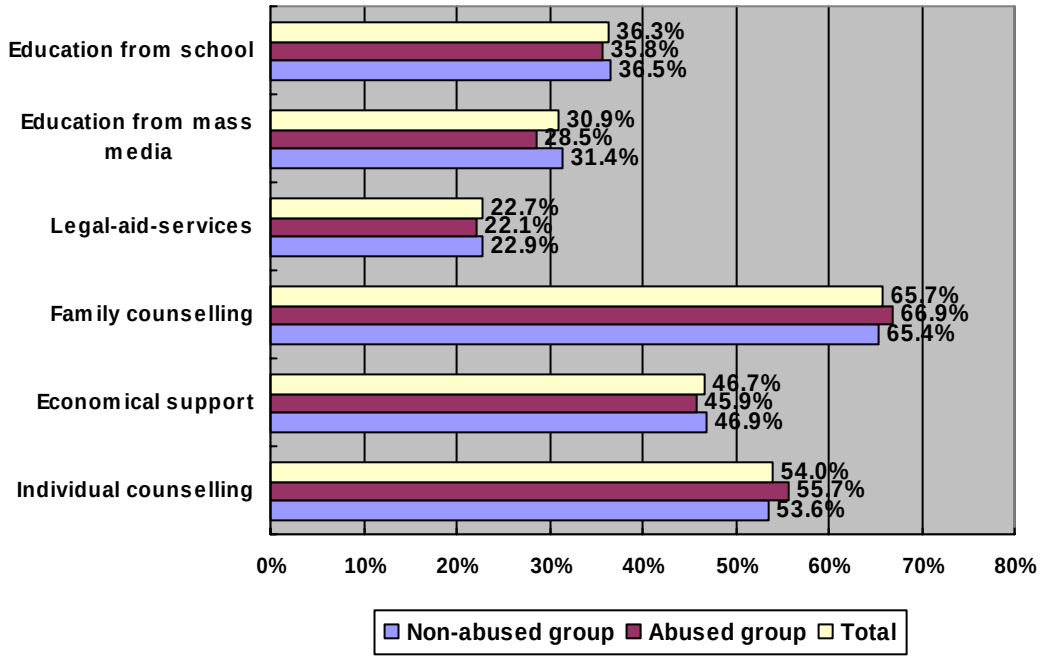
5.5.10 The help seeking behaviour of the abused group was different from that of the non-abused group. For emotional disturbance, conflicts with spouses or children, a relatively higher proportion of the abused group, as compared with the non-abused group, would seek help. On the other hand, for more serious conflicts like fight with spouses or children, conflicts or fight with other family members, a relatively lower proportion of the abused group would seek help.

Chart 5.5.10: Percentage of the abused and non-abused group who would seek help in dealing with family conflicts and emotional disturbance



5.5.11 A significant proportion of the abused group considered that the various social services like counseling, education or economic support were useful in dealing with domestic violence. The percentage who considered legal aid useful was lowest, at around 22%, while that for those who considered family counseling useful was highest, at around 67%. The percentage of the non-abused group who considered the various social services useful was similar. The percentage was also highest, at 65%, for those who considered family counseling useful, and was also lowest, at 23%, for those who considered legal aid useful.

Chart 5.5.11: Percentage of abused and non-abused group who considered social service were useful by type of service



5.5.12 In case the perpetrators were unwilling to accept counseling and education, over half of both abused and non-abused group considered that advice from social workers, advice from police and obligation by law were effective helping the perpetrators. The percentage of respondents who considered that advice from spouse was effective was slightly lower, at around 47% for the non-abused group and 50% for the abused group. The percentage of non-abused group who considered advice from social workers was effective or very effective was slightly higher than that for the abused group and the difference was statistically significant. The percentage of the non-abused group was slightly lower than that for the abused group in respect of advice from spouse and mandatory requirement by law, and the difference was statistically significant. The difference between the abused and non-abused groups in respect of advice from police was not significant.

Chart 5.5.12a: Percentage of abused and non-abused group by whether considering taking advice from their spouses as effective when the abusers were not willing to accept counselling/education

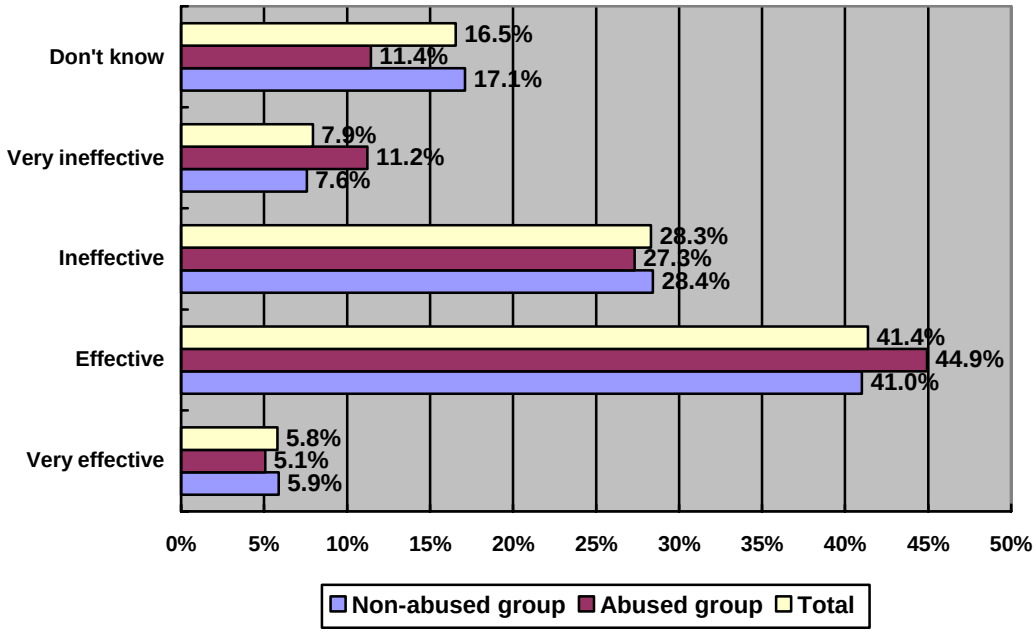


Chart 5.5.12b: Percentage of abused and non-abused group by whether considering taking advice from social workers as effective when the abusers were not willing to accept counselling/education

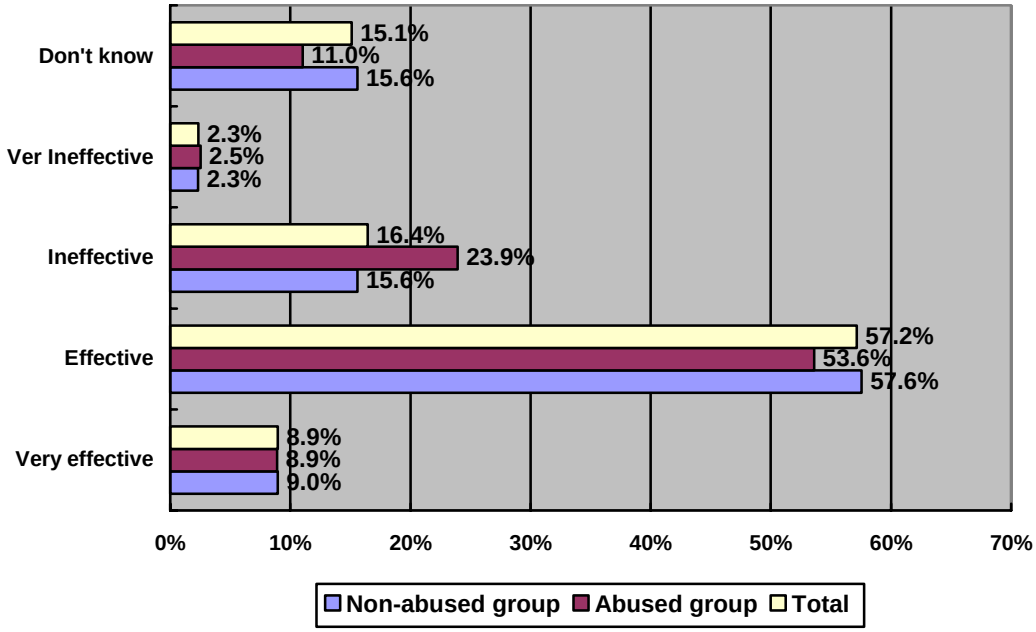


Chart 5.5.12c: Percentage of abused and non-abused group by whether considering taking advice from police as effective when the abusers were not willing to accept counselling/education

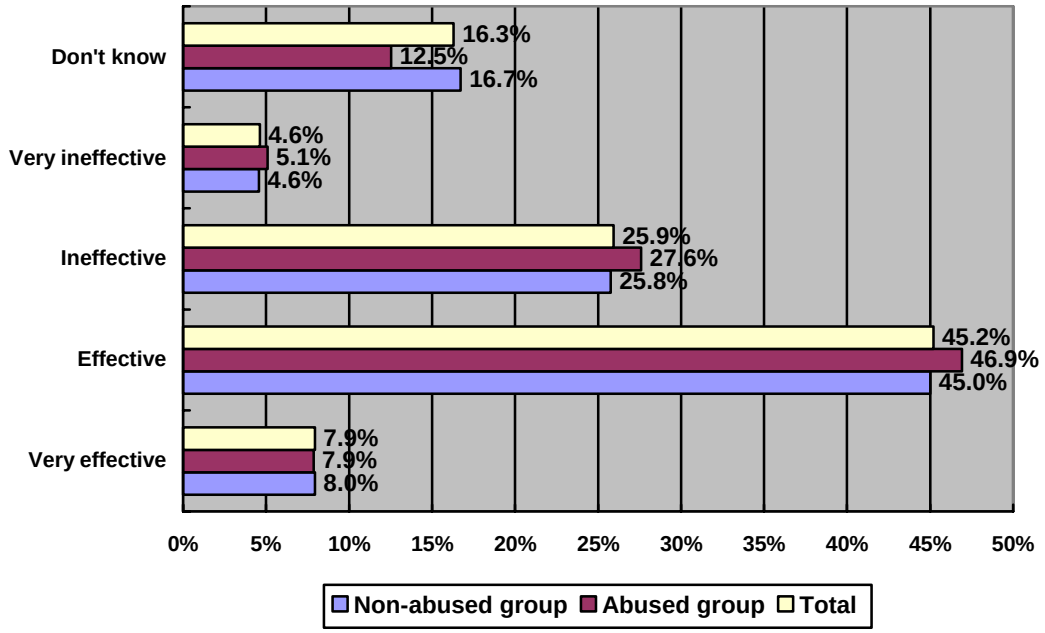
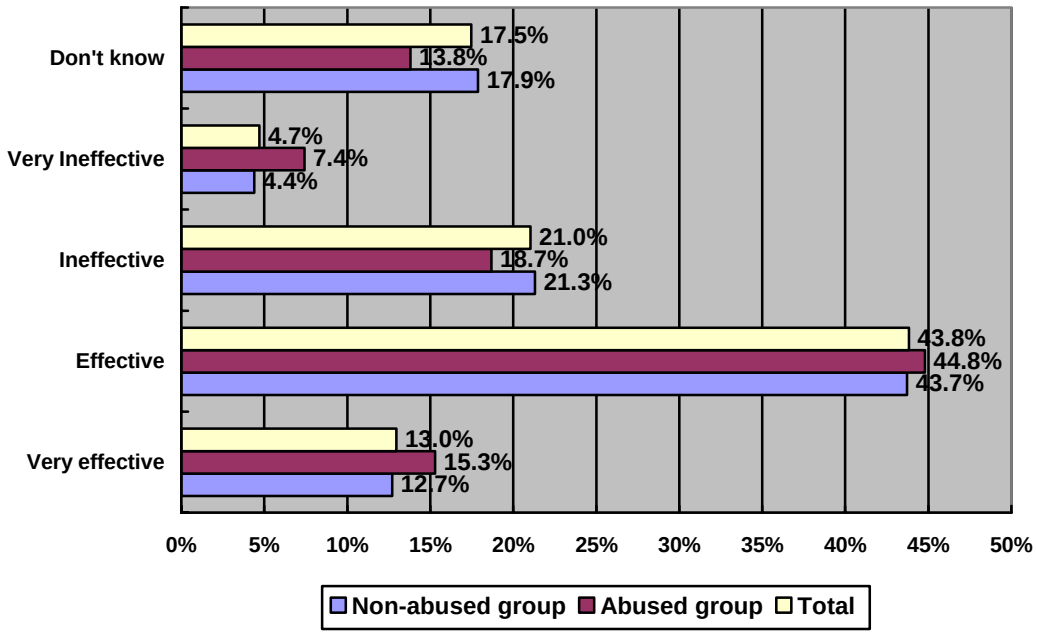


Chart 5.5.12d: Percentage of abused and non-abused group by whether considering mandatory requirement by law as effective when the abusers were not willing to accept counselling/education



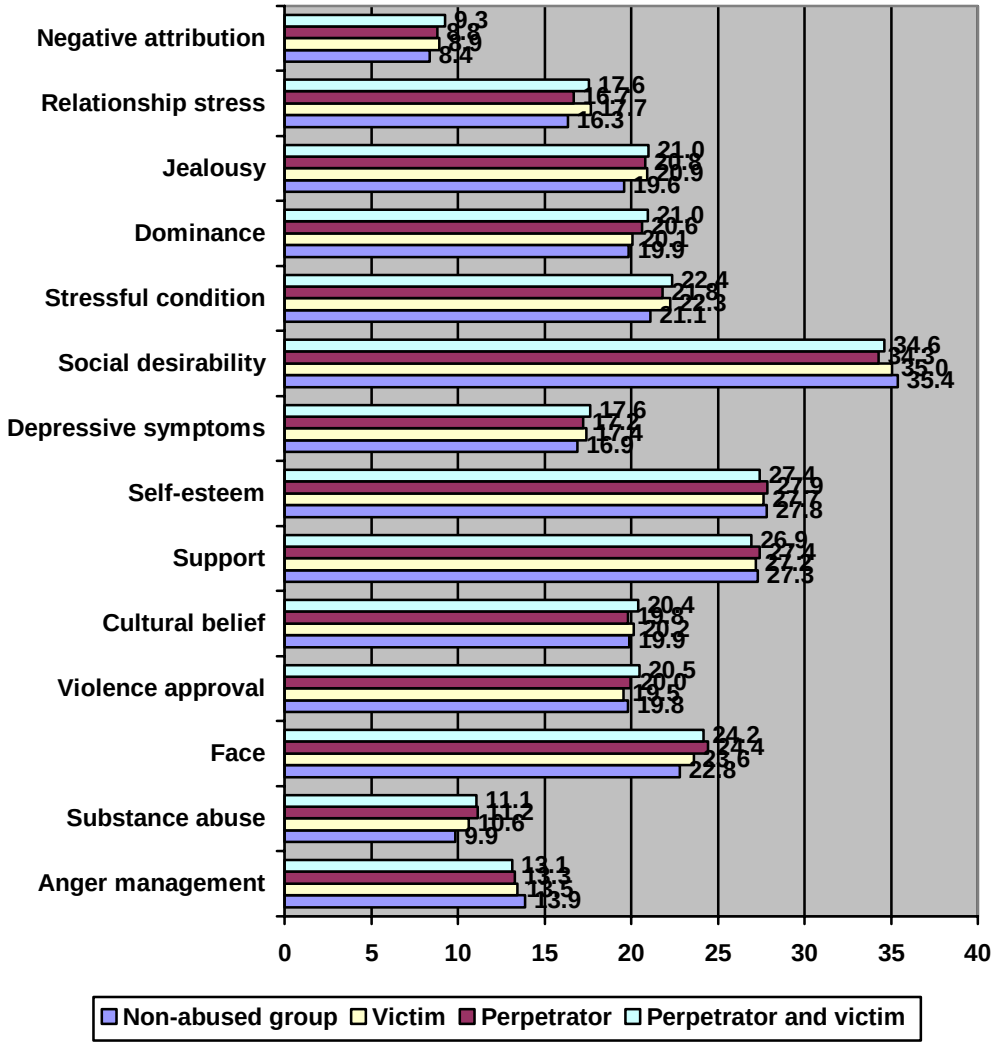
5.6 Risk factors

Personal and relationships profile of perpetrators

5.6.1 As discussed above, the personal and relationships profile (PRP), face scale and self esteem scale have been used as a screening tool for domestic violence. It is designed to measure both the personal characteristics (such as depression) and relation-level variables (such as dominance). High scores in the various PRP sub-scales indicate areas where attention is required.

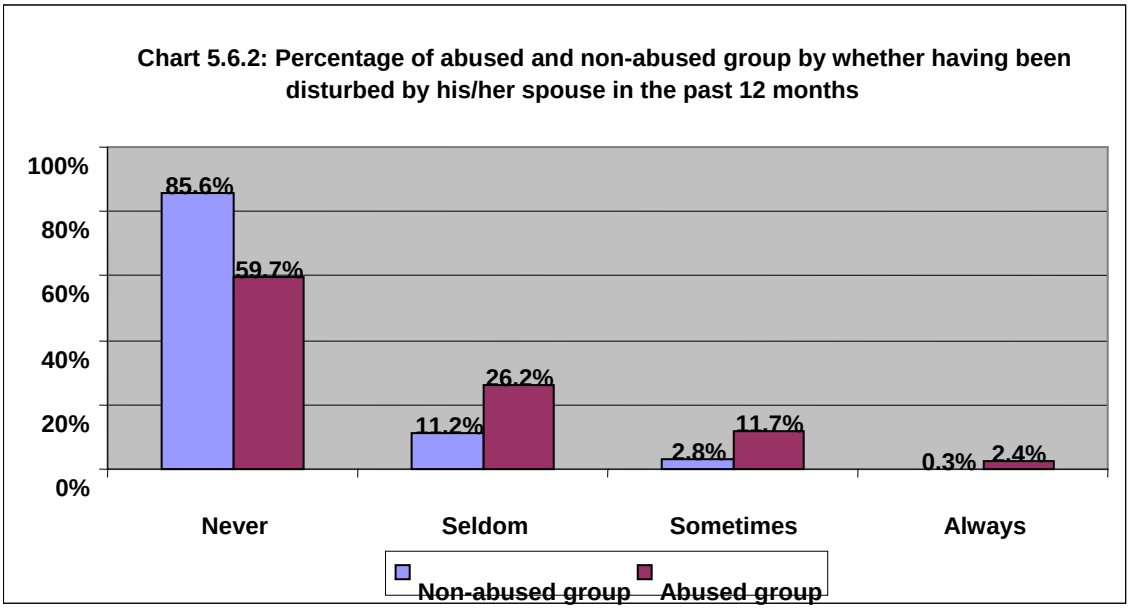
5.6.2 The average scores for the 14 sub-scales are shown in the chart below. It may be seen that the average scores of abused group, including victims, perpetrators and those who were both victims and perpetrators, were lower than those of non-abused group only in respect of social desirability, self-esteem, support (except for the perpetrator only subgroup) and anger management. For the other 11 sub-scales, the average scores of the abused group were higher than those of non-abused group. By running F-test on 14 sub-scales of PRP, except Support, p-value of tests of the PRP subscale is almost equal to 0 which indicates that the differences among their average scores for the 13 sub-scales are statistically significant.

Chart 5.6.1: Average PRP scores by sub-scales for abused and non-abused groups

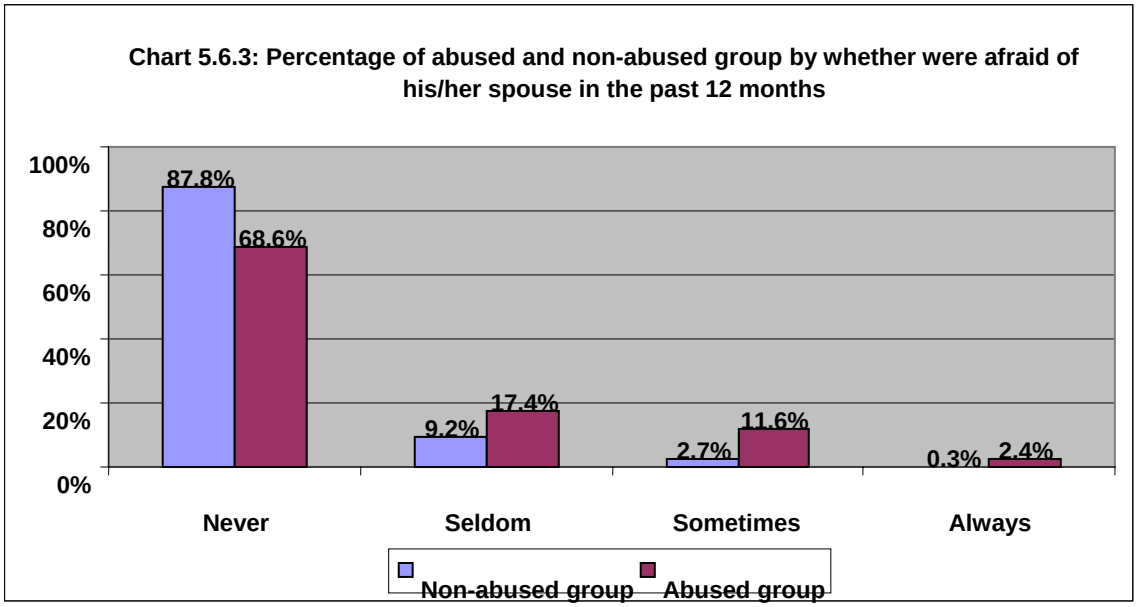


Relationship with spouse

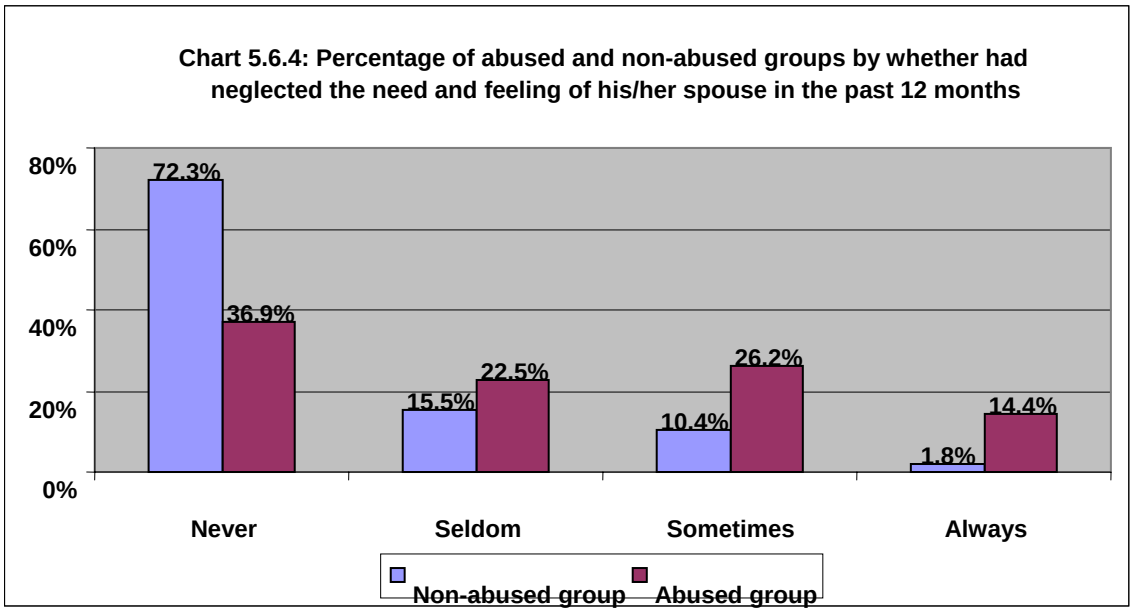
5.6.3 The relationship with spouse of the abused group was in general worse than that of the non-abused group. About 60% of the abused group admitted that they had never been disturbed by their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 86%. The $\chi 2$ value was 0.000 indicating that the difference between the abused and non-abused groups, in terms of the frequency of their having been disturbed by their spouses, was statistically significant.



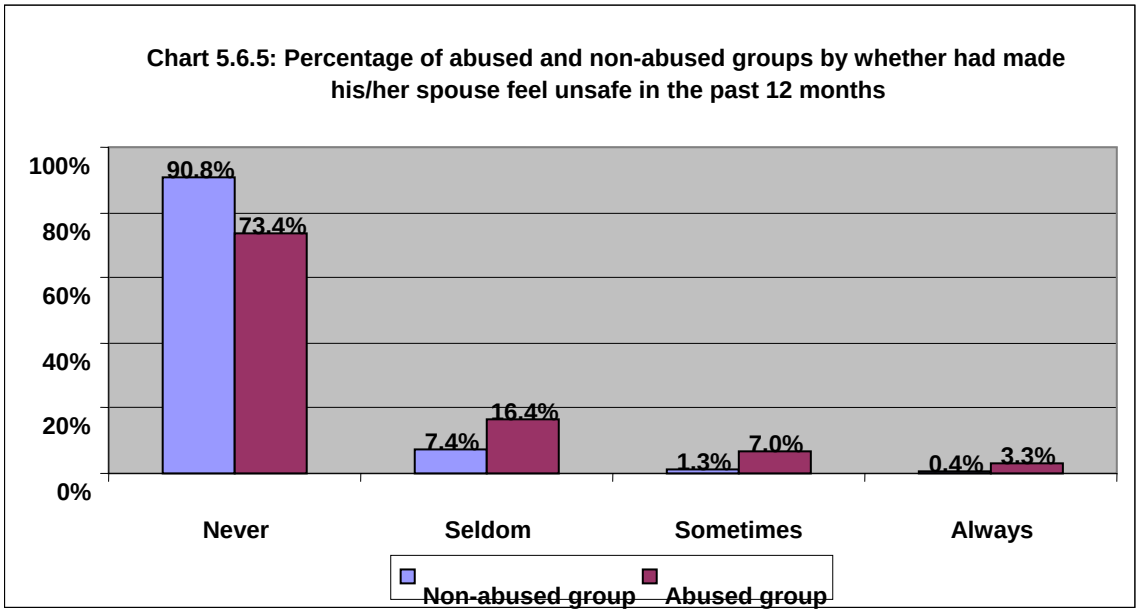
5.6.4 About 69% of the abused group said that they had never been afraid of their spouse in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 88%. The $\chi 2$ value was 0.000 indicating that the difference between the abused and non-abused groups, in terms of the frequency of their having been afraid of their spouses, was statistically significant.



5.6.5 About 37% of the abused group said that they had never neglected the need and feeling of their spouses in the 12 months prior to enumeration, and the corresponding percentage for the non-abused group was much higher, at 72%. About 14% of the abused group even admitted that they had always neglected the need and feeling of their spouses while the corresponding proportion for non-abused group was only about 2%. The $\chi 2$ value was 0.000 indicating that the difference between the abused and non-abused groups, in terms of the frequency of their having neglected the need and feeling of their spouses, was statistically significant.

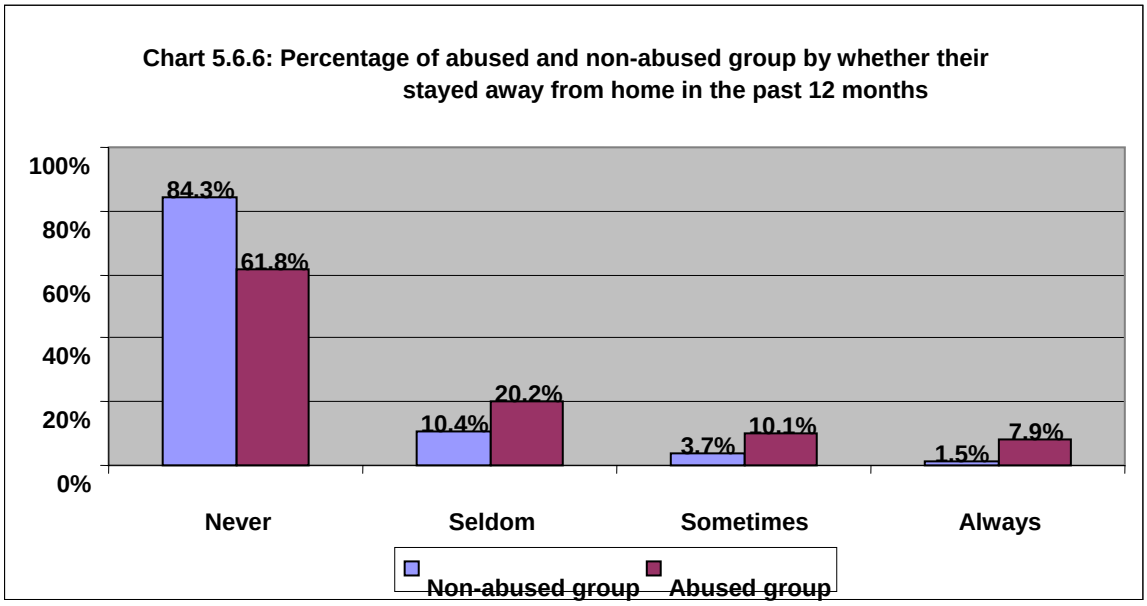


5.6.6 The majority of both the abused and non-abused groups said that they had never made their spouses feel unsafe in the 12 months prior to enumeration. The percentage of abused group who had sometimes or always made their spouses feel unsafe (at 10%) was much higher than the corresponding percentage for the non-abused group (1%). The chi-square value was 0.000 indicating that the difference between the abused and non-abused groups, in terms of the frequency of their having made their spouses feel unsafe, was statistically significant.



5.6.7 The majority of both the abused and non-abused groups said that their never stayed away from home in the 12 months prior to enumeration. The percentage of abused group who said that their spouses had sometimes or always stayed away from home (at 18%) was much higher than the corresponding percentage for the non-abused group (5%).

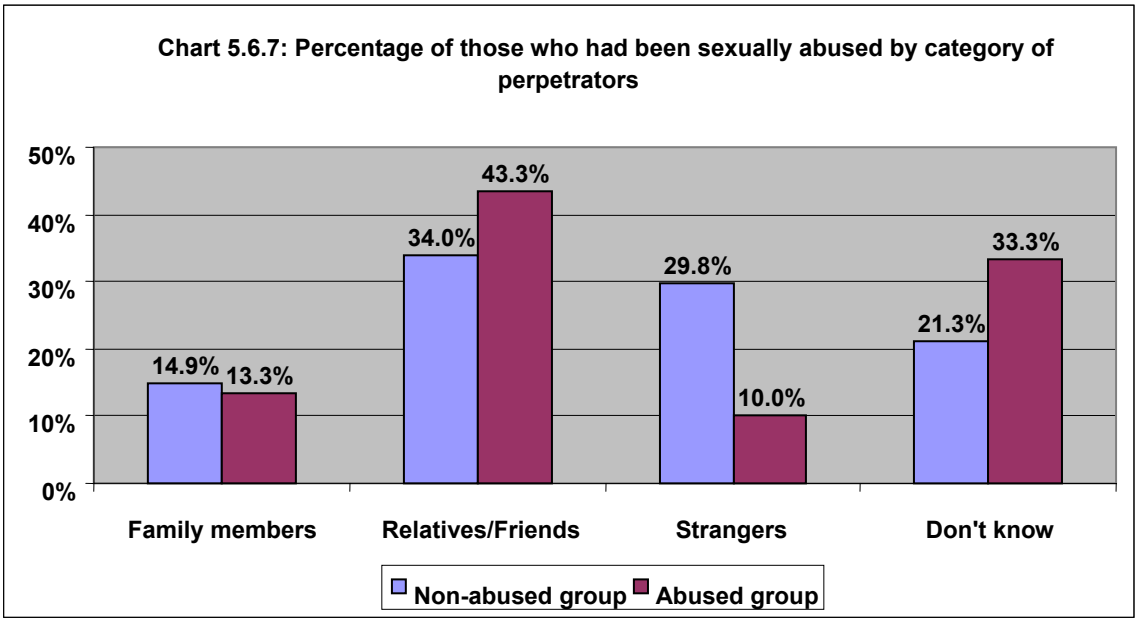
The $\chi 2$ value was 0.000 indicating that the difference between the abused and non-abused groups, in terms of the frequency of having their spouses stayed away from home, was statistically significant.



Previous unhappy experience

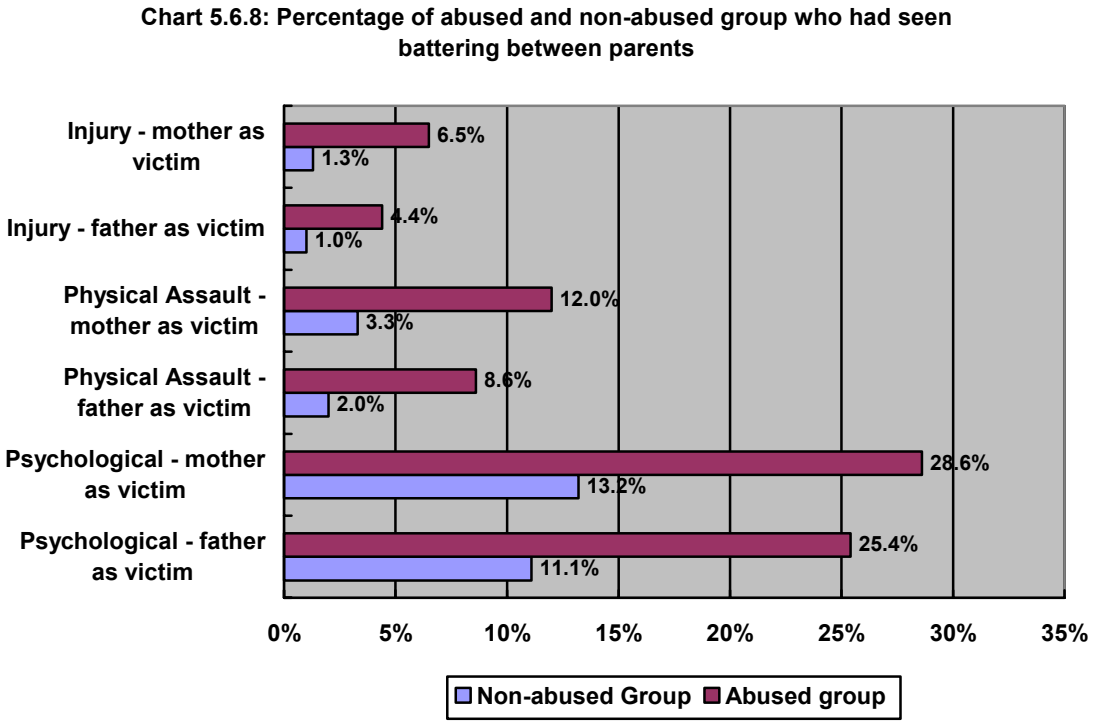
History of sexual violence

5.6.8 About 7% of the abused group admitted that they had ever been sexually abused before. Among them, half had been sexually abused at the age of 17 or younger. For the non-abused group, about 1% admitted that they had ever been sexually abused. Among them, about 57% had been sexually abused at the age of 17 or younger. For those who had been sexually abused, about 43% of the abused group said that the perpetrators involved were their relatives or friends and 13% indicated that the perpetrators involved were family members. The corresponding percentages for the non-abused group were 34% and 15% respectively. Care however should be taken in interpreting statistics, as the number of sampled respondents is quite small and the estimates are subject to relatively large sampling errors.



Battering between parents

5.6.9 A higher proportion of the abused group, as compared with the non-abused group had seen battering between their parents. The difference between the abused and non-abused groups was statistically significant. It may also be noted from the chart below that for psychological aggression, physical assault and injury, a relatively higher proportion of both the abused and non-abused group had seen their fathers being the perpetrators and their mothers being the victims.



Children's perception of violence between their parents

5.6.10 A total of 15 items were used to assess the children's perception of spousal violence between their parents. Principal component analysis indicates that these 15 items may be grouped into two latent variables, namely negative attribution and perceived threat which together explained about 60% of variance. Results of the principal component analysis are summarized below, showing that the latent variable "negative attribution" may be represented by 10 items and "perceived threat" by 5 items.

Items	Component	
	1	2
There was conflict or violence between my parents because I did something wrong.	0.6223	0.2178
There was conflict or violence between my parents because they were living together unhappily.	0.7660	0.1958
There was conflict or violence between my parents over the same problem again and again	0.7003	0.3015
There was conflict or violence between my parents because they did not like each other	0.7950	0.1889
There was conflict or violence between my parents because they did not know how to live together	0.7168	0.3074
There was conflict or violence between my parents because they had bad temper.	0.6303	0.3542
I did know why there was conflict or violence between my parents	0.5751	0.3006
There was conflict or violence between my parents because of my own fault.	0.6918	0.2414
When there was conflict or violence between my parents, they always blamed me as the source of problem.	0.7000	0.2540
When there was conflict or violence between my parents, I was afraid.	0.2696	0.7690
When there was conflict or violence between my parents, I was afraid that something tragic would happen.	0.2796	0.8387
When there was conflict or violence between my parents, I worried that one of them might be hurt.	0.2486	0.8380
When there was conflict or violence between my parents, I was afraid that they would yell at me.	0.4198	0.6724
When there was conflict or violence between my parents, I worried that they would be divorced.	0.2823	0.8013
There was conflict or violence between my parents because of money matters	0.6072	0.4080

5.6.11 As expected, the internal consistency of the 10 items used to represent "negative attribution" is very high, with an alpha coefficient of 0.91; and that for the 5 items used to reflect "perceived threat" is also very high, with an alpha coefficient of 0.89. A composite score has computed from survey data, with "agree very much" assigned a score of 4; "agree", a score of 3; "disagree", a score of 2; and "disagree very much", a score of 1. The

composite scores for the 15 items and scores for the two sub-scales, in respect of the abused and non-abused groups, are shown in the table below. A higher score means that the respondents were more in agreement with the statements, indicating that their perception of spousal violence between their parents was less favourable. It may be seen that the scores for the abused group was higher than those for the non-abused group, and the difference was statistically significant.

Attitude towards parental violence	**Abused Group**		**Non-abused Group**		**p-value**
	Mean	**Standard Deviation**	**Mean**	**Standard deviation**	
Overall score	33.622	8.441	29.040	8.201	0.0000
Negative attribution	22.031	5.632	18.841	5.393	0.0000
Perceived Threat	12.074	3.719	10.447	3.615	0.0000

Appendix 1: Questionnaire

香港大學社會工作
及社會行政學系

香港大學
政策二十一有限公司

處理家庭關係調查

家庭資料問卷

Sample Code: _____
E. No:_____

第一部份: 住戶資料

1. 同住家庭成員人數： _____

2. 居住處住權
   - ☐ 自置居所
   - ☐ 床位
   - ☐ 租戶 — 全租
   - ☐ 租戶 — 合租/二房東／三房客
   - ☐ 其他 _____

第二部份: 個人資料

住戶成員編號	1 (受訪者)	2	3	4	5	6	7	8
1. 與受訪者的關係 (請據示咭譯碼填寫)								
2. 是否同住? (a) 是 (b) 否								
3. 種族 (a) 華人 (b) 其他亞洲人 (c) 其他，請註明								
4. 性別 (a) 男 (b) 女								
5. 請問最高讀到那一班 (a) 沒有任何學歷 (e) 預科 (b) 小學 (f) 專上教育 - 非學位 (c) 初中 (g) 專上教育 - 學位 (d) 高中 (h) 專上教育 - 碩士/博士								
6. 請問有無工作或做緊生意？ 有，係: 有，係: (a) 僱員 (d) 料理家務者 (b) 自僱 (e) 學生 (c) 僱主 (f) 退休人士 (g) (非 (a), (b) 或 (c)) 沒有事做，而正在找尋工作 (h) (非 (a), (b) 或 (c)) 沒有事做，但現在沒有找尋工作 **(請跳答第 11 題)**								
7. 職業（只適用於在職人士） (a) 非技術工人／保安員／小販／雜工／散工 (b) 機台及機器操作員及裝配員 (c) 工藝及有關人員 (d) 服務工作及商業銷售人員 (e) 秘書／文員 (f) 輔助專業人員／技術人員 (g) 經理／行政 (h) 專業人員 (i) 其他, 請列明: _____ (j) 不適用								

	1 (受訪者)	2	3	4	5	6	7	8
8. 行業（只適用於在職人士） (a) 漁／農／礦業 (b) 製造業 (c) 建造業 (d) 交通、運輸、倉庫及通訊業 (e) 酒店、及飲食業 (f) 批發／零售業 (g) 進出口貿易業 (h) 金融、保險、地產及其他商用服務業 (i) 社區、社會及個人服務業 (j) 其他, 請列明: _____ (k) 不適用								
9. 是否有殘疾？(可選擇多項) (a) **身體活動能力受限制** -- 1) 缺失肢體 2) 痙攣 3) 癱瘓 (b) **視覺有困難** -- 1) 完全失明 2) 需要助視器才看得清楚 (c) **聽覺有困難** -- 1) 完全失聰 2) 需要助聽器才聽得清楚 (d) **語言表達有困難** -- 1) 完全不能說話 2) 需要儀器才可以說話 (e) **精神病** (f) **智障** (g) **自閉症** (h) **沒有任何殘障**								
10. 是否需要特定輔助工具？ (a) 需要輪椅或其他輔助工具行路 (b) 需要配帶義肢 (c) 需要別人幫助才可以上落樓梯 (d) 沒有任何限制								
11. 年齡								
12. 自何時起在香港居住？ (a) 出生至今, 或 (b) 自 _____ 至今								
13. 婚姻狀況 (a) 單身，沒有子女 (b) 同居 -- 同居年期 (以最近一次爲準) _____ (c) 已婚 -- 婚姻次數 _____ 那一年結婚_____ (以最近一次爲準) (d) 配偶已去世，那一年去世 _____ (e) 離婚 / 分居 -- 離婚次數_____ 那一年離婚 (以最近一次爲準)_____								
14. 子女數目 (a) 有，同住子女數目_____ (b) 冇								
15. <u>由訪問員填寫</u> **家庭成員應填那類問卷？** 甲 = 甲問卷 (16 歲或以上人士); 乙 = 乙問卷 (12-17 歲人士); 丙 = 丙問卷 (18 歲或以上人士); X = 不需回答任何問卷								

香港大學社會工作
及社會行政學系

香港大學
政策二十一有限公司

處理家庭關係調查

甲問卷

Sample Code: _____
Member Code:_____
E. No:_____

首先多謝你願意協助完成這份問卷。

問卷目的：香港特別行政區政府社會福利署現正委託香港大學社會工作及社會行政學系及政策二十一有限公司進行是項研究，以了解本港家庭在處理成員間關係的概況，並找出妨礙維持良好家庭關係的主要因素。研究結果將有助改進有關政策及服務。

資料保密：你所提供的資料將會絕對保密和匿名處理。請你盡量誠實回答問卷內所有問題，這樣最能幫助我們。不過，你可以拒絕回答任何一項問題或隨時停止。

第一部份　社交及健康狀況　(採用訪問法)

1. 你/你的配偶目前是懷孕的嗎，或者正進行申請領養程序?

① 是懷孕，懷孕的週數_____ (續問題目 2-4)
② 是，正進行領養 (跳問至題目 5)
③ 否 (跳問至題目 5)
④ 不適用 (跳問至題目 5)

	非常不同意	不同意	同意	非常同意	不適用/冇意見
2. 我的配偶非常支持今次懷孕。	①	②	③	④	⑤
3. 今次懷孕是意外。	①	②	③	④	⑤
4. 這時候懷孕是不合時宜。	①	②	③	④	⑤

5. 你/你的配偶在最近 12 個月內，是否生了孩子?	① 是	② 否	③ 不適用/冇意見
6. 你或同住家人有沒有領取綜合社會保障援助金?	① 是	② 否	③ 不適用/冇意見
7. 你現時是否受到債務的困擾?	① 是	② 否	③ 不適用/冇意見
8. 是否受到追債的纏擾?	① 是	② 否	③ 不適用/冇意見

(若題目 7 答否，跳問至題目 10)

9. 負債原因 (可選多項)：

① 賭錢
② 自己失業
③ 配偶失業
④ 投資失誤
⑤ 生意失敗
⑥ 過度消費
⑦ 沒有妥善理財
⑧ 需要現金，協助親友
⑨ 需要現金，用於醫療
⑩ 因轉業，收入驟降
⑪ 其他，請註明_____
⑫ 冇意見

10. 你有沒有以下的長期病患 (可選多項)：

① 高血壓
② 心臟病
③ 哮喘
④ 糖尿病
⑤ 腎病
⑥ 白內障
⑦ 肺結核病
⑧ 消化性潰瘍
⑨ 皮膚病
⑩ 其他，請註明_____
⑪ 沒有 (跳答至第二部份)

（若第 10 題答有, 請回答第 11 - 15 題）

	差了很多	差了一些	無變化	好了一些	好了很多	不適用
11. 這些病有沒有影響到你同你配偶的關係?	①	②	③	④	⑤	⑥
12. 這些病有沒有影響到你同家人的關係?	①	②	③	④	⑤	⑥
13. 這些病有沒有影響到家庭經濟?	①	②	③	④	⑤	⑥
14. 這些病有沒有影響到你的情緒?	①	②	③	④	⑤	⑥

15. 若有上述病患，有沒有接受以下人士的治療或照顧?

① 有 (可選多項)
② 醫生 (中/西醫)
③ 精神科醫生
④ 社工/輔導員
⑤ 心理學家
⑥ 家務助理
⑦ 護理
⑧ 其他

⓪ 沒有 / 如沒有，怎樣處理自己的病患(可選多項)

⑨ 自行服用 (中/西) 成藥
⑩ 改變飲食習慣
⑪ 只是休息，冇做其他事
⑫ 無做過任何事，完全不理
⑬ 其他，請註明_____

第二部份　個人與配偶的關係　(採用訪問法)

A. 以下的句子是關於你個人的情況和你對一些事情的看法。請細心考慮是否同意。若某些句子並不適用於你的情況，請不用作答。

	非常不同意	不同意	同意	非常同意	不適用
1. 當我心煩時，我可以讓自己平靜下來。	①	②	③	④	⑤
2. 當我和家人爭辯時，我會無法控制自己的情緒。	①	②	③	④	⑤
3. 我通常都知道自己什麼時候會向家人發脾氣。	①	②	③	④	⑤
4. 當我開始向家人發脾氣時，我會感到心跳加速。	①	②	③	④	⑤
5. 當我向家人發脾氣時，想到甚麼便說甚麼，從不顧及後果。	①	②	③	④	⑤
6. 當我感到開始向家人發脾氣時，我會叫自己冷靜下來。	①	②	③	④	⑤

	非常不同意	不同意	同意	非常同意	不適用
7. 有時我會喝很多酒，使自己情緒高漲甚至醉倒。	①	②	③	④	⑤
8. 我經常喝醉酒。	①	②	③	④	⑤
9. 我的配偶經常喝醉酒。	①	②	③	④	⑤
10. 有時酒醒後，我無法想起醉酒時發生的事。	①	②	③	④	⑤
11. 我曾服用可卡因、海洛英或鴉片等硬性毒品。	①	②	③	④	⑤
12. 我擔心自己有藥物濫用問題。	①	②	③	④	⑤
13. 我曾經爲獲得興奮的感覺而服葯過量，並造成嚴重健康問題。	①	②	③	④	⑤
14. 我曾經因爲葯物濫用而接受治療。	①	②	③	④	⑤
	非常不同意	不同意	同意	非常同意	不適用

15.	自己的長處應該儘量表達出來讓人知道。	①	②	③	④	⑤
16.	在社交場合,別人注意我甚至羨慕我,能令我覺得愉快。	①	②	③	④	⑤
17.	我喜歡氣派的住房、辦公室、車子等。	①	②	③	④	⑤
18.	自己的成功還要讓別人知道才更有意思。	①	②	③	④	⑤
19.	我喜歡在社交場合中成爲眾人注意、羨慕的焦點。	①	②	③	④	⑤
20.	成爲社會名流對我來講是一種值得追求的成就。	①	②	③	④	⑤
21.	我希望成爲大家擁護的人物。	①	②	③	④	⑤
22.	我希望出人頭地，光宗耀祖。	①	②	③	④	⑤
23.	我羨慕在社會上有名望、權勢、或地位的人。	①	②	③	④	⑤
24.	我通常願意去爭取成爲團體的領導人物或上層人物。	①	②	③	④	⑤

		非常不同意	不同意	同意	非常同意	不適用
25.	我認爲若要管教孩子，有時體罰是需要的。	①	②	③	④	⑤
26.	我認爲妻子掌摑丈夫是可以接受的。	①	②	③	④	⑤
27.	我認爲丈夫掌摑妻子是可以接受的。	①	②	③	④	⑤
28.	我認爲當孩子駁咀或惹了麻煩時，父母掌摑他/她是可接受的。	①	②	③	④	⑤
29.	男孩子打架是很正常的。	①	②	③	④	⑤
30.	女孩子打架是很正常的。	①	②	③	④	⑤
31.	我認爲當男孩子被人打時，他應該還手。	①	②	③	④	⑤
32.	我認爲當女孩子被人打時，她應該還手。	①	②	③	④	⑤
33.	一個女性被強姦，她可能亦有責任。	①	②	③	④	⑤
34.	妻子不應拒絕丈夫做愛的要求。	①	②	③	④	⑤
35.	清官難審家庭事。	①	②	③	④	⑤
36.	我認爲家庭暴力屬於刑事罪。	①	②	③	④	⑤
37.	寧教人打仔，莫教人分妻。	①	②	③	④	⑤
38.	孩子不打不成器。	①	②	③	④	⑤
39.	妻子被丈夫打，雙方都有責任。	①	②	③	④	⑤
40.	要郁手，女人先至會收聲。	①	②	③	④	⑤
41.	就算發生家庭暴力，亦要維繫家庭完整性。	①	②	③	④	⑤
42.	萬事以和爲貴，應該儘量忍耐。	①	②	③	④	⑤

		非常不同意	不同意	同意	非常同意	不適用
43.	我只有少數親友，可以幫忙照顧我的孩子。	①	②	③	④	⑤
44.	我感到非常孤獨。	①	②	③	④	⑤

45. 有些我熟絡的人，會鼓勵我。	①	②	③	④	⑤
46. 我有傾訴的對象，令我暢所欲言。	①	②	③	④	⑤
47. 我有傾訴的對象，去傾訴與配偶之間的問題。	①	②	③	④	⑤
48. 在急需時，有人會借錢給我。	①	②	③	④	⑤
49. 如果有需要，有人能幫忙照顧我的孩子幾個小時。	①	②	③	④	⑤
50. 有人幫我打理家務。	①	②	③	④	⑤
51. 如果有需要，我有可以依靠的人。	①	②	③	④	⑤
52. 我童年時的回憶，是不快樂的。	①	②	③	④	⑤
53. 做子女的，無論如何都要服從父母。	①	②	③	④	⑤
54. 子女在任何情況下都必須孝順父母。	①	②	③	④	⑤
55. 我認爲自己是個有價值的人，至少與別人不相上下。	①	②	③	④	⑤
56. 我覺得我有許多優點。	①	②	③	④	⑤
57. 總的來說，我傾向於認爲自己是一個失敗者。	①	②	③	④	⑤
58. 我做事可以做得和大多數人一樣好。	①	②	③	④	⑤
59. 我覺得自己沒有甚麼值得自豪的地方。	①	②	③	④	⑤
60. 我對自己持有一種肯定的態度。	①	②	③	④	⑤
61. 整體而言，我對自己感到滿意。	①	②	③	④	⑤
62. 我要是能更看得起自己就好了。	①	②	③	④	⑤
63. 有時我的確感到自己很沒用。	①	②	③	④	⑤
64. 我有時認爲自己一無是處。	①	②	③	④	⑤
	非常不同意	不同意	同意	非常同意	不適用
65. 我起床時通常感到心情愉快。	①	②	③	④	⑤
66. 有時候，我感到生命是沒有意義的。	①	②	③	④	⑤
67. 我常常覺得心情愉快。	①	②	③	④	⑤
68. 我相信將來會有好事發生在我身上。	①	②	③	④	⑤
69. 我經常感到傷感。	①	②	③	④	⑤
70. 我的生活過得不錯。	①	②	③	④	⑤
71. 我很享受每天的生活。	①	②	③	④	⑤
72. 我曾經想過自殺。	①	②	③	④	⑤

(若題目 72 答“非常不同意”或“不同意”，請跳問題目 73)

73. 如果曾經想過自殺，請填寫以下的資料。	從來沒有	很少	偶爾	常常
a. 在過去一年內，你曾否想自殺。	①	②	③	④
b. 你曾否覺得如果你死了，你的家人或朋友會過得開心些。	①	②	③	④

c. 曾經想過自殺的方法。	①	②	③	④
d. 曾經想過如果自殺，就會帶埋家人一齊去。	①	②	③	④
e. 擔心如果自殺，家人無人照顧。	①	②	③	④

	非常不同意	不同意	同意	非常同意	不適用
74. 我有時會企圖報復，而不會原諒或忘記。	①	②	③	④	⑤
75. 有時我會佔人家的便宜。	①	②	③	④	⑤
76. 有時我會妒忌其他人的幸運。	①	②	③	④	⑤
77. 當我事事不如意時，便會感到憤怒。	①	②	③	④	⑤
78. 若有人請求我幫忙，我會感到厭煩。	①	②	③	④	⑤
79. 我曾經想挑戰某些權威人士，即使心裡知道他/她們是對的。	①	②	③	④	⑤
80. 我從未故意說些傷害別人的說話。	①	②	③	④	⑤
81. 無論與誰交談，我總是個好的聆聽者。	①	②	③	④	⑤
82. 有些情況下，我認爲自己能力不足，而放棄了做一些事情。	①	②	③	④	⑤
83. 若有人提出的意見跟我的非常不同，我從不會感到厭煩。	①	②	③	④	⑤
84. 若沒有人鼓勵我，有時我會覺得無法堅持自己的工作。	①	②	③	④	⑤
85. 我總是以禮待人，即使對方與我合不來。	①	②	③	④	⑤
86. 我總是願意承認自己的錯誤。	①	②	③	④	⑤

	非常不同意	不同意	同意	非常同意	不適用
87 我忙得無法騰出時間用膳。	①	②	③	④	⑤
88. 我的居住環境並不理想(例如嘈吵,熱,殘舊或與鄰居相處有問題等)。	①	②	③	④	⑤
89. 朋友逼我做一些我不想做的事。	①	②	③	④	⑤
90. 我和同事或同學相處得不好。	①	②	③	④	⑤
91. 我的配偶經常囉唆我。	①	②	③	④	⑤
92. 當我要完成一件事情時，總是被別人擾亂。	①	②	③	④	⑤
93. 我的收入不足夠應付日常開支。	①	②	③	④	⑤
94. 我不喜歡自己的工作或學習。	①	②	③	④	⑤
95. 近期我感到壓力很大。	①	②	③	④	⑤
96. 有時我感到無助及無能爲力。	①	②	③	④	⑤

B. 以下的句子與你的配偶有關，請以目前或最近期的配偶爲對象，回答以下每條題目，並請固定以這位配偶爲回答問題的參照。

	非常不同意	不同意	同意	非常同意	不適用
97. 有時我會提醒配偶應該聽從我的。	①	②	③	④	⑤
98. 我和我的配偶意見分歧時，通常我都有話事權。	①	②	③	④	⑤
99. 我的配偶需要緊記我才是作主的。	①	②	③	④	⑤
100. 我的配偶性格惡劣。	①	②	③	④	⑤
101. 別人大多不喜歡我的配偶。	①	②	③	④	⑤

102. 我的配偶缺乏足夠的智慧去作出重要的決定。	①	②	③	④	⑤
103. 我有權知道配偶所做的一切。	①	②	③	④	⑤
104. 我要每時每刻知道我的配偶身在何處。	①	②	③	④	⑤
105. 我有權介入我的配偶所做的任何事。	①	②	③	④	⑤

	非常不同意	不同意	同意	非常同意	不適用
106. 若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④	⑤
107. 若我的配偶非常留心或關心某些人時，我會感到不高興。	①	②	③	④	⑤
108. 若其他人特別注意或關心我的配偶時，我會感到不高興。	①	②	③	④	⑤
109. 若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。	①	②	③	④	⑤
110. 若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④	⑤
111. 若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④	⑤
112. 若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④	⑤
113. 若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④	⑤

	非常不同意	不同意	同意	非常同意	不適用
114. 我和配偶相處得不好。	①	②	③	④	⑤
115. 我的配偶對我很好。	①	②	③	④	⑤
116. 我和我的配偶的感情很好。	①	②	③	④	⑤
117. 我與配偶有很好的性生活。	①	②	③	④	⑤
118. 我與配偶有很好的社交生活。	①	②	③	④	⑤
119. 爲了與配偶的關係，我會付出努力。	①	②	③	④	⑤
120. 我曾經很認真地考慮過與我的配偶分手。	①	②	③	④	⑤
121. 在我和配偶的關係中，不好的事情比好的事情多。	①	②	③	④	⑤
122. 我的脾氣不受控，引至家庭問題。	①	②	③	④	⑤

	非常不同意	不同意	同意	非常同意	不適用
123. 當我發嬲時，通常都是我的配偶犯錯。	①	②	③	④	⑤
124. 我的配偶會做些煩擾我的事。	①	②	③	④	⑤
125. 我的配偶喜歡刺激我。	①	②	③	④	⑤
126. 當我的配偶對我獻殷勤時，我會想他/她究竟有甚麼企圖。	①	②	③	④	⑤

第三部份　家庭衝突方面　(採用協助法)

在過去十二個月內，你曾與以下人仕發生衝突 (任何口角或打架) 的次數?
注意：填寫次數時只須憑印象，選擇最接近的類別即可。

過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	不適用
1 次	2 次	3-5 次	6- 10 次	11-20 次	20 次以上			

1.	母親	①	②	③	④	⑤	⑥	⑦	⑧	⓪
2.	父親	①	②	③	④	⑤	⑥	⑦	⑧	⓪
3.	奶奶/外母	①	②	③	④	⑤	⑥	⑦	⑧	⓪
4.	老爺/外父	①	②	③	④	⑤	⑥	⑦	⑧	⓪
5.	兄弟/姊妹	①	②	③	④	⑤	⑥	⑦	⑧	⓪
6.	女婿或媳婦	①	②	③	④	⑤	⑥	⑦	⑧	⓪
7.	自己的親戚	①	②	③	④	⑤	⑥	⑦	⑧	⓪
8.	配偶的親戚	①	②	③	④	⑤	⑥	⑦	⑧	⓪

9. 下面這些語句描述了大家庭的關係。請你仔細考慮是否同意。若某些句子並不適用於你的情況，請不用作答。
大家庭成員包括父/母親、外父/母、老爺/奶奶、爺爺/嫲嫲、公公/婆婆、親戚等。

		非常不同意	不同意	同意	非常同意	不適用
a.	有一位大家庭的成員嘗試強制我的家庭接納他/她的意見。	①	②	③	④	⑤
b.	有一位大家庭的成員干擾我的家庭生活。	①	②	③	④	⑤
c.	有一位大家庭的成員批評我照顧孩子的方式。	①	②	③	④	⑤
d.	大家庭的成員們經常講及我的家事。	①	②	③	④	⑤
e.	我們常與其他大家庭的成員保持聯絡。	①	②	③	④	⑤
f.	我的家庭成員與其他大家庭的成員的關係很親近。	①	②	③	④	⑤
g.	大家庭的成員們可以提供幫助及支持。	①	②	③	④	⑤
h.	大家庭的成員們經常探訪我的家庭。	①	②	③	④	⑤
i.	大家庭的成員們好少爲我家做任何事情。	①	②	③	④	⑤
j.	我們期望與大家庭的成員們接觸。	①	②	③	④	⑤
k.	整體來說，我和大家庭成員的關係很好	①	②	③	④	⑤

第四部份　尋求協助　(採用協助法)

1. 下列事件曾否發生? 如有，你曾否向以下哪一位尋求協助？

		沒有發生	曾經發生								
			沒有求助	自己的親友	配偶的親友	律師	護士/醫生	社工/輔導員	警察	宗教團體	其他
a.	與配偶發生衝突	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□
b.	與配偶發生武力衝突	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□
c.	與子女發生衝突	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□
d.	與子女發生武力衝突	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□
e.	其他家庭成員發生衝突	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□
f.	其他家庭成員發生武力衝突	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□
g.	情緒困擾	⓪	①	②	③	④	⑤	⑥	⑦	⑧	□

2. 社會服務意見：

a. 你認爲那一類社會服務有助處理家庭暴力? (可選多項)

① 個人輔導
② 經濟援助
③ 家庭輔導
④ 法律援助
⑤ 大眾傳媒教育 (倡議非暴力)
⑥ 學校教育(倡議非暴力)
⑦ 其他: 請說明_____

b. 若曾使用武力者不願意接受輔導或教育，下列方法可以幫助他/她們? (可選多項)

		非常有效	有效	不太有效	完全無效	不知道
(1)	由配偶勸籲	①	②	③	④	⑤
(2)	由社工勸籲	①	②	③	④	⑤
(3)	由警方勸籲	①	②	③	④	⑤
(4)	由法律強制	①	②	③	④	⑤
(5)	其他: (請說明) _____	①	②	③	④	⑤

3. 個人資料--個人每月收入：

① $5,000 以下
② $5,000 - $9,999
③ $10,000 - $14,999
④ $15,000 - $19,999
⑤ $20,000 - $ 24,999
⑥ $25,000 - $29,999
⑦ $30,000 - $34,999
⑧ $35,000 – $39,999
⑨ $40,000 – $49,999
⑩ $50,000 – $59,999
⑪ $60,000 或以上
⑫ 沒有收入

自填問卷

甲問卷

以下有部份問題比較敏感，請你不要介意。

所有資料會絕對保密，資料只會用作做綜合分析，

而<u>絕對不會用作個別分析</u>。多謝你合作

香港大學社會工作
及社會行政學系

香港大學
政策二十一有限公司

處理家庭關係調查

甲問卷—自填問卷

下列問題由被訪者自行填寫，填妥後作保密處理。
這些問題比較敏感，你的資料只會用作整體分析並且絕對保密，請儘量誠實回答。

1.	你曾否涉及虐待孩子的個案中?	①	是	②	否	③	不適用/冇意見
2.	你配偶曾否涉及虐待孩子的個案中?	①	是	②	否	③	不適用/冇意見
3.	你曾否涉及虐待配偶的個案中?	①	是	②	否	③	不適用/冇意見
4.	你配偶曾否涉及虐待配偶的個案中?	①	是	②	否	③	不適用/冇意見
5.	你曾否涉及官非? (被告或留案底)	①	是	②	否	③	不適用/冇意見
6.	你配偶曾否涉及官非? (被告或留案底)	①	是	②	否	③	不適用/冇意見
7.	我曾偷別人或家人的錢。	①	是	②	否	③	不適用/冇意見
8.	我曾經打人或嚇人說要打他/她。	①	是	②	否	③	不適用/冇意見

第五部份　關係衝突行爲

不論配偶之間相處得如何融洽，有時候也會意見不合、惱怒對方、彼此有不同的要求，或因心情欠佳、疲倦或其他原因而爭吵或打架。配偶之間會用不同的方法去處理衝突，以下列舉的項目是當彼此有意見不合時，有可能會發生的事情。請選出在過去十二個月中，你及你的配偶在一起生活的時侯曾作過下列行爲表現的次數。假如你或你的配偶在過去十二個月沒有作過某項行爲，但在十二個月以前有的話，請選７。
請以目前或最近期的配偶爲對象，回答以下每條題目，並請固定以這位配偶爲回答問題的參照。
先在左欄選上曾經發生的項目，然後才選擇發生的次數。
注意：填寫次數時只須憑印象，選擇最接近的類別即可。

1. 關於衝突處理方面：當你們意見不合時，

	我曾對配偶作過下列行爲								配偶曾對我作過下列行爲							
	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生
		1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上	
a. 仍表示關心對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
b. 尊重對方嘅感受	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
c. 向對方說相信我哋可以克服困難	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
d. 會解釋自己嘅看法	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
e. 曾提出妥協	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
f. 答應會嘗試對方提出嘅解決方法	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

2. 關於口角方面：

	我曾對配偶作過下列行爲								配偶曾對我作過下列行爲							
	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生
		1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上	
a. 侮辱或咒罵對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
b. 曾向對方大叫或呼喝	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
c. 意見不合時，憤而離開	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
d. 曾講一些刁難對方嘅說話	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
e. 曾用難聽嘅說話，話對方肥或醜	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
f. 曾破壞屬於對方嘅物件	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
g. 曾指責對方是一個劣等的配偶	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
h. 曾威嚇要打或搵野掟對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
i. 曾恐嚇會傷害對方嘅家人	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
j. 曾經話過想死	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
k. 曾經話過要攬住一齊死	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
l. 意見不和時會不瞅不睬	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
m. 曾恐嚇會傷害孩子	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

n. 你曾否見過你的父親對母親作過上列行爲？

⓪ 否
① 是。曾作過那項？(只須填 a, b ...) _____

o. 你曾否見過你的母親對父親作過上列行爲？

⓪ 否
① 是。曾作過那項？(只須填 a, b ...) _____

3. 關於使用武力方面：

	我曾對配偶作過下列行爲								配偶曾對我作過下列行爲							
	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生
		1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上	
a. 搵野掟對方，而可能會整傷對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
b. 曾扭對方嘅手臂或扯對方嘅頭髮	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
c. 曾推撞或推開對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
d. 曾抓住對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
e. 曾掌摑對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
f. 曾用刀或利器指向對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
g. 曾用拳頭或搵野打對方，可能會整傷對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
h. 曾勒住對方嘅頸	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
i. 曾把對方大力撞向牆壁	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
j. 曾經毆打對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
k. 曾故意燒傷或燙傷對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
l. 曾經踢對方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

m. 你曾否見過你的父親對母親作過上列行爲？

⓪ 否
① 是。曾作過那項？(只須填 a, b ...) _____

n. 你曾否見過你的母親對父親作過上列行爲？

⓪ 否
① 是。曾作過那項？(只須填 a, b ...) _____

4. 因使用武力而導致受傷：

	我								配偶							
	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生
		1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上	
a. 曾因雙方打架/爭執而扭傷、碰瘀或割傷	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
b. 曾因同對方打架，令身體痛楚，直至第二日仍然痛	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
c. 曾被對方擊中頭部而失去知覺	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
d. 曾因同對方打架而求醫	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
e. 曾因同對方打架本來需要求醫，但最終沒有去	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
f. 曾因同對方打架/爭執而骨折	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

g. 你曾否見過你的父親受到上列傷害？

⓪ 否
① 是。曾受那項傷害？(只須填 a, b ...) _____

h. 你曾否見過你的母親受到上列傷害？

⓪ 否
① 是。曾受那項傷害？(只須填 a, b ...) _____

5. 關於性方面：

		我曾對配偶作過下列行爲								配偶曾對我作過下列行爲							
		從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生
			1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上	
a.	做愛時，無理會對方使用安全套嘅要求	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
b.	就算對方唔同意，仍堅持要同對方做愛，但無使用武力	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
c.	就算對方唔同意，仍堅持要同對方口交或肛交，但無使用武力	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
d.	曾以武力（例如打、按住、或使用武器）來迫對方同自己口交或肛交	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
e.	曾以武力（例如打、按住、或使用武器）來迫對方同自己做愛	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
f.	曾威嚇迫對方同自己口交或肛交	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
g.	曾威嚇迫對方同自己做愛	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

在過去十二個月中, 有否發生下列事情？	從來沒有	很少	偶爾	常常	不適用
6. 你曾否受到配偶嘅纏擾?	①	②	③	④	⑤
7. 你是否害怕你的配偶?	①	②	③	④	⑤
8. 配偶忽略你嘅需要和感受?	①	②	③	④	⑤
9. 配偶令你感到人身不安全嗎?	①	②	③	④	⑤
10. 配偶唔黐家?	①	②	③	④	⑤

11. 若你和配偶曾經動武，最近一次係誰先動手？ ① 我先動手 ② 對方先動手 ③ 從未發生過

你有沒有遇到以下情況：

	從來沒有發生過	曾發生過	不適用
12. 有人曾迫我望或摸他/她的私處(性器官)，或他/她強行望或摸我的私處(性器官)。	⓪	①	②
13. 有人曾迫我發生性行爲(性交、肛交或口交)。	⓪	①	②
14. 有人曾對我做過除以上兩項，其他現在我認爲是性侵犯的行爲。	⓪	①	②

15. 若曾發生過上述事件 (第 12-14 項)，是否發生在十七歲或之前？ ① 是 ② 否 ③ 不適用

16. 若曾發生過上述事件(第 12-14 項)，對你做過上述行爲的人，與你的關係是？ ① 親戚/朋友 ② 不知道 ③ 陌生人 ④ 家人 ⑤ 不適用

(若沒有子女或子女均是十八歲或以上，不需回答第六及第七部份)

第六部份　孩子行爲

請按每位子女的行爲問題回答以下問題。在過去十二個月, 該孩子有否以下的特別困難。請你仔細閱讀每一句, 選擇代表對該語句的意見。

		子女(code:　) 由訪問員於填寫前編碼				子女(code:　) 由訪問員於填寫前編碼			
		非常不同意	不同意	同意	非常同意	非常不同意	不同意	同意	非常同意
1.	結交朋友有困難	①	②	③	④	①	②	③	④
2.	脾氣差	①	②	③	④	①	②	③	④
3.	學校成績不合格	①	②	③	④	①	②	③	④
4.	在學校有操行問題	①	②	③	④	①	②	③	④
5.	於家中舉止不當,不順從父母	①	②	③	④	①	②	③	④
6.	和住在家中的小孩打架	①	②	③	④	①	②	③	④
7	和不住在家中的小孩打架	①	②	③	④	①	②	③	④
8.	和住在家中的成年人打架	①	②	③	④	①	②	③	④
9.	和不住在家中的成年人打架	①	②	③	④	①	②	③	④
10.	故意損害或毀壞財物	①	②	③	④	①	②	③	④
11.	偷錢或其他財物	①	②	③	④	①	②	③	④
12.	飲酒	①	②	③	④	①	②	③	④
13.	濫用藥物	①	②	③	④	①	②	③	④
14.	因犯事而被捕	①	②	③	④	①	②	③	④
15.	其他 (請註明)_____	①	②	③	④	①	②	③	④

(若沒有子女或子女均是十八歲或以上，不需回答第六及第七部份)

第七部份　與子女的關係

我們想知道當子女犯錯或激怒你時或在其他情況下，你是否曾作過下列的行爲。請選出在過去十二個月中，你曾作過下列行爲表現的次數。假如你在過去十二個月沒有作過某項行爲，但在十二個月以前有的話，請選７。先在左欄選上曾經發生的項目，然後才選擇發生的次數。

注意：填寫次數時只須憑印象，選擇最接近的類別即可。

	子女(code:　)								子女(code:　)							
	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過	過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生
		1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上	
1. 解釋點解佢做錯	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
2. 要佢暫時行開或返入房	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
3. 如果做錯了，罰佢做過第二樣野	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
4. 挪走佢本來有嘅好處或唔准外出，作爲懲罰	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
5. 嚇佢話要打佢，但無真係打	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
6. 向佢大罵或大叫大嚷	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
7. 咒罵佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
8. 鬧佢蠢或懶	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
9. 話要趕佢走	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
10. 用手打佢屁股	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
11. 用皮帶/藤條/硬物 打佢屁股	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
12. 打佢手或腳	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
13. 擰痛佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
14. 搖佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
15. 摑佢塊面、頭或耳仔	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
16. 用皮帶/藤條/硬物打佢屁股以外的地方	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
17. 掟佢落地或一拳將佢打落地	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
18. 拳打腳踢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
19. 毆打佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
20. 箍佢頸或勒住佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

	子女(code:　)		子女(code:　)	
	從來過去十二個月發生的次數	過去十二	從來過去十二個月發生的次數	過去十二

	沒有發生過	1次	2次	3-5次	6-10次	11-20次	20次以上	個月沒有，但以前曾經發生	沒有發生過	1次	2次	3-5次	6-10次	11-20次	20次以上	個月沒有，但以前曾經發生
21. 故意燒傷或燙傷佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
22. 用刀或利器嚇佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
23. 曾單獨留佢係屋企	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
24. 因爲自己有好多野煩，無表示關心佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
25. 我沒有理會佢肚餓時有冇食飽	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
26. 我沒有理會佢有病時有冇睇醫生	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
27. 因爲飲醉酒，照顧唔到佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
28. 罰佢跪，或坐冇影椅	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
29. 在別人面前羞辱佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
30. 在日常生活中孤立佢	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
31. 沒有給佢足夠/乾淨衣服	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦
32. 剝奪佢休息時間	⓪	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦

33. 請你再看上述各項(第 1-32 項)，你的父母親是否曾對你作過上列行爲？

⓪ 否
① 是。父親曾作過那項？(只須填 1, 2 ... 32) _____
② 是。母親曾作過那項？(只須填 1, 2 ... 32) _____

過去一星期的情況：*在過去一星期, 當子女犯錯或激怒你時，你會：*

	子女(code:　)							子女(code:　)						
	過去一星期沒有發生	過去一星期發生的次數						過去一星期沒有發生	過去一星期發生的次數					
		1 次	2 次	3-5 次	6- 10 次	11-20 次	20 次以上		1 次	2 次	3-5 次	6- 10 次	11-20 次	20 次以上
34. 要佢暫時行開或返入房	⓪	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥
35. 向佢大罵或大叫大嚷	⓪	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥
36. 用手打佢屁股	⓪	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥
37. 打佢手或腳	⓪	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥

你的子女有沒有遇到以下情況：

	子女(code:　)			子女(code:　)		
	從來沒有發生過	曾發生	不知道	從來沒有發生過	曾發生	不知道
38. 有人曾迫我的子/女望或摸他/她的私處(性器官)，或他/她強行望或摸我的子/女的私處(性器官)	⓪	①	②	⓪	①	②
39. 有人曾迫我的子/女發生性行爲(性交、肛交或口交)	⓪	①	②	⓪	①	②
40. 除以上兩項，有人曾對我的子/女性侵犯(請註明:_____)	⓪	①	②	⓪	①	②

若第 38-40 題答有, 請回答第 41 題

41. 對你的子/女做過上述行爲的人(第 38-40 項)，與你的子/女的關係是：(可選多項)

子女(code:　)				子女(code:　)			
①	陌生人	③	家人	①	陌生人	③	家人
②	親戚/朋友	④	不知道	②	親戚/朋友	④	不知道

---問卷完成，謝謝你完成這個訪問---

香港大學社會工作
及社會行政學系

香港大學
政策二十一有限公司

處理家庭關係調查

乙問卷

子女 (12-17 歲) 人士問卷

Sample Code: _____
Member Code:_____
E. No:_____

回答這份問卷注意事項：

1. 若父母(養父母)已分開及同住父/母(養父/母)有新配偶，則以同住的父/母(養父/母)及其同住的配偶作爲回答的對象。但須註明。
2. 若父母(養父母)已分開及同住父/母(養父/母)並沒有新配偶，則以他們作爲回答的對象。
3. 若過去十二個月沒有與父母(養父母)接觸，而由監護人照顧，則第二及第四部份以監護人作爲回答的對象，但須註明。而第一及第三部份仍以上述 1, 2 指示安排。

第一部份　父母之間的衝突　(採用訪問法)

首先多謝你幫助我們回答問卷，我們想了解你對父母爭執的感受，而你提供的資料將會絕對保密。
不論父母相處得如何融洽，有時候也會意見不合、惱怒對方、彼此有不同的要求，或因心情欠佳、疲倦或其他原因而爭吵或打架。父母會用不同的方法去處理衝突，以下列舉的項目是當父母意見不合時，有可能會發生的事情。
請選出在**過去十二個月中**，你的父母曾作過下列行爲表現的次數。假如你的父母在**過去十二個月**沒有作過某項行爲，但在十二個月以前有的話，請選７。
注意：填寫次數時只須憑印象，選擇最接近的類別即可。

	父								母							
	過去十二個月 發生的次數						*過去十二個月* 沒有，但以前曾經發生	從來沒有發生過	*過去十二個月* 發生的次數						*過去十二個月* 沒有，但以前曾經發生	從來沒有發生過
	1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上		
1. 侮辱或咒罵對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
2. 搵野掟對方，而可能會整傷對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
3. 曾扭對方嘅手臂或扯對方嘅頭髮	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
4. 曾因雙方打架/爭執而扭 傷、碰瘀或割傷	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
5. 曾推撞或推開對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
6. 曾用刀或利器指向對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
7. 曾被對方擊中頭部而失去知覺	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
8. 曾用難聽嘅說話，話對方肥或醜	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
9. 曾用拳頭或搵野打對方，可能會整傷對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
10. 曾破壞屬於對方嘅物件	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
11. 曾因同對方打架而求醫	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
12. 曾勒住對方嘅頸	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪

	父								母							
	過去十二個月 發生的次數						***過去十二個月*** 沒有，但以前曾經發生	從來沒有發生過	***過去十二個月*** 發生的次數						***過去十二個月*** 沒有，但以前曾經發生	從來沒有發生過
	1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上		
13. 曾向對方大叫或呼喝	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
14. 曾把對方大力撞向牆壁	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
15. 曾因同對方打架本來需要求醫，但最終沒有去	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
16. 曾經毆打對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
17. 曾抓住對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
18. 意見不合時，憤而離開	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
19. 曾掌摑對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
20. 曾因同對方打架/爭執而骨折	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
21. 曾故意燒傷或燙傷對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
22. 曾指責對方是一個劣等的配偶	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
23. 曾講一些刁難對方嘅說話	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
24. 曾威嚇要打或搵野掟對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
25. 曾因同對方打架，令身體痛楚，直至第二日仍然痛	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
26. 曾經踢對方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
27. 曾恐嚇會傷害孩子	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
28. 曾恐嚇會傷害對方嘅家人	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
29. 曾經話過想死	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
30. 曾經話過要攬住一齊死	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
31. 意見不和時會不瞅不睬	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪

第二部份　父母與子女之間的衝突　(採用訪問法)

我們想知道當你犯錯或激怒他們時或在其它情況下，他們是否曾作過下列的行爲。
請選出在***過去十二個月***中，當你犯錯或激怒他們時，父母曾作過下列行爲表現的次數。假如他們在***過去十二個月***沒有作過某項行爲，但在十二個月以前有的話，請選７。
注意：填寫次數時只須憑印象，選擇最接近的類別即可。

	父								母							
	過去十二個月 發生的次數						***過去十二個月*** 沒有，但以前曾經發生	從來沒有發生過	***過去十二個月*** 發生的次數						***過去十二個月*** 沒有，但以前曾經發生	從來沒有發生過
	1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上		
1. 解釋點解我做錯	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
2. 要我暫時行開或返入房	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
3. 搖我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
4. 用皮帶/藤條/硬物 打我屁股	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
5. 如果做錯了，罰我做過第二樣野	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
6. 向我大罵或大叫大嚷	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
7. 拳打腳踢	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
8. 用手打我屁股	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
9. 箍我頸或勒住我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
10. 咒罵我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
11. 毆打我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
12. 話要趕我走	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
13. 故意燒傷或燙傷我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
14. 嚇我話要打我，但無真係打	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
15. 用皮帶/藤條/硬物 打我屁股以外的地方	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
16. 打我手或腳	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
17. 挪走我本來有嘅好處或唔准外出，作爲懲罰	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
18. 擰痛我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
19. 用刀或利器嚇我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪

	父								母							
	過去十二個月 發生的次數						***過去十二個月*** 沒有，但以前曾經發生	從來沒有發生過	***過去十二個月*** 發生的次數						***過去十二個月*** 沒有，但以前曾經發生	從來沒有發生過
	1次	2次	3-5次	6-10次	11-20次	20次以上			1次	2次	3-5次	6-10次	11-20次	20次以上		
20. 掟我落地或一拳將我打落地	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
21. 鬧我蠢或懶	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
22. 摑我塊面、頭或耳仔	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
23. 曾單獨留我係屋企	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
24. 佢哋無表示關心我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
25. 佢哋無俾我食得飽	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
26. 我有病時，佢哋無帶我睇醫生	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
27. 佢哋因爲飲醉酒，照顧唔到我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
28. 罰我跪，或坐冇影椅	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
29. 在別人面前羞辱我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
30. 在日常生活中孤立我	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
31. 沒有給我足夠/乾淨衣服	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪
32. 晚上不准我睡覺	①	②	③	④	⑤	⑥	⑦	⓪	①	②	③	④	⑤	⑥	⑦	⓪

過去一星期的情況

在過去一星期, 當你犯錯或激怒他們時，他們會：

	父							母						
	過去一星期發生的次數						***過去一星期*** 沒有發生	***過去一星期發生的次數***						***過去一星期*** 沒有發生
	1次	2次	3-5次	6-10次	11-20次	20次以上		1次	2次	3-5次	6-10次	11-20次	20次以上	
33. 要我暫時行開或返入房	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥	⓪
34. 向我大罵或大叫大嚷	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥	⓪
35. 用手打我屁股	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥	⓪
36. 打我手或腳	①	②	③	④	⑤	⑥	⓪	①	②	③	④	⑤	⑥	⓪

第三部份　對父母衝突的看法　(採用協助法)

我們想了解，當父母嗌交/打架時，你會有甚麼感受。下面所講嘅內容, 如果用來形容你父母爭執甚至郁手時的情況，你同意嗎? 若某些句子並不適用於你的情況，請不用作答。

		非常不同意	不同意	同意	非常同意	不適用
1.	佢哋嗌交/打架通常都係因爲我做錯事。	①	②	③	④	⑤
2.	佢哋嗌交/打架係因爲佢哋一齊生活得唔開心。	①	②	③	④	⑤
3.	佢哋嚟嚟去去都係爲左相同嘅理由嗌交/打架。	①	②	③	④	⑤
4.	佢哋嗌交/打架係因爲佢哋唔鍾意對方。	①	②	③	④	⑤
5.	佢哋嗌交/打架係因爲佢哋唔識得點樣同對方相處。	①	②	③	④	⑤
6.	佢哋嗌交/打架係因爲佢哋脾氣大。	①	②	③	④	⑤
7.	我唔知佢哋點解嗌交/打架。	①	②	③	④	⑤
8.	通常都係因爲我唔好，先令佢哋嗌交/打架。	①	②	③	④	⑤
9.	佢哋嗌交/打架時，會責怪我唔好，令佢哋嗌交/打架。	①	②	③	④	⑤
10.	佢哋嗌交/打架時，我會覺得驚。	①	②	③	④	⑤
11.	佢哋嗌交/打架時，我驚會有慘劇發生。	①	②	③	④	⑤
12.	佢哋嗌交/打架時，我擔心其中一個會受傷。	①	②	③	④	⑤
13.	佢哋嗌交/打架時，我驚佢哋會大聲咁呼喝我。	①	②	③	④	⑤
14.	佢哋嗌交/打架時，我會擔心佢地會離婚。	①	②	③	④	⑤
15.	佢哋嗌交/打架係因爲錢銀問題。	①	②	③	④	⑤

第四部份　對父母管教的看法　(採用協助法)

我們想了解，當父母打你時，你會有甚麼感受。下面所講嘅內容, 如果用來形容你父母郁手時的情況，你同意嗎? 若某些句子並不適用於你的情況，請不用作答。

		非常不同意	不同意	同意	非常同意	不適用
1.	佢哋打我通常都係因爲我做嘅事。	①	②	③	④	⑤
2.	佢哋打我都係爲我好。	①	②	③	④	⑤
3.	佢哋虐待我。	①	②	③	④	⑤
4.	佢哋嚟嚟去去都係爲左相同嘅理由打我。	①	②	③	④	⑤
5.	佢哋打我係因爲佢哋唔鍾意我。	①	②	③	④	⑤
6.	佢哋打我係因爲佢哋唔識得點樣做父母。	①	②	③	④	⑤
7.	佢哋打我係因爲佢哋脾氣大。	①	②	③	④	⑤
8.	我唔知佢哋點解打我。	①	②	③	④	⑤
9.	通常都係因爲我唔好，先令佢哋打我。	①	②	③	④	⑤
10.	佢哋打我時，會責怪我唔好。	①	②	③	④	⑤
11.	佢哋打我時，我會覺得驚。	①	②	③	④	⑤
12.	佢哋打我時，我驚會有慘劇發生。	①	②	③	④	⑤
13.	佢哋打我時，我擔心會受傷。	①	②	③	④	⑤
14.	我驚佢哋會大聲咁呼喝我。	①	②	③	④	⑤

第五部份　自尊心　(採用協助法)

跟住落黎會有一些句子形容你對自己感受，你同意嗎?

	很同意	同意	不同意	很不同意	不適用

1. 整體來講，我滿意自己。	①	②	③	④	⑤
2. 有時我會覺得自己一啲好處都無。	①	②	③	④	⑤
3. 我覺得自己有唔少優點。	①	②	③	④	⑤
4. 我能夠做到同大部份人的表現一樣好。	①	②	③	④	⑤
5. 我認爲自己無咩野可以值得自豪。	①	②	③	④	⑤
6. 有時我好覺得自己一啲用都無。	①	②	③	④	⑤
7. 我覺得自己係個有價值的人，最低限度我與其他人一樣有價值。	①	②	③	④	⑤
8. 我希望我能夠多啲尊重自己。	①	②	③	④	⑤
9. 由各方面睇嚟，我傾向覺得自己係一個失敗者。	①	②	③	④	⑤
10. 我用正面嘅態度嚟睇自己。	①	②	③	④	⑤

第六部份　對嬲怒的看法　(採用協助法)

而家我哋想知道你嬲嘅時候會係點，同埋你會點樣做。

1. 當你嬲嘅時候，你會點？

	永不	有時	經常	不適用
a. 大叫發洩	⓪	①	②	③
b. 打人	⓪	①	②	③
c. 打公仔或擲東西	⓪	①	②	③
d. 同人講	⓪	①	②	③
e. 喺埋唔出聲	⓪	①	②	③
f. 其他: (請註明)	⓪	①	②	③

2. 當其他小朋友笑你嘅時候，你會點？

	永不	有時	經常	不適用
a. 唔理佢	⓪	①	②	③
b. 叫佢停止	⓪	①	②	③
c. 同人講	⓪	①	②	③
d. 嚇佢	⓪	①	②	③
e. 打佢	⓪	①	②	③
f. 其他: (請註明)	⓪	①	②	③

3. 當其他小朋友未經你同意，拿了你的東西時，你會點？

	永不	有時	經常	不適用
a. 唔理佢	⓪	①	②	③
b. 叫佢停止	⓪	①	②	③
c. 同人講	⓪	①	②	③
d. 嚇佢	⓪	①	②	③
e. 打佢	⓪	①	②	③
f. 其他: (請註明)	⓪	①	②	③

4. 當其他小朋友打你既時候，你會點？

	永不	有時	經常	不適用
a. 唔理佢	⓪	①	②	③
b. 叫佢停止	⓪	①	②	③
c. 同人講	⓪	①	②	③
d. 嚇佢	⓪	①	②	③
e. 打佢	⓪	①	②	③
f. 其他: (請註明)	⓪	①	②	③

--- 問卷完畢 ---

Appendix 2

The Revised Conflict Tactics Scale (CTS2)

1. Negotiation

Negotiation – emotional subscale

仍表示關心對方	I showed my partner I cared even though we disagreed
尊重對方嘅感受	Showed respect for my partner's feelings about an issue
向對方說相信我哋可以克服困難	Said I was sure we could work out a problem

Negotiation – cognitive subscale

會解釋自己嘅看法	Explained my side of a disagreement to my partner
曾提出妥協	Suggested a compromise to a disagreement
答應會嘗試對方提出嘅解決方法	Agreed to try a solution to a disagreement my partner suggested

2. Psychological Aggression

Psychological aggression (minor)

侮辱或咒罵對方	Insulted or swore at my partner
曾向對方大叫或呼喝	Shouted or yelled at my partner
意見不合時，憤而離開	Stomped out of the room or house or yard during a disagreement
曾講一些刁難對方嘅說話	Said something to spite my partner

Psychological aggression (severe)

曾用難聽嘅說話，話對方肥或醜	Called my partner fat or ugly
曾破壞屬於對方嘅物件	Destroyed something belonging to my partner
曾指責對方是一個劣等的配偶	Accused my partner of being a lousy lover
曾威嚇要打或搵野掟對方	Threatened to hit or throw something at my partner

3. Physical Assault

Physical assault (minor)

搵野掟對方，而可能會整傷對方	Threw something at my partner that could hurt
曾扭對方嘅手臂或扯對方嘅頭髮	Twisted my partner's arm or hair
曾推撞或推開對方	Pushed or shoved my partner
曾抓住對方	Grabbed my partner
曾掌摑對方	Slapped my partner

Physical assault (severe)

曾用刀或利器指向對方	Used a knife or gun on my partner
曾用拳頭或搵野打對方，可能會整傷對方	Punched or hit my partner with something that could hurt
曾勒住對方嘅頸	Choked my partner
曾把對方大力撞向牆壁	Slammed my partner against a wall
曾經毆打對方	Beat up my partner
曾故意燒傷或燙傷對方	Burned or scalded my partner on purpose
曾經踢對方	Kicked my partner

4. Injury

Injury (minor)

曾因雙方打架/爭執而扭傷、碰瘀或割傷	My partner had a sprain, bruise, or small cut because of a fight with me
曾因同對方打架，令身體痛楚，直至第二日仍然痛	My partner still felt physical pain the next day because of a fight we had

Injury (severe)

曾被對方擊中頭部而失去知覺	My partner passed out from being hit on the head in a fight with me
曾因同對方打架而求醫	My partner went to a doctor because of a fight with me
曾因同對方打架本來需要求醫，但最終沒有去	My partner needed to see a doctor because of a fight with me, but did not
曾因同對方打架/爭執而骨折	My partner had a broken bone from a fight with me

5. Sexual Coercion

Sexual coercion (minor)

做愛時，無理會對方使用安全套嘅要求	Made my partner have sex without a condom
就算對方唔同意，仍堅持要同對方做愛，但無使用武力	Insisted on sex when my partner did not want to (but did not use physical force)
就算對方唔同意，仍堅持要同對方口交或肛交，但無使用武力	Insisted my partner have oral or anal sex (but did not use physical force)

Sexual coercion (severe)

曾以武力（例如打、按住、或使用武器）來迫對方同自己口交或肛交	Use force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex
曾以武力（例如打、按住、或使用武器）來迫對方同自己做愛	Use force (like hitting, holding down, or using a weapon) to make my partner have sex
曾威嚇迫對方同自己口交或肛交	Use threats to make my partner have oral or anal sex
曾威嚇迫對方同自己做愛	Use threats to make my partner have sex

The following items were added to psychological aggression:

i. 曾恐嚇會傷害對方嘅家人	Threatened to hurt partner’s family members
j. 曾經話過想死	Expressed to commit suicide
k. 曾經話過要攬住一齊死	Expressed to die together with family members
l. 意見不和時會不睬不睬	Ignored partner during a disagreement
m. 曾恐嚇會傷害孩子	Threatened to hurt children

Appendix 3

Parent-child Conflict Tactics Scale (CTSPC)

Non-violent Discipline

解釋點解佢做錯	Explained why something was wrong
要佢暫時行開或返入房	Put him/her in “time out” or sent to his/her room
挪走佢本來有嘅好處或唔准外出，作爲懲罰	Took away privileges or grounded him/her
如果做錯了，罰佢做過第二樣野	Gave him/her something else to do instead of what he/she was doing wrong

Psychological Aggression

嚇佢話要打佢，但無真係打	Threatened to spank or hit him/her but did not actually do it
向佢大罵或大叫大嚷	Shouted, yelled, or screamed at him/her
咒罵佢	Swore or cursed at him/her
鬧佢蠢或懶	Called him/her dumb or lazy or some other name like that
話要趕佢走	Said you would send him/her away or kick him/her out of the house

Physical assault

Minor Assault (Corporal Punishment)

用手打佢屁股	Spanked him/her on the bottom with your bare hand
用皮帶/藤條/硬物 打佢屁股	Hit him/her on the bottom with something like a belt, hairbrush, a stick or some other hard object
打佢手或腳	Slapped him/her on the hand, arm, or leg
擰痛佢	Pinched him/her
搖佢	Shook him/her

Severe Assault (Physical Maltreatment)

摑佢塊面、頭或耳仔	Slapped him/her on the face or head or ears
用皮帶/藤條/硬物打佢屁股以外的地方	Hit him/her on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object
掟佢落地或一拳將佢打落地	Threw or knocked him/her down
拳打腳踢	Hit him/her with a fist or kicked him/her hard

Very Severe Assault (Severe Physical Maltreatment)

毆打佢	Beat him/her up, that is you hit him/her over and over as hard as you could
箍佢頸或勒住佢	Grabbed him/her around the neck and choked him/her
故意燒傷或燙傷佢	Burned or scalded him/her on purpose
用刀或利器嚇佢	Threatened him/her with a knife or gun

Neglect

曾單獨留佢係屋企	Had to leave your child home alone, even when you thought some adult should be with him/her
因爲自己有好多野煩，無表示關心佢	Were so caught up with your problems that you were not able to show or tell your child that you loved him/her
我沒有理會佢肚餓時有冇食飽	Were not able to make sure your child got the food he/she needed
我沒有理會佢有病時有冇睇醫生	Were not able to make sure your child got to a doctor or hospital when he/she needed it
因爲飲醉酒，照顧唔到佢	Were so drunk or high that you had a problem taking care of your child

Weekly discipline

要佢暫時行開或返入房	Put him/her in “time out” or sent me to him/her room
向佢大罵或大叫大嚷	Shouted, yelled, or screamed at him/her
用手打佢屁股	Spanked him/her on the bottom with your bare hand
打佢手或腳	Slapped him/her on the hand, arm, or leg

Peace at Home:

Report on the Review of the Social and Legal Measures in the Prevention and Intervention of Domestic Violence in Hong Kong

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June 2005

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Acknowledgements

Domestic violence is a crime. It is hard to believe that such a crime could happen commonly at home where love, care and protection should be in place. Fighting crime at home makes the issue more complicated that should rely on the collaboration of legal and welfare systems. This review is to suggest strategies in bringing together efforts from multidiscipline. To work together, every party has to make change which may be the most difficult part of the reform. With shared mission, passion and goals, we believe that all parties involved will work collaboratively to condemn domestic violence crime and to build a peaceful family, community and society.

We would like to acknowledge the active support and cooperation of the Social Welfare Department, Department of Justice, Hong Kong Police Force, Health, Welfare and Food Bureau, Security Bureau, and Non-governmental Organizations throughout the study process. We also wish to acknowledge all overseas and local advisors, especially Dr. Catherine Cerulli, Ms. Vera Lam, Mr. Yip Hak Kwong and Ms. Hesta Ho for their prompt and helpful advice. We owe much from the service recipients who shared their unhappy experiences. We could only pay back by working harder to improve the system and make it more human.

Last but not the least, I would like to express my appreciation to Ms. Elsa Chiu and Dr. Andy Chiu, from whom I learn most.

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Abbreviations

BIP	Batterer Intervention Programme
DVO	Domestic Violence Ordinance
FCPSU	Family and Child Protective Services Unit
HKCSS	Hong Kong Council of Social Service
HKFWS	Hong Kong Family Welfare Society
HKSAR	Hong Kong Special Administrative Region
SWD	Social Welfare Department

Executive Summary

1. There are two objectives of the review. The first is to identify the essential elements contributing to effective prevention and intervention (including whether the provision of legislative measures, such as the Domestic Violence Ordinance, could facilitate prevention and intervention). The second is to study the feasibility and implications of adopting mandatory treatment of perpetrators in Hong Kong (including, but not limited to, mode and definition, manpower, related judicial, administrative and legislative arrangement, etc.) with reference to overseas examples (e.g. UK, USA, Singapore, Canada, New Zealand, Australia, etc.).

2. In identifying the essential elements contributing to effective prevention and intervention of domestic violence, the Public Health Approach advocated by World Health Organization is adopted. It stipulates that the violence prevention depends upon social policies and programs, and the coordinated community and legal efforts in the building of peaceful society and family. The Consultant gives views on the overall strategies in prevention and intervention of the problems before leading to the specific discussion on the effective legal measures, including mandatory treatment of perpetrators.

3. Based on the findings from the studies conducted for this review, and the review of literature and legislations in other Jurisdictions, a number of issues related to legal measures were examined. The legal measures include the context and conditions in providing court-ordered mandatory batterer intervention programmes, reporting of domestic violence cases, the practice of arrest and prosecution, legal support for victims, multidisciplinary collaboration, reform of Domestic Violence Ordinance (Cap 189), utilization of the injunction orders, child protection and risk assessment.

4. The making of a government policy which states clearly the commitment of the government to tackle domestic violence, philosophy in combating domestic violence, and the strategies in fighting against and preventing the domestic violence is recommended. The policy shall include a holistic and inter-agency coordinated community and legal approach in the prevention and intervention with domestic violence.

5. The context of a coordinated criminal justice system plays a significant role in making effective the mandatory programmes for perpetrators of domestic violence. The provisions of BIPs under the existing system and through the reform of laws are recommended. A time-limited pilot project is recommended to implement the court-mandatory BIP in Hong Kong.

6. Active support and participation from the legal system is the most crucial in making mandatory BIP feasible. A number of legal remedies are recommended for closer examination, including reporting domestic violence cases, the policy and practice of arrest and prosecution, setting up a specialized domestic violence court and a domestic violence serious injury or fatality review, education for the public and training for legal actors, and legal support for victims.

7. Reform of the Domestic Violence Ordinance (Cap 189) is recommended to expand the scope of protection and strengthen the laws in the prevention of and intervention with domestic violence.

Chapter 1
The Background of the Study

Objectives

1.1 The Department of Social Work and Social Administration, the University of Hong Kong was commissioned by the Social Welfare Department (SWD) of the Government of Hong Kong Special Administrative Region (HKSAR) to study the effectiveness of measures in the protection of victims suffering from domestic violence, with the emphasis of child abuse and spouse battering. This is the report of the study which contains the findings and recommendations addressing the objectives of the study.

1.2 More specifically, this research has the following objectives:

(a) To identify the essential elements contributing to effective prevention and intervention (including whether the provision of legislative measures, such as the Domestic Violence Ordinance, could facilitate prevention and intervention);

(b) To study the feasibility and implications of adopting mandatory treatment of perpetrators in Hong Kong (including, but not limited to, mode and definition, manpower, related judicial, administrative and legislative arrangement, etc.) with reference to overseas examples (e.g. UK, USA, Singapore, Canada, New Zealand, Australia, etc.);

Definition of child abuse and spouse battering

1.3 Domestic violence is "an act of violence committed by any member against another member of the family or co-habitation".[1] In this study, it addresses mainly the issues of child abuse and spouse battering, as commissioned by the SWD, HKSAR.

1.4 Definition of Spouse Battering: According to the multi-disciplinary procedural guidelines developed for handling battered spouse cases, spouse battering is a

[1] Family and Child Welfare Branch. (2000). *Guidelines on Handling Battered Spouse Cases*. Hong Kong: Social Welfare Department.

kind of domestic violence.[2] In using violence or the threat of violence, physical or psychological harm is inflicted with the effect of establishing control by one individual over another. It covers incidents of physical attack, when it may take the form of physical and sexual violations, such as slapping, pushing, pinching, spitting, kicking, hitting, punching, choking, burning, clubbing, stabbing, throwing boiling water or acid and setting on fire as well as spouse being forced to be involved in sex or undesirable sexual acts. It also includes psychological abuse, which can consist of repeated verbal abuse, harassment, confinement and deprivation of physical, financial, personal resources and social activities, etc.

1.5 In the procedural guidelines, “spouse battering” refers to battering that occurs in a relationship between two partners who want to maintain a lasting relationship which is more than just brief encounter, and the partners can be married couples, co-habitees, separated partners, etc.[3] In the majority of cases, the abused person is likely to be a woman. However, the terms "battered spouse" and "victim" adopted in this procedural guideline mean both female and male abused person unless specified.

1.6 Definition of child abuse: According to the multi-disciplinary procedural guidelines developed for handling child abuse cases, child abuse is defined as any act of commission or omission that endangers or impairs a child’s physical/psychological health and development.[4] Child abuse is not limited to a child-parent/guardian situation but includes anyone who is entrusted with the care and control of a child e.g. child-minders, relatives, teachers, etc. Child abuse includes physical abuse, sexual abuse, neglect and psychological abuse.

1.7 The above definitions of child abuse, and spousal abuse, have neither legal effect nor legal implications. It only provides operational guidelines in dealing with abuse cases.[5]

1.8 For the purpose of police intervention, the Hong Kong Police Force defines domestic violence as "any incident involving an assault, or breach of the peace

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[2] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases (2004).* Hong Kong: Social Welfare Department.

[3] Ibid.

[4] Working Group on Child Abuse (1998). *Procedures for handling child abuse cases Revised 1998.* Hong Kong: Social Welfare Department.

[5] Ibid.

between parties who could generally be described as married or having a family relationship". This includes co-habitants or lovers, and a relationship includes spouses who are separated or divorced.[6]

Prevalence of child abuse and spouse battering worldwide

1.9 A survey conducted in North London in 1993 reported 12% and 30% of women had experienced an incidence of violence during the 12 months prior to the survey and during their lifetime respectively.[7] The British Crime Survey estimated that 13% of women and 9% of men had been subject to domestic violence (abuse, threats or force), sexual victimization or stalking in the 12 months prior to being interviewed. If the definition of domestic violence was narrowed to non-sexual domestic force only, then 3% of women and 2% of men were affected.[8]

1.10 A national survey of the USA in 1985 showed that the annual prevalence rate of physical violence among couples was 16%.[9] Nearly one third of all married women reported at least one incidence of physical violence during the course of their marriage.[10] The National Crime Victimization Survey of the USA revealed that intimate partner violence made up 20% and 3% of all nonfatal violent crime experienced by women and men respectively in 2001.[11]

1.11 In 1999, Statistics Canada's General Social Survey on Victimization estimated that during the five years previous to the survey, 8% of women and 7% of men had experienced violence by a spousal partner (including common-law and marital partners). This represented an estimated 690,000 women and 550,000 men.[12]

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[6] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

[7] Krug, E. G., & et al (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organization.

[8] Walby, S. & Allen, J. (2004). Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. London: Home Office.

[9] Straus, M. A., & Gelles, R. J. (Eds.). (1990). How violent are American Families? Estimates from the National Family Violence Resurvey and other studies. In *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ.: Transaction Publishers.

[10] Stith, S. M., & Straus, M. A. (Eds.). (1995). *Understanding partner violence: Prevalence, causes, consequence and solutions*. Minneapolis: National Council on Family Relations.

[11] Rennison, C.M. (2003). *Intimate partner violence, 1993-2001* (NCJ Publication No. 197838). Washington, DC: US. Department of Justice.

[12] Statistics Canada (2001). *Family Violence in Canada: A Statistical Profile 2003.* Canada: Canadian Centre for Justice Statistics. (Ottawa: Statistics Canada: Cat no. 85-224-XIE).

1.12 Women's Safety Survey in Australia indicated that 8% of partnered women reported an incidence of violence during their current relationship.[13] About 7% of women aged 18 or over had experienced an incident of violence during the 12 months prior to the survey, most frequently in the home. 38% of women had experienced at least one incident of violence since the age of 15.

1.13 A national survey of families and households conducted in New Zealand reported that 20% of women and 18% of men had perpetrated violence against their cohabited partners in the preceding year of interview.[14]

1.14 Having searched databases through the Electronic Reference Library (ERL server), including Medline, PsycINFO and Social Work Abstracts, no report on the national survey of domestic violence in Singapore was found. Only one study reported on the rate of family violence with physical abuse (30%) from 70 consecutive referrals to the Department of Psychological Medicine, National University Hospital, for treatment of drinking problems.[15]

1.15 On child abuse, a national survey in 1995 estimated that the rate of child physical abuse in the USA was 49 per 1,000 children.[16] In Canada, an estimated 9.71 per 1,000 children were substantiated as child maltreatment in 1998.[17] In 2003, there were around 26,600 children on child protection registers in England. It represented 24 children per 10,000 of the population under the age of 18.[18]

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[13] Australian Bureau of Statistics (1996). *Women's Safety Australia*. Retrieved July 6, 2004, from the Australian Bureau of Statistics Web site: http://www.osw.dpmc.gov.au/elimination_violence/domestic_family_violence/nationaldata_dv.htm

[14] DeMaris, A. (2001). The influence of intimate violence on transitions out of cohabitation. *Journal of Marriage and Family, 63*, 235-246.

[15] Kua, E.H. & Ko, S.M. (1991). Family violence and Asian Drinkers. *Forensic Science International, 50*, 43-6.

[16] Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse and Neglect, 22*(4), 249-270.

[17] Trocmé, N. & Wolfe, D. (2001). *Child maltreatment in Canada: Selected Results from the Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa, Ontario: Minister of Public Works and Government Services Canada.

[18] Department for Education and Skills. (2004). Statistics of Education: Referrals, Assessments, and Children and Young People on Child Protection Registers, England - Year ending 31 March 2003. London: National Statistics.

1.16 The number of substantiated reports of child neglect or abuse in Australia increased from 24,732 in 1999–2000 to 40,416 in 2002–2003. The rates of children aged 0–16 years who were the subjects of child protection substantiations in 2002–2003 ranged from 1.8 per 1,000 in Tasmania to 10.1 per 1,000 in Queensland.[19]

1.17 Study of violence experience of elementary school children revealed that 70.6% of Chinese children had experienced family violence over the past one year. Among them, 42.2% were minor violence and 20.6% were serious. Although these figures represent only the situations of Shanghai and Yanji of China, similar prevalence rates (68.91%) of family violence experience were reported by Korean children with serious violence (51.31%) being far more dominant.[20]

1.18 Numerous studies on violence against children and intimate partners have been conducted worldwide. However, the results obtained differ according to the differences in the definition of violence, methodologies used, study population, timing of study and the regions being investigated. The figures reported across the world should therefore be used as referencing data. If comparison between countries is to be made, studies with similar nature, like methodology used and sample studied, should be examined to reveal the true extent of difference.

Problems of child abuse and spouse battering in Hong Kong

1.19 The rapid demographic, social and economic changes in Hong Kong have undermined family solidarity and have resulted in increased incidents of family violence.

1.20 According to studies conducted in recent years, the prevalence of husband-to-wife physical violence is about 10%[21] to 14% of families[22], though these figures cannot represent the prevalence rate of the whole

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[19] Australian Institute of Health and Welfare (2004). *Child protection Australia, 2002-03*. AIHW Cat. No. CWS 22, AIHW, Canberra.

[20] Kim, D. H., Kim, K. I., Park, Y. C., Zhang, L. D., Lu, M. K., & Li, D. (2000). Children's experience of violence in China and Korea: A transcultural study. *Child Abuse and Neglect, 24*(9), 1163-1173.

[21] Tang, C. S. K. (1999), "Wife abuse in Hong Kong Chinese families: a community survey", *Journal of Family Violence*, 14(2), 173 – 191.

[22] Tang, C. S. K. (1994). "Prevalence of spousal aggression in Hong Kong", *Journal of Family Violence, 9*(4), 347-356.

population. Based on statistics released by the Central Information System on Battered Spouse Cases of the Government of Hong Kong SAR, the number of reported battered spouse cases increased threefold from 1,009 in 1998 to 3,298 in 2003. In 2003, about 88% of spouse abuse victims were women. Amongst these cases, 82% of the perpetrators were husbands, in which, 78% of the cases involved physical abuse.

1.21 The number of newly reported child abuse cases was 409 in 1998 and 481 in 2003, more or less constant throughout the years.[23]

1.22 A study commissioned by the SWD in 1997, revealed that the percentage of parents who had at least one incident of psychologically abusing a child in the surveyed year was as high as 68%; for minor violent behaviour against children, the percentage was 52%; and of severe violent behaviour, 40%.[24]

1.23 In a household survey conducted by the principal investigator of this consultant study in 2003-2004 on child abuse and spouse battering[25], it is found that about 45% of child respondents indicated they had ever encountered physical assault by either of or both their parents. The ever prevalence rate for very severe physical assault was only about 9%. About 23% of child respondents indicated they had encountered physical assault by either of or both their parents during the 12 months prior to enumeration. The annual prevalence rate for very severe physical assault was only about 4%.

1.24 In the same survey, it is estimated that about 13.9% of respondents were ever battered by their partners. The percentage of respondents who reported that they had battered their partners was slightly higher, at 15.1%. About 7% of respondents were battered by their partners during the 12 months prior to enumeration. The percentage of respondents who reported that they had battered their partners was slightly higher, at 8%.

1.25 It is also estimated that there were about 10.6% of households with respondents who reported to have been battered by their partners. The

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[23] According to the Child Protection Registry: Statistics on Newly Registered Child Abuse Cases, provided by SWD.

[24] Social Welfare Department (1999), *Studies on child abuse: associative factors and district differences.*

[25] Chan, K. L. (2005). *Study on Child Abuse and Spouse Battering: Report on findings of Household Survey.* [A Consultancy Study Commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.

percentage of households with respondents who reported to have battered their partners was slightly higher, at 11.9%.

Nature of domestic violence and implications for the present study

1.26 The increasing number of spouse battering cases is alarming. The present restructuring of the Hong Kong economy, with resulting economic hardship, almost certainly poses further strain on family relationships. The SWD has responded in an effective manner with an integrated and multi-disciplinary approach to tackle child abuse and spouse battering cases.

1.27 It is now widely recognized by research that relationships between partners in marital, cohabiting, and dating relationships are often violent.[26] Recognition of the high-risk nature of intimate relationships is important in order to take steps to make intimate partner relationships free of violence.

1.28 Furthermore, child abuse and spouse battering, with a family with violent behaviour, are inter-related and multi-faceted. A victim of spouse battering could be a perpetrator of child abuse. A perpetrator of spouse battering could also abuse children. Children who witness family violence could also be victims of child abuse.[27] To support an evidence-based early identification, intervention and prevention programme, it is necessary to examine the dynamics of family violence, involving both parents and children.

1.29 Violence in intimate relationships is commonly mixed up with family conflict. Particularly minor violence without injury would be deemed as conflict, or an expression of love the traditional Chinese usually thinks. Unfortunately the boundary between conflict, minor violence, severe violence with injury and homicide is not clear and easily controlled. Escalation of violence is commonly identified through a cycle of violence[28], especially when there is no legal and social service interventions, plus a traditional belief of treating minor violence as trivial. Holding a public attitude of zero-tolerance of violence is extremely important to create no room for the negotiation of any kind and level of violence.

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[26] Please see for example Barnett, Ola W., Cindy L. Miller-Perrin, and Robin D. Perrin. (1997). *Family violence across the lifespan: An introduction*. Thousand Oaks, CA: Sage Publications.

[27] Chan, K. L. (2002). *Study of children who witnessed family violence*. Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 47).

[28] Walker, L.E. (1979). *The battered women*. New York: Harper & Row.

1.30 Family could be a place of love as well as aggression given the nature of intensive interaction among its members. It should not be unilaterally regarded as a place for protection and nurturing. It could be a place full of crime (like assault, rape, incest, wounding or inflicting grievous bodily harm, etc.). The making of social policies like youth, family, rehabilitation for mentally and physically challenged people should take into consideration of the vulnerabilities of risk groups. State or governmental interventions through legal measures into the family should be well recognized.

1.31 The above considerations are in line with the integrated approach, with the participation of the victims, perpetrators and other family members, as adopted by the SWD in dealing with child abuse and spouse battering. To further develop the integrated approach, the essential elements contributing to effective prevention and intervention will be discussed in Chapter 2, based on findings from the household survey conducted by the principal investigator[29] and the review of the Public Health approach adopted by the World Health Organization in the violence prevention. The provision of legislative measures that could facilitate prevention and intervention, such as the Domestic Violence Ordinance, mandatory treatment of perpetrators etc. is reviewed and presented in Chapter 3 to 9 in this report.

[29] Chan, K. L. (2005). *Study on Child Abuse and Spouse Battering: Report on findings of Household Survey*. [A Consultancy Study Commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.

Chapter 2
Essential Elements Contributing to Effective Prevention and Intervention

2.1 This chapter suggests the essential elements contributing to effective prevention and intervention of domestic violence in Hong Kong.

Public Health Approach

2.2 The Public Health approach[30] is employed as a conceptual framework to identify the essential elements contributing to effective prevention and intervention of domestic violence. This perspective has been adopted by the World Health Organization in the violence prevention.[31]

2.3 The approach stipulates that the health of individuals and groups depend upon social policies and programs, and the coordinated national, regional and community efforts in the building of healthy communities. Public health includes the health of the individual in addition to the health of populations. From this perspective, domestic violence is not an individual problem. Its appearance reflects a deep rooted problem of the society. Public health considers the interactions between various sectors (legal, health, social etc.) and disciplines in preventing violence and designing better care services for the general public.

2.4 The public health approach to violence is based on the rigorous requirements of the scientific method. In moving from problem to solution, it has four key steps[32]:

2.4.1 Surveillance – uncovering knowledge about all the aspects of violence through systematic data collection on the magnitude, scope, characteristics and consequences of violence at local, national and international levels;

2.4.2 Risk factor identification – investigating the causes, risk factors and protective factors of violence;

2.4.3 Intervention evaluation – using the information collected to explore and design ways in preventing violence; to implement, monitor and evaluate interventions;

2.4.4 Implementation – implementing prevention strategies that appear promising, widely disseminating information and determining the cost effectiveness of the strategies.

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30 Developed by Potter, L.B., Rosenberg, M.L. & Hammond, W.R. (1998). Suicide in youth: A public health framework. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 484-487.

31 Krug EG, et.al. (eds.)(2002) *World report on violence and health*. Geneva, World Health Organization.
World Health Organization (2004). Preventing violence: A guide to implementing the recommendations of the World report on violence and health. Geneva, World Health Organization.

32 Mercy JA et al. Public health policy for preventing violence. Health Affairs, 1993, 12:7–29.

Surveillance and Risk Factor Assessment

2.5 From the household survey conducted by the principal investigator of this consultant study, the risk factors child abuse and spouse battering are identified and summarized in Table 1[33]:

Individual factors	Relationship factors	Family factors	Societal Factors
• Pregnancy • Young age • Stalking • Childhood experienced or witnessed parental violence • Criminal history • Face need • Low self-esteem • Suicidal ideation • Violence Approval • Lack of support • Stressful conditions • Alcoholic & drug abuse • Depression • Poor anger management • Low social desirability	• Spousal age difference • Male domination • Jealousy • Relationship Distress • Negative Attribution • In-law conflict • Extended Family Influence	• Unemployment • Disability • New arrival • Chronic illness • Low income/ poverty (receiving CSSA) • Indebtedness	• Violence approval (Social norms supportive of violence) • Gender inequality (male domination) • Lack of social resources to render support

Table 1. Risk Factors associated with child abuse and spouse battering in Hong Kong

2.6 Mental disorders, including personality disorders, schizophrenia, psychosis etc. have been identified as the risk factors of violence.[34] Although these had not been included in the household survey because of the measurement issues, mental disorders as the risk factors of violence should not be ignored in the design of prevention strategies.

2.7 Prevention is an important strategy of the Public Health perspective.[35] It should target on the reduction of risk factors. Using the targeted intervention approach, the preventive strategies should be "universal, selective and indicated".[36] Universal strategies focus on the

33 Analysis of risk factors can be referred to the Ch. 4&5, Chan, K. L. (2005). *Study on Child Abuse and Spouse Battering: Report on findings of Household Survey.* [A Consultancy Study Commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.
Supplementary analysis of risk factors using logistic regression can be referred to the Chan, K. L. (2005). *Report on the Development of Chinese Family Violence Risk Assessment Tool.* [A Consultancy Study Commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.
34 Monahan, J., & Steadman, H. (1983). Crime and mental disorder: An epidemiological approach. In M. a. M. Tonry, N. (Ed.), *Crime and Justice: An Annual Review of Research* (pp. 145-189). Chicago, IL: University of Chicago Press.
Swanson, J. W., Swartz, M. S., Essock, S. M., Osher, F. C., Wagner, H. R., Goodman, L. A., et al. (2002). The social-environmental context of violent behavior in persons treated for severe mental illness. *American Journal of Public Health, 92*(9), 1523-1531.
Taylor, P. (2004). Mental disorder and crime. *Criminal Behaviour and Mental Health, 14,* S31-S36.
35 Developed by Potter, L.B., Rosenberg, M.L. & Hammond, W.R. (1998). Suicide in youth: A public health framework. *Journal of the American Academy of Child and Adolescent Psychiatry, 37,* 484-487.
36 Developed by Gordon, R. (1987). An operational classification of disease prevention. In J.A. Steinberg & M.M. Silverman (Eds.) Prevention of Mental Disorder (pp. 20-26). Rockville, MD: U.S. Department of Health and Human

entire population as the target. Prevention is implemented through reducing risk and enhancing health. Selective strategies target at high-risk groups and individuals, though not all members of the groups bear risks. Prevention is implemented through reducing risks. Indicated strategies target at the symptomatic and marked high risk individuals and provide interventions to prevent full-blown disorders and re-offending violence.

Intervention and Implementation

2.8 The framework of violence prevention and the essential elements contributing to effective prevention and intervention of domestic violence in Hong Kong are listed in Table 2.

Universal strategies

2.9 Anti-domestic violence policy and policy in tackling poverty: A comprehensive and holistic government policy which states clearly the commitment of the government to tackle domestic violence, philosophy in combating domestic violence, and the strategies in fighting against and preventing the domestic violence is recommended. The policy shall include a holistic, inter-departmental and inter-agency coordinated community and legal approach in the prevention of domestic violence.

2.10 The policy should state how the preventive strategies could reduce the risk and enhancing health as well as the coping capacity of families. Particular attention should be paid on the public attitude towards violence, stress coping, conflict resolution in family relationships and the help-seeking behavior. As domestic violence is closely related to poverty, the government should have policy in tackling poverty, as a preventive measure to prevent domestic violence. Efforts should be made in ensuring fair share of resources and safety net should be built for the disadvantaged.

2.11 Global health and psychological health awareness: To prevent the onset of the stress disorder, depression, anger, personality disorders or mental illness is a good strategy to prevent violence against others. Global health and psychological health awareness programs can serve to raise people's awareness of the importance of public health. A healthy community may enhance the well-being of individuals which in turn reduce the likelihood of familiar conflicts.

2.12 Enhancing coordinated community and legal responses: Multidisciplinary collaboration among professionals from health, legal and social services should be enhanced to address the problem of domestic violence. District planning and coordination addressing particular

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Services.

needs of every district should be promoted. The profile of child abuse and spousal battering of each district should be well studied and compared to the district distribution of reported child abuse and spousal battering cases.

2.13 Anti-violence education/campaign: Education programs and campaign to educate the public with the correct concepts and attitude towards domestic violence and respect to the opposite sex are recommended. Societal and district level education/campaign strategies should be formulated, monitored and implemented. At the societal level, the White Ribbon day – a worldwide campaign aiming at ending violence against women, for instance, could be considered. At the community level, community-based and school-based programs on anti-violence, gender equality, reduction of alcohol and substance abuse are recommended.

2.14 Legal remedies and judicial reforms: It serves to validate the "zero tolerance" attitude of the government by criminalizing abusive behavior, setting the court for domestic violence, and requesting for domestic violence fatality review. Introducing mandatory and voluntary reporting of domestic violence cases help fostering early detection of abuse, which in turn prevents the occurrence of serious injuries and increase the safety of victims by relieving them of the necessity to make reports. Other legal measures include the reform of Domestic Violence Ordinance (Cap 189), enhancement of child protection services, review of arrest and prosecution policies, launch of court-mandated treatment for offenders etc. Comprehensive review on the legal measures has been conducted and discussed in this report.

2.15 Research on domestic violence: To enhance understanding of the scope and the nature of domestic violence in Hong Kong, research on the prevalence, risk factor and protective factors of domestic violence is necessary. The commissioned study on the spousal battering and child abuse in Hong Kong is the first of its kind. It provides the prevalence and risk factors of child abuse and spousal battering. The findings serve as the baselines for future comparison. It is recommended to repeat the same study in five years' period to show the trend of changes.

2.16 If preventive strategies or programs are launched, it is recommended to conduct research to study the effectiveness of the prevention programs.

2.17 School programs on reduction of delinquency, substance and alcoholic abuse: Young age, crime rate, substance and alcoholic abuse are all risk factors of domestic violence and are inter-related. Comprehensive programs addressing these issues are recommended. School programs should guide young people to explore gender roles and build up positive sexual relationships in order to induce a sense of respect to the opposite sex.

2.18 Training program for healthcare professionals and other related parties to facilitate detection and reporting of abuse: Training is important to equip healthcare professionals and other related parties in detecting and reporting early signs and symptoms of domestic violence. Techniques and protocols in using screening tools, performing physical examinations and conducting interviews are suggested.

2.19 Universal screening for people at risk: Universal screening is an important strategy to early identify families with conflict and violence. Routine screening for violence could be introduced in hospital departments like Obstetrics and Gynaecology, Accidental and Emergency, Paediatrics and Adolescent, Gerontology, Psychiatric etc. In school settings, screening for child abuse and child witnessed domestic violence could facilitate early identification of victims.

2.20 Special preventive strategies for child abuse: To counter child abuse, parents should be well equipped with skills in caring for their children. Training in parenting could be provided to parents in stress, especially pregnant women, to enhance their competency in caring for their babies and children, and coping with the stress induced by the new born baby. Resources for child care are needed. Professionals are encouraged to report on child abuse. It is recommended to consider the practice of mandatory reporting on child abuse.

2.21 Special preventive strategies for spousal battering: Emphasis should be put on the help-seeking behavior. The public is encouraged to seek help at the early stage of problem. It is to build up a non-stigmatized help-seeking culture in Hong Kong.

Selective strategies

2.22 From the findings of the survey, the families receiving CSSA or with young couples may have higher chance of using violence acts as tactics of handling conflict. Without proper use of conflict resolution, the families may turn to intensive conflict, and thus severe violence. Early identification of the potential abusive cases could be conducted by the regular monitoring of the families. Several preventive strategies that focus on helping the families at risk are recommended:

a. Outreach work should be supported to contact people and families with higher risk. Home visitation and family support programs should be provided for family with problems. These programs aim to detect signs of violence and bring community resources to families at risk. Particular effort is needed to contact isolated individuals and families.

b. Neighbourhood watch or community "gatekeepers" should be encouraged to early identify families or individuals demonstrating signs of abuse.

c. Coordinated community response and multidisciplinary collaboration should be developed in providing timely response to the families with domestic violence.

d. Protocols and tools for the screening for potential risk and risk assessment should be promoted to professionals working with domestic violence.

e. Special preventive strategies for child abuse could include training and support in parenting, as well as training for teachers, health professional and social workers on child protection procedures.

f. Special preventive strategies for spousal battering could include referral for drug and alcohol treatment, gambling, debt or suicide crisis counseling for the perpetrators and victims of spousal battering.

Indicated strategies

2.23 In view of the association of spousal battering and child abuse, a family approach of risk assessment should be adopted. It aims to investigate other types of violence (e.g. physical, psychological, sexual etc.) against other members once a certain type of domestic violence is identified. A comprehensive risk assessment of family violence is needed to explore all types of violence in a family.

2.24 Family support services are needed to provide counseling, health services and support for victims and perpetrators. Home visitation and referral of social services would be helpful.

2.25 The treatment for perpetrators of child abuse and spousal battering is important. It is recommended to launch court-mandated batterer intervention programs in Hong Kong. The study on the feasibility of launching the BIPs will be discussed in this report.

2.26 When violence has been in place, prevention is aimed at minimize the damage and provide support to the victims. Protection and treatment for victims of spousal battering and/or child abuse is strongly recommended. Particular attention should be given to those who are victims of dual violence, and children who witnessed parental violence. Helpline, women shelters and other types of supports should make available to the potential victims. Counseling and immediate supports should be provided to child abuse victims to minimize the devastating consequences like emotional problems and delayed development.

Conclusion

2.27 In the above discussion, the consultants have proposed the framework of violence prevention and identified essential elements contributing to effective prevention and intervention of domestic violence in Hong Kong, making reference on the findings of the household survey and the review of the Public Health approach adopted by the World Health Organization in the violence prevention. Echoing the objectives of the consultant study, we are to identify and to discuss the specific legal measures, including feasibility and implications of adopting mandatory treatment of perpetrators, leading to effective prevention and intervention of domestic violence in HK, in the following chapters of this report.

<table>
<tr><th rowspan="2">Intervention Approach</th><th rowspan="2">Target Populations</th><th rowspan="2">Scope</th><th rowspan="2">Objectives</th><th rowspan="2">Risk Factors</th><th colspan="2">Preventive Strategies</th></tr>
<tr><th>Child Abuse</th><th>Spousal Abuse</th></tr>
<tr><td rowspan="3">Universal Preventive Intervention</td><td rowspan="3">General populations or groups regardless to individual risk</td><td>Society</td><td rowspan="3">Prevent violence through reducing risk and enhancing protective or mitigating factors across broad groups of people</td><td>• Violence approval (Social norms supportive of violence)
• Gender inequality</td><td colspan="2">• Anti domestic violence policy & policy in tackling poverty
• Global health and psychological health awareness
• Enhancing coordinated community and legal responses
• Anti-violence education/campaign
• Legal remedies and judicial reforms
• Research on domestic violence</td></tr>
<tr><td rowspan="2">Community</td><td rowspan="2">• Pregnancy
• Mental illness
• Child abuse and neglect</td><td colspan="2">• School programs on reduction of delinquency, substance & alcoholic abuse
• Training program for healthcare professionals and other related parties to facilitate detection and reporting of abuse
• Universal screening for people at risk</td></tr>
<tr><td>• Training in parenting
• Resources for child care
• Encourage reporting of child abuse</td><td>• Help-seeking behavior</td></tr>
<tr><td rowspan="3">Selective Preventive Intervention</td><td rowspan="3">Identified individuals or subgroups bearing a significantly higher-than-average risk</td><td>Community</td><td rowspan="3">Prevent violence through addressing population specific characteristics that place individuals at higher than average risk</td><td>• Low income/ Poverty
• Lack of social resources</td><td colspan="2">• Outreach work
• Coordinated community response
• Multidisciplinary collaboration in conducting standardized risk assessment</td></tr>
<tr><td rowspan="2">Families or individuals at risk</td><td rowspan="2">• CSSA
• Chronic illness
• Mental illness
• Newly arrival
• Disability
• Spousal age difference
• Separation
• Indebtedness</td><td colspan="2">• Screening for potential risk and risk assessment
• Programs to contact isolated individuals/families
• Home visitation
• Family support programs</td></tr>
<tr><td>• Training and support in parenting
• Training on child protection procedure</td><td>• Referral for drug and alcohol treatment, gambling, debt or suicide crisis counseling
• Community “gatekeepers” to detect changes in lives of people</td></tr>
</table>

Table 2. Summary table of preventive strategies for domestic violence in Hong Kong

Intervention Approach	Target Populations	Scope	Objectives	Risk Factors	Preventive Strategies	
					Child Abuse	Spousal Abuse
Indicated Preventive Intervention	Identify high risk individuals with detectable symptoms	Problematic families/victims	Treat individuals with symptoms and risk factors to prevent emergence of full-blown disorder and re-offending violence	• Familial conflict • Male dominance • Economic stress	• Family approach of risk assessment • Family support service • Home visitation and referral • Court-mandated Batterers Intervention Program	
		Perpetrators		• Mental disorder • Criminal and antisocial behaviours • Addicted problems • etc.	• Treatment and supervision of the mentally disordered perpetrators • Treatment on drug & alcoholic abuse, gambling, debt or suicidal ideation or attempt	
		Victims	Protect, support & treat victims of spousal battering, child abuse & witnessing DV		• Therapeutic treatment for the victims & survivors of domestic violence • Helpline and other resources for victim support • Legal and health support services for victims of DV	
					• Child protective services • Surrogate parents for children being abused	• Women's shelter for the victims

Table 2 (cont'd).

Chapter 3
Existing Criminal Justice and Welfare Systems in Handling Domestic Violence in Hong Kong

Existing Laws

3.1 This chapter reviews the existing legal instruments in handling domestic violence. At present, there are mainly three ordinances in Hong Kong that provide victims with protection against domestic violence. They are the Crimes Ordinance (Cap 200), the Offences against the Person Ordinance (Cap 212) and the Domestic Violence Ordinance (DVO) (Cap 189). The first two laws, which are part of the criminal justice system, are punitive in nature, while the last, a civil statute, is preventive. (For details, please see Appendix 1 and 2).

3.2 There are two major procedures in dealing with domestic violence cases. For criminal cases, the decision on whether or not to prosecute depends on whether the Department of Justice considers that "there is enough evidence to secure a conviction, and whether the prosecution is in the public interest".[37] A person charged with a criminal offence will make the first court appearance following an arrest before a magistrate. The appearance will be in the magistracy, which has the jurisdiction over the location where the alleged violence occurs. A defendant who wants to be legally represented can either choose between private lawyers or the lawyers who participated under the Duty Lawyer Scheme.

3.3 For civil cases, it refers only to the application of an Injunction Order under the DVO (Cap 189). Under the Ordinance, an injunction can be applied for by lodging an application with an affidavit to the District Court. The Court of First Instance may, in case of urgency, exercise the same powers as conferred on the District Court, if it is satisfied that special circumstances are present which make it appropriate for the Court of the First Instance rather than the District Court to exercise those powers.[38] If there is a power of arrest attached to an injunction granted under the DVO (CAP 189), a police officer may arrest, with all necessary powers including power of entry, a person whom she/he

[37] P. 108, Roebuck, D. (ed.) (1996). *The Criminal Procedure of Hong Kong: A Descriptive Text.* Beijing: Peking University Press. And P.12, Department of Justice (2002). *The Statement of Prosecution Policy and Practice*. Hong Kong Special Administrative Region.
[38] See *Halsbury's Law of Hong Kong*.

suspects of being in breach of the injunction without a warrant. The person arrested must be brought before the judge of the Court granting the injunction before the expiry day after the day of arrest.

3.4 According to the DVO (CAP 189), where there is an application of injunction made by a party to marriage / cohabitation, a judge, if satisfied that the applicant or a child living with her / him has been molested by the other party to marriage / cohabitation, can grant an injunction containing the following provisions:

(a) A provision restraining the other party from molesting the applicant;
(b) A provision restraining the other party from molesting the child living with the applicant;
(c) A provision excluding the other party from the matrimonial home or a specified part of the matrimonial home or from a specified area whether or not the matrimonial home is included in that area;
(d) A provision requiring the other party to permit the applicant to enter and remain in the matrimonial home or in a specified part of matrimonial home.

3.5 The judge can also attach a power of arrest to the restraining order and exclusion order, if she/he is satisfied that the other party has caused actual bodily harm to the applicant, or as the case may be, to the child concerned. An ouster order or entry order contained in an injunction under the section 3(1)(c) or (d) or the power of arrest will have effect for a period of not more than three months. The Court may extend an injunction granted containing a provision mentioned in section 3(1)(c) or (d) or a power of arrest attached so that the total period does not exceed six months from the date when that injunction was granted or that power of arrest attached.

Arrest and investigation of domestic violence cases

3.6 According to the procedural guidelines[39], whenever an incident of domestic violence is reported to the police, two police officers, one of either gender, attend the scene.

[39] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

3.7 If there is evidence to show that a crime has been committed, then the alleged offender would be arrested and the case is passed to a crime unit for investigation, irrespective of the wishes of the victim. If there is insufficient evidence to prove the allegation against the alleged offender, a Domestic Incident Notice is served on the alleged offender, warning the possibility of imprisonment if there is sufficient evidence. A Domestic Incident Notice is not to be served in respect of any incident involving assaults on children or juveniles.

3.8 Assistance to victim: Officers should arrange for the victim to be taken to the Accident and Emergency Department of the nearest hospital by ambulance if medical treatment is needed. The victim should be interviewed by the same gender, if available, and separately from the alleged offender so that the victim will not feel pressurized into relating the incident in front of the alleged offender. The victim should never be asked in the presence or hearing of the alleged offender if she/he wants to bring a criminal complaint against the alleged offender and whether she/he would be prepared to give evidence at court hearing. Officers should not interview either the alleged offender or victim at a location where implements are available which may be used to cause injury, for example in a kitchen.

3.9 Referral to social services: Police officers should facilitate the female victims to contact the refuge centres, if requested. If a male victim or batterer requires temporary accommodation services, information can be obtained from the organizations listed. If assistance is not immediately available, he should be asked if he wishes to remain in the police station whilst subsequent arrangements are made with the SWD.

3.10 Police officers should also serve the victim and the alleged offender with a copy of the Family Support Service Information Card, Pol. 917 (Rev. 2003). The upper portion of the Information Card contains useful telephone numbers of the agencies providing temporary accommodation and support services in both Chinese and English. Hotline counselling services offered by the SWD and other NGOs, and the services offered by the Legal Aid Department are listed.

3.11 The lower portion of the Information Card includes a Consent for Referral to the SWD. Referral of the victim and/or the alleged offender to appropriate government departments/other non-governmental organizations for support services will be made. Since January 2003, the Police have started to refer cases to the SWD for follow-up support services even without the consent of the victim/alleged offender. Since then, a notable increase of referrals of family violence cases has been recorded. During the year of 2003, a total number of 1,617 cases (including 91 of which were without the consent of the victims/alleged offenders) were referred by the Police to the Family and Child Protective Services Units (FCPSUs) of the SWD.[40]

3.12 If necessary, follow-up visits to the victim/alleged offender/child(ren) would be arranged by the Police. Under normal circumstances, no police follow-up is required if the victim has moved to a safe place or refuge centre for women, or the case has been referred to the SWD for social services in accordance with the above paragraphs.

3.13 An arrest would take place when there is evidence to show that a crime has been committed. Where a Power of Arrest has been attached to an injunction, a police officer may arrest, without warrant, any person whom she/he reasonably suspects of being in breach of the injunction by reason of that person's use of violence or her/his entry into any premises or area specified in the injunction. The officer shall also have all necessary powers including the power of entry by the use of reasonable force to effect the arrest.

3.14 A flowchart illustrating the police actions to be taken in Domestic Violence incidents is found in Appendix 3.

3.15 In handling child abuse cases, the following should be observed, according to the procedural guidelines[41]:

(a) The child must not be further traumatized by the investigation. The child should not be questioned or asked to describe the abuse incident(s) repeatedly.

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[40] Health, Welfare and Food Bureau and Social Welfare Department (2004), *An update on strategy and measures to prevent and tackle family violence.* Paper no. cb(2)2131/03-04(01). Paper submitted to Panel on Security and Panel on Welfare Services of the Legislative Council on 26 April 2004.

[41] Working Group on Child Abuse (1998). *Procedures for Handling Child Abuse Cases – Revised 1998.* Hong Kong: Social Welfare Department.

(b) The best interest of the child must always be of paramount importance. The child and the family should be interviewed in privacy to minimize any distress to the child.

3.16 Divisional/District Crime Units will be responsible for the investigation of all complaints/allegations of child abuse that do not fall within the Charter of Regional Child Abuse Investigation Units (CAIUs). The duties and responsibilities are listed in Chapter 10 para. 10 of the "Procedures for Handling Child Abuse Cases – Revised 1998".

In respect of cases of sexual abuse where the victim is a child under 17 years of age or in cases of serious physical abuse where the victim is a child under 14 years of age, CAIU is responsible for investigating allegations of the following nature:

(a) Intra-familial sexual abuse (including the extended family e.g. mother, father, aunt, uncle);
(b) Sexual abuse where the perpetrator is known to the child or is entrusted with the care of the victim (e.g. baby sitter, school teacher, youth worker);
(c) Serious physical abuse at the discretion of the respective Senior Superintendent of Crime Region; and
(d) Organized child abuse (Organized child abuse is defined as abuse which may involve a number of abusers, a number of abused children and juveniles and often encompasses different forms of abuse. It will also involve to a greater or lesser extent an element of organization e.g. paedophile or pornography rings).

3.17 On receipt of such a referral, the CAIU will initiate investigation and will, where appropriate, in conjunction with FCPSU/SWD, form a Child Protection Special Investigation Team (CPSIT).

3.18 Any cases in need of welfare services should be referred to relevant SWD units in writing, except known cases of the non-governmental organizations (NGOs). In certain cases, e.g. where a child has witnessed the murder of a parent, the SWD should be informed for consideration of welfare assistance to the family.

3.19 After the Tin Shui Wai family tragedy happened in April 2004, the information system at the police report room is being enhanced so that its previous police report made of the cases can be traced. The Review Panel on Family Services in Tin Shui Wai which was set up after the family tragedy acknowledges the efforts the Police have made to improve its procedural guidelines in handling of domestic violence and cooperation with other concerned service units. The Review Panel recommended the Police to exert continuous effort in streamlining the reporting procedures for domestic violence and to provide adequate training to the police officers particularly those working at the frontline to enhance their sensitivity and knowledge in understanding and helping those affected by family violence.[42]

Legal aid

3.20 Per the procedural guideline[43], victims of battered spouse cases who wish to seek legal services in connection with their matrimonial problems may apply for legal aid in person.

3.21 Subject to satisfying both the means and merits tests, the Handling Legal Aid Counsel/Senior Legal Aid Counsel (hereafter referred as "Handling Counsel") should offer legal aid to a battered spouse to take appropriate legal proceedings including but not necessarily limited to the following:

(a) Divorce (including ancillary and other relief);
(b) Where necessary and appropriate, injunction;
(c) Where necessary and appropriate, ouster order;
(d) Where necessary and appropriate, interim custody order.

3.22 In deciding whether legal aid should be offered to a victim to seek an injunction and/or ouster order in addition to the matrimonial proceedings, the Handling Counsel should consider and discuss with the applicant the practicability and feasibility of an injunction and/or ouster order in the particular circumstances of the case. Stated in the procedural guideline, in some extreme cases, an application for an injunction and/or ouster order may produce an adverse effect and provoke the batterer to exert further violence.

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[42] Review Panel on Family Services in Tin Shui Wai (November 2004). *Report of Review Panel on Family Services in Tin Shui Wai*. HK: Social Welfare Department.
[43] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

3.23 If the applicant feels unsafe to return home, the Handling Counsel should not advise the applicant to return home by relying on the strength and protection of an injunction order. The Handling Counsel may refer the applicant for shelter services or advise the facilities and services available from other sources. Cases involving elements of child abuse should immediately be referred to the FCPSUs of the SWD.

3.24 Victims should be advised not to withdraw their complaints against the batterers to the Police without due consideration. If a victim wishes to withdraw the application or discontinue the Court action against the batterer where legal aid has already been granted, the assigned solicitor should interview the victim to ensure that the withdrawal/ discontinuance is not made under pressure from the batterer. If an applicant is adamant not to take any further action against the batterer after thorough discussion and explanation, the decision should be recorded and respected.

Prosecution policy and practice

3.25 A prosecution for an offence of domestic violence will be taken place if there is enough evidence to provide a reasonable prospect of conviction.[44]

The sufficiency of the evidence

3.26 When considering the sufficiency of the evidence, it is very likely that the victim will have to give evidence in person because spouse battering usually occurs in private and the victim is often the only prosecution witness to the commission of the offence. If for various reasons a victim may decide to withdraw the complaint, counsel should ask the Police to take a further statement from the victim setting out in details her/his reasons for the decision, and whether the original statement was true or not. It may at times be necessary for counsel to ask for an adjournment to enable a proper investigation and evaluation of all the options to be carried out.

3.27 If the victim confirms the complaint was true but still wishes to withdraw, counsel should consider whether evidence from the victim is vital to prove the case. If not, the case can still proceed, provided that it is in the public interest

[44] Ibid.

to do so. If the complaints cannot be proved without the victim's evidence, there are three options:

(a) Compel the victim to attend court to give evidence;
(b) Consider whether the victim's statement be admitted in evidence under section 65B of the Criminal Procedure Ordinance; or
(c) Discontinue.

3.28 Discontinuance of the proceedings on evidential grounds should only happen when all options have been considered and found inappropriate. Counsel should ensure that the Police should provide information about family circumstances, the likely effect of proceedings on family members and any relevant background information. If necessary, counsel may approach the concerned social worker for any relevant information to assist him/her in the decision-making process.

The public interest criteria

3.29 According to the Statement of Prosecution Policy and Practice issued by the Department of Justice, once the Prosecutor is satisfied that the evidence itself can justify a conviction, the prosecutor must then consider whether the public interest requires a prosecution. Regard should be had to the availability or efficacy of any alternatives to prosecution.

3.30 Although the public interest will be the paramount consideration, the interests of the victims are an important factor in determining the balance of the public interest and should be taken into account. The factors which can properly lead to a decision not to prosecute will vary from case to case, but broadly speaking, the graver the offence, the less likelihood will there be that the public interest will allow of a disposal less than prosecution. In assessing the gravity of the offence, it will be necessary to consider whether the victim has suffered significant harm or loss; the meaning of 'significant' may be relative to the circumstances of the victim.

3.31 Where an offence is not so serious as plainly to require prosecution, the prosecutor should consider whether the public interest requires a prosecution. If the case falls within any of the following categories, this may be an

indication that proceedings are not required, subject to the particular circumstances of the case[45]:

(a) Likely penalty
(b) Staleness
(c) Youth
(d) Old age and infirmity
(e) Mental illness or strain
(f) Sexual offences/non-existence of any element of sexual exploitation
(g) Peripheral defendants/minimal role play by the defendant
(h) Remorse
(i) Delay
(j) Mitigation
(k) Availability of a civil remedy
(l) Counter-productiveness of prosecution
(m) Mistake
(n) Attitude of the victim
(o) Assistance to the authorities

3.32 The following factors, which are not exhaustive, increase the seriousness of the offence and thereby the likelihood that the public interest requires a prosecution:

(a) Where a conviction is likely to result in a significant penalty;
(b) Where the suspect was in a position of authority or trust, which has been abused;
(c) Where the offence was premeditated;
(d) Where a weapon was used or violence was threatened during the commission of the offence;
(e) Where the suspect was a ringleader or an organizer of the offence;
(f) Where the offence was carried out by a group;
(g) Where the victim of the offence was vulnerable, was put in considerable fear, or suffered personal attack, damage or disturbance;
(h) Where there is a marked difference between the actual or mental ages of the suspect and the victim;
(i) Where there is any element of corruption;

[45] Department of Justice (2002). *The Statement of Prosecution Policy and Practice*. Hong Kong Special Administrative Region.

(j) Where the suspect's previous convictions or cautions are relevant to the present offence;
(k) Where the suspect is alleged to have committed the offence whilst on bail, on probation, or subject to a suspended sentence or an order binding over the suspect to keep the peace and be of good behaviour;
(l) Where the offence, although not serious in itself, is widespread in the area in which it occurred;
(m) Where there are grounds for believing that the offence is likely to be continued or repeated, as where there is a history of recurring conduct.

Attitude of the victim

3.33 The attitude of the victim plays an important role in the decision to prosecute. Stated in the prosecution policy, the counsel should take the victim's wishes into account[46]. In considering the sufficiency of evidence, it relies on whether the victim is willing to give witness or wishes to withdraw, particularly in the case of sole witness. In considering if the public interest requires a prosecution, the attitude of the victim is one of the criteria for consideration:

> "In addition to considering the impact of the alleged offence on the victim, the prosecutor may have regard to any available information indicating the views of the alleged victim as to whether prosecution is appropriate or whether the case might appropriately be disposed of by other means. In the assessment of the public interest the views of the victim will be an important factor for consideration."[47]

The Charging Practice and Procedure

3.34 With the availability of evidence that supports offence(s) charged, the prosecutor will decide what are the appropriate charges which can adequately reflect the offender's culpability – normally the most serious revealed by the evidence. A domestic background does not reduce the selection of the charge.

Binding Over

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[46] Department of Justice (2002). *The Statement of Prosecution Policy and Practice*. Hong Kong Special Administrative Region.
Ch. VI. Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.
[47] Refer to para. 9(n), Department of Justice (2002). *The Statement of Prosecution Policy and Practice*. Hong Kong Special Administrative Region.

3.35 A binding over order may be appropriate in some minor cases if[48]:

(a) The parties are reconciled;
(b) There is no history of violence; but
(c) There is a concern for a future breach of the peace.

3.36 A binding over order may be sought when the victim withdraws support for the original prosecution and it is decided to discontinue the case, however, there must be sufficient evidence to justify the complaint and the order, which is intended to restrain the offender from similar conduct in the future.

Offence against Public Justice

3.37 If the police investigation reveals that the complainant has been intimidated, threatened or assaulted by or on behalf of the defendant, counsel should consider preferring an additional charge of attempting to pervert the course of public justice where there is sufficient evidence to support such a charge. "Assault", "criminal intimidation" etc. might be separate offences. Only if investigation reveals that the victim has been directly or indirectly threatened, intimidated, assaulted etc. by the offender so as to pressurize him/her to drop the case, or not to attend court to testify, not to tell the whole truth etc. would additional charge(s) of attempt to prevent the course of justice be considered.

Charge Rate of Domestic Violence and Child Abuse Cases

3.38 According to the table in Appendix 4, the total number of domestic violence cases as known to the police from 2001 to 2003 had increased and the rate of child abuse cases reported was steady. In 2003, the percentage of cases of domestic violence dealt with by court was 46.1% (14.3% for criminal charge and 31.8% for binding over). As for child abuse, the percentage of cases dealt with by court in the same period was 24.8% (all related to criminal charge).

Welfare system

[48] Ch. VI. Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

Multi-disciplinary collaboration

3.39 For multi-disciplinary collaboration, two committees have been set up: the Committee on Child Abuse (CCA) and the Working Group on Combating Violence (WGCV). Both CCA and WGCV are convened by the SWD and comprises representatives from different policy bureaux, departments and NGOs to map out strategies and approaches for the prevention and handling of spouse battering and sexual violence at the central level. Improvements relating to the handling of child abuse and battered spouse cases that have been made include (a) enhancing the Child Protection Registry to collect more specific information on child abuse cases; (b) strengthening post-abuse treatment of child abuse victims and their families; (c) enhancing the Central Information System on Battered Spouse in 2003 to include sexual violence cases and to collect more information on battered spouse cases; (d) enhancing the referral mechanism between the Police and the SWD since January 2003, so that under certain conditions, the Police can refer family violence cases to the SWD for intervention without the consent of the victims or abusers; and (e) launching a website in June 2003 to promote support services for victims of various nature including spouse battering and to facilitate access/sharing of information among related professionals.

3.40 Continued improvements have also been made to the various procedures in handling child abuse and spouse battering cases. The "Guide to Participants of the MDCC in Appendix XIX of the "Procedures for Handling Child Abuse Cases - Revised 1998" (Procedures) was revised in 2002 to promote participation of parents in the MDCC and to further strengthen multidisciplinary co-operation through providing more specific guidelines on the pre-conference and post-conference arrangements.

3.41 The referral mechanism for family violence cases has given more authority to police to refer cases to the SWD in the absence of the consent from the victims/alleged offenders.[49] In the revised version of the Procedural Guidelines for Handling Battered Spouse Cases, a Multi-disciplinary Case Conference (MDCC) is employed in which the professionals handling the battered spouse case can help the victim formulate a welfare plan through

[49] Legislative Council Panel on Welfare Services (10 Feb 2003), *An update on strategy and measures to prevent and tackle family violence*.

sharing their professional knowledge, information and concern on the family[50].

3.42 The importance of the multidisciplinary collaboration, as well as district planning and coordination are particularly emphasised in the review report on the Tin Shui Wai family tragedy published in November 2004.[51] The strategies of the multidisciplinary collaboration will be discussed in this review.

Family services and specialized services

3.43 A three-pronged approach is adopted by the government to prevent and tackle family violence with the provision of a continuum of preventive, supportive and specialized services. At the primary level, a variety of publicity and community education programmes are launched to enhance public awareness of the need to strengthen family solidarity, encourage early help seeking and prevention of family violence. At the supportive level, a wide range of services such as family services, residential child care service, housing assistance, etc. are available to help the needy individual/families cope with different problems and prevent the problems from deteriorating. At the tertiary level, specialized services are provided by different units (e.g. the Family and Child Protective Services Units (FCPSUs), clinical psychology units, refuge centres for women, Family Crisis Support Centre) to help the individuals/families suffering from family violence.[52]

3.44 Social workers of the FCPSUs adopt a multi-disciplinary approach in collaboration with other professionals such as doctors, clinical psychologists, teachers, etc. to provide outreach, investigation, early intervention, statutory protection, intensive casework and group work services to those involved in child abuse and spouse battering. The Units have also launched a series of public education programmes on the prevention of family violence. Additional training is provided to social workers in a holistic approach to handling child abuse and domestic violence.[53] The SWD is planning to further strengthen the manpower of the specialised FCPSUs by expanding to six teams through

[50] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.
[51] Review Panel on Family Services in Tin Shui Wai (November 2004). *Report of Review Panel on Family Services in Tin Shui Wai*. HK: Social Welfare Department.
[52] Social Welfare Department 2001 Annual Report.
[53] Health, Welfare and Food Bureau (2003), *Policy objectives: welfare services 2003.*

re-deployment of manpower resources generated from the re-engineering of family services centres.[54]

3.45 At present, a total of 162 places are provided by the four refuge centres for women (one centre run by the SWD and three centres run by the NGOs), with round-the-clock admission. The Family Crisis Support Centre (FCSC) has also provided temporary accommodation for cases in crisis situation. The Suicide Crisis Intervention Centre (SCIC) of The Samaritan Befrienders Hong Kong (SBHK), which was set up in September 2002, provides round-the-clock outreaching, crisis intervention/intensive counselling to persons in crisis situation and at high/ moderate suicidal risks.[55]

Safety need of women at risk

3.46 For combating domestic violence, the Administration provides a variety of preventive, supportive and specialized services as mentioned in paragraph 3.43. In addition, mechanisms at different levels are in place to facilitate cross-sector collaboration. Several sets of multi-disciplinary guidelines on spouse battering, child abuse, sexual violence and elderly abuse are available to ensure that frontline workers of different disciplines will handle the abuse cases with a common understanding of the problem and good coordination.

Victim support services

3.47 The SWD provides a wide range of welfare services for victims of child abuse, spouse battering and sexual violence and their family members.[56] The objectives of the services on victim support are:

(a) To promote victims' rights;
(b) To safeguard the well-being of the victims;
(c) To provide support and assistance to individual victims and their families so as to help them overcome the trauma brought about by child abuse, spouse battering and sexual violence; and

[54] Panel on security and panel on welfare services (2004), *An update on strategy and measures to prevent and tackle family violence*. Paper no. cb(2)2131/03-04(01). Paper submitted to LEGCO on 26 April 2004.
[55] Ibid.
[56] SWD Support for victims of child abuse, spouse battering and sexual violence. Website: http://www.info.gov.hk/swd/vs/english/intro.html

(d) To educate the public on the prevention and proper handling of child abuse, spouse battering and sexual violence incidents.

3.48 The legal rights of the victims are expressed in the Victims of Crime Charter.[57] According to the Department of Justice, victims and witnesses deserve consideration and understanding throughout criminal proceedings. The taking of practical steps to improve the service to victims and witnesses is just as important as responding sympathetically to their concerns. The Department is committed to liaison with others in the criminal justice system to protect the interests of victims and witnesses.[58]

3.49 In strengthening support to the abused children serving as witnesses in criminal proceedings, support persons would be arranged through the Witness Support Programme, set up jointly by the SWD and the Police, to accompany the abused children who have to testify in the court proceedings through a live television link system. The Witness Support Programme is also available to the mentally incapacitated persons. Requests for arrangement of support persons under the Witness Support Programme are made to the SWD by the Police.[59]

3.50 There are NGOs providing support service to the victims of domestic and sexual violence. The Harmony House, the Hong Kong Association for the Survivors of Women Abuse and the "RainLily" of the Association on Concerning Sexual Violence against Women have volunteers who escort victims to the Court and staff who provide information on legal procedures.

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[57] The Victims of Crime Charter. June 2003, HKSAR Government.

[58] Department of Justice (2004). *The Statement on the Treatment of Victims and Witnesses*. HKSAR Government.

[59] SWD Witness Support Programme. Website: http://www.info.gov.hk/swd/vs/english/welfare.html

Chapter 4
Major Findings

METHODOLOGY

4.1 This chapter presents the major findings from the study of legal measures dealing with domestic violence in Hong Kong. The objective of the study was to collect empirical data to identify the essential elements contributing to effective prevention and intervention. The study was exploratory in nature. It was not aiming to evaluate the effectiveness of the legal and welfare practitioners or to judge the performance of the legal and welfare systems.

4.2 Both quantitative and qualitative methodologies were employed for the study to develop a comprehensive understanding of the legal and welfare systems, from the users' point of view, in stopping domestic violence, protecting victims and holding batterers accountable to the violence in the local context. Focus group discussions with stakeholders, professionals and male batterers, and case analyses with in-depth interviews with victims were undertaken. Some findings from the household survey conducted by the principal investigator in 2003-2004 on child abuse and spouse battering will be presented. Statistics provided by the Government on the application of injunction orders under the DVO (Cap 189) were analysed.

Focus group discussions

4.3 As the study is exploratory in nature, a representative sample is not required. To obtain more in-depth information about the DVO (Cap 189) and the feasibility of adopting mandatory treatment of perpetrators in Hong Kong, four focus groups with professionals and stakeholders involved in services provision were conducted in January, 2004.

4.4 A representative sample was not required in selecting participants for the various focus group discussions. However, participants were generally selected so that the groups could bring into various views and experiences from different perspectives. The focus groups discussants are listed in Appendix 5. The focus groups' discussions followed the guidelines as listed below:

Type of focus group	Themes discussed
Focus Group 1: Frontline professionals who have direct experience in providing treatment programmes for perpetrators of spousal battering and child abuse	- Source of referral, profile of participants - Treatment programme philosophy, theoretical approach, goal, content - Critical incidents of the treatment process: dropout, conflict, therapeutic elements - Evaluation: criteria of success, evaluation tools, design of evaluation and findings - Measures in victim protection - Training, gender, experience - Follow-up services
Focus Group 2: Social service practitioners working with victims of spousal battering and child abuse	- Merits and limitations of the existing legal protection measures and services for victims - Suggestions for improving the existing legal protection and services and e.g. amendment of the DVO (Cap 189).
Focus Group 3: Legal & medical practitioners working with victims of spousal battering and child abuse	- Merits and limitations of the existing legal protection measures and services for victims - Suggestions for improving the existing legal protection and services and e.g. amendment of the DVO (Cap 189).
Focus Group 4: Male perpetrators of spousal battering & child abuse	- Participants' needs and concerns - Expectation of treatment content & format, e.g. group, clinical psychological service, individual counselling, marital counselling etc. - What motivated or discouraged them to attend the treatment programme? - Suggestions on how to motivate perpetrators to receive treatment

Table 1: Focus groups

In-depth case study

4.5 The purpose of conducting a case study was to obtain a holistic view of the experience of female victims being stalked by their husband/partners or ex-husband/partners, and to examine the utilization of injunction orders under the DVO (Cap 189) and its effectiveness in facilitating prevention and intervention with victims. As the victims of over 90% of the reported spousal battering cases were female, only female victims were recruited due to the constraint of resources.

4.6 To address the objectives of this study, it was expected to recruit 50 battered women with 10 in each of the five categories listed in Table 2. At last, 41 battered women were successfully recruited as subjects for this study. A representative sample was not required in selecting participants for the case studies. To ensure that the views of victims with different experience in stalking and utilizing the DVO (Cap 189) were sought in the discussions, the subjects were recruited from the following categories to include various experience encountered by new comers, local residents, staying with or separated from husbands, and those who had the experience in applying for an injunction order.

Categories	No. of subjects interviewed
Battered women (new comers from the Mainland China), separated from their husbands	10
Battered women (new comers from the Mainland China), staying intact with their husbands	4
Battered women (non new comers), separated from their husbands	12
Battered women (non new comers), staying intact with their husbands	11
Battered women who have had experience in applying for an injunction order under the DVO (Cap 189)	4

Table 2: Categories of subjects recruited for in-depth case study

4.7 The profile of the subjects interviewed is shown in Appendix 6.

4.8 The following themes about stalking & legal protection were investigated:

(a) Briefly describe the relations with husband/partner or ex-husband/partners
(b) Is there any stalking behaviour acted by their husband/partner? E.g. frequent phone calls (at home, at the workplace), verbal threats, chasing, violence etc.
(c) Knowledge about legal services & social services
(d) Experience in accessing legal services: procedures, difficulties etc.
(e) Experience in using legal aid services
(f) Did they apply for an Injunction Order under the Domestic Ordinance? Why or why not?
(g) Experience in applying for an Injunction Order
(h) Perceived effectiveness of legal protection (under the DVO (Cap 189))?

4.9 The subjects were recruited from the Family & Child Protective Service Units, with the assistance of the SWD. The subjects' consent in participating in the study was obtained.

Household survey

4.10 A territory-wide household survey, which provided a comprehensive and up-to-date report on the prevalence and incidence of child abuse and spouse battering in Hong Kong, was conducted during the period from December 2003 to August 2004.

4.11 In the survey, two questions were included to solicit the views of the public on the social services required in handling domestic violence and the attitude towards court-mandated counselling for perpetrators of domestic violence.

Statistics provided by the Government

4.12 Statistics provided by the Government on the application of injunction orders under the DVO (Cap 189) and police response to domestic violence cases were analysed to provide a picture of the arrest and prosecution rate in Hong Kong.

FINDINGS

I. Findings from focus groups and case study

1. Existing batterer intervention programmes (BIPs) in Hong Kong:

4.13 *(Findings from Focus Group 1)* During the discussion, members were requested to introduce the BIP they had conducted. The Hong Kong Family Welfare Society first started a treatment group for male batterers in 1995. Until 2003, five groups for male batterers were completed. About 8-10 participants were recruited in each group. They were mainly referred to the programme by social workers of the same agency and refuges for battered women. A small portion of the participants was self-referred. A significant proportion of participants were unemployed. Applying the cognitive-behavioural and feminist approaches, the group focused on self-understanding, anger and stress management, gender equality and conflict resolution. The group was conducted weekly for eight sessions. Pre-group and post-group individual interviews were conducted for assessment and evaluation. The agency also ran parallel groups for battered women and their children. For child abuse cases, groups for abusive parents were organized. It was usually the mothers who came forward. Parent-child communication was one of the themes of the group therapy. The groups had fixed membership and were run by social workers.

4.14 Harmony House started a men's group treatment programme called "The Third Path" in 2001. The programme aims to stop family violence through intensive treatment of male batterers and to provide after care support to their families. Sources of referral are mainly through the hotline and the refuge run by the agency, and some are recruited from NGOs. It was modelled after "Emerge" which was the first programme for batterers in the USA. The model was theoretically based on feminism and power and control concepts. The group emphasized on anger management, conflict resolution and gender equality. An open group format was used with group sizes varying from 3 to 9 people. It lasts for 17 sessions.

4.15 The SWD FCPSU (NTW) and the clinical psychology unit have been running groups for male batterers since 2001. Until 2003, 3 groups have been completed. The social workers and the clinical psychologists have been

involved as the group leaders, while police and medical social workers mainly made referrals. It consists of a batterer orientation group of 1-2 sessions, followed by psycho-educational and therapeutic groups of 12 sessions each. Individual pre-group and post-group interviews were conducted. Each group comprised of about 8-10 participants. The objectives of the group included: ending abusive beliefs and behaviour; learning skills in managing stress, anger and conflict resolution, enhancing spousal communication and relationship skills. Applying cognitive-behavioural techniques, the group taught the participants techniques for anger management and relaxation exercise. They also attempted a parallel group for couples where the couples joined together at the last session. Each group (one for men and one for women) lasted for 10 sessions. The group content evolved from the men's group emphasising on self-understanding and control and then shifted to spousal communication and relationships. There were also groups for the children from families with violence, with an emphasis on play groups.

Experience of male batterers before receiving group treatment

4.16 Needs and concerns of male batterers: *(Findings from Focus Group 1)* According to the experience of the group workers, they identified that the male batterers they served usually had a lot of anger and unhappiness. They were stressful and emotional, having alcohol abuse, poor social support, spousal and in-law conflict. They felt that they were the real victims. They perceived that the general public always attributed the wrongdoing to the male, without investigating the actual reason behind the situation. Generally speaking, the males wanted quick fixes of the family problems, rather than expressing the need for long-term solutions that related to feelings and emotions.

4.17 A study of the male batterers receiving group services in Hong Kong showed that they were at a high level of stress. That motivated them to seek help from social workers. Another preliminary study conducted by the clinical psychology service of the SWD revealed that the batterers who were receiving clinical psychology service had used moderate to severe levels of physical violence against their partner. They suffered from substance-related problems, impulsive-control issues and adjustment disorders, as well as personality

disorders like borderline, narcissistic and obsessive-compulsive. Nevertheless, most of them were willing to receive clinical psychology service.[60]

4.18 *(Findings from Focus Group 4)* A focus group was held with the participation of five male batterers recruited by the SWD. All the participants had been previously arrested and were reached by social workers at police station. One of them showed that he had attempted suicide twice. The first attempt was by charcoal burning and the second attempt was by jumping down from a flat. He wanted to kill anyone whom he saw, including his son. One man warned his wife who was going to separate from him by saying that, if she left, he would throw their son out the window. Another man hit his wife and locked her up. She then reported this to the police and took away their daughter.

4.19 These individuals were approached by social workers at the police station or at social workers' offices. They showed appreciation in the initiative of the social workers - especially after knowing that social workers were readily available to help. All the subjects found that they benefited much from the groups. They learned how to relate with people, how to forgive and how not to be stubborn. They learned about life, acknowledged their mistakes and accepted reality.

4.20 Follow-up services: *(Findings from Focus Group 1)* The group workers recruited those who were deemed recovered, as volunteers for another group for batterers. They could help support the new group members and the new group experience could help consolidate their learning. Self-help groups and interpersonal skill training groups were arranged for those who still need further intervention. Follow-up on individual basis was provided for extra support such as marital counselling.

Voluntary and mandatory participation

4.21 *(Findings from Focus Group 1 & 2)* It is controversial on the choice between voluntary and mandatory participation of treatment programmes for batterers. A member in Focus Group 2 showed reservations on the system of court-mandated counselling arguing that, with the absence of motivation on the part of perpetuators, the programme is unlikely to succeed. The rationale of preferring voluntary participation is based on the belief that voluntary

[60] Domestic Violence Working Group (2003). *A preliminary study on the demographic and psychosocial profile of battered spouse cases at the clinical psychology units*. Social Welfare Department Clinical Psychology Service Branch.

participation either in individual or group therapy would secure better engagement with less resistance encountered throughout the changing process.

4.22 Another critique from service for victims of domestic violence worried that family harmony overemphasizes the victim's safety and the responsibility of perpetrators.[61] They queried that the social workers, intending to engage with the batterers, would overemphasize the welfare of batterers and the wholeness of the family, while overlooking victim's safety.

4.23 The participants of Focus Group 1 and 2 generally agreed that voluntary participation is a preferred condition for therapy, but it is not necessarily a must. The engaging skills and the set up of context for mandatory participation can help improve the participation of involuntary batterers. From the feedback of male batterers in Focus Group 4, they were involved in group treatment at the time they were facing legal issues. They were arrested and received binding over for stopping violence and/or were fined. They had to face the legal procedures and, at this moment, they were approached by social workers who presented a helpful attitude to them. Their response to the group was positive.

4.24 Reviewing the profile of participants of the group programmes in recent years, most of the participants of Focus Group 1 believed that the treatment groups had not yet reached the "real hard core" male batterers who perpetrated the most severe level of violence and shared very rigid traditional cultural beliefs that women should be obedient and subordinate to their husband. Convincing the hard-core batterers to join the group would have been a very difficult task. Comparing the registered battered spouse cases each year, less than 5% of the batterers participated in the group treatment.[62] Working with batterers could not rely solely on the voluntary participation of batterers. Most of the participants suggested that compulsory participation, say court-mandatory treatment, should be well studied.

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[61] The Hong Kong Association for the Survivors of Women Abuse (Kwan Fook) had expressed such worry.

[62] About 100 batterers joined 10 groups in FCPSU units in 2003. [Refer to the paper CB(2)2131/03-04(03) submitted to the joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004.] Harmony House had served 75 batterers from December 2000 to December 2002, with about 38 batterers served each year. [Refer to Chan, Y. C. (2003). *Interim Report on "Third Path"*. Harmony House.] The Hong Kong Family Welfare Society had recruited about 12 batterers in a group in 2003. Comparing to the 3298 reported battered spouse cases in 2003, about 4.5% of battered spouse cases participated in the groups for batterers in 2003.

4.25 Responding to the worries about victim safety, it was noted by the participants of Focus Group 1 that most of the batterers' intervention programmes in the USA and the UK are putting emphasis on victim safety and holding batterers accountable to their use of violence. The intervention should not jeopardize the safety and welfare of the victims.

4.26 According to the participants of Focus Group 1, the existing treatment programmes for batterers in Hong Kong have a series of measures in enhancing victim protection. The group workers usually inform case-workers that the male is currently undergoing treatment. They would perform a "safety plan" during recruitment for the victims. They will ask the male participants if their wife knows that they are undergoing treatment. The social workers will skilfully inform the male batterers that confidentiality will be kept except when affecting victims' safety.

Training, experience & gender of the group workers

4.27 *(Findings from Focus Group 1)* Usually, male and female social workers were involved in leading the group programmes. The male worker could be engaging with the male batterers while the female worker could give a female perspective to the participants and help them understand the needs of women. The female worker could also help in role-play exercises. The groups ran by the NGO were normally led by social workers. The clinical psychologists of the SWD involved themselves in some groups. All the group workers received internal training and were at the rank of ASWO or above. No expectation on the year of working experience before running groups was specified. It was consented among the participants of Focus Group 1 that the group leaders should be professionals such as social workers, clinical psychologists or counsellors. Prior training on domestic violence was recommended.

Context for the BIP

4.28 *(Findings from Focus Group 1)* All the participants agreed that the BIPs should not stand without the support from the legal system. The supportive attitude of the police, the prosecutor, the probation officer and the judge is prerequisite to the success of the programmes. Referrals made from the legal system and ongoing collaboration between the legal and social services personnel on the monitoring of the cases would be very important. Some

participants cited the example of the Duluth model from the USA, there is need to monitor the progress of those batterers undergoing treatment. The judge and the probation officer should be aware of the existence and function of the BIPs. Appropriate referrals should be made and the performance of batterers in the groups should be monitored, including the breach of injunction orders, threatening behaviour or the ending of abusive behaviour after intervention.

4.29 Besides the BIPs for batterers, other support groups are deemed necessary to provide holistic intervention for families with violence. The Hong Kong Family Welfare Society and the SWD provide groups for battered women and their children, as well as parenting groups or courses for child abuse perpetrators and non-abusive parents.

Programme evaluation

4.30 *(Findings from Focus Group 1)* The Hong Kong Family Welfare Society had conducted a single group research design with pre-test, post-test and follow-up test to evaluate the effectiveness of the groups. Using the results measured by the Revised Conflict Tactics Scale (CTS2), it showed a significant drop in physical assault and psychological aggression when comparing the post-group test to the pre-group test. The findings based on the reports of caseworkers indicated that in one and a half years after the termination of the group intervention, 78.6% of the participating batterers stopped using violence against their female partners. The dropout rate was about 17.6%, which means the completion rate was 82.4%.[63] No control group was employed.

4.31 Harmony House had conducted an evaluation on the treatment programme for male batterers.[64] Based on the report from the perpetrators and their spouse, the programme was effective in bringing down physical and sexual abuse among its participants. This was especially so in its first three months of service.

4.32 The SWD had designed self-constructed items for pre-group and post-group measurements that asked about individual coping and attitude towards partners

[63] Chan, K. L. (2001). An Evaluative Study of Group Therapy for Male Batterers cum Intervention Strategies. Hong Kong: Hong Kong Family Welfare Society.
[64] Chan, Y. C. (2003). *Interim Report on "Third Path"*. Harmony House.

and violence. Their report in the focus group meeting showed that the average attendance for men was around 70%.

4.33 It was generally agreed that the existing programme evaluation for batterers' groups was not yet up to scientific levels. Experimental or quasi-experimental design of programme evaluations with the use of instruments with good psychometric properties is recommended. It is controversial to look into "statistically significant" decreases in violent behaviour. The "practical significance" for victims should be considered, i.e. ending, rather than decreasing, violent behaviour. Threat still exists when violent behaviour is not stopped. Ending violent behaviour and ending physical and psychological threats of violence to battered women was recommended by the participants to be used as criteria of success.[65]

Summary

4.34 The development of the BIPs in Hong Kong, though still requiring scientific evaluation on its effectiveness, has been giving a promising experience in changing batterers' abusive behaviour. The social workers and clinical psychologists from the SWD and NGOs are competent to run effective programmes for the batterers. However, this only applies to BIPs with voluntary participation of batterers.

4.35 Provision of these programmes for voluntary as well as compulsory participation is deemed important in rehabilitating the batterers with the active involvement of the criminal justice system. The existing treatment groups had not yet reached the "real hard core" batterers. The social workers and clinical psychologists working with batterers generally agreed that they could not rely solely on the voluntary participation of batterers. Compulsory participation, say court-mandatory treatment, should be well studied.

4.36 Considerations on the training of the group workers, programmes contents and monitoring should be taken very carefully. The provision of the BIP should be placed in a context of collaboration between legal and welfare sectors. Referral and monitoring of cases across the systems should be ensured.

[65] Edleson, J. L. (1996). Controversy and change in batterers' programmes. In J. L. Edleson & Z. C. Eisikovits (Eds.), *Future interventions with battered women and their families* . USA: Sage Publications, Inc.

2. Review of legal protection

4.37 Stalking behaviour of perpetrators: *Findings from the case study* showed that the women subjects found the stalking behaviours perpetrated by their husband/ex-husband/partner/ex-partner very disturbing and threatening. Besides using physical violence, the most frequent use of abusive behaviour was verbal aggression and stalking. Putting blame and causing face losing on the women before others created great stress on the women.

4.38 According to the women subjects, stalking behaviours included disruption, molestation and intimidation like repeatedly calling at her home at night, or at the place of work. Sometimes the perpetrators called their children but resulted in losing temper and yelling at the women. Some of them even called the women's friends who were receiving the women victims at home. Chasing to victim's parents' home, work place, children's school, and to her new living place was frequently reported. They always used coarse language and verbal threats, e.g. threatened to burn them with gasoline if they wouldn't let him enter into their apartment, or by saying that the place she was living is not very safe. The perpetrators even threatened to harm her children, her family or friends. Some women subjects reported that their husband had warned to kill himself, or to kill her and their children first, and then kill himself.

4.39 Some women subjects who were staying intact with their husband/partner showed that stalking or molestation behaviours happened in their relationship. The perpetrators molested her and their children by turning off the air conditioning or fan in the midst of the hot summer or moistening blanket that made them unable to sleep; yelling at mid-night, turning up the volume of TV on purpose while the women victims and their children were sleeping. Some perpetrators even had threatened to bring other women home.

4.40 For some new arrival women, their suffering was not limited to the above. Their husbands threatened to call the police and force them back to the Mainland and leaving their children in Hong Kong. They threatened to take away the children after divorce. Without knowledge and support, the new arrival women were put under control and forced to tolerate violence until they received help from social services.

4.41 Most of the women subjects shared that the victims of domestic violence are in great need of legal protection not only when they are facing violence, but also after the reporting of violence to police, social services and medical practitioners. This is particularly true to the women who lacked economic independence and carried with them their children who were, in all likelihood, also abused by the same perpetrators. Lack of social support was also predominant for new arrival women. They shared that they expected effective legal protection and support in preventing the violence and stalking behaviours pressing against them. Their experiences in encountering legal services varied and it is summarized in the following.

4.42 Reporting domestic violence cases: *(Findings from Focus Group 2)* Reporting domestic violence cases to police, whether suspected or established, is the crucial step in bringing the cases into the legal system. Social workers and medical practitioners are usually involved first, especially if the cases are not criminal, i.e. the evidence is not strong or the severity of violence is minor. Referral to the police will be made if cases are suspected to be criminal and need police investigation. However, according to some participants of Focus Group 2, the reporting depends on the judgment of the physician or social worker.

4.43 The focus group had discussed the feasibility of launching mandatory reporting. Some participants suggested that professionals like physicians, social workers, counsellors, schoolteachers etc., are required to report to the police if they identify a suspected case of abuse, particularly suspected child abuse. However, some other participants reminded that victims might be worried about their own safety if reporting to the police becomes mandatory. They may not wish to employ legal measures to deal with family problems. As suggested by some participants, education on the criminal nature of domestic violence, and the punitive as well as treatment nature of the legal system in dealing with domestic violence should be promoted. This should be done regardless of whether mandatory reporting is launched. Focus Group 2 did not come to any conclusion on the feasibility of launching mandatory reporting in Hong Kong. However, the participants agreed that more discussion and consultation on the advantages and disadvantages of mandatory reporting is needed.

4.44 Arrest: *(Findings from the case study)* About two thirds of the women victims interviewed did not call police after being battered. There were several common reasons:

(a) Trivialize family violence: To the women victims interviewed, calling police implies imprisonment, separation, breakdown of family and relationship, revenge etc. Unless the incident was severe enough, they would hesitate to report "trivial" violence to police like throwing hard objects at them and their children. Most of the women victims were not sure if the police regarded violent acts as criminal offences. Some reported that they were even told by some police officers that these were only spousal conflicts, and not necessarily a crime.

(b) Imprisonment or rehabilitation? Most of the women victims wished to stop violence but did not want their husband or partner to be arrested. They did not believe that arrest or imprisonment alone could be effective in stopping their partner's violence because the abusive partners would take revenge after being released from prison. Almost all the women interviewed wished their partners could be helped through warning, education and counselling to stop using violence.

(c) Pressure from social norms: Some women victims refused to report to the police because it would result in losing face and they might be blamed by relatives for being so cruel to their husband. Family values like preventing revealing shame to others, maintaining family wholeness, being loving and responsible etc. are preventing them from disclosing family violence to the legal system.

(d) Children factor: One of the major barriers of calling police was the consideration of the well-being of the children. Keeping the family intact for the sake of the children was widely shared among the subjects until they eventually found that their partners might hurt their children.

(e) Lack of knowledge, support and confidence: On the average, the women subjects did not know much about the legal procedures. They did not know what would happen after calling police, neither the procedures nor consequences. It is especially disturbing for the new arrival women who are strangers to police and social services. Most of them regarded

themselves as uneducated and thought that the system was unfriendly to them. They showed low confidence about themselves and the police as well. Some of them did not believe that the police could protect them from being hurt by their husband.

(f) Fear of revenge: Most of the women victims revealed how their partners threatened to harm them, their children, their family and friends. One of the subjects shared that her husband indeed had hurt his ex-wife and his daughter. That scared her and so she did not want to irritate him by calling police.

4.45 About a third of the women subjects had called police after repeated incidences of violence. The reasons for calling police were: (1) they were too scared; (2) they hoped that police intervention could stop abusive behaviour and warn the perpetrator; (3) it was the last resort. They did not know if there were other methods to help.

4.46 The women victims had different comments on police intervention. Some of them thought that the police were not helpful. There were some police officers who had bad manners and tried to push victims back to the husband by blaming them for causing trouble and listing the complexities of taking any legal action. A woman respondent said that she had called the police 4 to 5 times, usually when her husband threw things at their daughters. Police came and took records but never charged him. She believed that it was because the police officers treated the violence incident as family conflicts rather than criminal behaviour. These women subjects showed no confidence in police intervention in stopping violence and stalking behaviour.

4.47 Other women subjects thought that the police officers they encountered had good manners and tried to help by giving them options whether to sue the perpetrator or not, and also by providing resources (e.g., contact of social workers) for them to get help. It was very common that the police officers asked the victims if they wanted to press charges against the perpetrator. The women respondents shared the feeling that they were stressed out in making the decision to press charges and, eventually, most of them withdrew their complaints. They found that police intervention was effective in providing information to the victims and giving verbal warning to the perpetrators. However, the perpetrators used violence again after the police had left.

4.48 In the views expressed by most of the women subjects, police asking victims if they wanted to press charges against perpetrators created ambiguity that domestic violence is a conflict between two adults. It created an impression that the legal system would not take action unless the victims insist. Most of them queried that if domestic violence is really treated as a crime, why do the police have the discretion in letting the victims to decide if they want to press charges? As a result, all the responsibility is shifted to the victims who are already stressful and fearful enough to insist on pressing charges, be noted that they had already called 999.

4.49 Reported by a member of Focus Groups 2 working in a refuge for battered women, there were occasions that, after a victim reported an occurrence of domestic violence to the police, some police officers suggested the victim to seek help from refuges but they did not arrest the batterer. As observed by a medical officer of Focus Groups 3, different police stations have different attitudes in dealing with domestic violence cases. He commented that police investigation is not helpful in domestic violence cases, sometime it even reverses the effect. They prefer to work with social workers.

4.50 Some participants appreciated that while some police officers were not helpful in handling domestic violence cases, others were supportive and would escort the victims back home for the collection of their personal belongings.

4.51 Prosecution: *(Findings from Focus Group 3)* Some participants commented that the initiation of criminal proceedings against batterers in cases where there are no independent witness/evidence would depend on the quality of evidence to be given by the victims as well as their willingness to testify against the batterers.

4.52 Feedback from the social workers of the SWD revealed that the referral, with or without the victim or batterer's consent, made by the police to the FCPSUs enhanced the intervention of domestic violence cases. It helps convey the message that the police will intervene or reserve the right to intervene, with or without consent, and the social worker would follow up. If the case were confirmed criminal, arrest would take place. The message that legal intervention in domestic violence is clear. It is significant in public education.

4.53 However, it is not uncommon that some victims may not be able to assist police in the course of police investigation or to testify in court against the batterers in case their cases proceed with criminal charges against the batterers, or even gave different accounts in their testimony in court. Opinions from medical professionals showed that consent from victims could be relatively easy to obtain by professionals from medical and social services because the victims would regard them as helpful and supportive. However, the experience in involving the legal process is perceived as unfriendly to most people. The reasons why some domestic violence victims drop their charges or change their mind in giving testimony during investigation or prosecution include: (1) they worry about their own safety after disclosing the violence and during the process of pressing charges; (2) they experience pressure from other family members; (3) they feel uncertain about the legal procedures.

4.54 Sharing from the prosecutor in Focus Group 3, if the prosecutions decided that the batterers should not be charged, then the prosecutions may consider the viable option to bind over the batterers for a period of time if there is sufficient evidence to support such an order to be made. Such option is considered to be effective as a form of preventive justice and it should not be treated as a 'let off'. In fact, the order serves to keep the batterers on the straight and narrow in that if the batterers commit further offence during the operational period of the order, the recongnizance may be lost and the batterers may be subjected to further punishment. A medical professional of Focus Group 3 queried that the order is too passive and the effective period of the order is short. Most domestic violence cases have a long history where the abusive behaviour is habitual. Moreover, the order cannot help the batterers change as most victims often wish.

4.55 In view of the limitations of the existing arrest and prosecution policy, some participants of Focus Group 2 & 3 suggested to evaluate the practice of arrest and prosecution and study the feasibility of introducing mandatory arrest, a no-drop prosecution policy, court-mandated treatment programmes for batterers and victim support service. By enforcing the legal interventions, strengthening support and rehabilitating as well as punishing perpetrators, the victims of domestic violence could be protected.

4.56 <u>Legal support services for victim</u>: *(Findings from the case study)* Most of the victims interviewed found that their lawyers were mainly focusing on the

divorce, custodial or property issues. They could provide advice but were not ready to provide emotional support. The social workers were supportive but not familiar with the legal procedures. The victims expected that the legal system could be more supportive and transparent. According to the victims' sharing, a number of measures are deemed helpful to the victims such as: well-informed knowledge and choice about legal services and procedures, supportive attitude of the personnel like lawyers, police, prosecutors, administrative officers etc., being empathetic and less critical to the victims, giving explanation on the details of legal procedures, and so on.

4.57 Multidisciplinary collaboration: *(Findings from Focus Group 2)* The social services, including FCPSUs and MSW, as well as the medical services, like Obstetrics & Gynecology, A & E, & Paediatrics, are working closely on spousal and child abuse cases. Interfacing with the legal system, especially the police force, is perceived as essential. Most of the participants of Focus Group 2 emphasized that collaboration and communication among the professionals is deemed important in the detection of suspected cases, referrals made among the professionals, victim protection and offender punishment. The common goal of the different systems should be put on the safety of children and victims.

4.58 Review the Domestic Violence Ordinance (Cap 189): The request to review the DVO (Cap 189) is raised among the participants of Focus Group 2. The definition of "family violence" is to be reviewed to include different kinds of violence amongst family members. Some participants suggested that the definition of "family" should expand beyond the boundary of "matrimonial" to include various kinds of intimate relationships like in-law family members, same sex couples etc. The definition of violence should not be limited to physical abuse and sexual abuse, but to include psychological abuse and stalking behaviour. Some participants noted that the measurement of psychological abuse could be difficult because there is a lack of standard assessment on the psychological abuse or the impact of psychological abuse.

4.59 In summary, there were several suggestions for consideration in the review of the ordinance.

(a) Review the definition of family violence
(b) Include psychological abuse and stalking as kinds of violence

(c) Review the maximum period of the injunction order applied
(d) Consider allowing a "third party", not only the victim of domestic violence, to apply an injunction order for the victim. The third party can be a professional or police. It is a way for the society to take up the responsibility of protecting the victims.
(e) Consider the nature of the DVO (Cap 189), which is now civil in nature. Should it be a part of criminal law? Should domestic violence be criminalized?

4.60 Injunction Order: *(Findings from the case study)* The function of the order is needed, as commented by some of the women victims, because, in principle, the order can keep the batterers from making contact with the victims who prefer to avoid seeing their partner. In reality, the victims would rather move home and change children's school than to apply for an injunction order. Among the victims interviewed, most of them did not know that they could apply for an injunction order. Some knew about the order through their lawyers, social workers or pamphlet from the legal aid service.

4.61 Those who hadn't applied for an injunction order were worried that, even with an injunction order granted by the Court, their partner could locate them and threaten them through phone contact or by stalking. The effectiveness of the injunction order in providing protection was queried by most of the women victims interviewed. The maximum duration of an injunction order issued under section 3(1)(c) or (d) is six months. This is inadequate for victims to proceed for a divorce and set up a new place to live. The application for an order was perceived as difficult, unless physical injury was demonstrated. Although not much evidence was required for the application of an order, the victims still perceived that it would be difficult to show proof that they had been abused. Two victims had requested the legal aid service to help apply for an injunction order. Such request was denied with the reason of impossibility of applying for the order without any concrete evidence of husband's stalking. Some women victims were afraid of using the injunction order because it would worsen the batterers' fury and the batterers would threaten the victims or their family. The practical difficulty was in the visitation of children, unless the batterers are abusive to their children and the injunction order includes the limitation of access to children, the batterers may request to visit the children and as a result would be able to locate the living place of the victims.

4.62 For those who had got the injunction order found the order could send a warning message to the perpetrator. However, some perpetrators kept chasing after the victims unless power of arrest was attached to the order. Overall, most victims thought that an injunction order is necessary and would be more effective if power of arrest is attached. The victims suggested simplifying the application procedure of injunction orders so that more women can be protected from domestic violence.

II. Findings from the Household Survey

4.63 There were two items related to the treatment for the batterers included in the household survey. The findings are presented in Table A and B in Appendix 7.

4.64 Over half of the subjects from the household survey thought that family and individual counselling would be useful in handling domestic violence. About 46% of the sample thought that financial support is necessary and about a third of the sample perceived that education from school and mass media could be useful.

4.65 To help the unmotivated perpetrators of domestic violence, over 60% thought that social workers could help. Of the sample, 56.8% and 52.9% respectively agreed that compulsory referral by law and intervention from police could be useful. The least useful way of making the perpetrators receive counselling was by taking their spouse's advice.

III. Statistics on the Application of the DVO (Cap 189)

4.66 In the period from January 2003 to June 2004, the Health, Welfare and Food Bureau collected a total of 30 report forms on the application of the DVO (Cap 189) from the Judiciary and were forwarded to the consultants. The forms contained the information about applicants and respondents, types of molestation, and the orders granted. The purpose of the analysis on the report forms was to provide figures on the utilization of injunctions under the DVO (Cap 189).

4.67 Profile of the applications (Listed in Appendix 8): A total of 30 applicants were documented from January 2003 to June 2004. The median age of the

applicants and respondents is 38 and 39.5 respectively. Among the applicants, 90% were female and most of them were the wives of the respondents (86.7%). About 90% of the applicants were living with their children. That implied 55 children or 44 children under 18 were being affected by the order in some way or another. Up to 30% of the respondents were unemployed at the time of the application. It was sure that 60% of the applicants were not mentally incapacitated persons. However, up to 40% of the applicants, according to the record, were not sure if they were mentally incapacitated. The screening and assessment for such a vulnerable group was not promising. Special attention should be given to the protection of mentally incapacitated persons who may need to be represented.

4.68 Types of molestation: Almost all the applicants (29 out of 30) had experienced physical molestation such as: punching, slapping, throwing acid, using weapon and setting fire etc. Two cases complained of sexual molestation such as forced sex or undesirable sexual acts. Although there were some cases having been psychologically molested, there was only one case that did not report on any physical or sexual molestation. This applicant was a wife aged 33, who was not a mentally incapacitated person. Her husband, aged 37, was ordered to respond to S3(1)(a) & (c) (non-molestation and exclusion orders) for 16 days. No extension of order was granted. Although there was only one case found in this period, it was not impossible to grant non-molestation and exclusion order solely based on psychological molestation.

4.69 Order granted: All the applicants were granted the restraining order under the section 3(1)(a) of the DVO (Cap 189). About 63.4% were granted together with the restraining order under the section 3(1)(b) (non-molestation order for children) and 36.7% were granted under the section 3(1)(c) (exclusion order). The waiting time for the granting of an order was satisfactory. About 80% of the applicants were able to get the order within the same day of application. There were three applicants who had to wait for more than 10 days. We do not have any information from the report form about the unusually long waiting period.

4.70 Duration of the orders: Among the 27 applications, which had indicated specific duration of the orders applied, the mean duration of order was 23 days (*SD* = 33days), ranging from 2 days to 6 months. Over half of the applications received orders for a duration of less than half month. There were 70% of the

applicants granted the power of arrest attached to the orders. Except for two cases, the duration of the power of arrest granted was exactly the same with that of the orders. Given that the maximum period of the duration of the orders under the DVO (Cap 189) should be 6 months, 3 cases was granted with orders for an indefinite period of time "until further order". It was not clear about the details of the background of the application. One of the three cases also had the duration of "until further order" granted for the power of arrest attached and the extension of the orders. Three cases were granted extensions with the duration of 2 weeks, 1 month and 1.5 months respectively.

4.71 In principle, there is no time limit for the non-molestation order section 3(1)(a)(b). However, all the orders granted had set time limit on the non-molestation order(s), with a mean duration of 23 days and the maximum duration of six months. The judges may find it necessary to set a time limit and take reference on the time limit set for the ouster and entry orders. Another possibility was that the time limit set for the ouster and entry orders may create some impressions that it is also applied to the non-molestation orders. In any situation, we would review the setting of time limit in a way to provide better protection for the victims in need.

4.72 Protection of children: There were 11 orders (36.7%) granted that did not include the S3(1)(b).[66] Three cases of which were where the children weren't living with the applicants. For the other eight cases, six were granted S3(1)(a) and two were granted S3(1)(a) & (c). Among the eight cases, 17 children (age median = 7) were involved. With the exception of three children who were aged over 18, the median age was 7. Unless assessment was taken to ensure adequate safety for the children who were living with parents with one party making complaint of spousal violence against the other party, the 14 children under 18 years of age (32% of the total number of children under 18) were not receiving protection under the DVO (Cap 189).

4.73 Implication of the findings of DVO: Here are some major points that are derived from the findings:

(a) Low utilization rate: A total of 23 report forms were collected for the period from January to December, 2003. Comparing to the 3,298 reported battered spouse cases in 2003 from the Centralized

[66]That is, "a provision restraining that other party from molesting any child living with the applicant".

Information System, the rate of applying the DVO (Cap 189) was too low (less than 1%). Although it is not possible for all spousal violence cases to apply the injunction orders under the DVO (Cap 189), it is reasonable to expect a higher rate because the DVO (Cap 189) is supposed to provide prompt protection for the victims of domestic violence.

(b) Efficiency: The time needed to process the applications was fast. It is a good practice in providing prompt protection for the victims. It is reasonable to say that the administrative procedure should not be complicated.

(c) The need for legal education and support: Learning from the case study, the battered women were not knowledgeable about the function and procedure of applying the DVO (Cap 189). Legal education and support for the victims of domestic violence is needed to help the victims throughout the process. Education for social workers who work closely with victims would be helpful. They can be a helpful resource to the victims.

(d) Psychological abuse: It is worthwhile to note that sole psychological abuse (e.g. repeated verbal abuse, deprivation of physical, financial and personal resources etc.) was considered in the granting of the DVO (Cap 189), though only one case was reported in the period from January 2003 to June 2004.

(e) Protection of children: Protection for children from violent families is necessary, particularly when the adult victim needs protection from the DVO (Cap 189). It is necessary to review the need to grant S3(1)(b) for all applicants who have children under 18 living with them.

(f) Risk assessment: In the application of the DVO (Cap 189), the request made for the types and duration of the order depends on the knowledge of the applicants, or their representative lawyers. It may not be grounded on systematic risk assessment. Under or over estimation of the risk and thus the need for longer and further orders to be granted may occur. It is recommended to have a built-in risk assessment, which at least includes the assessment of the severity and frequency of

molestation, use of weapons, stalking behaviour etc. The result of the risk assessment can be documented for the consideration of the judge.

(g) Record system: The data of the current report forms on DVO (Cap 189) collected by the Judiciary are mainly for observing the overall profiles and trends with little information on the background of the applicants. It is recommended to collect more background information of the families, particularly the children, the reasons considered in granting the orders and deciding the duration of the orders applied in the report forms to facilitate understanding of the applications made under DVO.

SUMMARY OF FINDINGS

4.74 For effective prevention and intervention with domestic violence, it appears that the following measures have not been adequately dealt with.

4.75 Batterer intervention programmes (BIPs): The success of the existing BIPs in Hong Kong applies to the programmes with voluntary participation of batterers. The effectiveness of court-ordered mandatory BIP has yet to be demonstrated.

4.76 Most of the respondents of the focus group and 56.8% of the respondents from the household survey agreed that mandatory participation using court order is an effective means to ensure perpetrators to participate in counselling/education programmes.

4.77 Under-reporting of domestic violence cases: For various reasons discussed in this chapter, the incidence of domestic violence has been under-reporting. In 2003, there were 3,298 reported cases of spouse battering and 481 cases of child abuse. It is far below than the annual prevalence rate of respondents who reported to have been battered by their partners and child physical assault found in the household survey, which are 7% and 23.3% respectively.

4.78 Low arrest and charge rate: Referring to Appendix 4, out of the 2,401 reports of domestic violence received in 2003, 1602 were miscellaneous reports of which majority concerned disputes and noise complaints etc. that did not

amount to any criminal offences. Among the 799 classified crime cases relating to domestic violence, the percentage of cases dealt with by court was 46.1% (14.3% for criminal charge and 31.8% for binding over). As for child abuse, the percentage of cases dealt with by court in the same period was 24.8% (all related to criminal charge). Learning from the case study, the practice of arrest, the legal procedures and the persistence of victims in pressing charge are some of the possible factors affecting the arrest and charge rate.

4.79 Legal protection and support for victims: Most subjects of the case study reported that they were suffering from the stalking behaviour of the perpetrators. In their experience in encountering the legal system, most of them found the legal system unfriendly. They expected effective legal protection and support in preventing the violence and stalking behaviours pressing against them. There is a need for further review of the legal education and procedures.

4.80 It is suggested to review the practice of arrest and prosecution and consider the feasibility of introducing mandatory arrest, a no-drop prosecution policy, court-mandated treatment programmes for batterers and victim support services.

4.81 Multidisciplinary collaboration is recommended in the handling of domestic violence cases.

4.82 It is suggested to review the DVO (Cap 189).

4.83 Low utilization rate of the DVO (Cap 189): Legal education and support is needed for the victims and professionals in using injunction orders to provide protection.

4.84 Child protection and child visitation: Safety should be ensured in arranging the visitation of the batterers to their children. The need for the use of non-molestation order for children should be reviewed.

4.85 Built-in systematic risk assessment for the applicants of the DVO (Cap 189) is recommended.

4.86 Record system: It is recommended to collect more background information of the families, particularly the children, the reasons considered in granting the orders and deciding the duration of the orders applied in the report forms to facilitate understanding of the applications made under DVO (Cap 189).

Chapter 5
Legislation of Mandatory Treatment in other Jurisdictions

5.1 The second objective of the review is to study the feasibility and implications of adopting the mandatory treatment of perpetrators in Hong Kong (including, but not limited to mode and definition, manpower, related judicial, administrative and legislative arrangement, etc.) with reference to overseas examples.

5.2 In UK, USA, Singapore, Canada, New Zealand, Australia, a court-ordered mandatory batterer intervention programme (BIP) is an integral part of legal measures to stop domestic violence. The BIPs are usually education and counselling programs with group as the prominent form of intervention. Its ultimate goals are to reduce the rate of re-offending, protect victims, hold the batterer accountable for their violence and to stop abusive behaviour by issuing court orders to make batterers attend counselling programmes.

5.3 Such a programme has two important functions. First, it conveys a message to the public that as an integral part of legal and social interventions to stop domestic violence, domestic violence is not a private matter and is unacceptable to society. Through the therapeutic jurisprudence approach, the batterers will be both charged with violent behaviour and rehabilitated through educational programmes. Second, it provides a more acceptable sentencing option for less severe levels of violence. Those victims who do not want their abusive partner imprisoned but still expect legal interventions will be more willing to report to police and press charges.

METHOD

5.4 To study the feasibility of launching a court-ordered mandatory programme for perpetrators of domestic violence in Hong Kong, the experiences of six countries (USA, Australia, Canada, New Zealand, Singapore and UK) were reviewed. The references found were based on Web pages of the governments, related community groups or academia of these countries. The literature review took place was from May to November 2003, with further supplementary searching until February 2004. The final stage of data clearance was conducted from September to November 2004.

5.5 The review started by studying the context and structure in which the court-ordered mandatory programmes operated. These included government domestic violence policies and the government structure that were responsible for handling domestic violence. As the issuance of mandatory orders to perpetrators to ensure that they would participate in the mandated programme required effort from both law enforcement and the judiciary, the legal measures supporting the BIPs were studied. The review then focused on the programme implementation including the mode of provision, programme format and content, and the professional standards in operation in these mandatory programmes. The evaluations of outcome effectiveness of the programmes were reviewed. The topics reviewed and the relevant information from these countries are shown in Appendix 9.

5.6 Upon reviewing the overseas experiences, a series of focus group discussions amongst the professions and practitioners concerned were organised. This is described in Chapter 4. The discussions aimed at gaining an understanding of local concerns and collecting related suggestions to explore the feasibility of exercising a mandatory programme for perpetrators of domestic violence in Hong Kong.

DOMESTIC VIOLENCE POLICY

The Government's commitment to tackling domestic violence

5.7 Across the six countries, domestic violence is regarded as a serious social problem that affects public health and has negative social and economic costs for society.[67] The New Zealand government even highlights domestic

[67] Strategic Partners Pty Ltd & Research Centre for Gender Studies (1999). *Current Perspectives on Domestic Violence: A review of national and international literature*. Commonwealth of Australia. http://www.padv.dpmc.gov.au/projects/curr_persp_dv.pdf

Tim Roberts Focus Consultants. (1996). *Working Document: Spousal Assault and Mandatory Charging in the Yukon: Experiences, Perspectives and Alternatives*. Department of Justice, Canada. http://www.4woman.gov/owh/violence.htm

Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

Home Office (2000a). *Home Office Circular 19/2000*. London: Home Office. http://www.homeoffice.gov.uk/docs/hoc1900.html

The Office On Women's Health, National Women's Health Information Center (2003). *Violence Against Women*. http://www.4woman.gov/owh/violence.htm

violence as an abuse of human rights.[68] Though domestic violence seems private, it is a public issue. In the UK, violence is treated as a crime that both police and judiciary take serious steps in handling. Both Australia and the USA clearly spell out that domestic violence is gendered violence, which is an abuse of power.[69]

5.8 Responding to the domestic violence, the governments of Canada, New Zealand and the USA adopt both a public health perspective and a criminal justice perspective, which is a quite comprehensive federal approach. Australia and the UK put greater emphasis on using a criminal justice perspective in which domestic violence is treated as criminal assault.

Government strategies to tackle domestic violence

Central coordinating mechanism

5.9 No single service unit can handle domestic violence effectively; it has to be achieved by collaboration. All of the six countries had central coordination mechanisms for tackling domestic violence, emphasising the use of coordinated criminal justice and community approaches.

5.10 These central coordinating mechanisms were the Partnership Taskforce in *Australia*, the Te Rito National Executive in *New Zealand*, the National Family Violence Networking System of *Singapore*, the Interdepartmental Group on Violence against Women and Domestic Violence in the *UK*, the "Family Violence Initiatives" of the Federal Government in *Canada* and the National Advisory Council on Violence Against Women in the *USA*.[70]

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[68] Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

[69] Commonwealth Office of the Status of Women (2003). *Partnership Taskforce*. Au: Commonwealth Office of the Status of Women. http://www.padv.dpmc.gov.au

[70] Commonwealth Office of the Status of Women (2003). *Partnership Taskforce*. Au: Commonwealth Office of the Status of Women. http://www.padv.dpmc.gov.au

Department of Justice Canada (2003). *Family Violence*. CA: Department of Justice. http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

The Office On Women's Health, National Women's Health Information Center (2003). *Violence Against Women*. http://www.4woman.gov/owh/violence.htm

Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

Ministry of Community Development and Sports (2003). *Supporting Families – FAQs.* Singapore: Ministry of Community Development. http://www.mcds.gov.sg/

Home Office (2000a). *Home Office Circular 19/2000*. London: Home Office. http://www.homeoffice.gov.uk/docs/hoc1900.html

5.11 These central coordinating mechanisms were convened or co-chaired by federal government offices, including the Commonwealth Office in *Australia*, the Ministry of Social Development in *New Zealand*, the Ministry of Community Development and Sports in *Singapore*, the Home Office in the *UK*, Health Canada in *Canada* and the Departments of Justice and Health and Human Services in *USA*.

5.12 These central coordinating mechanisms were responsible for enhancing persistence amongst concerned parties in responding to domestic violence. They steered the working direction and were responsible for cultivating a favourable social context for stronger collaboration in handling domestic violence.

Coordinated criminal justice system

5.13 Handling domestic violence is not solely a welfare issue. The criminal justice systems in the countries investigated are actively coordinating the improvement of the policy and practice in the system.

5.14 In *Australia*, the Australian Capital Territory uses the Interagency Family Violence Intervention Programme as a coordinated criminal justice and community response to domestic violence.[71] This programme emphasises improved investigative practice provided with training, close monitoring and coordination, strengthened collaboration between the judiciary and non-government organizations providing domestic violence crisis service.

5.15 In Auckland, *New Zealand*, SAFTINET (Safer Auckland Families Through Intervention Networking) coordinates statutory and community agencies to strengthen efforts in tackling domestic violence.[72]

5.16 Similar efforts have been adopted in *Canada*. The Federal government's "Family Violence Initiatives" provided policy and legal advice in enhancing the criminal justice system's response to family violence. The Department of

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[71] Key Young (2000). *Evaluation of ACT Interagency Family Violence Intervention Programme, Final Report*. ACT Department of Justice and Community Safety. http://padv.dpmc.gov.au/oswpdf/Evaluation_ACT.pdf

[72] Domestic Violence Centre (2003). *SAFTINET Interagency Coordination.* NZ: Domestic Violence Centre. http://www.dvc.org.nz/dvcserv3.htm

Justice has reviewed efforts to strengthen and sensitise the system in spousal abuse cases. The suggested measures include setting and enforcing mandatory charging and prosecution policies, domestic violence courts, protective measures for victims and mandated treatment for abusers. The Department emphasises making further efforts to support victims in prosecution, dealing with the high attrition rate of spousal violence cases in court, under-reporting and the training of criminal justice personnel.[73]

5.17 The UK uses a coordinated criminal justice system, the Interdepartmental Group on Violence Against Women and Domestic Violence, which was established in 1995. The Home Office[74] issued the Home Office Circular on Domestic Violence in 1995 and the Multi-agency Guidance for Addressing Domestic Violence in 2000. Following these guidelines, the Crown Prosecution Service prepared and trained its staff and the Police established specialised domestic violence units or trained domestic violence officers. Civil Law and the Probation Service strengthened law and order in enhancing the protection of victims.

5.18 The US Attorney General's Task Force on Family Violence[75] has acknowledged that judges and sentences could strongly reinforce the message that violence is a serious criminal matter for which the abuser should be held accountable. There is a shared value that if judges fail to handle family violence with appropriate concern, then the crime is trivialized and victims received no real protection or justice.

LEGAL MEASURES SUPPORTING BIPs

5.19 In the late 1970s, activists who worked with battered women realised that although they might help individual victims, no real progress could be made against the problem of domestic violence unless actions was taken to reform perpetrators and challenge the cultural beliefs that tolerate domestic violence.

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[73] Department of Justice Canada (2003). *Family Violence*. CA: Department of Justice. http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

[74] Home Office (2000a). *Home Office Circular 19/2000*. London: Home Office. http://www.homeoffice.gov.uk/docs/hoc1900.html
Home office (2000b). *Domestic Violence: Break the Chain - Multi-Agency Guidance for Addressing Domestic Violence*. London: Home Office. http://www.homeoffice.gov.uk/docs/mag.html

[75] U.S. Attorney General's Task Force on Family Violence (2003). *Enhancing Justice Programmes. Building Partnership to End Men's Violence*. Family Violence Prevention Fund. http://endabuse.org/bpi/

Batterer intervention programmes (BIPs) were initiated as the first step towards changing batterers and raising cultural awareness of the problem.

5.20 In 1980, the Coordinated Community Response to Domestic Violence and Domestic Abuse Intervention Project in Duluth, Minnesota, was the pioneer community-based coordinated system for responding and intervening in domestic abuse.[76] The responding systems included critical effort from the criminal justice system in ordering batterers to participate in education groups. A strong pro-arrest policy and mandatory attendance at non-violence education programmes was included as part of sentencing. In the 1990s, the Duluth model was broadly used with customisation in other states of the USA and other countries such as Australia, Canada, New Zealand and the UK.

Coordinated criminal justice system and BIPs

5.21 Healey et al.[77] found that a BIP alone could not stop violence - a strong, coordinated criminal justice response combining the effects of arrest, incarceration, adjudication and probation supervision was used. This was emphasised in government policies.[78] Babcock and Steiner[79] remarked that the treatment of batterers would be most effective when there was consistent legal consequences for non-compliance with treatment. In brief, the BIP was an integral part of any comprehensive approach to domestic violence.[80]

5.22 Active referral: Jeremy Travis, the Director of the National Institute of Justice in the USA stated that criminal justice agencies responded by referring

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[76] Pence, Ellen (1996) *Coordinated Community Response to Domestic Assault Cases: A Guide for Policy Development (Revised).* Minnesota: Minnesota Programme Development, Inc

[77] Healey Kerry Murphy, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies*. National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

[78] Department of Justice Canada (2003). *Family Violence*. CA: Department of Justice. http://canada.justice.gc.ca/en/ps/fm/familyvfs.html
Home Office (2003). *Government Policy Around Domestic Violence*. London: Home Office.
Austin Juliet & Dankwort Juergen (August 1998). *A Review of Standards for Batterer Intervention Programmes. (Revised)*. Violence Against Women Online. http://caleplus.lwa.gov.au/home.htm
Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

[79] Babcock, J.C., & Steiner, R. (1999). "The Relationship Between Treatment, Incarceration, and Recidivism of Battering: A Program Evaluation of Seattle's Coordinated Community Response to Domestic Violence". *Journal of Family Psychology.* *3* (1), p 46-59.

[80] Healey Kerry, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies.* National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

an increasing number of batterers to interventions via pre-trial or as part of sentencing. For instance, in Massachusetts 85% of abusers who attended BIPs were instructed to do so by the courts.[81] The role of the judge is essential in ensuring that batterers are referred to and enrolled in BIPs when that is part of the sentence.

5.23 Coordination of parties: Pre-trial screening ensures that batterers are not released on their own recognisance or on bail before arraignment. Pre-trial service staff gather as much background information as possible for the prosecutor and judge. Victims' advocates assist in preparing cases, pursuing probation revocation and requesting offender participation in BIPs as a condition of probation or other sentences. Probation officers can also take the lead in establishing meetings with batterer intervention service providers to monitor progress. Prosecutors who specialise in handling domestic violence cases work with the police, probation officers and victims' advocates to follow cases through.

5.24 Victim safety: Healey and Smith[82] stressed that victims can be endangered by any breakdown in communication in the criminal justice system, the failure of training or the lack of follow through by any one of the parties involved.

5.25 Specialised training programmes: Specialised training programmes are used to enhance the sensitivity and understanding of police officers, prosecutors, judges and probation officers to domestic violence. The jurisdictions investigated had policies of training legal actors (judges, prosecutors, police, lawyers and probation officers), teachers, health professionals, counsellors, social workers, etc.

(a) USA: The US Attorney General's Task Force on Family Violence has stated that judges are the ultimate legal authority in the criminal justice system .[83] The Family Violence Prevention Fund's Judicial Education Project (which is attached to the Office on Violence Against Women

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[81] Rothman Emily F, Butchart Alexander & Cerda Magdalena (2003). *Intervening with Perpetrators of Intimate Partner Violence: A Global Perspective*. World Health Organization. http://whqlibdoc.who.int/publications/2003/9241590491.pdf

[82] Healey Kerry Murphy, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies.* National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

[83] Family Violence Prevention Fund (2003).*Building Partnership to End Men's Violence*. Family Violence Prevention Fund. http://endabuse.org/bpi/

within the United States Department of Justice) has worked to improve the courts' handling of cases involving domestic violence. This project has aimed at educating the judges on how their decisions play a crucial role in preventing domestic violence injuries and deaths. Travis[84] evaluated family violence training programmes for law enforcement and other justice system staff conducted by the United States Department of Justice from 1986 to 1992. The study concluded that the training programmes had brought more uniform and progressive domestic violence policies in participating jurisdictions, improved attitudes and services to victims and enhanced working relationship amongst agencies.

(b) Canada: The Department of Justice Canada[85] (2003) recognised that the response of criminal justice system personnel in cases of family violence was crucial. These personnel included police, crown attorneys, judges, probation officers, victim-witness assistance personnel, correctional personnel and others who play a key role in providing services and supports. The Department is developing resources to promote the awareness of family violence issues, knowledge of the dynamics of family violence and an understanding of best practices in cases of family violence.

(c) New Zealand: The Te Rito New Zealand Family Prevention Strategy highlights the importance of training criminal justice personnel to be aware of and understand family violence issues.[86]

(d) UK: The Crown Prosecution Service has prepared and trained its staff for dealing with domestic violence cases. The government has proposed specially trained and dedicated police, prosecutors and judges to be used in specialist domestic violence courts.[87]

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[84] Travis Jeremy, Director (1995). *Evaluation of Family Violence Training Programmes. Research Review*. National Institute of Justice, Office of Justice Programmes. Washington D.C.: U.S. Department of Justice.

[85] Department of Justice Canada (2003). *Family Violence*. CA: Department of Justice. http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

[86] Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

[87] Home Office. (2003). *Safety and Justice: The Government's Proposals on Domestic Violence*. June 2003. UK: Home Office.

Home Office (2003). *Summary of responses to "Safety and Justice: The Government's Proposals on Domestic Violence*. November 2003. UK: Home Office

Legal measures

5.26 Within the criminal justice systems across the countries reviewed, there were a number of supporting policies and measures to make the system respond to domestic violence effectively. These include:

(a) Mandatory reporting;
(b) Mandatory arrest/pro-arrest, mandatory charging and prosecution;
(c) Specialised domestic violence courts with advocates; and
(d) Domestic violence homicide/fatality reviews.

5.27 The experiences in Canada and the UK show how these legal measures interact to ensure effective criminal justice responses and BIPs.

Canadian experience

5.28 The Minister of Justice and Solicitor General issued a public statement on the investigation and prosecution of spousal violence in 1983. Mandatory reporting, charging and prosecution policies were developed.[88] These measures aimed at removing victims from responsibility for initiating criminal charges and ensuring that police investigators gave priority to remove cases that involved spousal violence. The Mandatory Charge Policy was enacted in Yukon in 1983.

5.29 Family violence courts were established in Winnipeg in 1990 and Ontario in 1997.[89] Since 1990, the Winnipeg Family Violence Court has handled cases of spousal, child and elder abuse in Winnipeg, the first jurisdiction in Canada to develop a specialised Family Violence Court for family violence cases. The goals were to achieve:[90]

(a) Expeditious court processing;

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[88] Tim Roberts Focus Consultants. (1996). *Working Document: Spousal Assault and Mandatory Charging in the Yukon: Experiences, Perspectives and Alternatives*. Department of Justice, Canada.

[89] Ursel E.Jane. (1994). The Winnipeg Family Violence Court. Service Bulletin. Statistics Canada. http://www.hc-sc.gc.ca/hppb/familyviolence/winnipegfamily.pdf
Ursel E Jane. (2000). Winnipeg Family Violence Court Report. Statistics Canada (2000). Family Violence Courts. *Family Violence in Canada: A Statistical Profile 2000.* Canada: Canadian Centre for Justice Statistics. (Ottawa: Statistics Canada: Cat no. 85-224-XIE) http://www.statcan.ca/english/freepub/85-224-XIE/0000085-224-XIE.pdf

[90] Ursel E.Jane. (1994). The Winniepeg Family Violence Court. Service Bulletin. Statistics Canada.

(b) Rigorous prosecution; and
(c) More appropriate sentencing than that of non-specialised courts.

5.30 Five major strategies were used to achieve those goals:

(a) A pro-arrest policy known as the Zero Tolerance Policy;
(b) A women's advocacy and child victim witness programme for victims of family violence;
(c) A specialised prosecutorial unit of eleven crown attorneys in Winnipeg;
(d) Specially designated court rooms and dockets for intake, screening court and trials; and
(e) A special unit in the probation office to deliver court mandated treatment programmes.

5.31 Over two years of operation, the Court achieved the following goals:

(a) A three-month average processing time;
(b) A 150% increase of charges in spousal abuse cases from 1302 to 3316, a 89% increase in child abuse charges from 371 to 702 and a 138% increase in elder abuse charges from 26 to 62 from 1990 to 1992; and
(c) Imposed more appropriate sentences for family violence cases that proceeded to sentence; court mandated treatment was a condition on 53% of all persons sentenced in the Family Violence Court.

5.32 Related legislative reforms were enacted to improve the criminal justice legal framework for addressing family violence in Canada.[91] These included:

(a) Increasing the maximum penalty for criminal harassment;
(b) Creating a new anti-stalking offence of criminal harassment;
(c) Facilitating victims' participation in the criminal justice process by banning the publication of their identities and making the application of peace bonds (protective orders) easier; and
(d) Police and others could apply on behalf of a person at risk of harm for a peace bond.

[91] Department of Justice Canada (2003). *Family Violence*. CA: Department of Justice. http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

5.33 Ursel[92] observed that after seven years the sentencing pattern in the Family Violence Court had been consistent. About 62% of all convicted offenders had supervised probation as one of their sentencing outcomes. About 68% of those who received a supervised probation sentence were required to join batterers' treatment groups. All provincial institutions operated batterers' treatment groups.

5.34 In 1997, a pilot Domestic Violence Court was established in Toronto with an aim to:

(a) Provide better support to victims of domestic abuse throughout the criminal justice process;
(b) Prosecute domestic violence cases more effectively;
(c) Hold offenders accountable for their behaviour if they were found guilty of a domestic violence related offence.

5.35 McCallen (2000) found that by February 2000, 69% of cases resulted in a guilty disposition.[93] He also showed that the Coordinated Prosecution Component with the Court ensured that domestic violence cases were prosecuted more effectively. The ability to proceed with a prosecution had previously depended largely on the victim's testimony. Because of fear or intimidation, victims often recanted their original statements to the police or refused to testify. This often necessitated the withdrawal of charges by the prosecution, because without the victim's testimony there might be no reasonable prospect of conviction.

5.36 The specially trained domestic violence crown prosecutors relied on the "enhanced evidence" to proceed with the prosecution, particularly if the victim recanted the original statement made to police. The Police obtained:

(a) 911 tapes;
(b) Medical reports;
(c) Photographs of injuries;

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[92] Ursel E Jane. (2000). Winnipeg Family Violence Court Report. Statistics Canada (2000). Family Violence Courts. *Family Violence in Canada: A Statistical Profile 2000.* Canada: Canadian Centre for Justice Statistics. (Ottawa: Statistics Canada: Cat no. 85-224-XIE) http://www.statcan.ca/english/freepub/85-224-XIE/0000085-224-XIE.pdf

[93] McCallum T. (2000). Ontario Domestic Violence Courts Initiative. *Family Violence in Canada: A Statistical Profile 2000.* Canada: Canadian Centre for Justice Statistics. (Ottawa: Statistics Canada: Cat no. 85-224-XIE) http://www.statcan.ca/english/freepub/85-224-XIE/0000085-224-XIE.pdf

(d) Interviews with family and neighbours; and
(e) Audio- and/or video-taped victim statements.

5.37 The Police also laid charges where there were reasonable grounds to believe that the offender had breached the conditions of bail or probation.

The UK experience

5.38 The Civil Law of the UK required the courts to attach power of arrest to an occupation order and to strengthen the Children Act in 1989 to enable the courts to make emergency protection orders. A Victim Support Victim Service is also available to support victims. The UK has adopted a comprehensive and coordinated criminal justice response.[94]

5.39 From 2001 to 2003, the Crown Prosecution Service in England piloted five types of specialised domestic violence courts.[95] In 2003, a number of legal remedies were adopted in the criminal justice system to enhance its effectiveness in providing safety for victims within a multiagency framework that works with victims, perpetrators and their children. "Safety and Justice: the Government's proposals on Domestic Violence"[96] addressed issues of prevention, protection and support. The changes included:

(a) Implementing the following legislative measures in the Domestic Violence, Crime and Victims Bills.

(i) Make common assault an arrestable offence.
(ii) Criminalise breaches of non-molestation orders made under the Family law Act 1996 to allow the police to arrest for breach; and rationalise the availability of orders to harmonise the position of

[94] Home office (2000). *Domestic Violence: Break the Chain - Multi-Agency Guidance for Addressing Domestic Violence*. London: Home Office. http://www.homeoffice.gov.uk/docs/mag.html

[95] Cook D., Burton M., Robinson A. & Vallely C. (2004). *Evaluation of Specialist Domestic Violence Courts / Fast Track Systems*. Cardiff University, University of Leicester, University of Wolverhampton, Department for Constitutional Affairs, *Race Unit of Criminal Justice System & Crown Prosecution Service*. UK: Crown Prosecution Service. http://www.cps.gov.uk/publications/docs/specialistdvcourts.pdf

[96] Home Office. (2003). *Safety and Justice: The Government's Proposals on Domestic Violence*. UK: Home Office.
Home Office (2003). *Summary of responses to "Safety and Justice: The Government's Proposals on Domestic Violence*. UK: Home Office.

same-sex couples and extend protection to couples who have never cohabited or have never been married

(iii) Extend the availability of restraining orders under the protection from the Harassment Act 1997 to cover all offences.

(iv) Set out how and when reviews for domestic violence homicides should take place.

(v) Extend restraining orders when a person is not convicted of a criminal change but the Court considers that it is necessary to make an order to protect the victim.

(b) Enhance evidence gathering by developing and using risk assessment tools to prompt police officers to gather and present more appropriate evidence.

(c) Use specialist courts to deal with domestic violence cases.

(d) Consider the use of independent advocates in supporting victims through the criminal justice system, and provide wider support to victims in dealing with the many statutory agencies that might be involved in their cases.

5.40 In November 2001 the Crown Prosecution Service issued a revised policy on prosecuting cases of domestic violence, which focused on safety, support and information for victims, a closer civil/criminal interface and, whenever possible, constructing cases based on evidence other than that of the victim. The Service established a national network of Domestic Violence Coordinators to help implement this policy.

5.41 The UK government revealed that victims welcomed these supporting measures and were highly satisfied with the advice, support and information supported by lay advocates and others in the voluntary and community sectors, which pointed to a link between supported victims and their participation in the criminal justice process. Special measures were available for child witnesses and it was believed that advocates for adult victims of domestic violence would make a significant impact on their willingness to testify.

5.42 The government also proposed a number of non-legislative measures in the justice system in response to domestic violence cases. These included:

(a) Educating children and young people;

(b) Running awareness-raising campaigns;
(c) Running a 24-hour free phone helpline;
(d) Researching domestic violence and substance misuse;
(e) Piloting routine ante-natal questioning for domestic violence;
(f) Promoting good practice amongst health professionals to intervene for patients who are experiencing domestic violence;
(g) Developing closer policy and service delivery links with the government and others on child protection;
(h) Working with public private sector employers and unions to address workplace support to victims and bring offenders to justice; and
(i) Developing programmes of work to address the behaviour of offenders, including looking at the benefits of early intervention.

5.43 It was found that all criminal justice interventions in the UK had positive effects on the behaviour of men who were convicted of violence against their female partners.[97] The provision of community-based and prison-based programmes makes sure that perpetrators receive education in changing violent behaviour. A criminal justice system provides a strong monitoring authority to stop domestic violence.

5.44 In sum, a strengthened and coordinated mechanism in launching a policy to stop violence cannot succeed without criminal justice support. The advantages of such support include:

(a) Strengthening protection of victims' safety;
(b) Holding the perpetrators accountable for their violence;
(c) Increasing societal awareness that domestic violence is a crime and unacceptable to society;
(d) Removing victims' responsibility in making the charge;
(e) Shortening court processing time; and
(f) Providing alternative sentencing options beyond punishment by making an intervention programme mandatory.

5.45 In 2000, a child named Victoria Climbe was abused to death. The Secretary of State for Health and the Secretary of State for the Home Department nominated a judge to conduct the statutory inquiry into the death in 2001. The

[97] Dobash Russell P, Dobash R Emerson & Lewis Cavanagh (1996). *Research Evaluation of Programmes for Violent Men*. Edinburgh: Scottish Office Central Research Unit.

report of the Victoria Climbe Inquiry[98] was published in 2003. After the release of the report, the Prime Minister received a paper entitled "Every Child Matters"[99] from the Chief Secretary to the Treasury and launched a number of measures to enhance the protection of children.

5.46 The UK government proposed a Domestic Violence, Crime and Victims Bill [HL] in December 2003 to establish and conduct domestic homicide reviews.

Establishment and conduct of reviews

In this section "domestic homicide review" means a review of the circumstances in which a person aged 16 or over has died as a result of violence, abuse or neglect from:

(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

5.47 Under the proposed Crime and Victim Bill, the Secretary of State may in a particular case direct a specified person or body to establish or participate in a domestic homicide review. The specified person may include chief officers of police, or those in local authorities, local probation boards, health authorities and primary care trusts.

Issuance of mandatory orders

5.48 Mandatory orders were issued to perpetrators of domestic violence by the courts to enforce a BIP. The order could be made at any stage throughout criminal proceedings in different countries or states.

USA

5.49 In Duluth, Minnesota, the mandatory order to attend a BIP can be made when the offender pleads guilty at the arraignment court. In case the alleged assailant pleads not guilty, participation in a counselling programme is issued

[98] The Secretary of State for Health and The Secretary of State for the Home Department (2003). *The Victoria Climbie Inquiry: Report of an Inquiry by Lord Laming.* UK: Crown.
[99] The Chief Secretary to the Treasury (2003). *Every Child Matters.* UK:Crown

through the Order of Protection while awaiting trial to ensure the protection of victims. An order for a BIP can be a condition of bail or pre-trial release, pre-sentence and probation. If the assailant consistently fails to attend the programme, then programme staff can request a revocation of probation hearing or a civil court review hearing. The Court might, in probation cases, impose all or some of the original jail sentence and again require the assailant to complete the programme upon release from jail. The assailant can be found in contempt of court, incarcerated, and given a choice of completing the programme or remaining in jail.[100]

5.50 Although there is no federal legal regulation on mandatory counselling, there are six state laws, e.g. in Duluth, Minnesota, and Quincy, Massachusetts, that provide mandatory counselling services. In Duluth, the mandatory BIP is made under the Domestic Abuse Act (Chapter 518B.01). Under Chapter 518B.02 'Domestic abuse counselling programme or educational programme required', the Court will order that as a condition of the stayed sentence, the offender must participate in and successfully complete a domestic abuse counselling or education programme. (See Appendix 11).

Singapore

5.51 In Singapore, a counselling order is made by the Family Court under Section 65(5)(b) of the Women's Charter (Amendment) Bill 1996 (Chapter 353)[101] which was passed in 1961 to protect the rights of women and girls. The Order for a perpetrator and/or victim or their children to attend mandatory counselling is made by the minister of the Ministry of Community Development, Youth and Sports or as directed by the Family Court.[102] (See Appendix 11).

5.52 The Family Court can issue a Provisional Counselling Order together with a Personal Protection Order for those involved in family violence to attend a compulsory counselling programme. The counsellors at the Ministry of Community Development, Youth and Sports or a counselling agency conduct a pre-counselling assessment, and the results are reported to the Family Court.

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[100] Pence Ellen (1996) *Coordinated Community Response to Domestic Assault Cases: A Guide for Policy Development (Revised)*. Minnesota: Minnesota Programme Development, Inc.

[101] Women's Charter. Singapore. http://statutes.agc.gov.sg/

[102] The Women's Charter. http://www.gov.sg.

The Court, based on the assessment, determines if a Mandatory Counselling Order should be issued and periodic review scheduled.[103]

5.53 Failure to attend the counselling sessions scheduled by the counselling agency will constitute a breach of the Counselling Order and will be deemed as contempt of court punishable by law.

Australia

5.54 Under Section 5(1)(g), Restrictions in order, in the Crimes (Family Violence) Act 1987, an order might direct the defendant to participate in prescribed counselling.

5.55 In February 1999, the New South Wales Minister for Women announced government funding for the establishment of a 12-month pilot men's behaviour change programme. Participation in the programme was to be ordered post conviction for domestic violence offences. The programme commenced in July 2001.

5.56 In South Australia, there was a pilot programme for post sentencing and another programme operated during the sentencing process.[104] These pilot programmes have been reviewed and funding will continue until June 2005. The Northern Territory, Western Australia and the Australian Capital Territory have also provided court-directed programmes for men who use violence towards family members in their jurisdictions.[105]

New Zealand

5.57 In New Zealand, a Counselling Order can be made to a respondent or associated respondent under the Domestic Violence Act 1995, section 32(1)&(2), as attached to a Personal Protection Order issued by the Family Court.

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[103] Ministry of Community Development and Sports (2003). *What is Mandatory Counselling?* Singapore: Ministry of Community Development. http://www.mcys.gov.sg/MCDSFiles/Resource/Materials/Mandatory_Counselling.pdf

[104] Commonwealth of Australia (2000). *Key Findings on Working with Men*. Partnership Against Domestic Violence. Au: Commonwealth of Australia.

[105] Commonwealth Office of the Status of Women (2001). Taking Responsibility: A framework for developing best practice in programs for men who use violence toward family members at http://padv.dpmc.gov.au/projects/taking_responsibility.pdf

Canada

5.58 Canada has no federal law on the issuance of mandatory orders. Six jurisdictions have implemented civil legislation to provide protection to persons at risk of family abuse: Saskatchewan (in 1994), Prince Edward Island (in 1996), Yukon (in 1997) Alberta (in 1998), Manitoba (in 1999), Nova Scotia (in 2003) and Ontario (in 2000). In Alberta, under the Protection Against Family Violence Act, Sect 4(2)(k), the Court can require the respondent to receive counselling. See Appendix 11.

5.59 The Family Violence Court can issue an order to treatment for the offender. Court mandated treatment is a condition on 53% of all persons sentenced by Family Violence Court. Attendance at and completion of a batterers treatment course is a condition of one-half of the mandated cases with alcohol treatment designated.[106] The cumulative effect of these conditions has been to provide a much more intensive programme for the monitoring and treatment of offenders than was the case before court specialisation.

The UK

5.60 Domestic Violence Perpetrator Programmes are one of the sentencing options made by the five specialist domestic violence courts in Cardiff, Derby, Leeds, West London and Wolverhampton.[107] Referrals to perpetrator programmes vary across the sites. They are a common part of sentencing in Leeds, with the West Yorkshire Probation Service piloting the Duluth Domestic Violence Pathfinder Programme, which involves the victim if she wishes. However, referrals in other areas might well depend on the availability of local programmes. The West London Specialist Domestic Violence Court aims to increase the number of perpetrators sent to violence prevention programmes.

5.61 In general, mandatory orders for perpetrators of domestic violence to participate in the BIP can be made at various stages in the criminal justice process. They can be amongst the sentencing options or a condition attached to a order of protection/personal protection order, bail, pre-trial release, pre-sentence, post conviction order, probation order or jail sentence.

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[106] Ursel E.Jane. (1994). *The Winnipeg Family Violence Court*. *Service Bulletin*. Statistics Canada. http://www.hc-sc.gc.ca/hppb/familyviolence/winnipegfamily.pdf

[107] Home Office. (2003). *Safety and Justice: The Government's Proposals on Domestic Violence*. June 2003. UK: Home Office.

Consequences of breaching mandatory order

5.62 For mandatory counselling programmes, the breaching of an order to attend is reported to the Court. In the USA, the consequence is likely to be imprisonment or re-starting the programme[108]. In New Zealand, the police may arrest those who fail to attend a stopping violence programme by order. A maximum penalty of six months in prison or a fine of $5000 is imposed. If three offences are committed within three years, then the penalty is increased to two years in prison[109].

Summary

5.63 There seems to be no strict rule about the best time to issue a mandatory order to participate in a programme for batterers; it depends on the individual case. The administrations reviewed believe that it is important to have flexibility and awareness. Using the mandatory order for the maximum benefit is not only holding the perpetrator accountable for the violence used but also increasing victims' safety at the earliest possible stage was the utmost crucial factor. Opening more options in the legal process to make perpetrators participate in the BIP should be the guiding principle in early intervention.

PROGRAMME IMPLEMENTATION

Programme objectives

5.64 The programmes for perpetrators of domestic violence in the six countries shared clear common goals of:

(a) Reducing the re-offending rate;
(b) Increasing victim safety;
(c) Holding batterers accountable for the violence used; and
(d) Stopping their abusive behaviour.

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108 Ibid.

109 Police, New Zealand. *What is Domestic Violence?* NZ: Police. http://www.police.govt.nz/safety/domesticviolence.php

5.65 Mandatory programmes offered an alternative sentencing option to judges in removing batterers' violent behaviour.[110]

Programme approaches

5.66 Healey et al reviewed thirteen BIPs in five states of the USA, and 80% of them were mandatory programmes. Most of the BIPs reviewed were based on a feminist educational model such as the "Duluth Model" of Duluth, Minnesota. The EMERGE model of Quincy, Massachusetts blended feminist educational approaches with more intensive group work concerning relationships. The AMEND model of Denver, Colorado, used feminist educational topics as a basis for an in-depth intervention addressing batterer psychology and moral development.[111]

Feminist psycho-educational approach: The Duluth Curriculum

5.67 The Duluth Curriculum uses a feminist psycho-educational approach with cognitive-behavioural techniques. It involves gender analysis of power and control issues, which reflects the patriarchal organization of society. Violence is a means of maintaining male power in the family. Feminist programmes target raising consciousness about society's sex role conditioning and how it guides male behaviour. A model of egalitarian relationships based on trust instead of fear is presented[i]. This emphasizes the importance of a coordinated community response to battering and places battering within a boarder context of the range of controlling behaviour. The curriculum is taught in classes that emphasize the development of critical thinking skills around the following eight themes:

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[110] Strategic Partners Pty Ltd & Research Centre for Gender Studies (1999). *Current Perspectives on Domestic Violence: A review of national and international literature*. Commonwealth of Australia. http://www.padv.dpmc.gov.au/projects/curr_persp_dv.pdf

Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

Ministry of Community Development and Sports (2003). *What is Mandatory Counselling?* Singapore: Ministry of Community Development. http://www.mcds.gov.sg/MCDSFiles/Resource/Materials/Mandatory_Counselling.pdf

Department of Justice Canada (2003). *Family Violence*. CA: Department of Justice. http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

The Office On Women's Health, National Women's Health Information Center (2003). *Violence Against Women*. http://www.4woman.gov/owh/violence.htm

[111] Healey Kerry, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies*. National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

(a) Non-violence;
(b) Non-threatening behaviour;
(c) Respect;
(d) Support and trust;
(e) Accountability and honesty;
(f) Sexual respect;
(g) Partnership; and
(h) Negotiation and fairness.

5.68 However, feminist approaches have been criticized for the exclusion of traits in the individual, such as growing up abused.[112] Under the belief in institutional gender stereotypes, all men are thought to be abusive. Feminism fails to explain why many men are not violent in other relationships.[113] Nevertheless, power and control is the core issue addressed in most of the BIPs.

Cognitive behavioural and feminist educational Approach: EMERGE and AMEND

5.69 In general, the EMERGE and AMEND models are largely based on a cognitive behavioural approach and a feminist educational approach with intensive group work techniques.

5.70 The first BIP was developed in Boston, Massachusetts in 1977 by David Adams, the founder of EMERGE.[114] It adopted group counselling in addition to education and skills learning. It targeted physical, emotional and psychological abuse for reform. Exercises were used to develop respect and empathy for the victim. The topics covered by the EMERGE model included:

(a) Defining domestic violence;
(b) Negative versus positive self-talk;
(c) Effect of violence on women: quick fixes versus long-term solutions;

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[112] Dutton D. (1994). "Patriarchy and Wife Assault: The Ecological fallacy". *Violence and Victims 9*(2): 167-182.

[113] Healey Kerry, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies*. National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

[114] Carbon Susan B. Judge (2002). *Batterers Intervention Programmes.* Presentation on International Conference on Prevention of Domestic Violence 2002 at Taipei, Taiwan on November 22, 2002. (2002 年家庭暴力防治國際研討會) http://www.moi.gov.tw/div6/gov/violence0010012002 年家暴暴力防治國際研討會實錄.doc

(d) Psychological, sexual and economic abuse;
(e) Abusive versus respective communication;
(f) Effects of partner abuse on children;
(g) Batterer responsibility;
(h) Alternatives to violence; and
(i) Development of individualised goals based on current and past abuse.

5.71 The cognitive behavioural approach focuses on the conscious rather than the unconscious, and the present rather than the past to help batterers function better by modifying how they think and behave. The approach is compatible with a criminal justice response by addressing and changing the violent acts, without trying to solve issues of gender inequality in a larger system or delve into deep-seated psychological problems. The discussion in the group on violence issues is didactic and confrontational.[115]

5.72 At AMEND, feminist educational topics are used as the basis for in-depth intervention addressing batterer psychology and moral development. It takes a multi-modal approach to batterer intervention centered on group therapy, and also applies techniques of individual counselling or couples work.[116] The topics covered are:

(a) The Feminist Power and control theory;
(b) Violence is a crime;
(c) Violence and abuse are choices and a victim is not responsible for the violence;
(d) Teaching behaviour change to stop violence and abuse, e.g. anger and conflict management techniques, relaxation techniques; and addressing psychological features of the batterer's problem;
(e) Ending violence is a long-term process, ranging from one to five years;
(f) Ending violence is complex and required multi-modal intervention; and
(g) Treatment of batterers requires special skills and training.

5.73 The Duluth curriculum, EMERGE and AMEND, though with individual differences, shared cognitive-behavioural techniques.

Cognitive-behavioural techniques

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115 Ibid.
116 EUROWC. http://www.eurowrc.org

5.74 Cognitive-behavioural techniques help batterers to recognise how they stoke their own rage through irrational "self-talk", the internal dialogue that the batterers use to build themselves up to an abusive incident. Examining thoughts and feelings that preceded the abuse helps the batterers to realise that they do not just lose their temper and build up negative thoughts that justify the use of violence. Cognitive-behavioural techniques target three elements:

(a) What the batterer thinks about before an abusive incident;
(b) How the batterer feels, physically and emotionally, as a result of these thoughts; and
(c) What the batterer does, such as yelling and throwing things, which builds up to violent behaviour.

Summary

5.75 No single programme approach fits all because batterers are heterogeneous: There are different theoretical explanations for men's use of abusive, violent and controlling behaviour towards their female partners. The approaches could be roughly divided into the socio-cultural, gender-based feminist approach, the individual psychological approach and the systemic approach. These approaches respectively deal with gender inequality in a specific socio-cultural context, power and control issues, and intra-individual and interpersonal problems. There is no absolute way of discerning which approach is the most effective.[117]

5.76 There were different programmes in the USA, Australia, Canada and New Zealand designed for perpetrators from different cultural backgrounds. In the USA, Australia and Canada, there were programmes developed for gay, lesbian, disabled persons and the elderly.[118] Apart from mandatory

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[117] Home Office (2003). *Government Policy Around Domestic Violence*. London: Home Office
Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf
Austin Juliet & Dankwort Juergen (August 1998). *A Review of Standards for Batterer Intervention Programmes. (Revised)*. Violence Against Women Online. http://caleplus.lwa.gov.au/home.htm
Gondolf E.W. (1997). A multi-site evaluation of batterer intervention systems: a summary of preliminary findings. Indiana. P.A.: Mid-Atlantic Addiction Training Institute.

[118] National Clearinghouse on Family Violence. (2002). *Canada's Treatment Programmes for Men who Abuse their Partners.* Canada: Ministry of Health. http://www.hc-sc.gc.ca/hppb/familyviolence/pdf/2002-menwhoabuse.pdf

programmes, there were programmes provided for voluntary and self-referred men in these countries. Recently, in Duluth, USA, a programme named "Crossroads" was developed for victims of ongoing domestic abuse who were charged with criminal offences against their partners. It provided participants with an opportunity to address their use of violence within the context of their victimisation[119].

5.77 The gender-based, cognitive behavioural approach fits most: Although there are a variety of approaches to BIPs, a shared belief in the countries studied was that domestic violence is a gender issue about power and control, and cognitive-behavioural techniques are thus widely used.[120]

5.78 Matching the typology of batterers to BIPs: Holtzworth-Munroe and Stuart[121] presented a batterer typology based on the severity and frequency of the violence, and the psychopathology or personality disorders of batterers. Batterers were classified into family-only batterers, a borderline-dysphoric group and a general anti-social group.

5.79 A number of studies have been conducted to match the types of batterers and the programme approaches used. Programmes that are based on the psychopathology of batterers and criminal justice based programmes have been gaining popularity.[122]

5.80 White and Gondolf[123] studied a random sample of 100 perpetrators based on MCMI profiles. They found that the prevailing gender-based, cognitive behavioural approach was appropriate for most of the men in the sample who had been referred to batterers' programmes. There was a small group of men

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Healey Kerry Murphy, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies.* National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

[119] Duluth City Attorney's Office (2003). *Crossroads Program Prosecution Guidelines. Training material distributed on the Training on Building a Coordinated Community Response to Domestic Violence*, organized by Domestic Abuse Intervention Project, October 2003. MN: Duluth City Attorney's Office.

[120] Ibid.

[121] Holtzworth-Munroe, A., & Stuart, G. L. (1994). "Typologies of male batterers: Three subtypes and the differences among them". *Psychological Bulletin, 116*(3), 476-497.

[122] Ibid.

Healey Kerry Murphy, Smith Christine, & O'Sullivan Chris. (1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies.* National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

[123] White, R.J. & Gondolf, E.W. (2000). "Implications of Personality Profiles for Batterer Treatment". *Journal of Interpersonal Violence, 15* (2), p.467-489.

with severe personality or psychopathological problems that needed additional psychiatric intervention.

Programme content

5.81 In line with the belief that domestic violence is an issue of power and control against women, which is a product of the interaction of socio-cultural systems, mandatory programmes usually adopt content that is related to the cognitive-behavioural and gender approaches. Programme content can include:

(a) Understanding violence (physical, emotional, intimidation and isolation);
(b) Confrontation of beliefs and values about violence;
(c) Male privileges for changing their attitudes towards their partners;
(d) Accountability and responsibility;
(e) Sexual respect;
(f) Male privilege;
(g) Coercion and threats;
(h) Power and control; and
(i) Victim safety.

5.82 Holding batterers accountable for the violence that they use is the main theme of BIPs.[124] There are programmes for batterers in Singapore[125] and Canada[126] that include anger and stress management, communication skills and empathy development. However, Mullender and Burton[127] argued that managing anger, reducing alcohol misuse and working with couples and families were not effective in stopping violence. These programme elements convey a misleading message that victims should share partial responsibility for domestic violence that might further place women in danger and discourage them from seeking help.

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[124] Strategic Partners Pty Ltd & Research Centre for Gender Studies (1999). *Current Perspectives on Domestic Violence: A review of national and international literature*. Commonwealth of Australia. http://www.padv.dpmc.gov.au/projects/curr_persp_dv.pdf

[125] Ministry of Community Development and Sports (2003). *What is Mandatory Counselling?* Singapore: Ministry of Community Development. http://www.mcds.gov.sg/MCDSFiles/Resource/Materials/Mandatory_Counselling.pdf

[126] National Clearinghouse on Family Violence. (2002). *Canada's Treatment Programmes for Men who Abuse their Partners.* Canada: Ministry of Health. http://www.hc-sc.gc.ca/hppb/familyviolence/pdf/2002-menwhoabuse.pdf

[127] Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf

Pre-intervention assessment

5.83 As batterers are a heterogeneous group, not all perpetrators will benefit from community-based BIPs. Pre-intervention risk assessment and the psycho-social assessment of batterers is necessary to make appropriate screening to select the most appropriate programme model. Australia and Canada piloted prison-based programmes for perpetrators and identified alcohol and substance abuse as the prominent risk factors of violence. Isolated alcohol and substance abuse treatment was found to be effective in stopping further violence.[128]

Couple counselling

5.84 Couple counselling has been subject to a similar critique for inappropriately assigning the victims a share of the blame for the continuation of violence.[129] Couples therapy views men and women as equal participants in creating disturbances in the relationship.[130] Sonkin's study[131] argued that couple or family interventions might be as effective as other forms of treatment, which suggests that there is a place for couples and family therapy either as the primary intervention or as an adjunct to other interventions. Couple counselling may be used when there is no violence and when respect has been established with a balanced distribution of power in the couple. The assessment of risks and sensitivity in the power relationship are essential in employing interventions, particularly couple counselling. Clear guidance and indicators on when to use conjoint interviewing is required. For instance, when:

(a) Violence has stopped for 6-12 months;
(b) A balanced power status between the couple is achieved;
(c) The batterer has demonstrated positive progress at the BIP;
(d) Safety is monitored; and

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128 Ibid.

129 Babcock, J.C., and J.J. La Taillade. (2000). "Evaluating Interventions for men Who Batter". In J.P. Vincent and E.N. Jouriles (eds). *Domestic Violence: Guidelines for Research-Informed Practice*. Philadelphia: Jessica Kingsley Publishers.

130 Ashcroft J., Daniels D. J. & Hart S. V. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* Special Report, National Institute of Justice. U.S. Department of Justice.

131 Sonkin D. J. (2000). *Domestic Violence: Court-Mandated Perpetrator Assessment and Treatment Handbook. Online version*. http://www.daniel-sonkin.com

(e) Both parties show willingness with clear objectives in a co-joint session.

Victim safety

5.85 Victim safety is the primary concern in running BIPs. Policies on victims' contact and parallel programmes for enhancing victims' safety are widely adopted in Australia, the UK and the USA. The programme workers of BIP inform victims when their abusive partners or ex-partners start and complete a programme. Victims learn from the service agent about the perpetrators' progress to monitor if there is any further potential for danger.[132]

5.86 Duluth, Minnesota, requires by law that the counsellor or facilitator of BIPs set policies on victim protection to:

(a) Notify the victim of the circumstances if the offender is reported back to the Court or is removed from the programme;
(b) Notify the victim of the right not to provide any information;
(c) Inform the victim of the confidentiality of information;
(d) Provide the victim with referral information for support services;
(e) Warn a potential victim of imminent danger based on information provided by an offender or abusing party; and
(f) Coordinate with the Court, probation and corrections officers, battered women's and domestic abuse programmes, child protection services and other providers on promotion of victim safety and offender accountability. (See Appendix 11).

Programme duration

5.87 Mandatory programmes for perpetrators of domestic violence usually include at least 20 sessions, extended across 24 to 52 weeks with a follow-up period of

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[132] Strategic Partners Pty Ltd & Research Centre for Gender Studies (1999). *Current Perspectives on Domestic Violence: A review of national and international literature*. Commonwealth of Australia. http://www.padv.dpmc.gov.au/projects/curr_persp_dv.pdf
Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf
Edleson Jeffrey L. (1995). *Do Batterers' Programmes Work?* University of Minnesota and Domestic Abuse Project, Inc. Minnesota Center Against Violence and Abuse. http://www.mincava.umn.edu/papers/battrx.htm

6 to 24 months. Lengthy follow-up service could better monitor and sustain the effect.[133]

5.88 In Canada, one programme provides 4 to 8 pre-sessions before going into the 16-session intervention programme .[134] In Australia, the BIPs last for 24 weeks or 54 hours. The follow up periods range from six to twelve months across the states and territories.[135] Mullender and Burton (2000)[136] reviewed BIPs in the UK, which lasted from 20 hours over 10 weeks to 120 hours over 48 weeks. The National Practitioners' Network[137] (1994) recommended programmes of 75 hours over 30 weeks, with a minimum of 50 hours over six months.

5.89 According to Austin and Dankwort's [138] national review in the USA, programme duration ranged from 12 to 52 weeks; most of the states' standards suggested 24 to 26 weeks programmes. Edleson[139] reviewed a number of batterers' programmes and concluded that the predominant format lasted from 10 to 36 sessions. Such programmes consisted of small groups of 5 to 15 men, which were highly structured and focused on teaching behavioural and attitudinal change. The leaders were most often, but not always, male.

Definition of success

5.90 A number of indicators are used in measuring BIP success. A study conducted by the National Institute of Justice in Florida and New York considered a

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133 Dobash Russell P, Dobash R Emerson & Lewis Cavanagh (1996). *Research Evaluation of Programmes for Violent Men*. Edinburgh: Scottish Office Central Research Unit.

134 *Family Violence Prevention Programme.* (2003). http://www.mamawi.com

135 Strategic Partners Pty Ltd & Research Centre for Gender Studies (1999). *Current Perspectives on Domestic Violence: A review of national and international literature*. Commonwealth of Australia. http://www.padv.dpmc.gov.au/projects/curr_persp_dv.pdf

136 Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf

137 The National Practitioners' Network (1994). *Statement of Principles and Guidelines for Good Practice for Intervention Programmes Working with Men Towards Ending Their Violence and Abuse to Women Partners*. UK: Domestic Intervention Project.

138 Austin Juliet & Dankwort Juergen (1998). *A Review of Standards for Batterer Intervention Programmes. (Revised)*. Violence Against Women Online. http://caleplus.lwa.gov.au/home.htm

139 Edleson Jeffrey L. (1995). *Do Batterers' Programmes Work?* University of Minnesota and Domestic Abuse Project, Inc. Minnesota Center Against Violence and Abuse. http://www.mincava.umn.edu/papers/battrx.htm

reduction in violence to be a success.[140] Most programme effectiveness studies[141] consider measuring the following aspects:

(a) Increasing victims' sense of safety;
(b) Stopping violence;
(c) Reducing re-offence/recidivism; and
(d) Reducing drop-out and increasing compliance.

5.91 These data are collected from victims' reports, batterers' self-reports, official records of re-offence and attendance at the mandatory BIP.

5.92 Source of measurement: Jackson[142] suggested that using more than one source of data to measure the effect of a programme increased the validity of the findings. For instance, batterer's self-reports, victim reports and official records of re-arrest would be considered as other sources. However the sole use of official re-arrest records was problematic. Gondolf [143] revealed that official re-arrest records capture only those violations that reach the authorities, but there is evidence that batterers often avoided re-arrest by using psychological and verbal abuse. Batterer's self-reports were not a valid indicator of outcome, as they would be subjected to perpetrator denial and minimisation.[144]

5.93 Upholding practical significance: Conceptually, "statistically significant" decreases in violent behaviour or increases in other types of behaviour that

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[140] Jackson S., Feder L., Forde D.R., Davis R.C., Maxwell C.D. and Taylor B.G. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* National Institute of Justice Special Report. Washington D.C.: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

[141] Edleson, J.L. & Syers, M. (1990). "The relative effectiveness of group treatments for men who batter". *Research in Social Work Research and Abstracts, 26,* 10-17.

Edleson, J.L. & Syers, M. (1991). "The effects of group treatment for men who batter: An 18-month follow-up study". *Research in Social Work Practice, 1,* 227-243.

Austin Juliet & Dankwort Juergen (1999). "The Impact of A Batterer's Program on Battered Women". *Violence Against Women, 5*(1), 25-42.

Gondolf E. W. (2000). "Mandatory Court Review and Batterer Program Compliance". *Journal of Interpersonal Violence. 15* (4), 428-437. SAGE Publications.

Gregory, C., & Erez, E. (2002). "The Effects of Batterer Intervention Programs: The Battered Women's Perspective". *Violence Against Women. Vol. 8*(2), p. 206-232.

[142] Jackson S., Feder L., Forde D.R., Davis R.C., Maxwell C.D. and Taylor B.G. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* National Institute of Justice Special Report. Washington D.C.: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

[143] Gondolf E.W. (1997). "Patterns of Reassault in Batterer Programs". *Violence and Victims. 12* (4); 373-387.

[144] Ibid.

were not linked to violence could be used as criteria of success. However, this was heavily challenged by Edleson (1996)[145] who maintained that the "practical significance" for victims should be considered. That means, ending violent behaviour and physical and psychological threats of violence to battered women should be used as criteria of success. Programme success should be measured in terms of life improvement of the victims; otherwise the programmes should not be regarded as successful.[146]

5.94 In this regard, the combination of the victims' report and re-arrest are considered valid indicators of programme effectiveness. The primary outcome of perpetrators' programmes can be best measured by victims' report and re-arrest.[147] Mullender and Burton (2000) of the UK believed that a follow-up period of more than a year was needed, and that a longer period is almost certainly better.[148]

Programme effectiveness

5.95 It was generally concluded that BIPs are at least modestly successful at preventing further physical abuse. The BIPs were generally significant in ending violent behavior.[149]

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[145] Edleson, J. L. (1996). "Controversy and change in batterers' programs". In J. L. Edleson & Z. C. Eisikovits (Eds.), *Future interventions with battered women and their families*. USA: Sage Publications, Inc.

[146] Eisikovits, Z. C., & Edleson, J. L. (1989). "Intervening with men who batter: A critical review of the literature". *Social Service Review, 63*, 384-414.

[147] Edleson, J.L. & Syers, M. (1990). "The relative effectiveness of group treatments for men who batter". Research in Social Work Research and Abstracts, 26, 10-17.
Edleson, J.L. & Syers, M. (1991). "The effects of group treatment for men who batter: An 18-month follow-up study". *Research in Social Work Practice, 1*, 227-243.
Bennett Larry & Williams Oliver (Unpublished, 2003). *Controversies and Recent Studies of Batterer Intervention Programme Effectiveness*. National Electronic Network on Violence Against Women, Violence Against Women Online Resources. http://www.vaw.umn.edu
Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf

[148] Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf

[149] Gondolf E.W (2002). *Batterer Intervention Systems: Issues, Outcomes, and Recommendations.* Thousand Oaks, CA, Sage Publication
Saunders D (1996). "Feminist-cognitive-behavioural and process-psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models". *Violence and Victims. 11*, 393 - 414.
Bennett Larry & Williams Oliver (Unpublished, 2003). *Controversies and Recent Studies of Batterer Intervention Programme Effectiveness*. National Electronic Network on Violence Against Women, Violence Against Women Online Resources. http://www.vaw.umn.edu

5.96 Gondolf [150] highlighted the importance of evaluating the batterer intervention system including the coordinated community and legal responses, rather than focusing solely on batterer programmes. For instance, compliance in attending batterer programmes was a core factor in halting violence; therefore, the legal system's response to increased participation was imperative. The court should not only refer batterers to programs but also has to follow through their participation and attendance, communicate with agencies running BIPs and with victims.

(a) Increasing Victims Safety

5.97 Austin and Dankwort[151] interviewed 25 women with partners participating in Canadian BIPs attached to a women's refuge. Three quarters of the respondents reported a sense of enhanced well-being after their partners' involvement. This was associated with increased positive self-esteem, feeling of empowerment and relief of burden in taking care of their partners.

5.98 Gregory and Erez[152] found that a majority of the women reported positive outcomes from their partners' participation in BIPs in the USA. Fifty-five per cent of the women reported that their partners no longer used physical violence. However, over 75% reported fear and anxiety when their partners started the programme for fear of the men's anger being displaced to them. Thus, the authors suggested that supportive service should be provided to these women in a proactive manner, particularly, during the initial stage.

(b) Stopping Physical Violence/Reducing Re-offence or Recidivism

5.99 Edleson and Syers[153] revealed that by various interventions in the USA, 53% to 85% of men stopped their physically abusive behaviour after involvement

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Rothman Emily F, Butchart Alexander & Cerda Magdalena (2003). *Intervening with Perpetrators of Intimate Partner Violence: A Global Perspective*. World Health Organization. http://whqlibdoc.who.int/publications/2003/9241590491.pdf

150 Gondolf E.W (2002). *Batterer Intervention Systems: Issues, Outcomes, and Recommendations*. Thousand Oaks, CA, Sage Publication.

151 Austin Juliet & Dankwort Juergen (1999). *The Impact of A Batterer's Program on Battered Women. Violence Against Women. Vol. 5*(1), p.25-42.

152 Gregory, C., & Erez, E. (2002). "The Effects of Batterer Intervention Programs: The Battered Women's Perspective". *Violence Against Women. Vol. 8*(2), p. 206-232.

153 Edleson, J.L. & Syers, M. (1990). "The relative effectiveness of group treatments for men who batter". *Research in Social Work Research and Abstracts, 26,* 10-17.

in the programmes. Programme evaluations from the UK and USA revealed that 50-90% of people who completed the programmes remained non-violent for follow-up periods ranging from 6 months to 3 years.

5.100 The largest-scale evaluation to date conducted by Gondolf[154] found that those who completed the programme were 67% less likely to physically re-assault their partners than those who dropped out of them, even considering demographic and behavioural factors. However, 72% were verbally abusive 15 months after completing a programme and were increasingly using verbal abuse in the years following programme completion. It was possible that some BIPs turned batterers into more skilful, verbal batterers. Thus, the BIPs should not emphasize solely on skill training like anger management skills but should also change the attitudes that support abusive behaviour.

5.101 Research studies of Gondolf, Eldeson and Syers[155] mentioned that in stopping physical violence the programmes had achieved significant outcomes. The effectiveness in stopping verbal abuse was an area to be further studied.

5.102 The Centre for Disease Control[156] suggested the need to further study the interaction effects between the characteristics of the offender, the treatment programme and the criminal justice system in relation to treatment completion. Further research is needed to find out whether the elimination of verbal abuse should require a longer time of intervention for changing batterers' values and beliefs not only in using physical violence, but also in using psychological abuse.

5.103 Bennett and William[157] found that most re-offences occurred early, usually within six months of initial programme intake, which means that assessment

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Edleson, J.L. & Syers, M. (1991). "The effects of group treatment for men who batter: An 18-month follow-up study". *Research in Social Work Practice, 1*, 227-243.

154 Gondolf E. W. (2000)."Mandatory Court Review and Batterer Program Compliance". *Journal of Interpersonal Violence. 15* (4), 428-437.

155 Edleson, J.L. & Syers, M. (1990). "The relative effectiveness of group treatments for men who batter". *Research in Social Work Research and Abstracts, 26*, 10-17.

Edleson, J.L. & Syers, M. (1991). "The effects of group treatment for men who batter: An 18-month follow-up study". *Research in Social Work Practice, 1*, 227-243.

156 Centre for Disease Control (2003). *Fact Sheet: Male Batterer.* National Centre for Injury Prevention and Control. USA: CDC. http://www.cdc.gov/ncipc/factsheets/malebat.htm

157 Bennett Larry & Williams Oliver (Unpublished, 2003). *Controversies and Recent Studies of Batterer Intervention Programme Effectiveness*. National Electronic Network on Violence Against Women, Violence Against Women Online Resources. http://www.vaw.umn.edu

and accountability must be on going. Batterers who did not complete their programme were twice as likely to be re-arrested.[158]

5.104 Dobash[159] evaluated CHANGE and the Lothian Domestic Violence Probation Project in the UK. Sixty-seven percent of men avoided further violence for a year after the programmes as against only 25% of men subject to other programmes. However, the success rate represented only 40.2% of those who responded initially because the sample declined over time.

5.105 The National Institute of Justice[160] reviewed two evaluations of batterer intervention programmes in Broward County, Florida[161], and Brooklyn, New York[162], based on an experimental design of random samples in control and treatment groups. The Broward County study with a sample size of 404, found no significant differences between batterers in treatment groups (sentenced to 1 year probation and 26 weeks batterer intervention programme) and control groups on re-offense rates or attitudes toward domestic violence after 6 months and 12 months.

5.106 There were 376 batterers in the Brooklyn study sentenced to the BIPs when prosecution, defence, judge and the batterers agreed to the treatment. In the treatment groups, batterers were assigned to programmes lasted 39 hours in 26 weeks and 8 weeks respectively. It was found that men who completed an 8-week treatment programme showed no differences from the control group, but men who completed a 26-week programme had significantly fewer official complaints lodged against them than those in the control groups. No difference was found among the three groups in attitudes toward domestic violence with a 6-12 months follow up period.

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[158] Bennett Larry & Williams Oliver (Unpublished, 2003). *Controversies and Recent Studies of Batterer Intervention Programme Effectiveness*. National Electronic Network on Violence Against Women, Violence Against Women Online Resources. http://www.vaw.umn.edu

[159] Dobash Russell P, Dobash R Emerson & Lewis Cavanagh (1996). *Research Evaluation of Programmes for Violent Men.* Edinburgh: Scottish Office Central Research Unit.

[160] Ashcroft J., Daniels D. J. & Hart S. V. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* Special Report, National Institute of Justice. U.S. Department of Justice.

[161] Feder L. & Forde D.R. "The Broward Experiment". In Ashcroft J., Daniels D. J. & Hart S. V. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* Special Report, National Institute of Justice. U.S. Department of Justice.

[162] Davis. R.C., Maxwell C.D. & Taylor B. G. "The Brooklyn Experiment". Ashcroft J., Daniels D. J. & Hart S. V. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* Special Report, National Institute of Justice. U.S. Department of Justice.

5.107 Ashcroft, Daniels and Hart reviewed 35 batterer intervention evaluations and found the differences in evaluation methods. Pure experimental designs were favoured by researchers, which made finding true effects easier, and reduced the likelihood of error but were challenging to put in real practice because it requires randomized assignment of subjects into experimental and control groups. Quasi-experimental designs were not by random sampling; they were easier to put in practice but were more open to misinterpretation.[163]

5.108 Concerning the programme approach, no one single mainstream approach has yet been proven to be more effective in reducing recidivism than any other.[164] The best way is to work closely with local victim services agencies or victims' advocates. The most effective reduction in partner violence has occurred in those communities with the strongest combination of coordinated accountable elements. A programme alone cannot effectively reduce the batterers' potential for violence. However, the programme could hold hard to treat men in a pattern that increased time for battered women to get into a safer position.[165] Therefore, for the BIPs proved to be effective, they are part of the effective coordinated community and legal systems.

(c) Reducing Drop Out/Attrition Rate and Increasing Compliance

5.109 Programme dropout rate was a significant problem as around 50% of batterers failed to complete the mandatory programmes in both USA and Canada. Two national surveys of batterers' programmes in the USAin 1984[166] reported that amongst 90 programmes, one-third to one-half of the men dropped out after the first session of the programme.

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[163] Ashcroft J., Daniels D. J. & Hart S. V. (2003). *Batterer Intervention Programs: Where Do We Go From Here?* Special Report, National Institute of Justice. U.S. Department of Justice.

[164] Bennett Larry & Williams Oliver (Unpublished, 2003). *Controversies and Recent Studies of Batterer Intervention Programme Effectiveness*. National Electronic Network on Violence Against Women, Violence Against Women Online Resources. http://www.vaw.umn.edu;
Gondolf E.W. (1997). *A multi-site evaluation of batterer intervention systems: a summary of preliminary findings*. Indiana. P.A.: Mid-Atlantic Addiction Training Institute.

[165] Bennett Larry & Williams Oliver (Unpublished, 2003). *Controversies and Recent Studies of Batterer Intervention Programme Effectiveness*. National Electronic Network on Violence Against Women, Violence Against Women Online Resources. http://www.vaw.umn.edu

[166] Feazell, C.S., Mayers, R.S. & Deschner, J. (1984). "Services for Men Who Batter: Implications for Programs and Policies". *Family Relations, 33*,.217-223.

5.110 Gondolf[167] found that only one in five men successfully complete a programme and remain non-violent over a relatively short period of 18 months. The majority of these groups reported high attrition rates, with as many as 50% to 75% of men failing to complete the mandated programme. The factors included lifestyle instability (e.g. youth, low education and unstable working histories) and incongruence between the batterer's self-identified problems and the treatment provided.

5.111 However, provided with persistent and vigorous support from the justice system, the attrition rate was lowered. Therefore, more men could complete the programmes. For instance, in Pittsburgh, the no-show rate of the programme for perpetrators dropped from 26% to 6% from 1994 to 1997, given criminal justice intervention. If perpetrators failed to appear at the intake or if there was no evidence of compliance at 30 days or at programme completion, then it was considered a breach of order.[168]

(d) Voluntary vs Mandatory participation

5.112 At the early stage of studies, about 50% of those men initially contacting a programme for an intake appointment never appeared in the programme[169], and the dropout rates ranged between 40% and 60%.[170] The principle means for addressing non-compliance in BIPs has been due to increased legal sanctions such as jailing or extended sentences.

5.113 Gondolf's (2000)[171] study on compliance to batterer programmes found that there was a substantial increase in compliance following the implementation of mandatory court review of cases in the Pittsburgh Domestic Violence Court from 1994 to1997 with 985 pre-test and 995 post-test samples. Compliance to programme intake increased from 64% of those who were referred by the Court in 1994 to 94% in 1997. Programme completion by those who appeared

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[167] Gondolf E.W. (1997). *A multi-site evaluation of batterer intervention systems: a summary of preliminary findings.* Indiana. P.A.: Mid-Atlantic Addiction Training Institute.

[168] Mullender Audrey & Burton Sheila (2000). *Reducing Domestic Violence…What Works? Perpetrator Programmes*. Crime Reduction Research Series. London: Home Office Research, Development and Statistics Directors. http://www.homeoffice.gov.uk/docs/perpprog.pdf

[169] Gondolf, E & Foster, R. (1991). "Preprograme attrition in batterer programs". *Journal of Family Violence, 6,* 337-350.

[170] Gondolf, E. (1990). An exploratory survey of court-mandated batterer programs. *Response, 13* (3), 7-11.

[171] Gondolf, E . (2000). "Mandatory Court Review and Batterer Program Compliance". *Journal of Interpersonal Violence, 15,* 428-437.

for programme intake remained at approximately 70%. The percentage of court referrals that completed the programme rose from 48% in 1994 to 65% in 1997. The utility of court reviews with pre-trial referrals in improving compliance and the importance of considering court procedures in assessing programme outcomes was suggested in this study.

5.114 In comparing voluntary to mandatory participation in batterer programmes, drop-out rates were found to be 61% and 33%, while re-offence rates were 44% and 29% respectively[172] Thus, mandatory orders are effective in making a batterer stay in a programme, with the re-offence rate decreasing by almost a third.

Programme standards

5.115 There is no one set of standard for BIPs, especially in relation to the qualifications of counsellors or facilitators. Only Canada, the UK and the USA have national standards or requirements.

USA

5.116 As at February 1997, Austin and Dankwort[173](1998) showed that as at February 1997, 31 states in America had developed County or State standards. These states required programme staff to be violence-free in their personal lives; 45% of them stated that they must not abuse alcohol or drugs; and 55% of them required the staff to rid themselves of sexist attitudes. It was equally important that proper and continuous training was essential in maintaining service quality.

5.117 Regarding the professional qualifications, 42% of the standards indicated a preference for a professional degree and/or license. Training and experience in domestic violence work were considered important. About 90% of the standards suggested that the length of training should range from 24 to 80 hours.

5.118 Many of the standards make reference to how staff should be vigilant about their own issues of power and control (e.g. Texas), and at least one state

[172] Gondolf E.W (2002). *Batterer Intervention Systems: Issues, Outcomes, and Recommendations.* Thousand Oaks, CA, Sage Publication.
[173] Ibid.

(Massachusetts) required new staff be asked about abusive and controlling behaviour that they had used in their personal relationships. Some standards delineated procedures for a staff member who became violent with their partner while affiliated with a batterers' intervention service (e.g. Pennsylvania). Occasionally, standards provided criteria for former batterers who wished to become facilitators. Typically, they required that person to have attended a batterers' programme and be violence-free for a number of years.

5.119 In Duluth, Minnesota, standards for domestic abuse counselling programmes, domestic abuse educational programmes and programme accountability were included in the Domestic Violence Act.

Australia

5.120 In 2000, Brendan Mulhall and Associates Pty Ltd prepared "Competency Standards for people who come into professional contact with those affected by domestic/family violence", with funding from Partnerships Against Domestic Violence of the Commonwealth of Australia. The standards listed the competence, level of skills and programme content requirements for those who worked with batterers. Service providers working with perpetrators should have appropriate skills and expertise as developed by training based on competency standards. A male and female worker should jointly facilitate programmes for perpetrators.[174]

UK

5.121 The National Practitioners' Network (1994)[175] in the UK stated that practitioners had to have some basic awareness training on domestic violence, though sometimes as little as a one-day course. The majority had training on working with perpetrators, but not all had had child protection training or any training on the safety issues that affect women and children when perpetrators are challenged to change their behaviour.

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[174] Commonwealth of Australia (2000). *Key Findings on Working with Men*. Partnership Against Domestic Violence. Au: Commonwealth of Australia.

[175] The National Practitioners' Network (1994). *Statement of Principles and Guidelines for Good Practice for Intervention Programmes Working with Men Towards Ending Their Violence and Abuse to Women Partners.* UK: Domestic Intervention Project.

Fee charging

5.122 Although most mandatory programmes for perpetrators of domestic violence are fully or partly government-funded, some batterers still have to pay for them. It is believed that this could increase the sense of responsibility to the perpetrators. In Canada, some agencies charge a fee, largely dependent on individual programme and funding sources.[176] In Singapore, an affordable fee is charged for some of the programmes or services. However, clients can apply for fee waiver if they are unable to pay.[177] Austin and Dankwort's national review[178] in the USA found that 71% of the standards state that batterers should pay for their services as a way of being responsible for what they have done. About 52% stated that a sliding scale should be provided and 48% stated that there should be a provision made for indigent clients.

Issues of concerns

5.123 As the 'one-size-fits-all' approach to batterer intervention cannot accommodate the diverse population of batterers entering the criminal justice system, two new specialized approaches have been put forward:

(a) Interventions tailored to a specific types of batterer, based on psychological factors, risk assessment, or substance abuse history; and

(b) Intervention designed to enhance programme retention and efficacy with specific populations, based on socio-cultural difference, such as poverty, literacy, race, ethnicity, nationality, gender or sexual orientation[179].

For instance:

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[176] National Clearinghouse on Family Violence. (2002). *Canada's Treatment Programmes for Men who Abuse their Partners.* Canada: Ministry of Health. http://www.hc-sc.gc.ca/hppb/familyviolence/pdf/2002-menwhoabuse.pdf

[177] Ministry of Community Development and Sports (2003a). *What is Mandatory Counselling?* Singapore: Ministry of Community Development. http://www.mcds.gov.sg/MCDSFiles/Resource/Materials/Mandatory_Counselling.pdf

[178] Austin Juliet & Dankwort Juergen (August 1998). *A Review of Standards for Batterer Intervention Programmes. (Revised)*. Violence Against Women Online. http://caleplus.lwa.gov.au/home.htm

[179] Healey Kerry Murphy, Smith Christine, & O'Sullivan Chris. (Feb 1998). *Batterer Intervention Programme Approaches and Criminal Justice Strategies*. National Institute of Justice, Office of Justice Programmes. U.S. Department of Justice. http://www.ojp.usdoj.gov.nij/

(a) Mutual battering or perpetrators who used to be victims of ongoing domestic abuse

5.124 The mainstream BIPs were designed for dealing with men's use of violence towards their partners. There is, however, a necessity to research the need for the development of programmes for female batterers and batterers who were at the same time victims of ongoing domestic abuse. Recently, the Minnesota Programme Inc. of Duluth developed a programme called "Crossroads", for victims of ongoing domestic abuse who were charged with criminal offences against their partners. It provides participants with an opportunity to address their use of violence within the context of their victimisation.[180]

(b) Same sex couples

5.125 The need for special programmes to take care of the perpetrators of domestic violence amongst same sex couples has become a community concern. The applicability of gender-based theoretical orientation in the programme has been questioned. The focus has shifted to the power and control issues in relationships.

(c) Multicultural backgrounds

5.126 New Zealand, America and Australia have paid special attention to violence amongst native and ethnic groups. They have unique cultural backgrounds and use different languages where the existing mainstream BIPs might not be able to fit for their needs. Babcock and Steiner[181] found that ethnic minorities comprised a high proportion of programme non-completers. In the existing curriculum, there are pilot programmes and studies focusing on the development of culturally specific approaches and programme content. A special project was piloted in New Zealand taking care of culturally specific need of the Maori.[182] Liang [183](2002) mentioned that the Maori used

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[180] Duluth City Attorney's Office (2003). *Crossroads Program Prosecution Guidelines. Training material distributed on the Training on Building a Coordinated Community Response to Domestic Violence,* organized by Domestic Abuse Intervention Project, October 2003. MN: Duluth City Attorney's Office.

[181] Babcock, J.C., & Steiner, R. (1999). "The Relationship Between Treatment, Incarceration, and Recidivism of Battering: A Program Evaluation of Seattle's Coordinated Community Response to Domestic Violence". *Journal of Family Psychology, 3* (1), 46-59.

[182] Ministry of Social Development. (2002). *TE RITO New Zealand Family Violence Prevention Strategy*. NZ: Ministry of Community Development. http://www.msd.govt.nz

restorative justice approaches: they drew on a range of processes such as mediation and dispute resolution.

SUMMARY

5.127 Conclusive from the above review on the effectiveness of BIPs in the countries studied, there is abundant evidence showing that the BIPs are effective in stopping violence. Through the review of the legislation of mandatory treatment in other jurisdictions, it is identified that three dimensions of strategies in implementing court-ordered mandatory BIPs are deemed important, including domestic violence policy, legal measures supporting BIPs and the model of the programme implementation.

5.128 Domestic violence policy: The jurisdictions under review have clearly stated their commitment to tackling domestic violence, and perspectives of domestic violence held by the countries. This guides the formation of strategies and central coordination mechanisms in handling domestic violence, emphasising the interagency coordination and the coordinated criminal justice system. The core belief is that no one service unit can handle the issue effectively. It must be achieved by collaboration.

5.129 Legal measures supporting BIPs: The context of a coordinated criminal justice system plays a significant role in making effective the mandatory programmes for perpetrators of domestic violence. The legal measures and the issuance of mandatory orders are actively involved in linking with the programmes through capturing the perpetrators in the legal systems, protecting victims, holding perpetrators accountable for the violence that they have used and referring and monitoring the performance of perpetrators. Specialised training programme on law enforcement and judiciary process are crucial in ensuring that the performance of the legal actors is outstanding.

5.130 Programme implementation: There is no single effective programme approach and content, though historically and politically the cognitive behavioural feminist model is predominant. The programmes share common objectives (increasing victims' safety, holding perpetrators accountable for the violence used and stopping their violent acts) and standards (careful application of

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[183] Laing Lesley (2002). *Responding to men who perpetrate domestic violence: Controversies, interventions and challenges*. Au: Australian Domestic and Family Violence Clearinghouse. Issues Paper 7, 2002. http://www.austdvclearinghouse.nnsw.edu.au/PDF%20files/Issues_paper_7.pdf

couple counselling, victim safety measures, consequences of breaching mandatory orders, service standards, etc.). The scientific evaluation of the programme effectiveness, particularly the definition of success, is emphasised.

Chapter 6

Court-Mandated Batterers' Intervention Programmes

6.1 In launching court-mandated BIP in Hong Kong which are usually education and counselling programs with group as the prominent form of intervention, the heterogeneous nature of batterers should be considered. They can be classified into subgroups in terms of the severity of violence, risk levels, motivation, stages of change, etc. They are involved at different stages of the legal process. Various options of involving the batterers, voluntary or mandatory, in the programmes should be considered. Community-based and prison-based programmes would be suitable for different types of batterers at different stages.

6.2 There are several channels for batterers to be referred or mandated in the programme: voluntary participation through referral or self-referral, and mandatory orders.

Launching BIPs under the existing system

Voluntary participation

6.3 Community-based BIPs should be available for the voluntary participation of batterers. In the local experience, these batterers are at the early stage of family violence, with minor to moderate levels of violence used. They are usually family-only batterers,[184] with higher motivation for rebuilding family relationships.

(a) Strengths

(i) Early identification of risk groups: Community-based BIPs, if launched in different districts, could be convenient for families with minor violence. It could attract families with members who are willing to restore the functions of the family with the support of counselling programmes. The involvement of all family

[184] Holtzworth-Munroe, A., & Stuart, G. L. (1994). "Typologies of male batterers: Three subtypes and the differences among them". *Psychological Bulletin, 116*(3), 476-497.

members is possible. Groups for victims and their children can be provided in parallel with the BIPs.

(ii) Prevention: This type of BIP can focus on education about stopping violence, conflict resolution and couple communication. It could further prevent the violence from becoming severe.

(b) Limitation

(i) Low participation: As shown by the experience of programme providers (discussed in Chapter 4), recruitment based on the self-referral or referral by other social service providers has been difficult.

(c) Actions to be taken

(i) Coordinated referral system: Referral from the police is a good source of recruiting batterers. The success of non-consensual referral implemented by the police since January 2003 will make the voluntary participation of batterers possible, particularly with the encouragement of the legal actors, including police, lawyer, prosecutor and judge. With the referral of cases to the FCPSU/SWD, social workers could further help to motivate batterers to participate in these programmes. Further collaboration with other social service practitioners or providers, such as, medical and nursing professionals and MSW in health settings, legal actors in criminal justice system, and social workers in social welfare sector, is deemed important. The referral system could be enhanced through administrative coordination and the sharing of common vision in handling domestic violence.

(ii) Public publicity of BIPs: Centralized and coordinated publicity of the programmes should be organized to encourage the families at risk, particularly the batterers, to seek help from the BIPs.

A sentencing condition attached to a probation order

6.4 Under the existing Probation of Offenders Ordinance (Cap 298), the Court may, after conviction, make a probation order requiring an offender to be subjected to the supervision of a probation officer for a period of not less than 1 year and not more than 3 years (S3(1)). A probation order may in addition require the offender to comply with such requirements as the Court considers necessary for securing good conduct, or for preventing repetition, or the commission of other offences (S3(2)).

(a) Strengths

(i) The great advantage of attaching a counselling order to the probation order is that it can be implemented immediately without waiting for the amendment of laws. A probation officer may recommend, as a condition attached to a probation order, for an offender to participate in and successfully complete a domestic abuse counselling programme or educational programme. The Court may, in considering an appropriate sentence, adopt the recommendation(s) of a probation officer, and grant the order with the recommended condition(s) accordingly.

(ii) Probation officers should be responsible for monitoring the progress and the safety of victims. Upon completion of the programme or if the offenders breach the order, then the case should be brought to the Court for review. The probation officer could mediate between the Court and the BIP.

(b) Limitations

(i) Not all criminal offenders receive probation orders, which are subject to the discretion of the judge, having regard to the circumstances of the case. Probation officers also have the discretion to make recommendations on the requirements to be attached to the order. Unless enough training and clear administrative instruction is provided to probation officers, this may create inconsistency in issuing orders. No one administrative

measure would be clearer than the law-making of the mandatory attendance of the BIP.

(ii) For offenders who have used severe violence against partner and have chronic risk factors like mental illness, substance abuse, pathological gambling etc., they may need more time to undergo treatment. The length of time in which the probation order is effective is between 1 to 3 years. Such limit is not flexible enough for the Court to consider longer period of treatment.

(c) Actions to be taken

(i) Coordination with the Court for the consideration of the requirement of attending and completing a BIP should be arranged. The Court should be informed of the functions and the effectiveness of a BIP in stopping violence and holding batterers accountable to the violence they used, and the approved list of BIPs.

(ii) Training for probation officers on the functions of BIPs and the monitoring of probationer's performance in a specific BIP should be conducted. The role of the probation officer in communicating with the BIP providers should be clearly stated.

Prison-based BIPs

6.5 Imprisonment does not ensure the change of abusive beliefs and the ending of abusive behaviour. If the Court finds that the perpetrator should be incarcerated, then BIPs could be provided in prison to rehabilitate the domestic violence offenders. Psychological services are provided by the Correctional Services Department for inmates with a view to improve their institutional adjustment and general mental health, and to change their offending behaviour. Counselling services are provided to inmates with emotional and behavioural problems. Structured treatment programmes are currently arranged for sex offenders and offenders with substance abuse problems. Thus, the structured treatment programmes should be extended to include domestic violence offenders.

(a) Strengths

(i) The great advantage of this arrangement would be the provision of a BIP under the existing mechanism of service provision. With the support of Correctional Services Department, it would help domestic violence offenders to stop violence and reduce their re-offending rate.

(ii) Prison-based BIPs help rehabilitate the batterers who had used severe level of violence. With the experience of community-based BIPs, it could help build up knowledge and competence in working with batterers from various levels of violence.

(b) Limitation

(i) The provision of prison-based BIPs would be under different administration. The SWD should work collaboratively with other departments to ensure better coordination.

(c) Action to be taken

(i) Coordination with Correctional Services Department should occur to standardise the approach, content and evaluation of the BIPs. Consent and support from Correctional Services Department would make the intervention with domestic violence offenders more comprehensive.

Summary

6.6 The above three measures are the possible ways to launch BIPs under the existing laws and administration. They could be implemented as a pilot project to identify effective strategies for quality assurance of the programmes and the efficient coordination of the parties involved. However, the making of laws to provide BIPs is the most effective way of sending a message to the public, social services professionals and legal actors that domestic violence is a crime. Court-ordered mandatory BIPs are a good demonstration of coordinated community and criminal justice systems in intervention in domestic violence.

Thus, in the long term, laws should be reformed to make enforce counselling or attendance of a BIP as a court order.

Recommendation 1

We recommend that:

The batterer intervention programmes (BIPs) could be launched under the existing systems.

(a) Voluntary participation enhanced by the coordinated referral system and public publicity of the programmes.

(b) A sentencing condition attached to a probation order enhanced by the coordination with the Court and the probation officers.

(c) Prison-based BIPs enhanced by the coordination with the Correctional Services Department in providing the structured treatment programmes to the domestic violence offenders.

Issuance of mandatory orders: Law reform

Civil law

6.7 Taking reference from Singapore, Australia, New Zealand, Canada and the US, the counselling order could be issued by the Court with a protection order. The Court could make a mandatory counselling order for the batterer to attend a BIP as a condition attached to the non-molestation order under the DVO (Cap 189). Their performance in the programme would be considered in assessing the extension of the period of the non-molestation order.

Criminal law

6.8 Mandatory counselling as a condition attached to a bind-over order: A bind-over order may be appropriate in some minor domestic violence cases if the parties are reconciled, there is no history of violence and there is a concern for a future breach of the peace.[185] The Court has the power to issue a bind

[185] Ch. VI. Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

order under Section 109I of the Criminal Procedure Ordinance (Cap 221)[186], Section 41 of the Offences Against the Person Ordinance (Cap 212)[187], and the Section 61(1) of the Magistrates Ordinance (Cap 227).[188] The function of a BIP is to keep the offender from using violence, which is in line with the bind-over order to keep the peace and to be of good behaviour. However, it does not appear that the court has power to attach other conditions with the bind-over order under the existing law. This matter should be put beyond doubt by making the counselling order a condition to the bind-over order.

6.9 Placing a counselling order separately in criminal proceedings: For the handling of severe domestic violence cases, the consultants suggest placing the mandatory counselling order in criminal proceedings. The Court that sentences a person convicted of domestic violence should have power to make a counselling order that requires the offender to attend and complete a BIP. The BIP could be community-based or prison-based. This means that the Court could sentence the offender to the BIP or imprisonment, or both. When offenders have successfully completed the programme, a minimum of 12-months of follow up after completion of the programme could be used in monitoring the case progress. Upon completion of the programme or if the offenders breach the order, the case should be brought to the Court for review.

[186] A judge, a district judge or a magistrate can have, as ancillary to their jurisdiction, the power to bind over to keep the peace, and the power to bind over to be of good behaviour, a person who or whose case is before the court, by requiring them to enter into their own recognisances or to find sureties or both, and committing them to prison if they do not comply.

[187] In the event of a conviction under section 39 or 40, the convicting court may, in addition to imposing any penalty, order the offender to enter into a recognisance, with or without sureties, of a sum not greater than $500, to keep the peace or to be of good behaviour for a period not exceeding 12 months.

[188] The power of a magistrate, on the complaint of any person, to adjudge a person to enter into a recognisance and find sureties to keep the peace or to be of good behaviour towards the first-mentioned person is exercised by an order upon complaint, and the provisions of this Ordinance must apply accordingly, and the complainant and defendant and witnesses may be called and examined and cross-examined, and the complainant and defendant shall be subject to costs, as in the case of any other complaint.

Recommendation 2

We recommend that:

The Court can make mandatory counselling order for the batterers to attend a BIP by the following ways:

(a) As a condition attached to the non-molestation order under the DVO (Cap 189).

(b) As a condition attached to a bind-over order.

(c) Placing a counselling order as a separate sentencing option in criminal proceedings.

Legislation

6.10 The consultants recommend the amendment of laws to make the attendance of BIPs an order issued by the Court. The laws to be amended include the DVO (Cap 189), Section 109I of the Criminal Procedure Ordinance (Cap 221), Section 41 of the Offences Against the Person Ordinance (cap 212) and the Section 61(1) of the Magistrates Ordinance (Cap 227).

Recommendation 3

We recommend that:

To make BIP an order issued by the Court, **t**he laws to be amended include the DVO (Cap 189), the Section 109I of the Criminal Procedure Ordinance (Cap 221), the Section 41 of the Offences Against The Person Ordinance (cap 212), and the Section 61(1) of the Magistrates Ordinance (Cap 227).

6.11 Content of the counselling order in legislation: The counselling order should include the following themes:

(a) Order the offender to participate in and successfully complete a BIP;

(b) Standards for BIPs, including written policies in programme approach and content, acceptable range of duration, policies in securing victim safety and reporting on potential violence or risk, qualification of programme workers, handling of substance abusers, conditional use of couple counselling, communication with the Court and probation officer, programme accountability, monitoring and evaluation; and

(c) Upon completion of the programme or if the offenders breach the order, the case should be brought to the Court for review. Punishment for the breaching of order should be stated.

(d) Duration of order: For offenders who have used severe violence against partner and have chronic risk factors like mental illness, substance abuse, pathological gambling etc., they may need more time to undergo treatment and may take longer time to end violence. To give the flexibility for the Court to consider special conditions in making the order, the duration of order could be open. The Court should specify, in each counselling order, the effective period of the order. A review system and procedure should be introduced to allow an application made whether by the party or by his/her counsel.

Recommendation 4

We recommend that:

The content of the counselling order in legislation shall include the order for the offender to participate in and successfully complete a BIP, standards for BIPs and the punishment for the breaching of order.

Pilot project

6.12 As court-mandatory BIPs are new in Hong Kong, a time-limited pilot project should be launched to implement the idea.

Formation of central coordination mechanism in operating the BIP

6.13 A group including the police, medical practitioners, social service practitioners, probation officers, prosecutors, judges and academia should be formed to steer the pilot project. The functions of the steering group should include:

(a) Preparing guidelines and working protocols in supporting the implementation of the BIPs, including referral procedures, risk assessment, evaluation, etc.;
(b) Monitoring the programme implementation and the communication of the programmes with the Court;
(c) Evaluating the effectiveness of the BIPs, using an experimental or quasi-experimental design;
(d) Working out standards for the BIPs and consulting service providers;
(e) Certifying a list of piloted BIPs that should be up to the requirements of the standards; and
(f) Forming a Batterers' Intervention Programme Authority to take on the roles and functions of the steering group after the pilot project. Its main functions will be to certify the programmes and uphold quality assurance.

6.14 The pilot project could be implemented in 2-3 years, in either a selected district or territory-wide. For good management of the pilot project, the following factors should be carefully considered and planned:

(a) Consensus on the objectives, monitoring and evaluation mechanism amongst the concerned parties;
(b) Coordination and communication amongst the concerned parties;
(c) The involvement of competent practitioners in the BIPs;
(d) The provision of specialised training for the parties involved in the system;
(e) A test of active referral and the conditions attached to bind over the order, probation order and sentencing option;
(f) The establishment of a central database with agreed items targeting the objectives and outcome indicators; and
(g) Adequate resources.

Recommendation 5

We recommend:

To launch a time-limited pilot project to implement the court-mandatory BIP in Hong Kong. The following strategies are recommended:

(a) A group including the police, medical practitioners, social service practitioners, probation officers, prosecutors, judges and academia should be formed in preparing, monitoring and evaluating the pilot project.

(b) The steering group will work out standards for the BIP and consult service providers.

(c) The steering group will certify a list of piloted BIPs.

(d) The steering group will prepare the formation of the Batterers' Intervention Programme Authority.

Programme implementation

6.15 Although no single programme approach fits all batterers, a gender-based, cognitive behavioural approach fits most. The consultants recommend the following programme approach and content that are shared among existing BIPs.

(a) Programme objectives

6.16 All BIPs should share common goals of:

(a) Reducing the re-offending rate;
(b) Increasing victims' safety;
(c) Holding batterers accountable for the violence used; and
(d) Stopping their abusive behaviour.

(b) Programme approach and content

6.17 Pre-intervention risk assessment and the psycho-social assessment of the batterers should be used to inform the specific designs of BIPs. Isolated treatment for drug and substance abuse should be considered as part of the mandatory treatment. Couple counselling should be employed with caution only when violence has stopped and respect has been established.

(c) Victim safety

6.18 The BIP should have written policies and strategies to secure the safety of victims including victim contact, warning of imminent danger based upon information provided by an offender or abusing party, and the coordination of services in the promotion of victim safety and offender accountability.

(d) Programme duration

6.19 Mandatory programmes for batterers usually last from 24 to 52 weeks, with a 1.5 hour session each week. To secure enough time to educate batterers, 24 weeks could be tentatively drawn as a reference. Evaluation of the effectiveness of programmes with different durations should be conducted to provide empirical support for the programme duration.

(e) Programme evaluation

6.20 Programme evaluation must be conducted in pilot projects. The criteria of success should be carefully defined as ending violence as reported by victims, reducing the re-offence/recidivism rate, increasing victim safety and reducing drop out or the attrition rate.

(f) Programme standards

6.21 In Hong Kong, the majority of social workers who provide group programmes for batterers are experienced and have relevant training. There is no existing standard in monitoring and evaluating batterers' programmes. A set of programme standards should be explicitly stated, with the collaborative effort of service providers and the SWD.

(g) Fee charging

6.22 There are both free of charge and fee charging voluntary participation practices in the batterers' intervention groups in Hong Kong. It is not necessary to intervene with the charging policies of individual agencies. The consideration of fee charging for court-ordered mandatory programmes may ensure that perpetrators own the consequences of using violence. This is worth discussing amongst local communities in reaching a consensus.

Recommendation 6

We recommend that:

A set of strategies required for the implementation of BIP:

(a) All BIPs should share common goals of reducing the re-offending rate, increasing victims' safety, holding batterers accountable for the violence used and stopping their abusive behaviour.

(b) Pre-intervention risk assessment and the psycho-social assessment of the batterers is recommended to inform the specific designs of the BIPs.

(c) The BIPs should have written policies and strategies to secure the safety of victims.

(d) The BIPs could last from 24 to 52 weeks, with a 1.5 hour session each week. Evaluation of the effectiveness of programmes with different durations should be conducted to provide empirical support for the programme duration.

(e) Programme evaluation of the effectiveness of the programmes should be conducted, with the criteria of success defined as ending violence as reported by victims, reducing the re-offence/recidivism rate, increasing victim safety, and reducing drop out or the attrition rate.

(f) Programme standards should be explicitly stated, with the collaborative effort of service providers and the SWD.

Anticipated difficulties

6.23 In view of the lifestyle of Hong Kong's working population, regular participation in the perpetrators' programme may be difficult. For instance, perpetrators may have long or inflexible working hours and fear losing their jobs. It might also be difficult to monitor the victims' safety in view of the heavy caseload of the probation officers or social workers.

6.24 The capacity of the available batterers' intervention programme is one of the key determinants for the judge in making the mandatory order. The readiness of programme development and availability of manpower should be assessed with consideration of the scale of the programme.

6.25 For the implementation of BIPs, it would be best to monitor the number of eligible agencies in conducting the programme in the pilot stage. A good start with careful planning and implementation is essential in ensuring a quality service outcome.

6.26 To conclude, the implementation mode and the related issues of concern should be open for discussion amongst local communities to design a recognised model for use in Hong Kong.

Chapter 7
Domestic Violence Policy and the Reform of Legal Measures

7.1 One of the study objectives was to identify the essential elements contributing to effective prevention and intervention (including whether the provision of legislative measures, such as the Domestic Violence Ordinance, could facilitate prevention and intervention). This chapter discusses the reform of legal measures in handling domestic violence cases. Chapter 8 will discuss the reform of the DVO (Cap 189).

Message confused - Domestic violence is a dispute

7.2 Domestic violence is a unique social problem that requires specialized legal, medical, social and therapeutic interventions. It can be a common family dispute that could be resolved through social and therapeutic interventions. It can also be a crime that results in serious injury or even homicide. In which case, legal and medical interventions should be involved.

7.3 The boundary between dispute and criminal violent behaviour can hardly be drawn. The dynamic process of domestic violence involves emotional elements and attitudes including love, hatred, tolerance, acceptance, torture, escalation of violence, resilience etc. It makes it hard to decide at which point the behaviour is socially acceptable (or unacceptable) and which is criminal. Social acceptability could be influenced by cultural beliefs and social values. Without clear and definite guidance, the ambiguity of the boundary could make the interventions inconsistent and uncoordinated. It could also create excuses and confusion in tolerating mild to moderate levels of violence, with overemphasis on family harmony, but overlooking the potential escalation and negative impact on immediate victims (e.g. battered women and abused children) and bystanders (e.g. children witnessing family violence).

Message clear - Domestic violence is a crime

7.4 Thus, a message that domestic violence is a crime should be emphasized. This message should be made clear to the public through the making of a policy of legal and welfare responses to domestic violence and through the reform of the DVO (Cap 189). Justification on the need to reform laws could be made by taking reference on the making of marital rape as a category of criminal law.

7.5 On the issue of marital rape, the Administration advised, at the meeting of the Panel on Home Affairs, LEGCO, on 2 June 2000, that under section 118 of the Crimes Ordinance, a man has committed rape if he had unlawful sexual intercourse with a woman who, at the time of the intercourse, did not consent to it. However, since some commentators considered that the law was not entirely clear on this point, the Government was examining whether a legislative amendment should be introduced to put the matter beyond doubt".[189]

7.6 The Administration's initial view was –

(a) A man who has sexual intercourse with his wife without her consent would be liable to be convicted for rape under Hong Kong law. It was not necessary to amend the law; and

(b) Following the landmark decision of the House of Lords in *Regina v R*, a husband might be guilty of rape of his wife if the wife did not consent to sexual intercourse. The Hong Kong Court of Appeal had already accepted the correctness of the judgment of the House of Lords in HKSAR v Chan Wing Hung (1997) 3 HKC 472, albeit the case was not one that was concerned with a charge of rape.

7.7 The consensus of the Panel on Administration of Justice and Legal Services, LEGCO, was that an express provision should be provided in the Crimes Ordinance to the effect that the offence of rape included non-consensual marital intercourse. Subsequent to the consultation exercise, the Administration reported that all parties consulted agreed that marital rape was an offence and the law should be amended to clarify that beyond doubt. The misconception about the offence of marital rape should be dealt with as a matter of urgency for the stronger protection of women.

7.8 As a result, new section 117(1B) of the Crimes Ordinance (Cap. 200) was provided:

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[189] Panel on Administration of Justice and Legal Services (2004), *Review of sexual offences in Part XII of the Crimes Ordinance and related issues*. Paper no. LC Paper No. CB(2)2008/03-04(01). Background brief prepared by Legislative Council Secretariat on 15 April 2004.

For the avoidance of doubt, it is declared that for the purposes of sections 118, 119, 120 and 121 and without affecting the generality of any other provisions of this Part, "unlawful sexual intercourse" does not exclude sexual intercourse that a man has with his wife.

7.9 Domestic violence is definitely a crime. It could be charged by the criminal laws like assault, rape, incest or murder etc. However, if the public still holds a myth that domestic violence could be excused, it is justifiable to amend the law to clarify that beyond doubt, as in the case of marital rape. The making of a policy of legal and welfare responses to domestic violence is necessary to deal with issues like the attitude towards domestic violence, reporting domestic violence, arrest, prosecution, Domestic Violence Court, domestic violence fatality review, victim support, education and training, and court-mandated BIPs.

DOMESTIC VIOLENCE POLICY

7.10 The making of a government policy which states clearly the commitment of the government to tackle domestic violence, philosophy in combating domestic violence, and the strategies in fighting against and preventing the domestic violence is recommended. The policy shall include a holistic and inter-agency coordinated community and legal approach in the prevention and intervention with domestic violence.

7.11 The domestic violence policy is a necessary condition for the implementation of court-mandated BIPs. It provides guides for the operation of the programmes in terms of objectives and outcome indicators. A need analysis will facilitate the calculation of resources required in supporting the programmes.

Philosophy

7.12 There are basic philosophies to be made prior to the discussion of legal measures in combating domestic violence in Hong Kong:

(a) Domestic violence is a crime: It is not simply conflict or dispute. Since the perpetrator uses the first violence during conflict, it turns the conflict to criminal behaviour.

(b) Zero-tolerance of violence: From conflict to violence and thus the escalation of violence is a dynamic process. The cycle of violence demonstrates universally that the violence will not be stopped solely by the effort of the perpetrator or victim. Traditional cultural beliefs provide lots of justifications to accept violence. In a position to fight against domestic violence, it should be very clear that not one single act of violence should be accepted or tolerated. Such attitude should be conveyed unambiguously to the public as a way to counter the influence of cultural beliefs.

(c) Safety first: The safety and the protection of the victim (including children witnessing domestic violence) should be utmost, than to preserve the harmony or wholeness of the family. Their safety should not be compromised.

(d) A perpetrator should hold sole responsibility for the use of violence. No victim should be blamed for his or her involvement in the conflict. Treatment and education for perpetrators could be employed, in addition to punishment in the legal system.

(e) Family approach of investigation of violence should be adopted. It is not meant to address the maintenance of family unity, but to investigate other types of violence (e.g. physical, psychological, sexual etc.) against other members once a certain type of domestic violence is identified. Police investigation and comprehensive assessment of family violence by social workers is needed to explore all types of violence in a family.

(f) Multidisciplinary collaboration: Domestic violence is a complex social, legal and health problem. It demands the interventions from different professionals as well as the collaboration amongst the professionals. Legal measures would be a strong arm to stop crime, to provide legal protection for victim, and to punish and treat perpetrators. Legal measures shall not stand alone, but must be put in a context of coordinated community response involving social services, health professionals, legal practitioners, school, media and various community resources.

(g) Public health perspective and therapeutic jurisprudence: Combating domestic violence involves a number of strategies informed by the public health perspective as well as therapeutic jurisprudence. For example:

(i) Early identification: strategies involve universal screening, mandatory reporting, supportive legal procedure that motivate victims to seek help earlier;
(ii) Public legal education;
(iii) Risk assessment and management strategies: to reduce risk and increase victim safety;
(iv) Domestic violence is a crime: to have a clear message that domestic violence is definitely a crime. It involves creating a category of domestic violence in the Crimes Ordinance (Cap 200) and setting up a Specialized Domestic Violence Court to handle domestic violence cases;
(v) Court-mandated treatment for perpetrators of domestic violence;
(vi) Fatality review for homicide and severe violence cases.

Therapeutic jurisprudence

7.13 The making of a policy of legal and welfare responses to domestic violence is a strategy to integrate the legal and welfare measures. Such integration can be theoretically supported by the concept of therapeutic jurisprudence.

7.14 Therapeutic jurisprudence provides an analytical framework that goes beyond the liberal separatist approach adopted by traditional law in controlling domestic violence in Hong Kong. As Dennis Saccuzzo elaborates: "In therapeutic jurisprudence, the goal is to make decisions that affect behaviour in a positive way, such as to begin the healing process for victims of domestic violence or the rehabilitation process for (domestic violence) batterers".[190] The philosophical perspective offers "suggestions about how the various legal actors that deal with domestic violence cases – police, judges and other court personnel, prosecutors, and defence lawyers – can perform their roles in ways that can help to rehabilitate offenders and bring about healing for their victims".[191]

[190] Sacuzzo, D. (1999). "How Should the Police Respond to Domestic Violence: A Therapeutic Jurisprudence Analysis of Mandatory Arrest", *39 Santa Clara L Rev* 765, 768.
[191] Bruce Winick (2000) 'Applying the Law Therapeutically in Domestic Violence Cases' *69 UMKC L Rev* 33, 33.

7.15 Therapeutic jurisprudence can be substantiated by the adoption of mandatory counselling in the handling of domestic violence. In fact, the Legal Aid Commission of Western Australia adopts the theoretical framework. In their annual report for 2002-2003, it was stated:

> "Legal Aid WA continues to play an important role in the administration of justice. A key trend this year has been the focus on therapeutic jurisprudence and rehabilitative justice…
> …The Joondalup Family Violence Court is a specialist court that deals with people charged with offences that have a direct connection to domestic violence, such as breach of a violence restraining order, assault occasioning bodily harm or threatening behaviour…this court involves elements of therapeutic jurisprudence where offenders are encouraged to strive towards rehabilitation instead of merely awaiting retribution. Offenders are placed in a six-month group counselling programme run by Relationships Australia where they are encouraged to focus on anger management strategies so as to address the cause of their offending behaviour".[192]

7.16 Critics against the intervention approach worry that the model would in fact pathologize and marginalize both the victims and the batterers.[193] However, as shown in a recent local study, the results of the victims interviewed showed that people prefer a refix of domestic relationships that can be achieved by the intervention model rather than the punishment of batterers, which means destruction to the family.[194] An intervention model can bring positive effects to families haunted by domestic violence.

Recommendation 7 We recommend that:

[192] Legal Aid WA (2003) '*Annual Report 2002-2003 – Special Projects and New Initiatives*'. Retrieved from http://www.legalaid.wa.gov.au/Annual/2002/ARTherapeutic.htm on 18 May 2004.
[193] Linda Mills (1999) 'Killing Her Softly: Intimate Abuse and the Violence of State Intervention' *113 Harvard Law Journal* 550, 569
[194] Man-chung Chiu (2001) *Mandatory Counselling – Restruction of Harmonic Relationship: 'Controlling Domestic Violence and Wife Abuse: A Plea for Mandatory Counselling for Wife Abusers' – Final Report (2001)* Hong Kong: The City University of Hong Kong.

A governmental domestic violence policy is made to state clearly the commitment of the government to tackle domestic violence, philosophy in combating domestic violence, and the strategies in fighting against and preventing the domestic violence.

LEGAL MEASURES SUPPORTING BIP

7.17 Active support and participation from the legal system is the most crucial in making mandatory BIP feasible. It is widely recognized in other countries that mandatory programme is part of a coordinated community and legal system in responding to domestic violence.

7.18 Police officers, probation officers, prosecutors and judges in the legal system are the authorized parties with the mandate to protect victims, sanction the perpetrators and send message to the society that domestic violence is not a private matter but a crime with priority of social concern. For its influence towards ending domestic violence, a coordinated legal system efforts in handling domestic violence, victims' rights and safety and effectiveness of the legal system in holding the perpetrator accountable for the violence used could be further strengthened.

7.19 A number of legal remedies are discussed in the following.

Reporting domestic violence cases

7.20 Mandatory reporting policies, adopted in the USA, require medical doctors to file a report with the police when they suspect that the patient's injuries are related to domestic violence. The aim of the policy is to counteract the medical professionals' indifferences towards domestic violence.[195]

7.21 Little research has been conducted on the effect of the policy. One study demonstrates that 68% of physicians in the USA said that if the patients had no objection, they would report the cases. But the women groups oppose the policy citing reasons such as fear of retaliation by the abuser, mistrust of the legal system, fear of family separation and preference for confidentiality and

[195] Linda Mills (1999) 'Killing Her Softly: Intimate Abuse and the Violence of State Intervention' *113 Harvard Law Journal* 550.

autonomy.[196] Critics also argue that this policy deters victims from seeking medical advice. A research further shows that 59% of the medical practitioners in California said that if a patient opposed, they might not report the case.[197]

7.22 Reporting domestic violence cases to police is a very important step to help early identification of potential risk cases, without waiting for the decision of the victims or the happening of a traumatic event. To make the reporting mandated would be premature at this stage in the context of Hong Kong. At this stage, a number of measures could be done for the improvement of reporting domestic violence cases.

7.23 Recommendations:

(a) Education for professionals like physicians, nurses, lawyers, teachers, social workers, psychologists etc. on the risk assessment of suspected cases is needed. Appropriate and prompt referral should be made.

(b) More empirical studies on the reporting practice are needed. With the empirical support, strategies in improving reporting from professionals, including mandatory measures, should be examined.

[196] *Domestic violence Without Associated Child Abuse: The Future of Children*. Retrieved from http://www.futureofchildren.org/information2827/information_show.htm?doc_id=70533 on 28 Nov 2003.

[197] Michael Rodriguez et al (1999) 'Mandatory Reporting of Intimate Partner Violence to Police: Views of Physicians in California' *89 Am J Pub Health 575*.

Recommendation 8

We recommend that:

(a) Education for professionals like physicians, nurses, lawyers, teachers, social workers, psychologists etc. on the risk assessment of suspected cases is needed. Appropriate and prompt referral should be made.

(b) More empirical studies on the reporting practice are needed. With the empirical support, strategies in improving reporting from professionals, including mandatory measures, should be examined.

Arrest policy and practice

7.24 Court-mandated counselling usually goes with mandatory arrest.[198] Such policy is to limit the discretion of the police in arresting suspects of domestic violence. Eve Buzawa and Carl Buzawa summed up the classic response of the police to domestic violence into three characteristics:

(a) Relatively few of the potential universe of domestic violence cases were ever formally addressed by the police, the majority being screened out;
(b) The police did not desire to intervene in family disputes, and
(c) There was a strong, sometimes overwhelming bias against making arrests.[199]

7.25 With the findings from the case study conducted for this consultancy study (refer to Chapter 4 of this report), some, though not knowing how many, police officers may not follow procedures in handling domestic violence. Even if there may be few among the whole police population, the poor attitude and malpractice of a few could be failing to deter domestic violence and homicide.

7.26 The typical attitude of resistance held by the police signifies the fact that societies still do not consider domestic violence a criminal act, but more of a

[198] Duluth mode is an example.
[199] Page 102, Eve Buzawa and Carl Buzawa (1996) *Domestic Violence: the Criminal Justice Response* (2nd ed) London: Sage Publication.

private matter.[200] Mandatory arrest hence becomes a tool to tackle this conventional idea of ignorance towards domestic violence. The policy of mandatory arrest usually means that the police would arrest the batterer when there is a probable cause to believe that violence (for example: physical violence) has occurred amongst family members. It is in this context where mandatory arrest provides the following edges:

(a) The policy serves to control the police behaviour – it reduces the police power by taking away their discretion;
(b) It communicates to the society that domestic violence is a serious crime – the policy can therefore help court-mandated counselling in reconstructing the mindset of the arrested batterers;[201]
(c) It can stop the violence immediately and guarantee the safety of the victims, and it can provide time and space for the victim to consider her / his options – a research in the USA shows that the arrest can put the victim at a lower risk of repetitive abuse than mediation or separation;[202]
(d) If the victim is injured or frightened in the scene where the violence happens, it would be very difficult for her / him to decide whether s/he wants the batterer to be arrested at that very moment, so it would be better if the police can make the decision;[203]
(e) It can deter future violence in the arrested batterer;[204]
(f) The policy empowers the victim – making the call itself is already the first step towards the ending of abuse[205], and the most significant is: when the victims call, they are guaranteed a specific police response. As Jessica Dayton further explains:

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[200] Lisa Lehman (1981) Prosecution of Spousal Abuse: Innovations in Criminal Justice Response; 'Development in The Law: Legal Response to Domestic Violence' 106 *Harv L Rev* 1498; Margaret Martin (1994) 'Mandatory Arrest for Domestic Violence: the Court's Response' 19 (2) *Criminal Justice Review* 212; Catherine Durant (2003) 'When to Arrest: What Influences Police Determination To Arrest When There Is A Report Of Domestic Violence' 12 *S Cal Rev L and Women's Stud* 301.
[201] Joan Zorza (1994) 'Must We Stop Arresting Batterers?: Analysis and Policy Implications of New Police Domestic Violence Studies' 28 *New Eng L Rev* 929.
[202] Lawrence Sherman and Richard Beck (1984) 'The Specific Deterrent Effects of Arrest for Domestic Assault' 49 *American Sociological Review* 261.
[203] Kathleen Waits (1985) 'The Criminal Justice System's Response to Battering: understanding the Problem, Forging the Solution' 60 *Wash L Rev* 267; see also Erin Han (2003) 'Mandatory Arrest and No-Drop Policies: Victim Empowerment in Domestic Violence Cases' 23 *BC Third World LJ* 159, 178.
[204] Donna Welch (1994) 'Mandatory Arrest of Domestic Abusers: Panacra or Aperpetuation of the Problem of Abuse' 43 *DePaul L Rev* 1133.
[205] Sarah Buel (1988) 'Mandatory Arrest for Domestic violence' 11 *Harv Women's L J* 213.

> '…when the state power and resources are behind the battered woman, she will fee more valued as a member of society and more likely to protect herself from further violence.'[206]

7.27 A pro-arrest policy was also introduced across all police forces in the UK.[207] In every state in the USA except Arkansas, police who respond to domestic-abuse calls are now required to make an arrest if they believe that an assault has occurred -- even if the victim objects to the arrest. Many cities have also recently adopted "no drop" policies, in which prosecutors are encouraged to pursue such cases even if the victim requests that the charges be dropped.[208]

7.28 The effectiveness of the mandatory arrest policy was supported by research. A research publicized in 1983 demonstrated that after the policy was installed in Duluth, 87% of the victims were living violence-free 3 years after the course was brought to the Court.[209] In 1984, another research considering the effect of the mandatory arrest policy carried out in Minneapolis, USA, showed that the policy reduced effectively the rate of re-offending within the ensuing 6-month period by 50% when compared to less formal police intervention.[210]

7.29 Supported by Harmony House, a pro-arrest policy could help relieve the pressure of battered women.[211] The existing prosecution and arrest policy is to see if there is strong evidence or if the battered woman is willing to witness when there is no third witness in the wife abuse incidence. Witnessing against their partner would create great pressure on them. Under the pro-arrest policy, the police have to collect enough evidence to support reason to press charges against the batterer. It is the responsibility of the police to make such decision rather than have it solely shouldered on battered women.

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[206] Jessica Dayton (2003) 'The Silencing of a Woman's Choice: Mandatory Arrest and No Drop Prosecution Policies in Domestic Violence Cases' 9 *Cardozo Women's LJ* 281, 288.

[207] The Secretary of State for the Home Department (2003). *Safety and Justice: The Government's Proposals on Domestic Violence*. London: Home Office.

[208] Eve Buzawa and Carl Buzawa (1996) *Domestic Violence: the Criminal Justice Response* (2nd ed) London: Sage Publication.

[209] Ellen Pence (1983) 'The Duluth Domestic Abuse Intervention Project' 6 *Hamline Law Review* 247.

[210] Lawrence Sharman and Richard Berk (1984) 'The Specific Deterrent Effects of Arrest for Domestic Assault' 49 *American Sociological Review* 261-272; USA Department of Justice (2001) *The Effects of Arrest on Intimate Partner Violence: New Evidence from the Spouse Assault Replication Programme*.

[211] Harmong House (2004). Paper submitted to Welfare Panel of LEGCO *(防止和處理家庭暴力的策略及措施)*, CB(2)2131/03-04(09), April 26, 2004.

7.30 However, the effect of mandatory policy is controversial. Similar investigation in 6 other cities in the USA, however, demonstrates different results: re-offending may increase if other factors (like unemployment) are also present.[212] Police also argue that mandatory arrest limits their discretion and control over the scene.[213] Critics of mandatory arrest list the following weaknesses of the policy:

(a) Dual arrest: Police officers often arrest both the victims and the batterers rather than determine who was the primary aggressor, a typical scenario is: when they see both victim and batterer are injured, they may have no choice but to arrest both parties, even if one appears to be the primary aggressor – it is a response to the policy when the police is compelled to hold someone responsible for the violence and – the worst is: 'dual arrest effectively blames the victim, holding her equally responsible for the abuse';[214]

(b) The policy disempowers the victims as their own choices are not respected – so it is further argued that the policy would discourage victims to call if they do not want to see their partners being arrested;

(c) The arrest may provoke greater violence from the batterers.

7.31 Nevertheless, in a research conducted in 1994 among prosecutors and police, it shows that dual arrest is rare; the study also shows that police support the policy.[215] The shortcoming of mandatory arrest, as argued by Jennie Long, is often caused by the lack of social support provided to the offender and, hence, can be compensated by court-mandated counselling.[216] Also, there is a study showing that even though the victims do not want their batterer arrested, they

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[212] Jane Ursel (2001) 'Report on Domestic Violence Policies and Their Impact on Aboriginal People' submitted to the Aboriginal Justice Implementation Commission.

[213] Marion Wanless (1996) 'Mandatory Arrest: A Step Toward Eradicating Domestic Violence, But Is It Enough?' *U Ill L Rev* 533, 540.

[214] Linda Mills (1999) 'Killing Her Softly: Intimate Abuse and the Violence of State Intervention' 113 *Harvard Law Journal* 550, 588; see also John Johnson (1996) 'A New Side to Domestic Violence: Arrests of Women Have Risen Sharply Since Passage of Tougher Laws' *LA Times* 27 April, A01.

[215] *Familiy Protection and Domestic Violence Intervention Act of 1994: Evaluation of the Mandatory Arrest Provisions* page 7.

[216] Jennie Long (2001) *The Link Between mandatory arrest and community involvement in policing domestic violence recidivism* US: American Society of Criminology.

are willing to support the arrest if the criminal justice system can provide them assistance and support.[217]

7.32 The policy of mandatory or pro-arrest means that the police would arrest the batterer when there is a probable cause to believe that violence has occurred amongst family members. Such policy could resolve the problem of low arrest rates. It removes the ambiguity in seeing domestic violence as a dispute or a crime. Thus, it is premature to introduce the policy without setting the measures like court-mandated treatment programmes for batterers and victim support services, to handle the increasing number of arrested cases. The consultants suggest to study the existing practice of arrest and to do consultation of the launching of mandatory or pro-arrest policy.

7.33 Recommendations: Meanwhile, improvement on the practice arrest is recommended by providing clear policy and practice guidelines on arresting domestic violence crime. These include:

(a) Evidence gathering:
   (i) All domestic incident calls should be recorded in a domestic incident report (DIR) and reported to the superior.
   (ii) The DIR should contain the following information:[218]
      - Demographic information relating to victim and defendant (age, sex, etc.)
      - Acts of violence
      - Evidence collected including victim, witness and suspect statements
      - Risk assessment etc.
   (iii) At the scene of the offence, the police officers should identify the primary aggressor and history of violence, conduct a risk assessment, and separate the perpetrator from the victim when taking statements.
   (iv) Check if there is injunction order. If no, inform victim that s/he can apply it with legal aid support. If yes, check if power of arrest is

[217] Machaela Hoctor (1997) 'Domestic Violence as Crime Against the State: The Need for Mandatory Arrest in California' 85 *California Law Review* 643.
[218] The Metropolitan Police, London, has a very detail Domestic Violence Investigation/Arrest Form (Book 124D) that contains brief definition of domestic violence, guides for arrest and evident gathering, evidence collected, victim, witness and suspect statements, risk assessment and risk management guide etc.

attached. If yes, do arrest. If no, inform victim that s/he could appeal to the Court that the respondent is breaching order.

(v) Evidence-led prosecution, not victim-led: More active in gathering evidence to support victim's statement. Prompt action is required to take victim for medical examination and to take victim statement.

(vi) Supervision: The superior should monitor that the frontline police officers are strictly following the guidelines in evidence gathering.

(b) Investigation

(i) The investigation should be independent of the victim's consent. It would be good to have victim's cooperation and consensus of being a witness. However, regardless of whether the victim is willing to witness, the special unit should conduct the investigation independently.

(ii) If there is any occurrence of violence, all such cases should be handled by a special unit of the Police, like the Child Abuse Investigation Unit (CAIU) of the Police which is responsible for investigating allegations of the following nature according to the CAIU Charter. The CAIU could be expanded to investigate domestic violence cases.

(c) The report of the case investigation should be filed to the Department of Justice for the consideration of prosecution.

(d) Providing support to victims is very important to get them involved and collaborating. The victims need emotional support and legal advice as well. Referral should be made to social services for the provision of support.

(e) Information system: The record on the number of domestic incident call, DIR and number of cases filed to the Department of Justice.

(f) Training: Mandatory training for the frontline police officers and the investigators of the special unit are required. They should be trained with the knowledge of domestic violence and special techniques in the collection of evidence.

Recommendation 9

We recommend that:

Improvement on the practice of arrest is enhanced by providing clear policy and practice guidelines on arresting domestic violence crime. Including:

(a) Evidence gathering

(b) Investigation

(c) The report of the case investigation should be filed to the Department of Justice for the consideration of prosecution.

(d) Providing support to victims.

(e) Information system.

(f) Training

Prosecution policy and practice

7.34 According to the table in Appendix 4, the rates of criminal charge laid against alleged offenders were from 14% to 24% for domestic violence cases and 25% to 34% for child abuse cases, from 2001 to September 2003. The charge rate is not high, particularly for the domestic violence cases. As discussed in para. 2.32 in this report, the attitude of the victim plays an important role in the decision to prosecute.

7.35 No-drop prosecution policy, another tool of intervention model, would mandate that prosecutors press charges when an individual has been arrested for domestic violence.[219] Since 1983, Canada started to adopt policy directives which require the prosecutors to 'charge and prosecute all incidents of spousal abuse where there were reasonable and probable grounds to believe

[219] Barbara Fedders (1997) 'Lobbying for Mandatory Arrest Policies: Race, Class, and the Politics of the Battered Women's Movement' 23 *NYU rev L and Soc Change* 281; Linda Mills (1997) 'Intuition and Insight: A New Job Description for the Battered Woman's Prosecutor and Other More Modest Proposals' 7 *UCLA Women's Law Journal* 183; Jessica Dayton (2003) 'the Silencing of a Woman's Choice: Mandatory Arrest and No Drop Prosecution Policies in Domestic Violence Cases' 9 *Cardozo Women's L J* 281.

that an offence had been committed'.[220] A recent study in Canada shows that the mandatory arrest policy has decreased the level of violence.[221]

7.36 The decision to prosecute, under the effect of no-drop prosecution policy, is usually made without any reference to the consent or wishes of the complainants. In other words, whether the complainant is reluctant to cooperate with the prosecution of the accused is not determinative provided that there is adequate independent evidence.[222] Prosecutors in the USA have started to treat these cases as though no complainant / victim were available to testify. Spontaneous statements made by the victim at the time of arrest, videos or photographs taken at the time of injury, and police officers' testimonies form the case against the batterer.[223]

7.37 The concerns of adopting the no-drop policy are:

(a) Victims of domestic violence are 'incapable of making their own decisions because of the totality of the abuser's control;[224]
(b) Prosecutors cannot rely on the complainants to hold the perpetrators accountable as the complainants often decline to press charges since 'the batterer is likely to use increased violence and threats to intimidate his [her] victim if he [she] knows it will result in pending charges being dropped';[225]
(c) Prosecutors are supposed to intervene so as to protect the victims of domestic violence.[226]

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[220] Other examples include: Ontario Calgary and Yukon. Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislations Page 1.
[221] London Family Court Clinic Inc. (1991) *Wife Assault as a Crime: the Perspective of Victims and Police Officers on a Charging Policy in London, Ontario From 1980-1991* Canada: Department of Justice page 25.
[222] According to Section 57 of Criminal Procedure Ordinance (Capt 221 LHK), victims in criminal prosecution which involves family violence are compelled to testify in the judicial hearing.
[223] Linda Mills (1999) 'Killing Her Softly: Intimate Abuse and the Violence of State Intervention' 113 *Harvard Law Journal* 550, 561.
[224] Erin Han (2003) 'Mandatory Arrest and No-Drop Policies: Victim Empowerment in Domestic Violence Cases' 23 *BC Third World LJ* 159, 183-184.
[225] Marion Wanless (1996) 'Mandatory Arrest: A Step Toward Eradicating Domestic Violence, But Is It Enough? *University of Illinois Law Review* 533, 567; see also Virginia Hench (1997) 'When Less is More – Can Reducing Penalties Reduce Household Violence?' *University of Hawaii Law Review Spring 37*.
[226] Donna Wills (1997) 'Domestic Violence: the Case for Aggressive Prosecution' 7 *UCLA Womn's Law Journal* 173, 173.

7.38 However, a no-drop policy cannot guarantee that a perpetrator will be 'locked away'.[227] A study found that recidivism was unaffected by whether a case was dropped, dismissed or prosecuted.[228] As the consent of the victims does not have any say under a no-drop policy and prosecutors can subpoena the victim to attend the trial and force them to testify against their will, academics argue that the policy is in fact patronizing and through ignoring their subjectivities, disempowering the victims.[229] Erin Han further points out that only by letting the victims make the decision, they can be empowered:

> '…empowerment is a process of encouraging and facilitating a victim's own decision-making, and it is through this process that the victim has the best chance to realize personal autonomy.'[230]

7.39 The prosecution policy is connected with the reporting and arrest policies. Without adequate empirical support and discussion with the victims and social services practitioners, it is premature to introduce the no-drop policy at this stage.

7.40 The consultants suggest to improve the prosecution practice by adopting independent/proactive investigation. The investigation should be independent of the victim's consent. Whether the victim is willing to witness, the investigation will be taken independently. This practice is adopted by the UK government that "revised the policy on prosecutions focusing on safety, support and information for victims; a closer civil/criminal interface; and, whenever possible, constructing cases based on evidence other than that of the victim".[231]

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[227] Jessica Dayton (2003) 'the Silencing of a Woman's Choice: Mandatory Arrest and No Drop Prosecution Policies in Domestic Violence Cases' 9 *Cardozo Women's L J* 281, 289.

[228] Robert Davis et al. (1998) 'The Deterrent Effect of Prosecuting Domestic Violence Misdemeanors' 44 *Crime and Delinq* 434.

[229] Linda Mills (1997) 'Intuition and Insight: A New Job Description for the Battered Woman's Prosecutor and Other More Modest Proposals' 7 UCLA Women's Law Journal 183.

[230] Erin Han (2003) 'Mandatory Arrest and No-Drop Policies: Victim Empowerment in Domestic Violence Cases' 23 BC Third World LJ 159, 184.

[231] The Secretary of State for the Home Department (2003). Safety and Justice: The Government's Proposals on Domestic Violence. London: Home Office.

Recommendation 10

We recommend that:

Improvement on the prosecution practice is made by adopting independent/proactive investigation.

Domestic Violence Court

7.41 Domestic violence cases are handled in different Courts. The victims have to witness at different Courts for different issues like divorce, application of injunction orders, common assault etc. The burden is shouldered on victims and thus the holding of responsibility for batterers is diffused due to inconsistent judgment made by different judges based on different ordinances.

7.42 In the USA, Family Courts strive to keep families together, whereas Criminal Courts are more punitive in purpose. A Domestic Violence Court usually means an integrated court system where both civil injunctions and criminal cases related to domestic violence can be handled.[232] In 2000, there were more than 200 domestic violence courts in the USA, and the number is growing. Canada, in the 1980s, echoing with the adaptation of 'no-drop prosecution policy', started the establishment of domestic violence courts.[233] For instance, the Winnipeg Family Violence Court was set up in 1990 in order to handle cases of spousal, child and elderly abuse in Winnipeg, Manitoba.

7.43 In December 1999, the 'Joondalup Family Violence Court project' was launched in Australia.[234] The advantages of setting up a domestic violence court include:

(a) The court can provide continual and effective monitoring in dealing with domestic violence cases;

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[232] Amy Karan et al (1999) 'Domestic Violence Courts: What are they and how should we manage them?' *Juv & Fam Ct J* Spring 72-73.

[233] Other examples include: Ontario Calgary and Yukon. *Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislations.*

[234] The aims of the project were:

1. To improve the criminal justice response to family violence;
2. To make perpetrators accountable for their behaviour;
3. To support victim in the criminal justice system and ensure their safety; and
4. To reduce the incidence of family violence in the Joondalup district.

(b) The court can incorporate the judicial system with multiple community services (for example: referrals for counselling) more effectively;
(c) Judges can develop expertise in dealing with all aspects of domestic violence control policies;
(d) Establishment of a specialized domestic violence court can show the community the seriousness and dedication of the judiciary in handling with domestic violence.[235]

Integrated Domestic Violence Court

7.44 Beginning in December 2003, an Integrated Domestic Violence Court (IDV Court) was set up in the Tompkins County, Rochester, New York. Until recently, such kind of IDV Court has been set up in other counties.[236] The court is specially designed to better serve families experiencing domestic violence. Previously, litigants in domestic violence cases were required to appear in front of multiple courts and judges to address their criminal, family and matrimonial issues. In order to simplify the court process and ensure effective case resolution, the IDV Court was established as embracing a "one family-one judge" concept, allowing a single judge to hear a family's related cases where the underlying issue is domestic violence. The goals of the IDV Court are to promote informed judicial decision-making, maintaining consistency in orders of protection, reduced court appearances, enhances services to victims and increased offender accountability, while protecting the rights of all litigants.[237]

7.45 Court Transfer: The IDV Court will hear interrelated cases from throughout Tompkins County. All cases (criminal offence, assault, divorce, custody etc.) involving allegations of domestic violence or a violation of an order of protection between the alleged victim and a defendant will be removed to the IDV Court. Upon identification of appropriate cases, the IDV Court will issue a mandatory Transfer/Removal Order notifying the parties and originating local courts that the matters have been transferred. Once the parties have been notified, they need only appear in IDV Court and need not attend scheduled appearances in other Courts.

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[235] Bruce Winick (2000) 'Applying the Law Therapeutically in Domestic Violence Cases' *UMKC Law Review* Fall 33: 39-43.

[236] For example, an IDV Court was set up in Munroe County, Rochester, in Jan, 2004.

[237] Robinson, Susan "Integrated domestic violence court", Retrieved June 1, 2004 from Tompkins County Family Court Web site:
http://www.courts.state.ny.us/6jd/countymaps/tompkins/tpkfamily/idvcourt.html

7.46 A unique feature of the IDV Court is the intensive judicial monitoring of cases to ensure ongoing offender accountability. A Resource Coordinator will act as a liaison to criminal justice agencies and local service providers to provide up-to-date reports to Judges before each court appearance, for example, defendants' compliance with orders of probation and terms of conditional discharges.

7.47 Another important aspect of the IDV Court is the presence of a Victim Advocate. The Victim Advocate, a specially trained representative from The Advocacy Center, will be available in Court and thereafter to provide emotional support, safety planning, referrals and other services to victims.

7.48 In the UK, the first Specialist Domestic Violence Court was set at West London Magistrates Court. It sits once a week, for hearings and for trials at West London. It serves the London Borough of Hammersmith & Fulham and the Royal Borough of Kensington & Chelsea. The Specialist Court commenced operations at the West London Magistrates Court on October 17, 2002. The Court is the first specialist in domestic violence in London and the first to hear trials in the country.

7.49 The aims of the launch of the Specialist Domestic Violence Court are[238]:

(a) To increase the effectiveness of the judicial system in:

(i) Providing protection and support to victims and witnesses of domestic violence
(ii) Providing appropriate sanctions to perpetrators
(iii) Reducing delay through effective case management

(b) To further increase co-ordination and involvement of agencies, including the Crown Court, in supporting victims and witnesses and dealing with perpetrators.

(c) To explore the potential for linking civil courts into the criminal justice process at West London Magistrates Court

7.50 The court does not stand alone but work collaboratively with other agencies and departments. The project Standing Together convenes the Court Management Group and co-ordinates the network of Victim/Witness Support

[238] Standing Together Against Domestic Violence (2003). The First Annual Review of the Specialist Domestic Violence Court at West London Magistrates Court. London: Standing Together Against Domestic Violence

Agencies. It provides a comprehensive support service for victims and witnesses. It is indeed an approach of coordinated legal and community responses.

7.51 In the evaluation of the effectiveness of the Specialist Court, the aims of the court are being met with greater coordination of services for survivors of domestic violence. With a more systematic approach to domestic violence case management, it has resulted in improved safety. More importantly, the rate of repeat victimisation has been reduced.[239]

Setting up a domestic violence court in Hong Kong

7.52 Hong Kong has a family court. It is solely for civil cases involving divorce and custody disputes, and is not for criminal cases involving violence. A domestic violence case may be appeared in family court dealing with the divorce proceeding while at the same time appeared in a criminal court addressing the violence issue. The victim has to witness for several times and the defendant may present different stories.

7.53 The consultant suggests setting up a domestic violence court in Hong Kong that would handle all criminal and civil cases involving allegations of domestic violence or a violation of an injunction order. It could be a new criminal court while keeping the family court as a civil one to handle divorce and custody cases with no domestic violence alleged. The other possibility is to set up an integrated criminal and civil court by restructuring and strengthening the existing family court. This option would be easier to get the domestic violence court started by using the existing structure, but would end up in overloading the court with divorce and custody cases.

7.54 In either options, a number of strategies and procedures have to be designed to ensure:

(a) A continual and effective monitoring system in dealing with domestic violence cases;
(b) A judge with expertise in dealing with all aspects of domestic violence problems and policies; familiar with both criminal and civil procedures;
(c) Holding a holistic perspective to consider other types of domestic violence; for example, the defendant may also be the perpetrator of

[239] Ibid.

elderly or child abuse. Awareness of the co-occurrence of child abuse and violence amongst family members should be raised.

(d) Well designed information and monitoring system to provide up-to-date reports to Judges before each court appearance, for example, defendants' compliance with orders of probation, terms of conditional discharges, or performance in the treatment or the BIP, if any;

(e) Reduced court appearances for victims and children;

(f) Independent representative for children;

(g) Effectiveness in victim protection and holding perpetrators accountable to the use of violence;

(h) Enhanced victim support services, including the arrangement of Victim Advocate, a specially-trained professional available in Court and thereafter to provide emotional support, safety planning, referrals and other services to victims. In the existing practices, the lawyer (focusing on the legal issues) and the social workers (focusing on the family issues, with inadequate knowledge of legal aspects) are not ready to provide the support. The Victim Advocate is part of the legal system with knowledge about the legal procedures while standing on the victim's side to provide advice and emotional support.

(i) Establishment of an effective coordination with multiple community services, for example, referrals for counselling (for batterers, victim and children), safe visitation arrangements, monetary and housing support for children, spouses and ex-spouses, family support, mental health screening and assessment etc.

Recommendation 11

We recommend:

To set up a domestic violence court in Hong Kong that would handle all criminal and civil cases involving allegations of domestic violence or a violation of an injunction order.

Domestic Violence Serious Injury or Fatality Review

7.55 With increased sensitivity to domestic violence amongst the public, policymakers and the agencies, there is a recognized need to explore ways to work together as a team to share resources, information and professional

views[240]. There are now four California counties that have begun a systematic review of fatal domestic violence and California has passed a law providing official status to the domestic violence fatality review process.[241]

7.56 Some agencies and individuals have proposed to set up a domestic violence fatality review or child fatality review.[242] Against Child Abuse[243] suggests setting up a Child Death (Fatality) Review to conduct review of deaths of children by a multidisciplinary team. The purpose is to improve the understanding of why children die and taking action to prevent child deaths. The Hong Kong Council of Social Services suggests setting up a Domestic Violence Serious Injury or Fatality Review Committee to include cases from the whole family.[244]

7.57 The fatality review started in the US by the National Center on Child Fatality Review (NCFR)[245] studied deaths of children under 18 caused by accident, abuse or neglect in order to prevent similar cases from happening again. A similar structure was set up in Canada and South Wales, Australia.[246]

7.58 The Child Fatality Review has been expanded to the domestic violence fatality review. The Department of Justice in the US has set up the National Domestic Violence Fatality Review Institute. At least 13 states have created the review structure.[247]

7.59 With reference to child fatality reviews, the Domestic Violence Serious Injury or Fatality Review Committee is a multi-agency, multi-disciplinary team that reviews domestic violence deaths from various causes. Benefits of child fatality reviews include improved inter-agency case management,

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[240] US Department of Justice, Fact Sheet – Child Fatality Review, April 2001.

[241] The National Center on Child Fatality Review, 2004

[242] Suggested by Dr. Hon. Law, CK. "Handling family violence" CB(2)1265/01-02(06) & Against Child Abuse papers, papers submitted to Welfare Panel of LegCo, March 11, 2002.; Hong Kong Council of Social Services, Proposal on the set up of Domestic Violence Serious Injury or Fatality Review. October, 2004.

[243] Against Child Abuse. paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004, CB(2)2131/03-04(10).

[244] Hong Kong Council of Social Services (2004). Proposal on the formation of Domestic Violence Serious Injury or Fatality Review Committee. October 15, 2004.

[245] The National Center on Child Fatality Review, Interagency Council on Child Abuse and Neglect, LA County, Ca. http://www.ican-ncfr.org (browsed in July 2004)

[246] Michael Durfee, Deanne Tilton Durfee & M. Patricia West (2002). "Child Fatality Review: An International Movement". *Child Abuse & Neglect, 26 (*6-7), 619-636.

[247] Office on Violence Against Women, Office of Justice Program, US Department of Justice. *The National Domestic Violence Fatality Review Initiative.* http://www.ndvfri.org (browsed in July 2004)

identification of gaps and breakdowns in agencies and systems designed to protect children and the development of data information systems that can guide the formation of protocols and policy for agencies that serve families and children.

7.60 The common goal for all teams is the prevention of child death and injury. It is based on the belief that the preventable death of any child is a tragedy. It may also be an opportunity for a community to grow together, learn together and thereby grow stronger. The spirit of the review is not to accuse any party, but for continuous improvement of the system response for enhancing protection to the families and children.

7.61 In this light, a Domestic Violence Serious Injury or Fatality Review should be one of the initiatives in the coordinated legal and community response mechanisms for better integrating the multi-disciplinary experience in preventing death and injury due to domestic violence.

7.62 The scopes of the review should cover at least three important dimensions: (1) Causes of death: This is the scope of the inquest conducted by the Coroner's Court. The prime purpose of an inquest is to ascertain the circumstance surrounding a particular death.[248] (2) Services provision, practice and procedures: This is similar to the function of the Tin Shui Wai Family Services Review Group[249] which focused only on the family services. For a thorough fatality review, it should include social services and practice of police and social services practitioners. (3) Psycho-social risk factors: Psychological autopsy is a research method by which comprehensive information is collected retrospectively about an individual who died. The investigation included the circumstances that precipitated the deaths and the life history of the person who died. Psychological autopsy was developed as a procedure parallel to physical autopsy. The physical autopsy and the circumstances about a death is the main function of the Coroner's Court.

7.63 However, the Coroner's Court does not include the other two functions regularly. Under special situations such as the suicide case in Tin Shui Wai in 2004, the Coroner's Court appointed the Hong Kong Jockey Club Centre for

[248] Hong Kong Judiciary Annual Report, 2002.
[249] "Tin Shui Wai Family Services Review Group", Paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 24 May 2004, CB(2)2131/03-04(08).

Suicide Research and Prevention, the University of Hong Kong to conduct the psychological autopsy on the suicide case.

7.64 The existing death review is conducted by the Coroner's Court and, under a special request, the Administration would form a panel to review a particular aspect related to the deaths. However, the information collected for each part may not be comprehensive to cover the above three dimensions and there is no one panel to conduct the review based on the information collected through different channels. Thus, a Review Committee is recommended to conduct a thorough review on domestic violence serious injury and fatality cases. The Committee can be convened by a coroner using the existing channel (e.g. by police investigation, and by nomination of pathologist and/or social scientists for physical and psychological autopsy) to collect information for review. Consistent review on all deaths related to domestic violence will help develop a profound understanding of the causes of death and suggest measures to the prevention of similar deaths in the future.

7.65 Members of the Committee can include a Coroner, chief officers of police, local authorities, health and social services professionals, academia etc.

Recommendation 12

We recommend:

To set up a Domestic Violence Serious Injury or Fatality Review to conduct a thorough review on domestic violence serious injury and fatality cases with regards to the causes of death, service provision and psycho-social risk factors.

Education and training

7.66 Prevention is an important strategy of the Public Health perspective.[250] It could be achieved through education and training, change of knowledge, attitude and practice. The strategies adopted should be "universal, selective

[250] Developed by Potter, L.B., Rosenberg, M.L. & Hammond, W.R. (1998). Suicide in youth: A public health framework. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 484-487.

and indicated".[251] Education and training as a strategy of prevention should target the public and professionals who are working closely with high-risk groups or symptomatic individuals.

Education for the public

7.67 Public education is recommended as a public health strategy in preventing domestic violence. The content should cover knowledge (help-seeking, laws related to domestic violence, legal aid service, social services), attitude (zero-tolerance of violence, domestic violence is a crime, gender equality). The aims are (1) to reduce the negative attitudes as public risk factors (e.g. cultural acceptance of domestic violence, attitudes towards women and children – accept male domination); (2) to increase knowledge of legal and social services, and thus to motivate help-seeking behaviour.

7.68 Public education can be implemented through media education and education for selective groups e.g. students, groups with higher possibility of encountering domestic violence e.g. low income families, new arrival families etc.

Training for legal actors

7.69 The legal actors include lawyers, police, prosecutors and judges. Overseas academics always sense that judges are not sensitive towards domestic violence.[252] In the USA, Section 1406 of the Violence Against Women Act and Family Protection and Domestic Violence Intervention Act (1994): Evaluation of the Mandatory Arrest Provisions (California, USA) states that training for the judges should be provided. If court mandated counselling is to be engaged successfully in Hong Kong, such training is also essential.

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[251] Developed by Gordon, R. (1987). An operational classification of disease prevention. In J.A. Steinberg & M.M. Silverman (Eds.) Prevention of Mental Disorder (pp. 20-26). Rockville, MD: U.S. Department of Health and Human Services.
"Universal" – entire population as the target – prevention through reducing risk and enhancing health
"Selective" – high-risk groups (& individuals), though not all members bear risks – prevention through reducing risks
"Indicated" – symptomatic and 'marked' high risk individuals – interventions to prevent full-blown disorders

[252] Marion Wanless (1996) 'Mandatory Arrest: A Step Toward Eradicating Domestic Violence, But Is It Enough?' U Ill L Rev 533;

7.70 In the UK, the Government has developed improved training for judges and magistrates. For example, the Judicial Studies Board (JSB) produced a domestic violence training pack for magistrates. A Working Group took this forward and produced a training video and supporting material by the end of June 2003.[253]

7.71 In a study conducted by Tin on the magistrates in Hong Kong, it is found that a magistrate's perceptions of relationship issues and the cause of wife abuse were likely to affect his judgment of the case. Other influential cognitive factors included the magistrate's understanding of the subjective experiences of the victim and the realistic situation and feelings of a battered woman. Following these cognitive factors, the magistrate might feel reluctant to severely punish the abuser. They may worry about causing hardship to the family due to the sentencing and find it difficult in deciding the sentencing. She suggested that training should be provided for the judges, so as to strengthen their knowledge in the issue and arouse their sensitivity and objectivity in trying cases.[254]

7.72 Training for lawyers and prosecutors is recommended, particularly on the research and knowledge of domestic violence. The UK Government has issued a best practice guidance for the courts and other professionals on how to deal with child contact cases and domestic violence. The effectiveness of the guidance is being monitored and evaluated.[255]

7.73 Training for police. The Hong Kong Police Force has been conducting training for the police officers. It is recommended to keep on the right track and increase more training for frontline police officers and the superiors as well. The training areas should include knowledge and attitude in handling domestic violence, procedure and good practice, gender sensitive, identification of primary aggressor, risk assessment etc.

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[253] The Secretary of State for the Home Department (2003). *Safety and Justice: The Government's Proposals on Domestic Violence.* London: Home Office.
[254] Tin, F. (1999). *An exploratory study of magistrates' responses to wife abuse.* Unpublished Master of Social Science, The University of Hong Kong, Hong Kong.
[255] Ibid.

Recommendation 13

We recommend that:

Education for the public and training for legal actors is needed as a strategy of prevention of domestic violence.

Legal support service for victims

7.74 Commonly, victims of domestic violence hesitate to report violence to the police. They are unwilling to press charges against the perpetrator and often withdraw charges during the prosecution and court proceedings. The fluctuation in the decision making process reflects that they do not have legal knowledge and are overwhelmed by emotions like fear of revenge, hoping their husband to change but not be charged, worried about their children etc. They need legal knowledge (e.g. legal right, procedures in applying injunction order, negotiating with lawyer etc.) and emotional support.

7.75 In Minnesota, USA, legal advocates provide victim support services. They can empower victims of domestic violence and sexual assault to go through the legal process. They are trained with legal knowledge, evidence gathering and skills in empowering victims. They are working with prosecutors, explaining criminal and civil procedures to victims, and escorting them to court.[256] Similar services are provided in Canada, under the Department of Justice Canada[257] and in the New South Wales of Australia by the Crime Victim Bureau[258] and the Domestic Violence Advocacy Service.[259]

7.76 In the UK, the Victim Support provides free and confidential support and information for victims of violence and witnesses.[260] Witness services like the Victim Support Scotland's Witness Service was established in all Sheriff Courts and the High Courts in Edinburgh and Glasgow by 2002. The service is to provide assistance to victims and witnesses attending court. The Crown Office and Procurator Fiscal Service have also signaled their intention to

[256] Pence (1996). *Coordinated Community Response to Domestic Assault Cases: A Guide for Policy Development.* Minnesota Program Development, Inc.
[257] Department of Justice, Canada(http://canada.justice.gc.ca).
[258] Victims of Crime Bureau, Australia (http://www.lawlink.nsw.gov.au)
[259] Domestic Violence Advocacy Service, Australia (http://www.womenslegalnsw.asn.au)
[260] Victim Support, UK. (http://www.victimsupport.org.uk)

provide an enhanced level of care and support to victims and witnesses via the establishment of a Victim Liaison Office.[261]

7.77 In view of the existing services on victim support provided by the SWD and some NGOs (discussed in Chapter 3), the consultants recommend to evaluate the effectiveness of the services and identify the room for improvement. Special attention should be paid to the Witness Support Programme, which should include the victims of domestic violence as the target of service recipient. The "support person" should be systematically trained with knowledge of legal rights and procedures and skills in providing emotional support.[262] Escort services to court, linking with prosecutor and lawyer are found important to the victims. The existing support services for victims and witnesses should be well coordinated with and supported by the legal system.

Recommendation 14

We recommend that:

The existing support services for victims and witnesses should be well coordinated with and supported by the legal system.

[261] Victim Support (2004). *No more victims*. Edinburgh: Victim Support Scotland

[262] The Hong Kong Council of Social Service (2004). Strengthening Support Service for Victims of Domestic and Sexual Violence in HK: Legal Support Service to Victim of Domestic and Sexual Violence, 2004 February.

Chapter 8
Reform of the Domestic Violence Ordinance

8.1 In recent years, there have been voices from various organizations to amend the DVO (Cap 186).[263] The Hong Kong Law Reform Commission also recommended reviewing the DVO (Cap 189) in the report on stalking in 2000.[264]

8.2 With the abundant research conducted in the past twenty years, domestic violence has been identified as a complicated social problem that requires multidisciplinary interventions. The domestic violence can be directed by all family members against all other member of the same family. It may include spousal violence, child abuse, elderly abuse, sibling abuse, parent abuse, homosexual partner abuse, etc. The violence may start before marriage and may last after divorce. It can be inflicted in multiple forms including physical assault, sexual violence, psychological aggression, threat with or without physical violence, torture, stalking etc.

8.3 The existing DVO (Cap 189), which was created in 1986, can no longer meet the challenges of the many faces of domestic violence. The Ordinance was largely based on the English Domestic Violence and Matrimonial Proceedings Act 1976.[265] The difference between the Hong Kong ordinance and the English ordinance was that in Hong Kong ordinance, there was a maximum duration (section 6) and stating criteria of issuing an order (section 3(2)). The recommendations of including elderly abuse and counselling information were rejected in 1986. It makes the court-mandated counselling programmes and the study of elderly abuse under-developed while, in the past twenty years, these two areas have been proliferated in Western societies. The English

[263] In 2002, the Against Child Abuse and Harmony House submitted papers to the LegCo Panel on Welfare Services requesting the amendment of DVO, refer to papers CB(2)1265/01-02(10) & CB(2)2501/01-02(01). In 2004, the Association Concerning Family Violence (關注家庭暴力問題聯席) proposed to reform the domestic violence ordinance. Refer to the paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004, CB(2)2131/03-04(08).

[264] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.

[265] Scully-Hill, Anne (2004). *The Annotated Ordinances of Hong Kong: Domestic Violence (Cap 189)*. Hong Kong: LexisNexis.

ordinance had been changed while the Hong Kong ordinance has remained the same since 1986.[266]

8.4 This chapter describes the proposal of the amendment of the DVO (Cap 189) in fighting against the complex domestic violence. The main principle of setting up the DVO (Cap 189) is that violence amongst people in intimate relationships is different from that amongst strangers. Violence in intimate relationships has its own dynamics, risk factors and impacts. It would mislead the public by overemphasizing love and affection in violent intimate relationships that makes the public unreasonably tolerating the violence and makes the victims suffering much more than those victimized in other relationships.

Function of the restraining orders

8.5 The ordinance under section 3(1) of the DVO (Cap 189) gives District Courts the power to grant injunction orders in various forms: non-molestation orders for the protection of the applicant or a child living with the applicant from being molested by the respondent; exclusion orders excluding the other party from the matrimonial home, or from a specified part of the matrimonial home, or from a specified area whether or not the matrimonial home is included in that area; or entry orders requiring the other party to permit the applicant to enter and remain in the matrimonial home or in a specified part of the matrimonial home.

8.6 The major principle of the provision of an injunction order is to prevent any violence or severe hardship on the part of the applicant.[267] The respondent should be restricted so to allow the applicant time to resolve their situation.

8.7 Non-molestation orders are court orders that prohibit the offender from having any contact with the victim.[268] It is a protection that the victims of domestic violence can seek from the Court for the prevention of re-assault or molestation. Prompt issuance of the orders and accessibility of the orders to

[266] Hong Kong ordinance changed to the terminology relating to the courts after 1 July 1997. The English Domestic Violence and Matrimonial Proceedings Act 1976 was incorporated into the Family Law Act, 1996 (Chapter 27 of 1996) [Part IV, in particular].

[267] P.22, Scully-Hill, Anne (2004). *The Annotated Ordinances of Hong Kong: Domestic Violence (Cap 189)*. Hong Kong: LexisNexis.

[268] P.230, Wallace, H. (2002). *Family violence: Legal, medical and social perspectives*. Boston: Allyn and Bacon.

the victims of domestic violence are the guiding principles to see the effectiveness of the orders.[269]

8.8 Although the grant of an exclusion order may be interfering with the rights of the respondent in accessing to his or her property, the order does not adjust the property right of the respondent. These rights are merely suspended for a specified time period as a consequence of the abusive behaviour of the respondent. It is to regulate the relations between the two family members but not to adjust the property right of the respondent.[270]

Definition of Violence

8.9 There are different types of definitions of domestic violence on a global scale. South Africa defines domestic violence as physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into complainant's residence without consent, where parties do not share the same residence; or any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm, to the safety, health or wellbeing of the complainant.[271]

8.10 China (PRC) does not give a detailed definition of domestic violence. Taiwan includes verbal abuse as a type of domestic violence. The Partnerships Against Domestic Violence, Australia defines domestic violence as an abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation.[272]

8.11 The World Health Organization[273] defines violence as:

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in

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[269] Kinports, K. & Fischer, K. (2001). Orders of protection in domestic violence cases: An empirical assessment of the impact of the reform statutes. In Lemon, Nancy K.D. (2001). *Domestic violence law*. St. Paul, MINN.: West Group.

[270] Ibid.

[271] Section 1 of South African Domestic Violence Act, 1998.

[272] Refer to the web site http://padv.dpmc.gov.au/index.htm, retrieved on Aug 13, 2004, from the Partnerships Against Domestic Violence (Partnerships), an Australian Government initiative.

[273] Krug, E. G., & et al (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organization.

or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation". (P.5)

The child abuse as defined by the WHO:

"Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power". (P.59)

8.12 Thus, it is recommended to define violence as physical assault, sexual violence, psychological abuse, neglect (for children and elderly), stalking and exposing a child to domestic violence.

Physical assault

8.13 The SWD defines physical violence as "physical attack, when it may take the form of physical and sexual violations, such as slapping, pushing, pinching, spitting, kicking, hitting, punching, choking, burning, clubbing, stabbing, throwing boiling water or acid and setting on fire as well as spouse being forced to be involved in sex or undesirable sexual acts".[274]

8.14 In Hong Kong, there is no controversy in defining physical violence in a legal setting under the existing laws (See Appendix 1 and 2). Injury is not a necessary condition in defining physical violence, but it can be an indicator of severe physical violence.

Sexual violence

8.15 In Canada, sexual violence is defined as[275]:

(a) All forms of sexual assault, sexual harassment, or sexual exploitation

[274] P.1, Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.
[275] Retrieved on Aug 13, 2004, from the Department of Justice Canada's web site http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

(b) Forcing a person to participate in any unwanted, unsafe or degrading sexual activity
(c) Using ridicule or other tactics to try to denigrate, control or limit a person's sexuality or reproductive choices
(d) Using a child for sexual purposes—including fondling, inviting, manipulating or forcing a child to engage in sexual activity or intercourse
(e) Rape, sodomy or exhibitionism
(f) Involving a child in prostitution or pornography.

8.16 In Hong Kong, sexual violence can include marital rape or rape (Cap 200 section 117 & 118), sexual harassment (Cap 480) and sexual offences in Part XII of the Crimes Ordinance (Cap 200), Prevention of Child Pornography Ordinance (Cap 579) etc.

Psychological abuse

8.17 Although psychological abuse is included in many domestic violence ordinances, it is not without debate in the operationalization of the concept to an extent that it could press charge with evidence. Opponents to the inclusion of psychological abuse are worried about the subjectivity of the psychological abuse. Many abusers may claim that they are "psychologically abused" by their partners who are indeed victims of violence perpetrated by their partner. The so-called psychological abuse could be simply annoying or disturbing, not really causing psychological damage. That means, without clear definition of psychological abuse, it could be misused.

8.18 Taking reference of the overseas examples, the Department of Justice, Canada defines psychological or emotional abuse as[276]:

(a) Harming a person's sense of self and putting them at risk of serious behavioural, cognitive, emotional or mental disorders
(b) Attacking a person verbally - for example, by yelling, screaming, name calling, criticizing, threatening or intimidating
(c) Using criticism, verbal threats, social isolation, intimidation or exploitation to dominate someone
(d) Routinely making unreasonable demands

[276] Retrieved on Aug 13, 2004, from the Department of Justice Canada's web site http://canada.justice.gc.ca/en/ps/fm/familyvfs.html

(e) Criminally harassing or "stalking" - which may include threatening a person or their loved ones, damaging their possessions or harming their pets
(f) Terrorizing a person
(g) Exposing a child to family violence.

8.19 Psychological abuse can consist of repeated verbal abuse, harassment, confinement and deprivation of physical, financial, personal resources and social activities, humiliation, intimidation, threat, and social isolation.

8.20 The Centers for Disease Control and Prevention, USA[277] gives a very detailed definition of psychological abuse:

Psychological or emotional abuse involves trauma to the victim caused by acts, threats of acts, or coercive tactics, such as those listed below. This list is not exhaustive. Other behaviours may be considered emotionally abusive if they are perceived as such by the victim. Some of the behaviours on the list may not be perceived as psychologically or emotionally abusive by all victims. Operationalization of data elements related to psychological/emotional abuse will need to incorporate victim perception or a proxy for it. Although any psychological/ emotional abuse can be measured by the IPV surveillance system, the expert panel recommended that it only be considered a type of violence when there has also been prior physical or sexual violence, or the prior threat of physical or sexual violence.[278] Thus by this criterion, the number of women experiencing acts, threats of acts, or coercive tactics that constitute psychological/emotional abuse may be greater than the number of women experiencing psychological/emotional abuse that can also be considered psychological/emotional violence.

8.21 In summary, psychological/emotional abuse can include, but is not limited to:

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[277] Centers for Disease Control and Prevention, Injury Center. *Intimate Partner Violence Surveillance*. Retrieve Aug 13, 2004, from the CDC web site: http://www.cdc.gov/ncipc/pub-res/ipv_surveillance/11_Section34.htm

[278] At the March 1996 meeting of the 12-member expert panel, participants discussed the importance of capturing these behaviours as one component of IPV. They also recognized that psychological/emotional abuse encompasses a range of behaviour that, while repugnant, might not universally be considered violent. The panel made the decision to classify psychological/emotional abuse as a type of violence only when it occurs in the context of prior physical or sexual violence, or the prior threat of physical or sexual violence. The panel suggested that "prior" be operationalized as "within the past 12 months."

(a) Humiliating the victim
(b) Controlling what the victim can and cannot do
(c) Withholding information from the victim
(d) Getting annoyed if the victim disagrees
(e) Deliberately doing something to make the victim feel diminished (e.g., less smart, less attractive)
(f) Deliberately doing something that makes the victim feel embarrassed
(g) Using money that is the victim's
(h) Taking advantage of the victim
(i) Disregarding what the victim wants
(j) Isolating the victim from friends or family
(k) Prohibiting access to transportation or telephone
(l) Getting the victim to engage in illegal activities
(m) Using the victim's children to control victim's behaviour
(n) Threatening loss of custody of children
(o) Smashing objects or destroying property
(p) Denying the victim access to money or other basic resources
(q) Disclosing information that would tarnish the victim's reputation

8.22 Although the law states that harassment is considered and there was a case found in the period from January 2003 to June 2004 that a non-molestation and an exclusion order were granted solely based on psychological molestation (para. 3.66), it is recommended to amend the law to clarify that beyond doubt by including psychological abuse as a type of domestic violence in the DVO (Cap 189).[279]

8.23 It is not impossible to operationalize the concept of psychological abuse. A well-known scholar Daniel O' Leary stated that: "adequate definitions of psychological abuse in relationships do not exist for legal and formal diagnostic purposes… While measure of psychological abuse exist that are reliable, the measures were not developed for legal purposes to help arrive at what would be an accepted definition of psychological abuse".[280] He further pointed out that the absence of such a definition reflects the apparent ease of arriving at a definition of physical abuse.

[279] The domestic violence ordinance in Taiwan, Home Office (UK), Australia, Canada, CDC (USA), define domestic violence as physical violence, psychological abuse and sexual violence.
[280] Refer to p.22-23, O'Leary, K. Daniel (2001). "Psychological abuse: A variable deserving critical attention in domestic violence". In O'Leary, K. Daniel & Maiuro, Roland D. *Psychological abuse in violent domestic relations*. NY: Springer Publishing Company.

8.24 Although it is difficult to come up with a comprehensive definition of psychological abuse, some commonly recognized forms of psychological abuse can be identified first and these forms have already been recognized in the existing laws, for example, intimidation (Cap 200 section 24), harassment (refer to sexual harassment (Cap 480)), threat (Cap 200 section 119) which are common to the measures of psychological aggression.[281] Daniel O' Leary claimed that psychological abuse can be measured reliably and thus developed into the definitions in both mental health and legal settings. He further argued that physical aggression is often preceded by psychological aggression, which has effects that are as deleterious as those of physical aggression. In short, psychological abuse causes traumatic effect[282] and itself is a marker that requires further investigation of physical abuse.

8.25 Thus, it is recommended to apply the definition adopted by CDC, USA that psychological abuse involves psychological harm or trauma, caused by physical or sexual violence, or the threat of physical or sexual violence, or coercive tactics.

8.26 Some other particular forms of psychological abuse should be included in the definition of domestic violence: neglect, stalking and exposing a child to family violence.

Neglect

8.27 In the procedural guideline of the SWD, child neglect is a "severe or persistent lack of attention to a child's basic needs (such as adequate food, clothing, shelter, education or medical care) that endangers or impairs the child's health or development (including non-organic failure to thrive) or the avoidable exposure of a child to serious danger (including cold, starvation, a child habitually left unattended or forcing a child to undertake duties inappropriate to his/her physical strength or age).[283]

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[281] The reliable measures of psychological aggression recognized are Conflict Tactics Scale, Index of Spousal Abuse, Spouse Specific Aggression and Assertion, Psychological Maltreatment of Women Inventory, Index of Psychological Abuse, The Abusive Behaviour Inventory, Severity of Violence Against Women, the Measurement of Wife Abuse, and the Dominance Scale. Refer to p.22-23, O'Leary, K. Daniel (2001). "Psychological abuse: A variable deserving critical attention in domestic violence". In O'Leary, K. Daniel & Maiuro, Roland D. *Psychological abuse in violent domestic relations*. NY: Springer Publishing Company.

[282] Like Battered Women Symptom, Walker, L.E. (1979). *The battered women*. New York: Harper & Row.

[283] Working Group on Child Abuse (1998). *Procedures for handling child abuse cases.* Hong Kong:

8.28 The existing laws provide protection for children and mentally incapacitated persons against neglect or abandonment. Offences related to neglect include the Offences Against the Person Ordinance (Cap 212, section 27)[284], the Protection of Children and Juveniles Ordinance (Cap 213) and the Mental Health (Guardianship) Regulations (Cap 136D).[285] Exposing child whereby life is endangered and ill-treatment or neglect by those in charge of child or young person, under section 26 and 27 of the Offences Against Persons Ordinance (Cap 212), shall be guilty of an offence. Under the Mental Health Ordinance (Cap 136D), the guardian shares the responsibility to "ensure the safety and welfare of the mentally incapacitated person and to arrange for the provision of adequate care for the mentally incapacitated person". It is believed that the society and thus the government shall have the responsibility to ensure these dependant persons are properly cared for. Otherwise, the SWD shall assign a guardian or the Director of Social Welfare to be the guardian, to take up the responsibility of care taking. The consultants recommend putting the neglect of children and mentally incapacitated persons as cases of abuse under the DVO (Cap 189).

8.29 Neglect of elderly people has its controversy on whether it is an offence. Are all elderly people dependant? Do we need a system of assessment, as for MIP, to diagnose if elderly people lose their capacity to live independently? Who has the primary responsibility to take up the caring role? If they fail, do we wish the SWD to assign a guardian for the elderly people? Is there any legal responsibility on the part of the care-taker or guardian? All these issues should be discussed publicly to reach social consensus, before we can do anything related to legislation.

8.30 Neglect, as a type of elderly abuse, is defined in Hong Kong as "intentional or unintentional failure or refusal to provide for the basic needs (e.g. food, water, shelter, heat, clothing, hygiene, safety) and abandonment of an elderly person. Unintentional neglect refers to situations resulting from lack of experience,

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Social Welfare Department.

[284] S27: Ill-treatment or neglect by those in charge of child or young person.

[285] Cap 136D The guardian has the responsibility to "take all reasonable steps to ensure the safety and welfare of the mentally incapacitated person and to arrange for the provision of adequate care for the mentally incapacitated person."

information or capability."[286]

8.31 The consultants, in principle, agree that we should include neglect as a type of violence under the DVO (Cap 189). For the definition of neglect in legal terms, it should be carefully studied and publicly consulted.

Stalking

8.32 The Law Reform Commission had recommended criminalizing stalking.[287] However, the law reform has not yet been enacted because it may impact the freedom of newsgathering activities.

8.33 Harmony House[288] and the Association Concerning Family Violence (關注家庭暴力問題聯席)[289] suggested to do the legislation related to stalking in intimate relationships first. The consultants support the recommendation. It is recommended to criminalizing stalking that happens in the domestic relationships, as recommended by the Law Reform Commission.

Exposing a child to domestic violence

8.34 Children witnessing family violence have been an important research agenda in the past twenty years. It has been shown that children who witness violence often suffer psychological and behavioural problems as abused children. They may suffer from a wide range of problems such as low self-esteem, lower school performance, difficulty in concentrating, developmental delays, poor social skills, secret keeping and isolation from peers, few interests to social activities, mixed feelings of anger, shame, love, fear, guilt, disrespect for parents, feeling responsible for violence, or even in extreme cases post-traumatic stress disorder.[290]

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[286] Legislative Council Question No. 10: Abuse of elderly people, Replied by: Secretary for Health and Welfare on 1 March 2000. Retrieved Aug 13, 2004 from the Health, Welfare and Food Bureau web site:
http://www.hwfb.gov.hk/en/legco/replies/hw/1998_20020630/QTN/LQ68.HTM

[287] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.

[288] Harmong House (2004). Paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004.

[289] The Association Concerning Family Violence (關注家庭暴力問題聯席). Paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004, CB(2)2131/03-04(08).

[290] International and local studies already showed the negative impact on children witnessing family violence. For example: Brandon, M., & Lewis, A. (1996). Significant harm and children's experiences of domestic violence. *Child and family social work*(1), 33-42.

8.35 Using violence against a partner in front of children should be treated as a kind of psychological abuse against children. Making a child witnessing domestic violence by a perpetrator of domestic violence is regarded as a form of criminal child abuse.[291] In most cases, it would also create pressure or psychological stress on the battered spouse. The battered spouses, especially battered women, are worried about the safety of their children and their emotional reactions during spousal violence. They would also be humiliated by being beaten by their partner before their children. Thus, the perpetrators of family violence should be responsible for exposing children to such violence. The consultants recommend that the making of a child witnessing domestic violence by a perpetrator of domestic violence should be regarded as a form of criminal child abuse.

Recommendation 15

We recommend that:

(a) Violence, defined in the DVO (Cap 189), includes physical assault, sexual violence, psychological abuse, neglect (for children and elderly), stalking and exposing a child to domestic violence.

(b) Psychological abuse involves psychological harm or trauma, caused by physical or sexual violence, or the threat of physical or sexual violence, or coercive tactics.

(c) Neglect should be included as a type of violence under the DVO (Cap 189). For the definition of neglect in legal terms, it should be carefully studied and publicly consulted.

(d) Stalking in domestic relationships should be criminalized, as recommended by the Law Reform Commission.

Chan, K. L. (2002). *Study of children who witnessed family violence*. Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 47).(In Chinese)

Chan, K. L. (2000). *Study of the impact of family violence on battered women and their children* . Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 38).

Jaffe, P. G., & Sudermann, M. (1995). Child witnesses of woman abuse: Research and community responses. In S. M. Stith & M. A. Straus (Eds.), *Understanding partner violence: Prevalence, causes, consequence and solutions* . Minneapolis: National Council on Family Relations.

Peled, E., Jaffe, P. G., & Edleson, J. L. (1995). *Ending the cycle of violence : community responses to children of battered women*. (1 st ed.). USA: Sage Publications, Inc.

[291] Refer to Kantor, G. K. & Little, L. (2003). Defining the boundaries of child neglect: When does domestic violence equate with parental failure to protect? *Journal of Interpersonal Violence, Apr, V. 18(4),* 338-355.

(e) The making of a child witnessing domestic violence by a perpetrator of domestic violence should be regarded as a form of criminal child abuse.

Definition of 'family/ domestic'

8.36 Under the present law, only married couples or cohabitating heterosexual couples, and their children are under the protection of the DVO (Cap 189), as the law only covers relations within a "Matrimonial Home". It therefore means that domestic violence other than spousal abuse and child abuse, like elderly abuse, sibling abuse, parent abuse, same-sex partner abuse etc. are not covered by the Ordinance.

8.37 The Association Concerning Family Violence[292] suggested to the Legislative Council to expand the scope of provision. They suggested re-defining the "Matrimonial Home" to include married or cohabitated couples, ex-married or former cohabitated couples, children and cohabited immediate and in-law family members. The consultants agree with the suggestions proposed by the Association. However, it should further expand to include other possible intimate relationships that may need protection against violence and threat.

8.38 Violence in intimate relationships carries specific dynamics that requires special attention. The main principle of providing protection for victims should cover those who are involved in intimate relationships rather than limiting it to those who are living together, have heterosexual orientation or have a marriage certificate.

8.39 The Law Reform Commission had given a very meaningful discussion on the scope of provision. It stated that:

"Victims of stalking who have never cohabited or have ceased to cohabit with the stalker when harassment occurs cannot invoke the jurisdiction of the Court. Thus, the remedies are not available once the spouses are divorced. A former spouse cannot apply under the Ordinance unless she and her former husband are cohabiting after the decree. Similarly, in the case of cohabitants, there is no

[292] The Association Concerning Family Violence (關注家庭暴力問題聯席). Paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004, CB(2)2131/03-04(08).

power to provide protection once the relationship has ended. More importantly, harassment can occur in other types of domestic relationships. For instance, an elderly member of a family may be abused by those with whom he is living; parents may be abused by their violent child; and a gay or lesbian partner may become irrational or obsessive. The requirement of marriage or cohabitation has deprived these parties of the right to apply under the DVO (Cap 189). Victims who are harassed outside the family and domestic context have to proceed in tort, but this is a more cumbersome procedure and is less effective because of difficulties over the precise scope of the remedies available against harassment or molestation. Further, a child who has been molested has no standing to apply for an order under the Ordinance. An application must be made on the child's behalf by a parent. The child receives no protection under the Ordinance if his or her parent is unwilling to bring an action against the other party. There is also a requirement that the child be living with the applicant. Children not living with their parents could not benefit from the Ordinance." (para. 4.36-38)[293]

8.40 The term "domestic" is equivalent to "family" in this context of social and legal discussions. In principle, domestic can include all members living under the same roof. That means it can include domestic helpers and other non-familial cohabitants. However, the consultants do not intend to include these two types because violence in non-intimate relationships displayed a totally different profile in terms of risk factors and impacts.

8.41 To meet the new faces of domestic violence discovered in the past three decades by numerous studies, the scope of the domestic is recommended to expand. The definition of family should be extended to cover all possible intimate relationships.

8.42 Taking reference of the overseas examples, in South Africa, a domestic relationship is defined by Section 1 of the Domestic Violence Act as 'a relationship between a complainant and a respondent in any of the following ways:

(a) They are or were married to each other, including marriage according to any law, custom or religion;

[293] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.

(b) They (whether they are of the same sex or of the opposite sex) live together in a relationship in the nature of marriage, although they are not, or were not, married to each other, or are not able to be married to each other;
(c) They are the parents of a child or are persons who have or had parental responsibility of that child (whether or not) at the same time;
(d) They are the family members related by consanguinity, affinity or adoption;
(e) They are or were in engagement, dating or customary relationship, including actual or perceived romantic, intimate or sexual relationship of any duration, or
(f) They share or recently shared the same residence.

8.43 In Taiwan, Act 3 of the Domestic Violence Prevention Act also has a wider definition of 'Family Members', they are:

(a) Who is commented a spouse or ex-wife or ex-husband;
(b) Who has or have had on-going marital, or de-facto marital, parental, or dependent relationship;
(c) Who has or have been related as a lineal-blood or a lineal-blood-by-marriage; and
(d) Who has or have been related as a lateral blood or a lateral-blood-by-marriage falling within the Relation Rank 4.

8.44 In the UK, the Family Law Act 1996, section 62 defines the relationships as "cohabitants", "relevant child" and "associated persons". The definitions of the three terms are listed in Appendix 10. The meaning of "associated persons" gives a broader possibility of including the major possible types of violence in intimate relationships. The consultants recommend adopting this definition to the DVO (Cap 189). The UK government had passed a Domestic Violence, Crime and Victims Bill [HL] in December 2003 states that cohabiting same-sex couples and couples who have never cohabited or been married are given the same access to non-molestation and occupation orders under the Family Law Act 1996 as opposite-sex couples.

8.45 Based on the above discussion, the consultants recommend that the scope of provision of the protection of the DVO (Cap 189) should include an applicant who is "associated with" the respondent/defendant if:

(a) They are or have been married to each other; (including married or divorced couple);
(b) They are cohabitants or former cohabitants; (including heterosexual and same-sex couples[294]);
(c) They live or have lived in the same household, otherwise than merely by reason of one of them being the other's employee, tenant, lodger or boarder;
(d) They are relatives; (including in-laws, siblings, siblings in-law, parents and grandparents, elderly, guardian of a child and a mentally incapacitated persons etc.)
(e) They have agreed to marry one another (whether or not that agreement has been terminated); (including engaged couples, dating partners with a certain commitment in the relationship, they are not necessarily current or former cohabitants)
(f) They are parents in relation to any child; or have or have had parental responsibility for the child; (including parents of an adopted child, guardian).
(g) They are parties to the same family proceedings (other than proceedings under part iv).
(h) Relevant child, including:
    (1) Any child who is or is not living with, or might reasonably be expected to live with either party to the proceedings;
    (2) Any child in relation to whom an order under the adoption ordinance (cap 290) is in question in the proceedings; and
    (3) Any other child whose interests the Court considers relevant.

8.46 There is no requirement that the child be living with one of the parties to the proceedings. A child should have the right to apply for an order on his or her own with the Court's permission. If the child finds it difficult to work on his or her own, he or she can be represented by the SWD, with his or her consent, to apply for the restraining orders[295].

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[294] The couple relationship does not exclude the same-sex couples. Violence in homosexual relationship is recognized as an emerging problem. Refer to Chap. 4 "Gay and Lesbian Battering". In Lemon, Nancy K.D. (2001). Domestic Violence Law. St. Paul, Minn. : West Group.

[295] In New Zealand, children can apply for their own Protection Orders (with the help of an adult). The Family Court, Community Law Centre, Children and Young Persons' Service office, social worker or guidance counsellor can help. http://www.police.govt.nz/safety/home.domesticviolence.php

8.47 For the guardian, it should not be limited to the guardian of a child but also to the mentally incapacitated persons.

8.48 "Cohabiting" in the same household could be used as one of the criteria to identify intimate relationships. However, it should not be the pre-requisite of defining relationships. In some cases, when the battered woman leaves home and moves to refuge, the perpetrator of spousal abuse may contact the parents or other family members who are not living together with the battered woman, and may even invoke threat or harass them. In such case, the victims, other than the battered woman, should have the right to apply an injunction order under the DVO (Cap 189) independently. Family members under disturbance could be the applicant of injunction and enjoy the protection offered by the DVO (Cap 189).

Recommendation 16

We recommend that:

(a) The scope of provision of the protection of the DVO (Cap 189) should include an applicant who is "associated with" the respondent/defendant if: -

(1) They are or have been married to each other; (including married or divorced couple)
(2) They are cohabitants or former cohabitants; (including heterosexual and same-sex couples
(3) They live or have lived in the same household, otherwise than merely by reason of one of them being the other's employee, tenant, lodger or boarder;
(4) They are relatives;
(5) They have agreed to marry one another
(6) They are parents in relation to any child; or have or have had parental responsibility for the child;
(7) They are parties to the same family proceedings
(8) Relevant child

(b) A child should have the right to apply for an order on his or her own with the Court's permission. If the child finds it difficult to work on his or her own, he or she can be represented by the SWD, with his or her consent, to apply for the restraining orders.

(c) "Cohabiting" in the same household could be used as one of the criteria to identify intimate relationships. However, it should not be the pre-requisite of defining relationships.

Making breach of a non-molestation order and exclusion order a criminal offence

8.49 Under the existing DVO (Cap 189), breach of an injunction is not a criminal offence and the respondent would not be arrested by police unless the power of arrest under section 5(2) of the DVO (Cap 189) is attached. According to the Law Reform Commission, "a person who wishes to enforce an injunction usually has to apply for an order of committal by following the procedures prescribed in the Rules of the High Court. Such procedures fail to give speedy and effective redress for breaches of an injunction which might have serious consequences for the victims" (para. 4.40).[296]

8.50 No actual protection for the victims can be promised unless the respondents see the consequence of arrest if they are in breach of order. Many respondents would not bother to turn up for injunction alone, but might attend if the power of arrest is attached to the injunction.[297]

8.51 According to section 5(1) of the DVO (Cap 189), a power of arrest is attached to an injunction if it is satisfied that the other party has caused actual bodily harm to the applicant or, as the case may be, to the child concerned. The Court cannot attach a power of arrest if the other party has merely threatened to cause bodily harm to the applicant or child.[298] It does not require the Court to believe that the respondent is likely to inflict actual bodily harm again in the future.[299] It does not consider non-physical psychological damage, or non-violent molestation. It does happen frequently that many perpetrators do not necessarily use physical violence to threat the victims. By using direct or indirect verbal threat, stalking, constant phone calls, waiting around the children's school etc., in addition to the history of violence, they could create great fear on the victims.

8.52 The UK Family Law Act 1996 states that the power of arrest is attached if the respondent has used or threatened use of violence against the applicant or a relevant child. In so doing, the applicant should not have to wait to be injured

[296] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.
[297] Refer to p.31, Scully-Hill, Anne (2004). *The Annotated Ordinances of Hong Kong: Domestic Violence (Cap 189)*. Hong Kong: LexisNexis.
[298] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.
[299] Ibid.

before the law can come to their rescue. The safety of the applicant is a major concern in attaching the power of arrest.[300]

8.53 To increase the legal protection for the victims, the consultants suggested to attach the power of arrest to an injunction if:

(a) There is actual bodily harm inflicted by the respondent; or
(b) Molestation (violent or non-violent) is inflicted by the respondent; or
(c) There is non-physical psychological damage caused by the behaviour of the respondent; or
(d) The respondent persistently disobeys injunctions and makes nuisances to the other party and to others concerned.[301]

8.54 To take a step further, we should consider making breach of a non-molestation order and exclusion order a criminal offence. The Law Reform Commission[302] recommended that a person who, without reasonable excuse, does anything that he is prohibited to do by a restraining order should be guilty of an offence, which is punishable by imprisonment for 12 months. The benefit of having an additional offence of breach of a restraining order is that the victim would not have to bring proceedings himself to enforce the order. It would accord greater protection to battered spouses in domestic violence cases. The Law Reform Commission further pointed out that a single act of stalking (or molestation in the DVO (Cap 189)) would entitle the victim to seek protection from the police and the Courts. Early intervention is essential to the well-being and safety of the victim where the stalker has previously been convicted of harassment (or molestation). The police would not have to wait until the stalker has repeatedly harassed (or molested) the victim before they charge him with harassment (or molestation) again. The effect is that breaches can be dealt with promptly with the assistance of the police before the stalker turns violent.

8.55 Indeed the UK government had passed a Domestic Violence, Crime and Victims Bill [HL] in December 2003. It states that a breach of a non-molestation order under the Family Law Act 1996 is a criminal offence

[300] The UK Family Law Act 1996 - Sect 47 (2)(b): "If it appears to the court that the respondent has used or threatened violence against the applicant or a relevant child, it shall attach a power of arrest to one or more provisions of the order unless satisfied that in all the circumstances of the case the applicant or child will be adequately protected without such a power of arrest.
[301] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.
[302] Ibid.

and will be punishable by up to five years' imprisonment on indictment. This makes it an offence for which a police officer can arrest without a warrant.

8.56 Thus, the consultants suggested that breach of a non-molestation order and exclusion order is a criminal offence and is punishable by imprisonment.

> Recommendation 17
>
> We recommend that:
>
> (a) The power of arrest is attached to an injunction if:
> (1) There is actual bodily harm inflicted by the respondent; or
> (2) Molestation (violent or non-violent) is inflicted by the respondent; or
> (3) There is non-physical psychological damage caused by the behaviour of the respondent; or
> (4) The respondent persistently disobeys injunctions and makes nuisances to the other party and to others concerned.
>
> (b) Breach of a non-molestation order and exclusion order is a criminal offence and is punishable by imprisonment.

Effective period of injunction

8.57 The longest period of effectiveness of ouster and entry orders under section 3(1)(c)(d) is 6 months. There is no time limit for the non-molestation order under section 3(1)(a)(b). The Association Concerning Family Violence[303] suggested extending the limit to 18 months because it takes a long time to deal with divorce or handle family violence. However, the Association could not demonstrate why 18 months would be enough.

8.58 If counselling or a treatment programme for a perpetrator is considered, it may take more than six months.[304] It is possible that if the outcome of the treatment programme is not satisfactory, it may be necessary for the Court to order another phase of mandatory counselling to the perpetrator. Thus, in order to fully implement the court-mandated counselling and provide

[303] The Association Concerning Family Violence (關注家庭暴力問題聯席). Paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004, CB(2)2131/03-04(08).
[304] The batterer intervention programmes may last from 26 to 52 week.

protection for the victim during the treatment process, the period of effectiveness must be flexible and long.

8.59 Referring to the UK Family Law 1996, Sect 42(7), a non-molestation order may be made for a specified period or until further order. It leaves the judge discretion to grant a specified period that could fit each case.

8.60 The Law Reform Commission suggested an open-ended order to provide for flexibility. The Courts should have the power to make a restraining order for a specified period or until further order. This would avoid victims having to return to the Courts to have the order renewed. Since the circumstances may change over time, all the interested parties, including the prosecutor, the defendant, the victim and any other persons protected by the order, should be able to apply for the order to be varied or discharged (para 8.31).[305] The consultants recommend that the judge have the discretion to grant restraining orders for a specified period or until further order.

Recommendation 18 We recommend that: The judge has the discretion to grant restraining orders for a specified period or until further order.

Eligible applicant of the injunction

8.61 As listed in para 7.45, the associated persons are eligible for the application of an injunction. A child can also apply for an order on his or her own with the Court's permission.

8.62 The Association Concerning Family Violence[306] suggested allowing a third party to apply an injunction on behalf of the victim who is informed of doing this. Consent or authorization from the victim is not required. The reason is to reduce the burden on the victim and to prevent revenge from the perpetrator

[305] Law Reform Commission (2000). Report on Stalking. Hong Kong: Hong Kong Government.
[306] The Association Concerning Family Violence (關注家庭暴力問題聯席). Paper submitted to joint meeting of the Panel on Welfare Services and the Panel on Security, Legislative Council, on 26 April 2004, CB(2)2131/03-04(08).

due to the application of an injunction. According to the Association, the "third person" could be anyone like the police, a neighbour, etc.

8.63 The UK Family Law 1996 allows the provision for third parties to act on behalf of victims of domestic violence. A representative to act on behalf of another should be a prescribed person, or any person in a prescribed category. The representation should be authorized by the person on whose behalf the representative is acting could have applied for an occupation order or for a non-molestation order.[307] In practice, most of the "third parties" are lawyers because the third party should be familiar with the legal system.

8.64 We do not reject the idea of the third party to act on behalf of the victim. The third party can be a lawyer, a family member, a close friend, etc. It should be emphasized that consent and authorization of the victim should be obtained to assign a representative. Without the consent and authorization, the system could be abused. It is well understood that victims of family violence have difficulty in decision making at the stage they have been abused. Fluctuation in making decisions is not uncommon and should be understood. However, without an authorization, the representative can hardly act on behalf of the victim and for the case. If the victim changes his/her position subsequent to applying for an injunction due to pressure from the perpetrator, the representative could be placed in a very embarrassing or even illegal position.

8.65 Moreover, assuming that the victim of family violence would be incompetent in applying an injunction is a stigma. It would be disempowering. The emotional burden and pressure, as well as the safety should be addressed by simplifying the procedure of applying an injunction and enhance the victim support service.

8.66 For cases involving mentally incapacitated persons, dependent elderly and children, special attention should be addressed. As indicated in the procedural guideline, "for cases involving mentally incapacitated persons (MIP), including mentally handicapped or mentally disordered persons, relevant provision in the "Mental Health Ordinance" (Cap 136) e.g. Part IVB on Guardianship provision, could be considered to safeguard the safety and welfare of the MIP. The guardian (if any) should be involved to discuss the

[307] Family Law Act 1996 - Sect 60 (1-2)

safety and welfare plan of the victim."[308] The guardian should take all reasonable steps to ensure the safety and welfare of the mentally incapacitated person and to arrange for the provision of adequate care for the mentally incapacitated person.[309]

8.67 For children under the age of 16, the UK Family Law Act allows the provision for separate representation for children in proceedings.[310] It is also suggested by the Against Child Abuse that every single child should have the right to have an independent counsel for separate representation for children in proceedings.[311]

8.68 It is still controversial in allowing a third party to act on behalf of the victim. It needs more discussion and study to justify the needs. However, the consultants recommend that support to mentally incapacitated persons, dependent elderly and children should be offered in the application of the restraining orders.

Recommendation 19 We recommend that: Support to mentally incapacitated persons, dependent elderly and children should be offered in the application of the restraining orders.

Mandatory order for the participation in and successfully complete a BIP

8.69 As discussed and recommended in para. 5.6, the consultants recommend that the Court can make mandatory counselling order for the batterers to attend a BIP, as a condition attached to the non-molestation order under the DVO (Cap 189). Their performance in the programme could be considered in assessing the extension of the period of the non-molestation orders.

Status of the DVO (Cap 189): criminal and civil law

[308] P.13, Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.
[309] Refer to the Mental Health (Guardianship) Regulations (Cap 136D).
[310] Family Law Act 1996 - Sect 64.
[311] Against Child Abuse, paper submitted to Welfare Panel of LegCo, March 11, 2002.

8.70 The existing DVO (Cap 189) is basically a civil law. There is not a category of criminal offences named as domestic violence. Recognizing the existence of domestic violence in the DVO (Cap 189), but not saying that it is a criminal offence, makes the attitude of the public towards the crime nature of using violence against a family member or intimate partner ambiguous.

8.71 The existing laws in fighting against domestic violence are spreading over different ordinances, from criminal to civil, and the cases are handled in different Courts. There is no clear ordinance defining domestic violence as a crime. Until the domestic violence acts are severe enough up to a level comparative to common assault or offence against a person, the alleged offender would be charged using the ordinances that are applicable to other kinds of violence. That means, the "domestic" violence act itself is not solely considered as a crime. Clear policy and legal definition of domestic violence as a criminal offence is thus deemed necessary.

8.72 Under the Criminal Law of the PRC, domestic violence is explicitly expressed as a criminal offence.[312] In the UK, domestic violence is not a specific criminal offence. Instead, it is charged under a range of offences. A report on the justice system in the UK discussed the need to create a separate domestic violence offence. Nowadays, there are a number of criminal laws to be used for domestic violence cases. The core problem may not be in criminalizing domestic violence, but how to interface the use of these criminal laws in domestic violence prosecution. It is about the prosecutors' and the judges' sensitivity.[313] The Government believes that a Specialized Domestic Violence Court and a clear set of law that pull together all related domestic violence criminal laws would be useful.

8.73 Dr. C.K. Law suggested combining the DVO (Cap 189) with other relevant ordinances like the Protection of Children and Juveniles Ordinance (Cap 213)[314] in order to expand the scope of protection and make the law comprehensive. The consultants support this idea. We may consider pulling together all relevant ordinances related to domestic violence e.g. the DVO (Cap 189), Crimes Ordinance (Cap 200), Offence Against Persons Ordinance

[312] Art. 182 and 260 of Criminal Law (PRC).
[313] Para. 21-22, The Secretary of State for the Home Department (2003). Safety and Justice: The Government's Proposals on Domestic Violence. London: Home Office.
[314] Suggested by Hon. Law, CK. In his paper "Handling family violence" CB(2)1265/01-02(06) submitted to Welfare Panel of LegCo, March 11, 2002.

(Cap212) including rape, marital rape, assault, harassment, stalking etc. and putting them under the Crimes Ordinance. Examples of such jurisdiction are: PRC (Marriage Law), Taiwan (Domestic Violence Prevention Act) and Singapore (Women's Charter). See Appendix 11. It should clearly define the penalty of each offence, be it imprisonment (for summary or indictment conviction) or fines.

Recommendation 20

We recommend that:

All relevant ordinances related to domestic violence shall be pulled together to integrate the criminal and civil laws.

Restraining orders in criminal proceedings

8.74 The Law Reform Commission suggested placing the restraining orders in criminal proceedings.[315] That means, the Court sentencing a person convicted of harassment should have power to make an order restraining him from harassing the victim if the Court believes that the convicted person is likely to commit harassment in the future.

8.75 Their report stated that there are no procedures under which the criminal Courts can provide protection for victims of crime who might reasonably expect that the convicted criminal may harm them in the future. Although the victim may seek injunctive relief in the Civil Courts, it would be unfair to him if he were required to go through another hearing in order to obtain an injunction to protect his legitimate interests. This would not only be a duplication of judicial procedure, but would also be an additional burden on the victim in both emotional and financial terms.

8.76 The consultants support the recommendation made by the Law Reform Commission that the restraining orders shall be placed in criminal proceedings.

[315] Law Reform Commission (2000). *Report on Stalking*. Hong Kong: Hong Kong Government.

Recommendation 21

We recommend that:

The restraining orders shall be placed in criminal proceedings.

Chapter 9
Summary of Recommendations

Recommendation 1

We recommend that:

The batterer intervention programmes (BIPs) could be launched under the existing systems.

(a) Voluntary participation enhanced by the coordinated referral system and public publicity of the programmes;
(b) A sentencing condition attached to a probation order enhanced by the coordination with the court and the probation officers; and
(c) Prison-based BIPs enhanced by the coordination with the Correctional Services in providing the structured treatment programmes to the domestic violence offenders. *(Chapter 6)*

Recommendation 2

We recommend that:

The Court can make mandatory counselling order for the batterers to attend a BIP by the following ways:

(a) As a condition attached to the non-molestation order under the DVO (Cap 189);
(b) As a condition attached to a bind-over order; and
(c) Placing a counselling order separately in criminal proceedings. *(Chapter 6)*

Recommendation 3

We recommend that:

To make BIP an order issued by the Court, the laws to be amended include the DVO (Cap 189), the Section 109I of the Criminal Procedure Ordinance (Cap 221), the Section 41 of the Offences Against The Person Ordinance (cap 212), and the Section 61(1) of the Magistrates Ordinance (Cap 227). *(Chapter 6)*

Recommendation 4

We recommend that:

> The content of the counselling order in legislation shall include the order for the offender to participate in and successfully complete a BIP, standards for BIPs and the punishment for the breaching of order. *(Chapter 6)*

Recommendation 5

We recommend:

> To launch a time-limited pilot project to implement the court-mandatory BIP in Hong Kong. The following strategies are recommended:
>
> (a) A group including the police, medical practitioners, social service practitioners, probation officers, prosecutors, judges and academia should be formed in preparing, monitoring and evaluating the pilot project;
> (b) The steering group will work out standards for the BIP and consult service providers;
> (c) The steering group will certify a list of piloted BIPs; and
> (d) The steering group will prepare the formation of the Batterers' Intervention Programme Authority. *(Chapter 6)*

Recommendation 6

We recommend that:

> A set of strategies required for the implementation of BIP:
>
> (a) All BIPs should share common goals of reducing the re-offending rate, increasing victims' safety, holding batterers accountable for the violence used and stopping their abusive behaviour.
> (b) Pre-intervention risk assessment and the psycho-social assessment of the batterers is recommended to inform the specific designs of the BIPs.
> (c) The BIPs should have written policies and strategies to secure the safety of victims.
> (d) The BIPs could last from 24 to 52 weeks, with a 1.5 hour session each week. Evaluation of the effectiveness of programmes with different durations should be conducted to provide empirical support for the programme duration.
> (e) Programme evaluation of the effectiveness of the programmes should be conducted, with the criteria of success defined as ending violence as reported by victims, reducing the

re-offence/recidivism rate, increasing victim safety, and reducing drop out or the attrition rate.

(f) Programme standards should be explicitly stated, with the collaborative effort of service providers and the SWD. *(Chapter 6)*

Recommendation 7

We recommend that:

A governmental domestic violence policy is made to state clearly the commitment of the government to tackle domestic violence, philosophy in combating domestic violence, and the strategies in fighting against and preventing the domestic violence. *(Chapter 7)*

Recommendation 8

We recommend that:

(a) Education for professionals like physicians, nurses, lawyers, teachers, social workers, psychologists etc. on the risk assessment of suspected cases is needed. Appropriate and prompt referral should be made; and
(b) More empirical studies on the reporting practice are needed. With the empirical support, strategies in improving reporting from professionals, including mandatory measures, should be examined. *(Chapter 7)*

Recommendation 9

We recommend that:

Improvement on the practice of arrest is enhanced by providing clear policy and practice guidelines on arresting domestic violence crime. Including:

(a) Evidence gathering;
(b) Investigation;
(c) The report of the case investigation should be filed to the Department of Justice for the consideration of prosecution;
(d) Providing support to victims;
(e) Information system; and
(f) Training. *(Chapter 7)*

Recommendation 10

We recommend that:

> Improvement on the prosecution practice is made by adopting independent/proactive investigation. *(Chapter 7)*

Recommendation 11

We recommend:

> To set up a domestic violence court in Hong Kong that would handle all criminal and civil cases involving allegations of domestic violence or a violation of an injunction order. *(Chapter 7)*

Recommendation 12

We recommend:

> To set up a Domestic Violence Serious Injury or Fatality Review to conduct a thorough review on domestic violence serious injury and fatality cases with regards to the causes of death, service provision and psycho-social risk factors. *(Chapter 7)*

Recommendation 13

We recommend that:

> Education for the public and training for legal actors is needed as a strategy of prevention of domestic violence. *(Chapter 7)*

Recommendation 14

We recommend that:

> The existing support services for victims and witnesses should be well coordinated with and supported by the legal system. *(Chapter 7)*

Recommendation 15

We recommend that:

(a) Violence, defined in the DVO (Cap 189), includes physical assault, sexual violence, psychological abuse, neglect (for

children and elderly), stalking and exposing a child to domestic violence;

(b) Psychological abuse involves psychological harm or trauma, caused by physical or sexual violence, or the threat of physical or sexual violence, or coercive tactics;

(c) Neglect should be included as a type of violence under the DVO (Cap 189). For the definition of neglect in legal terms, it should be carefully studied and publicly consulted;

(d) Stalking in domestic relationships should be criminalized, as recommended by the Law Reform Commission; and

(e) The making of a child witnessing domestic violence by a perpetrator of domestic violence should be regarded as a form of criminal child abuse. *(Chapter 8)*

Recommendation 16

We recommend that:

(a) The scope of provision of the protection of the DVO (Cap 189) should include an applicant who is "associated with" the respondent/defendant if: -

(1) They are or have been married to each other; (including married or divorced couple)
(2) They are cohabitants or former cohabitants; (including heterosexual and same-sex couples
(3) They live or have lived in the same household, otherwise than merely by reason of one of them being the other's employee, tenant, lodger or boarder;
(4) They are relatives;
(5) They have agreed to marry one another
(6) They are parents in relation to any child; or have or have had parental responsibility for the child;
(7) They are parties to the same family proceedings
(8) Relevant child

(b) A child should have the right to apply for an order on his or her own with the Court's permission. If the child finds it difficult to work on his or her own, he or she can be represented by the SWD, with his or her consent, to apply for the restraining orders; and

(c) "Cohabiting" in the same household could be used as one of the criteria to identify intimate relationships. However, it should not be the pre-requisite of defining relationships. *(Chapter 8)*

Recommendation 17

We recommend that:

(a) The power of arrest is attached to an injunction if:

(1) There is actual bodily harm inflicted by the respondent; or
(2) Molestation (violent or non-violent) is inflicted by the respondent; or
(3) There is non-physical psychological damage caused by the behaviour of the respondent; or
(4) The respondent persistently disobeys injunctions and makes nuisances to the other party and to others concerned.

(b) Breach of a non-molestation order and exclusion order is a criminal offence and is punishable by imprisonment. *(Chapter 7)*

Recommendation 18

We recommend that:

The judge has the discretion to grant restraining orders for a specified period or until further order. *(Chapter 8)*

Recommendation 19

We recommend that:

Support to mentally incapacitated persons, dependent elderly and children should be offered in the application of the restraining orders. *(Chapter 8)*

Recommendation 20

We recommend that:

All relevant ordinances related to domestic violence shall be pulled together to integrate the criminal and civil laws. *(Chapter 8)*

Recommendation 21

We recommend that:

The restraining orders shall be placed in criminal proceedings. *(Chapter 8)*

Appendix 1: List of Offences Related to Spousal Abuse in Hong Kong[316]

Offences	Description
Power of District Court to Grant Injunction S.3 of the Domestic Violence Ordinance, Chapter 189	(1) On an application by a party to a marriage the District Court, if it is satisfied that the applicant or a child living with the applicant has been molested by the other party to the marriage and subject to section 6, may grant an injunction containing any or all of the following provisions- (a) a provision restraining that other party from molesting the applicant; (b) a provision restraining that other party from molesting any child living with the applicant; (c) a provision excluding that other party from the matrimonial home, or from a specified part of the matrimonial home, or from a specified area whether or not the matrimonial home is included in that area; (d) a provision requiring that other party to permit the applicant to enter and remain in the matrimonial home or in a specified part of the matrimonial home, whether or not any other relief is being sought in the proceedings. (2) In the exercise of its jurisdiction to grant an injunction containing a provision mentioned in subsection (1)(c) or (d) the District Court shall have regard to the conduct of the parties, both in relation to each other and otherwise, to their respective needs and financial resources, to the needs of any child living with the applicant and to all the circumstances of the case.
Intimidation S. 24 of the Crimes Ordinance, Chapter 200	Any person who threatens any other person- (a) with any injury to the person, reputation or property of such other person; or (b) with any injury to the person, reputation or property of any third person, or to the reputation or estate of any deceased person; or (c) with any illegal act,

[316] Retrieved from Appendix XV, Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

	with intent in any such case- (i) to alarm the person so threatened or any other person; or (ii) to cause the person so threatened or any other person to do any act which he is not legally bound to do; or (iii) to cause the person so threatened or any other person to omit to do any act which he is legally entitled to do, shall be guilty of an offence.
<u>Marital Rape</u> S.117(1B) of the Crimes Ordinance, Chapter 200	For the avoidance of doubt, it is declared that for the purposes of sections 118, 119, 120 and 121 and without affecting the generality of any other provisions of Part XII of the Ordinance, "unlawful sexual intercourse" does not exclude sexual intercourse that a man has with his wife.
<u>Rape</u> S.118 of the Crimes Ordinance, Chapter 200	(1) A man who rapes a woman shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for life. (2) A man who induces a married woman to have sexual intercourse with him by impersonating her husband commits rape. (3) A man commits rape if- (a) he has unlawful sexual intercourse with a woman who at the time of the intercourse does not consent to it; and (b) at that time he knows that she does not consent to the intercourse or he is reckless as to whether she consents to it. (4) It is hereby declared that if at a trial for a rape offence the jury has to consider whether a man believed that a woman was consenting to sexual intercourse, the presence or absence of reasonable grounds for such a belief is a matter to which the jury is to have regard, in conjunction with any other relevant matters, in considering whether he so believed. (5) In relation to such a trial as is mentioned in subsection (4) which is a trial in the District Court or a summary trial before a magistrate or in a juvenile court, references to the jury in that subsection shall be construed as references to the

	District Court, the magistrate or the juvenile court, as the case may be.
Non-consensual Buggery S.118A if the Crimes Ordinance, Chapter 200	A person who commits buggery with another person who at the time of the buggery does not consent to it shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for life.
Procurement by Threats S.119 of the Crimes Ordinance, Chapter 200	A person who procures another person, by threats or intimidation, to do an unlawful sexual act in Hong Kong or elsewhere shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 14 years.
Procurement by False Pretences S.120 of the Crimes Ordinance, Chapter 200	(1) A person who procures another person, by false pretences or false representations, to do an unlawful sexual act in Hong Kong or elsewhere shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 5 years. (2) For the purposes of subsection (1), "pretence" or "representation" includes a pretence or representation relating to the past, the present or the future and any pretence or representation as to the intention of the person using the pretence or representation or any other person.
Administering Drugs to Obtain or Facilitate Unlawful Sexual Act S.121 of the Crimes Ordinance,Chapter 200	A person who applies or administers to, or causes to be taken by, another person any drug, matter or thing with intent to stupefy or overpower that other person so as thereby to enable anyone to do an unlawful sexual act with that other person shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 14 years.

Indecent Assault S.122 of the Crimes Ordinance, Chapter 200	(1) Subject to subsection (3), a person who indecently assaults another person shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 10 years. (2) A person under the age of 16 cannot in law give any consent which would prevent an act being an assault for the purposes of this section. (3) A person is not, by virtue of subsection (2), guilty of indecently assaulting another person, if that person is, or believes on reasonable grounds that he or she is, married to that other person. (4) A woman who is a mentally incapacitated person cannot in law give any consent which would prevent an act being an assault for the purposes of this section, but a person is only to be treated as guilty of indecently assaulting a mentally incapacitated person by reason of that incapacity to consent, if that person knew or had reason to suspect her to be a mentally incapacitated person.
Wounding with Intent to do Grievous Bodily Harm S.17 of the Offences against the Person Ordinance, Chapter 212	Any person who- (a) unlawfully and maliciously, by any means whatsoever, wounds or causes any grievous bodily harm to any person; or (b) shoots at any person; or (c) by drawing a trigger or in any other manner, attempts to discharge any kind of loaded arms at any person, with intent in any of such cases to maim, disfigure, or disable any person, or to do some other grievous bodily harm to any person, or with intent to resist or prevent the lawful apprehension or detainer of any person, shall be guilty of an offence triable upon indictment, and shall be liable to imprisonment for life.

Wounding or Inflicting Grievous Bodily Harm S.19 of the Offences against the Person Ordinance, Chapter 212	Any person who unlawfully and maliciously wounds or inflicts any grievous bodily harm upon any other person, either with or without any weapon or instrument, shall be guilty of an offence triable upon indictment, and shall be liable to imprisonment for 3 years.
Assault Occasioning Actual Bodily Harm S.39 of the Offences against the Person Ordinance, Chapter 212	Any person who is convicted of an assault occasioning actual bodily harm shall be guilty of an offence triable upon indictment, and shall be liable to imprisonment for 3 years.
Common Assault S.40 of the Offences against the Person Ordinance, Chapter 212	Any person who is convicted of a common assault shall be guilty of an offence triable either summarily or upon indictment, and shall be liable to imprisonment for 1 year.

Appendix 2: List of Offences Related to Child Abuse in Hong Kong[317]

Crimes Ordinance, Cap. 200

Part IV Intimidation

Section 24	Certain acts of intimidation prohibited

Part VI Incest

Section 47	Incest by men
Section 48	Incest by women of or over 16

Part XII Sexual and Related Offences

Section 118	Rape
Section 118A	Non-consensual buggery
Section 118B	Assault with intent to commit buggery
Section 118C	Homosexual buggery with or by man under 21
Section 118D	Buggery with girl under 21
Section 118E	Buggery with defective
Section 118F	Homosexual buggery committed otherwise in private
Section 118G	Procuring others to commit homosexual buggery
Section 118H	Gross indecency with or by man under 21
Section 118I	Gross indecency by man with male defective
Section 118J	Gross indecency by man with man otherwise in private
Section 118K	Procuring gross indecency by man with man
Section 119	Procurement by threats
Section 120	Procurement by false pretences
Section 121	Administering drugs to obtain or facilitate intercourse
Section 122	Indecent assault
Section 123	Intercourse with girl under 13
Section 124	Intercourse with girl under 16
Section 125	Intercourse with defective
Section 126	Abduction of unmarried girl under 16
Section 127	Abduction of unmarried girl under 18 for sexual intercourse
Section 128	Abduction of defective from parent or guardian for sexual act
Section 129	Trafficking in persons to or from Hong Kong
Section 130	Control over persons for purpose of unlawful sexual intercourse or prostitution

[317] Retrieved from Appendix XXIV, Working Group on Child Abuse (1998). *Procedures for Handling Child Abuse Cases – Revised 1998.* Hong Kong: Social Welfare Department.

Section 131	Causing prostitution
Section 132	Procurement of girl under 21
Section 133	Procurement of defective
Section 134	Detention for intercourse or in vice establishment
Section 135	Causing or encouraging prostitution of, intercourse with, or indecent assault on girl or boy under 16
Section 136	Causing or encouraging prostitution of defective
Section 137	Living on earnings of prostitution of others
Section 139	Keeping a vice establishment
Section 140	Permitting girl or boy under 13 to resort to or be on premises or vessel for intercourse
Section 141	Permitting young person to resort to or be on premises or vessel for intercourse, prostitution, buggery or homosexual act
Section 142	Permitting defective to resort to or be on premises or vessel for intercourse, prostitution, or homosexual act
Section 143	Letting premises for use as a vice establishment
Section 144	Tenant etc. permitting premises or vessel to be kept as a vice establishment
Section 145	Tenant etc. permitting premises or vessel to be used for prostitution
Section 146	Indecent conduct towards child under 16
Section 147	Soliciting for an immoral purpose
Section 148	Indecency in public

Offences Against the Person Ordinance, Cap. 212

Section 17	Shooting or attempting to shoot, or wounding or striking with intent to do grievous bodily harm
Section 19	Wounding or inflicting grievous bodily harm
Section 25	Failure to provide apprentice or servant with food, etc. whereby life is endangered etc.
Section 26	Exposing child whereby life is endangered
Section 27	Ill-treatment or neglect by those in charge of child or young person
Section 39	Assault occasioning actual bodily harm
Section 40	Common assault
Section 42	Forcible taking or detention of person, with intent to sell him
Section 43	Stealing child under 14 years

Appendix 3: Police Procedures for Handling Domestic Violence Incident[318]

[318] Retrieved from Appendix XII, Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

Appendix 4: Reported cases of domestic violence and child abuse to police (Updated 2004-10-05)

Type of Cases	Year	Total Cases	No. of classified crime cases	No. of Misc. cases#	No. of persons charged in crime cases*	No. of persons bound over in crime cases**	No. of persons bound over in Misc. cases**	No. of persons charged with Common Assault in Misc. Cases	No. of persons charged and bound over
Domestic Violence	2001	1213	505	708#	119 (23.6%)	Not Available	14	17	150^
	2002	1665	647	1018#	135 (20.9%)	Not Available	13	33	181^
	2003	2401	799	1602#	114 (14.3%)	254 (31.8%)	25	20	413
Child Abuse***	2001	1078	N/A	N/A	362 (33.6%)	N/A	N/A	N/A	362
	2002	1044	N/A	N/A	320 (30.7%)	N/A	N/A	N/A	320
	2003	1028	N/A	N/A	255 (24.8%)	N/A	N/A	N/A	255

Remarks:

* Only the cases concluded in court on or before 2004-02-28 are included.

** Application was made to court to bind over the arrested persons without criminal charge being instituted.

\# Minor domestic violence incidents, mostly reports of disputes and noise complaint etc., with less than 5% resulted in Common Assault and were dealt with by criminal charge or binding over.

^ No. of persons bound over in crime cases are not available

Figures in the brackets refer to the percentage in respect of the number of classified crime cases.

*** The definition of Child Abuse includes:

(1) **Physical crimes against children**- refers to cases of Murder and Manslaughter, Wounding, Serious Assault and Cruelty to Child committed against a victim who is under 14 years of age, irrespective of the nature of relationship between the victim and the offender, such as known or unknown to victim and with or without caring responsibility for victim. Cases where the victims suffered in the course of other crimes are not included.

Sexual crimes against children- refers to cases of sexual crimes, such as Rape, Indecent Assault, Unlawful Sexual Intercourse and Incest etc. committed against a victim who is under 17 years of age, irrespective of whether the victim gave consent and the nature of relationship between the victim and the offender, such as known or unknown to victim and with or without caring responsibility for victim.

Source: Statistics provided by HKPF to the consultants via SWD on October 26, 2004

Appendix 5: Focus group discussant list:

Focus group 1:
Date: a.m. Jan 13, 2004

Harmony House "Third Path Man's Services"
Hong Kong Family Welfare Society
SWD
The Hong Kong Council of Social Services

Focus group 2:
Date: p.m. Jan 13, 2004

Against Child Abuse
Association Concerning Sexual Violence Against Women
Community Education & Resource Centre, Harmony House
End Child Sexual Abuse Foundation
Hong Kong Association for the Survivors of Women Abuse
Hong Kong Family Welfare Society
HK Federation Of Women's Centres
Serene Court, Christian Family Service Centre
Sunrise Court, Po Leung Kuk
SWD
The Hong Kong Council of Social Services
Wai On Home for Women, SWD

Focus group 3:
Date: a.m. Jan 14, 2004
Child Protection Policy Unit, Hong Kong Police Force
Department of Justice, Government
Dept. of Obstetrics & Gynaecology, Queen Mary Hospital
Health, Welfare and Food Bureau
Legal Aid Department, Government
Security Bureau
SWD
Tuen Mun Hospital

Focus group 4:
Date: evening, Jan 14, 2004

Five middle-aged Chinese men were interviewed in a group. They had used violence against their partner and were known cases of FCPSU/SWD.

Appendix 6: Profile of subjects participating in-depth case study

N=41

Characteristics		Subject	Spouse
Age	28-30	2	0
	31-35	10	2
	36-40	12	5
	41-45	11	8
	46-50	3	10
	51-55	2	6
	56-60	1	4
	61-72	0	6
	Mean	39.7 yrs	49.6 yrs
	SD	6.3 yrs	9.6 yrs
	Median	40 yrs	48 yrs
Educational level	No formal education	0	12.2%
	Primary school	34.1%	36.6%
	Secondary 1-3	39%	19.5%
	Secondary 4-5	19.5%	19.5%
	Matriculated	4.9%	2.4%
	Tertiary or above	2.4%	9.8%
Occupation	Full-time	17.1%	31.7%
	Housework	63.4%	2.4%
	Part-time job	7.3%	2.4%
	unemployed	7.3%	34.2%
	temporary job	4.9%	17.1%
	other	0	12.2%
Marital status	single	2.4%	
	married	34.1%	
	divorced	14.6%	
	separated	46.3%	
	widow	2.4%	
No. of children	0	1	
	1	13	
	2	16	
	3	7	
	4	4	
	Mean	2	

Cont'd

Characteristics		Subject	Spouse
No. of years living in HK	0-1yr	26.8%	
	>1, ≦3yrs	12.2%	
	>3, ≦5yrs	9.8%	
	>5yrs	51.2%	
Perpetrator	husband	85.4%	
	ex-husband	12.2%	
	boyfriend	2.4%	
Perpetrator threatened to hurt		78%	
	victim	84.4%	
	children	43.8%	
	family	15.6%	
	himself	18.8%	
Fear perpetrator		56.1%	
Feel unsafe		26.8%	
Being stalked		36.6%	
Suicidal ideation		24.4%	

Appendix 7: Findings from the household survey

Table A: Use of social services

Q1: Which social service(s) is (are) useful in handling domestic violence?	Useful %
Family counseling	65.65
Individual counseling	53.76
Financial support	46.43
Education from school	36.21
Education from mass media	30.96
Legal-aid-services	22.68

N = 4952

Table B: Referral for perpetrators

Q2: If the perpetrator of domestic violence was unwilling to receive counselling or education programmes, which of the following ways would be helpful?	Helpful or very helpful %
Taking advice from spouse	46.9%
Taking advice from social worker	65.5%
Taking advice from police	52.9%
Compulsory referred by law	56.8%

Appendix 8: Profile of application of the injunction order under DVO (Cap 189) from Jan. 2003 to June 2004

Characteristics		N= 30
Age of applicant	median = 38	
Sex of applicant	male	10%
	female	90%
Age of respondent	median = 39.5	
Sex of respondent	male	90%
	female	10%
Applicant – respondent relationship	husband - wife	10.0%
	wife - husband	86.7%
	female - male cohabite	3.3%
	male - female cohabite	0
Applicants who have children living with		90.0%
No. of children involved		55
No. of children under 18		44
Unemployment	applicant	10%
	respondent	30%
Applicant as mentally incapacitated person	no	60%
	unknown	40%
Type of molestation	physical only	24
	psychological only	1
	physical + psychological	3
	physical + sexual	1
	physical + sexual + psychological	1
	involving physical	96.7%
	involving sexual	6.7%
	involving psychological	16.7%
Whether the application of DVO was granted		100%
Waiting time for the order to be granted	0 days (i.e. order granted on the same day of the application)	80%
	1 day	3.3%
	2 days	3.3%
	6 days	3.3%
	12 days	3.3%
	18 days	6.7%
Order granted under	S3(1) a,b,c	26.7%
	S3(1) a,b	36.7%
	S3(1) a	26.7%
	S3(1) a,c	10.0%
Age of children among the cases receiving Orders S3(1) a & a,c	Median age = 7 yrs	
	Under 6	6
	6-12	5
	12-17	3
	18 - 25	3

Cont'd

	Characteristics	N= 30
Duration of order	n = 27	
	mean = 23.2days SD = 32.9days	
	Minimum duration	2 days
	Maximum duration	6 months
	(a) Two days to half month (inclusive)	55.6%
	(b) Half to one month (inclusive)	37%
	(c) One to three months (inclusive)	3.7%
	(d) Three to six months (inclusive)	3.7%
Power of arrest attached		70%

Appendix 9:

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Shared societal value and policy position on domestic violence						
Clear National philosophy / value position about domestic violence	✓	✓	✓	✓		✓
• Domestic violence as a public health issue	✓		✓	✓		
• Domestic violence as a crime	✓	✓	✓			✓
• Domestic violence as a gender based issue	✓					✓
• Domestic violence as a human rights issue				✓		
Coordinated community and criminal justice response in tackling domestic violence	✓	✓	✓	✓		✓
Central level coordinating mechanism	✓	✓	✓	✓	✓	✓
Coordinating Government Office	Attorney General & the Department of Health and Human Services	Commonwealth Office of Status of Women	Health Canada	Ministry of Social Development	Ministry of Community Development and Sports	Home Office
Supporting policies / measures in responding to domestic violence						
Supporting law / legislation in mandating perpetrator programme / counseling	✓	✓			✓	✓
Specialized Court and dedicated legal practitioners (e.g. police, prosecutor, judges, probation officers) in handling domestic violence cases	✓ (Specialized domestic violence prosecution & probation units)	✓ (Pilot Family Violence Courts)	✓	✓ (Family Violence Court)	✓ (Family Court)	✓ (5 Specialist Domestic Violence Courts with trained judges, advocates, prosecutors & police units)
Legal advocates / court advocates / victim / witness support service at courts	✓	✓	✓			✓
Pro-arrest policy / mandatory arrest / position action policy	✓		✓			✓
Mandatory reporting		✓	✓			
Mandatory charging			✓			✓
Mandatory Prosecution			✓			
Order of Protections / Injunction orders	✓	✓	✓	✓	✓	✓

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Mandatory programme for perpetrators of domestic violence						
Court-ordered programme for male perpetrator of domestic violence to partners	✓	✓	✓	✓	✓	✓
Court-ordered progarmme for female perpetrators, who used to be victims of on-going domestic abuse	✓ (CrossRoads Progamme)					
Aims of using mandatory treatment as to increasing victims' safety, holding perpetrator accountable for the violence used and to stop their violent acts.	✓	✓	✓	✓	✓	✓
Year of implementation of court-ordered programme	1980s	1990s	1980s'	1990s	1990s	1990s'
Victim support service (shelters, housing, financial, counseling, children support, etc)	✓	✓	✓	✓	✓	✓
Service agency of mandatory programme						
• Correctional Service			✓			
• Probation Office						✓
• Non-governmental organizations	✓	✓	✓		✓	✓
Pre programme assessment before issuing mandatory order	✓				✓	
Alcohol / Substance abuse treatment as part of mandatory programme	✓		✓		✓	
Address and respond to needs of perpetrators of different cultural background	✓	✓	✓	✓		✓
Parallel service for victims (spouse & children)	✓	✓	✓	✓	✓	✓
Session / Period/ Duration / Group size	12-52 weeks but most of the programmes extends across 24-26 weeks for 5-15 men in a group.	24 weeks to 12 months	20 sessions		Customized for individual case	20-120 hours over 10 to 48 weeks. The National Practitioners' Network recommendsed porgrams of 75 hours over 30 weeks with a minimum of 50 hours over six months.

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Programme Structure						
Open group	✓		✓			✓
Close group						
Pre-group interview / contract / orientation	✓		✓			✓
Victim contact before perpetrator joining the group	✓					
Programme model / approach						
The Duluth Model -- Psycho-educational approach, use feminist concepts and cognitive-behavioural techniques	✓	✓		✓		✓
Both male and female facilitators in batterer group	✓	✓		✓		
Programme content						
Understanding violence, beliefs and values about violence / attitude change	✓	✓	✓	✓	✓	✓
Confrontation of beliefs and values about violence / attitude change	✓	✓	✓	✓	✓	✓
Anger and stress management			✓		✓	
Accountablility and responsibility	✓	✓	✓	✓	✓	✓
Power and control / male privilege value issue	✓	✓		✓		✓
Develop peaceful domestic and community relationship			✓		✓	
Develop empathy towards victims					✓	
Victim safety	✓	✓	✓	✓	✓	✓
Group programme	✓	✓	✓	✓	✓	✓
Individual counseling at the same time					✓	
Partner contact during the ordered programme for monitoring victims safety	✓	✓	✓	✓	✓	✓
Consequences of breaching the mandatory order						
Report to probation officer and bring to the court	✓			✓ (Criminal Court instead of Family Court)	✓	
Restart the programme	✓					

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Put in jail (Maximum penalty)	✓	✓	✓	✓ (6 months). The penalty increases to 2 years in prison when three offences are committed within three years	✓	✓
Fine				✓ $5,000		
Fee charging of batterer programme	✓	Yes (fee waiver available)			Yes (fee waiver available)	

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Programme Effectiveness						
Stopping violence / Reducing re-offence / recidivism	✓ 53 – 85% (Edleson & Syers 1990) 20% completed program and remained non-violent for 18 months (Gondolf 1997) 67% (Gondolf, 2000)					✓ 67% (Dobash & Dobash 1996)
Remaining verbal abusive	✓ 72% (Gondolf 2000)					
Programme Dropout Rate / Increasing compliance at the progamme	✓ 33 - 50% (Feazell et.al, 1984 48% (Pirog-Good and Stets-Kealey 1985) From 26% lowered to 6% (Mullender & Burton, 2000) Compliance increased from 64% to 94% (Gondolf 2000)					✓ 50.8% (Dobash & Dobash 1996)
Increasing victims' sense of safety	✓ (Gregory & Erez 2002)		✓ Austin & Dankwort 1999			
Mandatory participation reduce drop out and re-offending rate	✓ drop out rate and re-offence rate between voluntary to mandatory = 61%:33%; 44% :29% (Gondolf 2002)					
Source of data for evaluating effectiveness						
Victims report	✓					
Batterers' self-report	✓					

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Official record of re-offence	✓					
Attendance at mandatory batterer intervention programme	✓					
Evaluating the batterer intervention system, rather than batterer programmes is more important	✓					
Mandatory programmes are more effective in the context of enhanced support for victims and a strengthened criminal justice response	✓	✓				✓
Group programmes are more effective / preferable		✓				
Couple counselling is discouraged / not preferable	✓	✓				✓
Anger management, alcohol and substance abuse treatment are not effective measure to stop violence	✓					✓
Partner's report is the most valid and reliable measure	✓					✓
Definition of success						
Expected outcome						
Increased awareness of violent episode	✓	✓				
Ability to avoid abusive behaviours	✓					
Increase acceptance of responsibility for their abusive behaviour, with decrease blaming of partner and life stressors for the violence	✓	✓				
Improved attitude towards women, , improved problem solving, interpersonal and life skills, improved domestic relationship.	✓	✓				
Stop violence for a period of time (6-128months)	✓ Yes, since most re-offences occur within 6 months	✓				✓

Themes	America / USA	Australia	Canada	New Zealand	Singapore	UK
Qualifications of group facilitators						
Meet competency standards / national standards	✓	✓				
Training on domestic violence and working with perpetrators	✓ Yes (for at least 24-48 hours)					✓
Violence and sexist free, not use alcohol or drugs	✓					
Programme in prison		✓ Yes, pilot programme	✓			
Source of programme resource						
Government				✓	✓	
Both Government and Community	✓	✓	✓			✓

Remarks:
Blank box indicates the concerned item was not specified in the literature reviewed during the research period
Box with a tick indicates the concerned item was found affirmative in the literature reviewed during the research period

Appendix 10: UK FAMILY LAW ACT 1996 - SECT 62

Meaning of "cohabitants", "relevant child" and "associated persons".

(1) For the purposes of this Part-

(a) "cohabitants" are two persons who, although not married to each other, are living together as husband and wife or (if of the same sex) in an equivalent relationship; and [Amended on 2 December 2003]

(b) "former cohabitants" is to be read accordingly, but does not include cohabitants who have subsequently married each other.

(2) In this Part, "relevant child", in relation to any proceedings under this Part, means-

(a) any child who is living with or might reasonably be expected to live with either party to the proceedings;

(b) any child in relation to whom an order under the Adoption Act 1976 or the Children Act 1989 is in question in the proceedings; and

(c) any other child whose interests the court considers relevant.

(3) For the purposes of this Part, a person is associated with another person if-

(a) they are or have been married to each other;

(b) they are cohabitants or former cohabitants;

(c) they live or have lived in the same household, otherwise than merely by reason of one of them being the other's employee, tenant, lodger or boarder;

(d) they are relatives;

(e) they have agreed to marry one another (whether or not that agreement has been terminated);

(ea) they have or have had an intimate personal relationship with each other which is or was of significant duration;". [Amended on 2 December 2003]

(f) in relation to any child, they are both persons falling within subsection (4); or

(g) they are parties to the same family proceedings (other than proceedings under this Part).

(4) A person falls within this subsection in relation to a child if-

(a) he is a parent of the child; or

(b) he has or has had parental responsibility for the child.

(5) If a child has been adopted or has been freed for adoption by virtue of any of the enactments mentioned in section 16(1) of the Adoption Act 1976, two persons are also associated with each other for the purposes of this Part if-

(a) one is a natural parent of the child or a parent of such a natural

parent; and

(b) the other is the child or any person-

(i) who has become a parent of the child by virtue of an adoption order or has applied for an adoption order, or

(ii) with whom the child has at any time been placed for adoption.

(6) A body corporate and another person are not, by virtue of subsection (3)(f) or (g), to be regarded for the purposes of this Part as associated with each other.

Appendix 11: The Statutory Provisions of Court-Mandated Counselling in Countries

Countries	Related Domestic Violence Laws
USA (Duluth, Minnesota)	**(A) Domestic Abuse Act (Chapter 518B.01)** Subd. 6. Relief by the court. (a) Upon notice and hearing, the court may provide relief as follows: (1) Restrain the abusing party from committing acts of domestic abuse; (2) Exclude the abusing party from the dwelling which the parties share or from the residence of the petitioner; (3) Exclude the abusing party from a reasonable area surrounding the dwelling or residence, which area shall be described specifically in the order; (4) Award temporary custody or establish temporary parenting time with regard to minor children of the parties on a basis which gives primary consideration to the safety of the victim and the children. Except for cases in which custody is contested, findings under section 257.025, 518.17, or 518.175 are not required. If the court finds that the safety of the victim or the children will be jeopardized by unsupervised or unrestricted parenting time, the court shall condition or restrict parenting time as to time, place, duration, or supervision, or deny parenting time entirely, as needed to guard the safety of the victim and the children. The court's decision on custody and parenting time shall in no way delay the issuance of an order for protection granting other relief provided for in this section. The court must not enter a parenting plan under section 518.1705 as part of an action for an order for protection; (5) On the same basis as is provided in chapter 518, establish temporary support for minor children or a spouse, and order the withholding of support from the income of the person obligated to pay the support according to chapter 518; (6) Provide upon request of the petitioner counselling or other social services for the parties, if married, or if there are minor children; (7) Order the abusing party to participate in treatment or counselling services, including requiring the abusing party to successfully complete a domestic abuse counselling programme or educational programme under section 518B.02;

	(8) Award temporary use and possession of property and restrain one or both parties from transferring, encumbering, concealing, or disposing of property except in the usual course of business or for the necessities of life, and to account to the court for all such transfers, encumbrances, dispositions, and expenditures made after the order is served or communicated to the party restrained in open court; (9) Exclude the abusing party from the place of employment of the petitioner, or otherwise limit access to the petitioner by the abusing party at the petitioner's place of employment; (10) Order the abusing party to pay restitution to the petitioner; (11) Order the continuance of all currently available insurance coverage without change in coverage or beneficiary designation; and (12) Order, in its discretion, other relief as it deems necessary for the protection of a family or household member, including orders or directives to the sheriff, constable, or other law enforcement or corrections officer as provided by this section. **(B) Domestic abuse counselling programme or educational programme required. (Chapter 518B.02)** Subdivision 1. Court-ordered domestic abuse counselling programme or educational programme. If the court stays imposition or execution of a sentence for a domestic abuse offence and places the offender on probation, the court shall order that, as a condition of the stayed sentence, the offender participate in and successfully complete a domestic abuse counselling programme or educational programme. Subd. 2. Standards for domestic abuse counselling programmes and domestic abuse educational programmes. (a) Domestic abuse counselling or educational programmes that provide group or class sessions for court-ordered domestic abuse offenders must provide documentation to the probation department or the court on programme policies and how the programme meets the criteria contained in paragraphs (b) to (l). (b) Programmes shall require offenders and abusing parties to attend a minimum of 24 sessions or 36 hours of programming, unless a probation agent has recommended fewer sessions. The documentation provided to the probation department or the court must specify the length of the programme that offenders are required to complete. (c) Programmes must have a written policy requiring that counsellors and facilitators report to the court and to the offender's probation or corrections officer any threats of violence made by the offender or

	abusing party, acts of violence by the offender or abusing party, violation of court orders by the offender or abusing party, and violation of programme rules that resulted in the offender's or abusing party's termination from the programme. Programmes shall have written policies requiring that counsellors and facilitators hold offenders and abusing parties solely responsible for their behaviour. Programmes shall have written policies requiring that counsellors and facilitators be violence free in their own lives. (d) Each programme shall conduct an intake process with each offender or abusing party. This intake process shall look for chemical dependency problems and possible risks the offender or abusing party might pose to self or others. The programme must have policies regarding referral of a chemically dependent offender or abusing party to a chemical dependency treatment centre. If the offender or abusing party poses a risk to self or others, the programme shall report this information to the court, the probation or corrections officer, and the victim. (e) If the offender or abusing party is reported back to the court or is terminated from the programme, the programme shall notify the victim of the circumstances unless the victim requests otherwise. (f) Programmes shall require court-ordered offenders and abusing parties to sign a release of information authorizing communication regarding the offender's or abusing party's progress in the programme to the court, the offender's probation or corrections officer, other providers, and the victim. The offender or abusing party may not enter the programme if the offender does not sign a release. (g) If a counsellor or facilitator contacts the victim, the counsellor or facilitator must not elicit any information that the victim does not want to provide. A counsellor or facilitator who contacts a victim shall (1) notify the victim of the right not to provide any information, (2) notify the victim of how any information provided will be used and with whom it will be shared, and (3) obtain the victim's permission before eliciting information from the victim or sharing information with anyone other than staff of the counselling programme. Programmes shall have written policies requiring that counsellors and facilitators inform victims of the confidentiality of information as provided by this subdivision. Programmes must maintain separate files for information pertaining to the offender or abusing party and to the victim. If a counselor or facilitator contacts a victim, the counsellor or facilitator shall provide the victim with referral information for support services. (h) Programmes shall have written policies forbidding programme staff from disclosing any confidential communication made by the offender or abusing party without the consent of the offender or abusing party, except that programmes must warn a potential victim

	of imminent danger based upon information provided by an offender or abusing party. (i) The counselling programme or educational programme must provide services in a group setting, unless the offender or abusing party would be inappropriate in a group setting. Programmes must provide separate sessions for male and female offenders and abusing parties. (j) Programmes shall have written policies forbidding programme staff from offering or referring marriage or couples counseling until the offender or abusing party has completed a domestic abuse counselling programme or educational programme for the minimum number of court-ordered sessions and the counsellor or facilitator reasonably believes that the violence, intimidation, and coercion has ceased and the victim feels safe to participate. (k) Programmes must have written policies requiring that the counsellor or facilitator report when the court-ordered offender or abusing party has completed the programme to the court and the offender's probation or corrections officer. (l) Programmes must have written policies to coordinate with the court, probation and corrections officers, battered women's and domestic abuse programmes, child protection services, and other providers on promotion of victim safety and offender accountability. Subd. 3. Programme accountability. The Minnesota Center for Crime Victim Services will consult with domestic abuse counselling and educational programmes, the court, probation departments, and the interagency task force on the prevention of domestic and sexual abuse on acceptable measures to ensure programme accountability. By December 30, 2001, the center shall make recommendations to the house and senate committees and divisions with jurisdiction over criminal justice policy and funding on agreed upon accountability measures including outcome studies.
Singapore	**Women's Charter** Protection order 65. — (5) A protection order may, where the court is satisfied on a balance of probabilities that it is necessary for the protection or personal safety of the applicant, provide for such orders as the court thinks fit having regard to all the circumstances of the case, including any one or more of the following orders: (a) the granting of the right of exclusive occupation to any protected

	person of the shared residence or a specified part of the shared residence by excluding the person against whom the order is made from the shared residence or specified part thereof, regardless of whether the shared residence is solely owned or leased by the person against whom the order is made or jointly owned or leased by the parties; (b) referring the person against whom the order is made or the protected person or both or their children to attend counselling provided by such body as the Minister may approve or as the court may direct; and (c) the giving of any such direction as is necessary for and incidental to the proper carrying into effect of any order made under this section.
Australia	**Crimes (Family Violence) Act 1987** Section 5 Restrictions in order (1) Without limiting the generality of section 4, an order may do all or any of the following-- (a) Prohibit or restrict approaches by the defendant to the aggrieved family member including prohibiting the defendant from approaching within a specified distance from the aggrieved family member; or (b) Prohibit or restrict access by the defendant to premises in which the aggrieved family member lives, works or frequents and such an order may be made whether or not the defendant has a legal or equitable interest in those premises; (c) Prohibit or restrict the defendant from being in a locality specified in the order; (d) Prohibit the defendant from contacting, harassing, threatening or intimidating the aggrieved family member; (e) Prohibit the defendant from damaging property of the aggrieved family member; (f) Prohibit the defendant from causing another person to engage in conduct restrained by the court; (g) Direct the defendant to participate in prescribed counselling; (h) Revoke any licence, permit or other authority to possess, carry or use firearms.

New Zealand	**Domestic Violence Act 1995** Section 32 Power to direct respondent or associated respondent to attend programme (1) On making a protection order, the Court must direct the respondent to attend a specified programme, unless the Court considers that there is good reason for not making such a direction. (2) Where the Court makes a direction pursuant to section 17 of this Act that a protection order apply against an associated respondent, the Court may, if it considers it appropriate in all the circumstances to do so, direct the associated respondent to attend a specified programmes. (3) A direction made under subsection (1) or subsection (2) of this section is a condition of the relevant protection order. (4) Without limiting subsection (1) of this section, there is good reason not to make a direction under that section if there is no programme available that is appropriate for the history and to any other relevant circumstances.
Canada (Alberta)	**Protection Against Family Violence Act** Queen's Bench protection order 4(1) An order under this section may be granted by a justice of the Court of Queen's Bench on application if the justice determines that the claimant has been the subject of family violence. (2) An order under this section may include any or all of the following: (a) A provision restraining the respondent from attending at or near or entering any specified place that is attended regularly by the claimant or other family members, including the residence, property, business, school or place of employment of the claimant or family members; (b) A provision restraining the respondent from contacting the claimant or associating in any way with the claimant and from subjecting the claimant to family violence; (c) A provision granting the claimant and other family members exclusive occupation of the residence for a specified period, regardless of whether the residence is jointly owned or leased by the parties or solely owned or leased by one of the parties; (d) A provision requiring the respondent to reimburse the claimant for monetary losses suffered by the claimant and any

	child of the claimant or any child who is in the care and custody of the claimant as a direct result of the family violence, including loss of earnings or support, medical and dental expenses, out-of-pocket losses for injuries sustained, moving and accommodation expenses, legal expenses and costs of an application under this Act; (e) A provision granting either party temporary possession of specified personal property, including a vehicle, cheque-book, bank cards, children's clothing, medical insurance cards, identification documents, keys or other necessary personal effects; (f) A provision restraining either party from taking, converting, damaging or otherwise dealing with property that the other party may have an interest in; (g) A provision restraining the respondent from making any communication likely to cause annoyance or alarm to the claimant, including personal, written or telephone contact or contact by any other communication device directly or through the agency of another person, with the claimant and other family members or their employers, employees, co-workers or other specified persons; (h) A provision directing a peace officer to remove the respondent from the residence within a specified time; (i) A provision directing a peace officer to accompany a specified person to the residence within a specified time to supervise the removal of personal belongings in order to ensure the protection of the claimant; (j) A provision requiring the respondent to post any bond that the Court considers appropriate for securing the respondent's compliance with the terms of the order; (k) A provision requiring the respondent, and any other family member that the Court considers appropriate, to receive counselling; (l) A provision directing the seizure and storage of weapons where the weapons have been used or have been threatened to be used to commit family violence; (m) Any other provision that the Court considers appropriate. 1998 cP-19.2 s4

Report on the Development of Risk Assessment Tools for Spouse Battering and Child Abuse in Hong Kong Chinese Families

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Executive summary

This study validated three risk assessment tools for spouse battering or child abuse in Hong Kong. The questionnaire, containing a comprehensive profile of risk factors and the measurement of violence against partner and child, was developed and administered during the period from December 2003 to August 2004 in a household survey. A total of 5,049 and 2,062 respondents were successfully interviewed using respectively the adult and child questionnaires. The overall response rate achieved was 71%.

Logistic regression analysis was first performed to identify risk factors that are significantly correlated with the presence of spousal battering (including physical assault, sexual coercion or injury, as measured by the CTS2) and child physical maltreatment (including severe or very severe levels of physical assault, as measured by CTSPC). Stepwise logistic regression was further performed to select the higher loading risk factors to be included in the model of risk assessment tools. Three sets of risk assessment tools (Form A for perpetrator of spouse battering, Form B for victim of spouse battering and Form C for perpetrator of child abuse) were validated with satisfactory psychometric properties.

The tools were further field-tested to ascertain the clinical validity of the risk assessment tools when being applied to clinical samples in welfare settings and to operationalize the administration of the tools. A total of 162, 174 and 161 subjects successfully completed the Forms A, B and C respectively. Results showed that the tools demonstrated satisfactory validity testing. The social workers involving in the field test generally appreciate the functions of the tools which can provide scientific data to facilitate clinical judgment of risk assessment.

The three Risk Assessment Tools were developed and validated with satisfactory psychometric properties. In view of the complexity of the tools, systematic training, monitoring and support is highly recommended before widely application of the tools.

撮要

這項研究主要驗證三套有關配偶虐待及虐兒的危機評估工具。是項家庭調查於 2003 年 12 月至 2004 年 8 月間進行，問卷設計共分成人及兒童版本，包括配偶虐待及虐兒危機因素，成功訪問並取得 5,049 成人及 2,062 子女對問卷的回應，回應率達七成。

有關統計分析，首先運用邏輯迴歸分析（Logistic regression）鑒別出與配偶暴力（包括 CTS2 量度的身體虐打、強迫性行爲或傷害）及身體虐兒（包括 CTSPC 量度的嚴重及非常嚴重的身體虐打）有明顯關係的危機因素。然後運用分階邏輯迴歸分析（Stepwise logistic regression）篩選出較強的危機因素，列入危機評估工具內。經過心理測量屬性驗證，最後三套危機評估工具完成（甲表格：配偶施虐者填寫；乙表格：被虐配偶填寫；及丙表格：兒童施虐者填寫）。

這三套危機評估工具進一步讓社福界工作者於輔導個案中使用，作臨床驗證。最後甲、乙及丙表格各自成功取得 162, 174 及 161 個回應，結果顯示評估工具驗證滿意。參與使用評估工具的社工欣賞這工具能夠提供科學化的統計數據，以協助危機評估的臨床判斷。

這三套家庭暴力危機評估工具的建立經過滿意的心理測量屬性驗證。基於工具的複雜性，我們建議於廣泛使用前，先進行系統性訓練、監察及支援的部署。

Chapter 1
Introduction

Objective of the study

1.1 The Department of Social Work and Social Administration, the University of Hong Kong was commissioned by the Social Welfare Department (SWD) of the Government of Hong Kong Special Administrative Region (HKSAR) to develop and validate assessment tools to facilitate early identification of cases at risk of spouse battering and timely intervention. This is the report of the study which contains the findings and recommendations addressing the objectives of the study.

1.2 More specifically, the objective of this study is to develop and empirically validate assessment tools, making use of local data obtained in the household survey conducted on domestic violence and after having reviewed assessment tools available in Hong Kong and overseas.

Definition of spouse battering and child abuse

1.3 According to the multi-disciplinary procedural guidelines developed for handling battered-spouse cases, spouse battering is a kind of domestic violence,[1] defined as the use of violence or the threat of violence inflicts physical or psychological harm, with the effect of one individual establishing over another. Spouse battering covers incidents of physical attack, which may take the form of physical and sexual violations, such as slapping, pushing, pinching, spitting, kicking, hitting, punching, choking, burning, clubbing, stabbing, throwing boiling water or acid, and setting fire to the spouse, as well as forcing the spouse into sex or undesirable sexual acts. It also includes psychological abuse, which may consist of repeated verbal abuse, harassment and confinement, and deprivation of physical, financial, and personal resources, social activities, and so forth.

1.4 In the procedural guidelines, “spouse battering” refers to battering that occurs in a relationship between two partners who want to maintain a lasting relationship that is more than just a brief encounter. The partners can be married couples, co-habitees, separated partners, and the like.[2] In most cases, the abused person is likely to be a woman. However, the terms "battered spouse" and "victim" adopted in this procedural guideline refer to both female and male abused persons unless otherwise specified.

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[1] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases (2004)*. Hong Kong: Social Welfare Department.
[2] Ibid.

1.5 Child abuse, according to the multi-disciplinary procedural guidelines developed for handling child abuse cases, is defined as any act of commission or omission that endangers or impairs a child's physical/psychological health and development.[3] Child abuse is not limited to child-parent/guardian situations but includes anyone entrusted with the care and control of a child, such as child-minders, relatives, teachers, and so forth. Child abuse includes physical abuse, sexual abuse, neglect and psychological abuse.

1.6 It should be noted that the above definitions of spouse battering and child abuse have neither legal effect nor legal implications. They provide only operational guidelines in dealing with abuse cases.[4]

Operational definition of spouse battering and child abuse

1.7 In this study, spousal battering is defined by physical assault, sexual coercion or injury, as measured by the revised Conflict Tactics Scales (CTS2). Child physical maltreatment is defined by severe or very severe levels of physical assault, as measured by the Parent-Child Conflict Tactics Scale (CTSPC).

Definition of risk and risk assessment

1.8 Risk is conceptualized as a hazard that is closely related to probability.[5] Risk is a complex concept. The occurrence of risk can be forecasted only with uncertainty. Janus and Meehl (1997)[6] have suggested a multi-dimensional understanding of the concept, which consists of the following: (1) the nature of the hazard, (2) the likelihood that the hazard will occur, (3) the frequency with which the hazard will occur, (4) the seriousness of the hazard's consequences, and (5) the imminence of the hazard. In brief, the essence of the five phases concerns not only the kinds of violence and the probability that violence might occur, but also how often and how soon the violence might occur and how serious it might be. The five phases suggested by Janus and Meehl highlight the importance of violence studies and provide informative ways to study the many facets of violence. The above considerations should be borne in mind in using any tool to assess the risk of spousal violence, noting that any

[3] Working Group on Child Abuse (1998). *Procedures for handling child abuse cases Revised 1998.* Hong Kong: Social Welfare Department.
[4] Ibid.
[5] Bernstein, P. L. (1996). Against the gods: The remarkable story of risk. New York: Wiley.
[6] Janus, E. S., & Meehl, P. E. (1997). Assessing the legal standard for the prediction of dangerousness in sex offender commitment proceedings. *Psychology, Public Policy, and Law, 3*, 33-64.

assessment can be made only with uncertainty or a certain degree of certainty. Users of any risk assessment tools should not overlook the multi-dimensionality of risk.

1.9 The definition of risk assessment refers to the process of attempting to understand and avoid risk. Reducing the probability of risk occurrence has become a core concern in many fields, including business, engineering, medicine and psychology.[7]

Goals and functions of risk assessment

1.10 Risk assessment is the process of identifying and studying hazards to reduce the probability of their occurrence.[8] It is also a process of evaluating individuals to (1) characterize the chances that they will commit violence in the future, and (2) develop interventions to manage or reduce that risk.[9] Monahan (1981; 1995)[10] pointed out four "musts" in the assessment of violence risk: the clinician must (1) determine what information to gather regarding risk; (2) gather the information; (3) use this information to estimate risk; and (4) if the clinician is not the ultimate decision maker, communicate the information and estimation to those who are responsible for making clinical decisions.

1.11 Monahan & Steadman (1996)[11] also suggested three aspects of risk assessment: (1) the relationship between risk factors and judgment or clinical prediction; (2) the relationship between judgment or clinical prediction and the criteria for violent behavior; (3) the relationship between risk factors and the criteria for violent behavior. Although a large number of variables (risk factors) correlate with violence, rarely does a given variable account for more than twenty percent of the variance in any explanatory model.[12] Most of all, a comprehensive risk assessment as suggested by Whittemore & Kropp (2002) should[13]:

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[7] Menzies, R., Webster, C. D., & Hart, S. D. (1995). Construction and validation of risk assessments in a six-year follow-up of forensic patients: A tri-dimensional analysis. *Journal of Consulting and Clinical Psychology, 63*, 766-778.

[8] Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20*. The British Columbia: The British Columbia Institute Against Family Violence.

[9] Monahan, J., & Steadman, H. J. (1996). Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologist, 51*(9), 931-938.

[10] Monahan, J. (1981/1995). Predicting violent behavior: an assessment of clinical techniques. Beverlt Hills, Ca: Sage.

[11] Monahan, J., & Steadman, H. J. (1996). Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologist, 51*(9), 931-938.

[12] Pinard, G.-F., & Pagani, L. (Eds.). (2001). *Clinical assessment of dangerousness empirical contributions*. Cambridge ; New York: Cambridge University Press.

[13] Whittemore, K. E., & Kropp, P. R. (2002). Spousal assault risk assessment: A guide for clinicians. *Journal of Forensic Psychology Practice, 2*(2), 53-64.

a) Consider risk factors supported in the literature
b) Employ multiple sources of information
c) Be victim-informed
d) Risk assessments can be improved by using tools and/or guidelines
e) Lead to risk management.

1.12 Some effective risk assessments take into account the diverse social and risk factors that may affect the occurrence and levels of risk.[14] They provide professional guidelines and shape future intervention. Social scientists, psychologists, and mental health professionals interested in violence tend to conduct risk assessments to characterize the chances that an individual will commit violence in the future, and develop interventions to manage or reduce that risk.[15]

Risk assessment approaches

1.13 There are two major approaches to conducting risk assessment: clinical judgment and actuarial risk assessment. Grove and his colleagues (2000)[16] considered clinical judgment to be 'informal, subjective and impressionistic'; it is highly subjective because it all comes down to gut feelings. Such subjective judgments are contaminated by cultural beliefs, attitudes towards violence and women in different societies, as well as the knowledge and professional training the individual clinician has received. It also requires consideration of contextual factors. In contrast, actuarial risk assessments rely heavily on computations of probability, which can avoid the problem of subjectivity.

1.14 In terms of the clinical judgment approach, early methods of predicting the risk of re-offending were based on a clinician or professionals' rational opinions in making unstructured judgment.[17] This approach provided no constraint on how evaluators make a judgment based on the information available to them and on their past experience. Such judgments can be very subjective and impressionistic.[18]

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[14] Barratt, E. (1994). *Impulsiveness and aggression*. In Monahan, J. & Steadman, H. (Eds.) Violence and mental disorder: Development in risk assessment (pp. 61-79). Chicago: University of Chicago Press.
[15] Monahan, J., & Steadman, H. J. (1996). Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologist, 51*(9), 931-938.
[16] Grove, W., Zald, D., Lebow, B., Snitz, B., & Nelson, C. (2000). Clinical versus mechanical prediction: A meta-analysis. *Psychological Assessment, 12*, 19-30.
[17] Burgess, E. W. (1928). Factors determining success or failure on parole. In A. A. Bruce, A. J. Harno, E. W. Burgess & J. Landesco (Eds.) *The workings of the indeterminate sentence law and the parole system in Illinois*. Springfield, IL: Illinois State Board of Parole.
[18] Grove, W. M., & Meehl, P. E. (1996). Comparative Efficiency Of Informal (Subjective, Impressionistic) And Formal (Mechanical, Algorithmic) Prediction Procedures. *Psychology, Public Policy, and Law, 2*(2), 293-323.

1.15 The actuarial approach tends to predict violence or re-offending by using statistical information, including demographic, criminal history, and psychological variables. Multivariate statistics are then used to identify those variables that best predict risk of violence or re-offending. Once these variables have been identified, offenders can be assigned a risk score by either summing their scores on the individual variables, or using a system whereby some variables are weighted. This type of approach is generally referred to as actuarial risk assessment. Although the clinical approach has the advantage of being flexible, especially with respect to violence prevention, there is little doubt that the actuarial approach is more accurate and superior with respect to decision-making and assessing risk for violence.[19]

1.16 However, some scholars have pointed out the importance of the clinical judgment approach because these studies can make better generalization from local samples when compared with actuarial approach. They have also argued that it is morally wrong to quantify each human being as a number, because every individual is unique and it is unethical to use group data to make statements about individual responses.[20] Therefore, Kemshall and Pritchard (1996) have suggested that the ideal risk assessment should be conducted according to guidelines that have a scientific and empirical basis. They have argued that an integration of actuarial approach and clinical judgment would be a better approach to studying violence.[21] This study, primarily adopts the actuarial method to select items and validate tools. But the importance of professional judgment in risk assessment is also emphasized. Relevant risk factors will be suggested in the process of risk assessment.

Existing risk assessment tools in the West

1.17 In the past decades, the increased prevalence rate of violence has been voiced out in the United States and Canada. Studies on the screening and prediction of violence are in great need. Many of the researchers had contributed efforts in conducting interviewing procedures as well as assessments together information to detect and reduce the probability of violence occurrence.

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[19] Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent offenders: appraising and managing risk*. American Psychological association: Washington D C.

[20] Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20*. The British Columbia: The British Columbia Institute Against Family Violence.

[21] Kemshall, H., & Pritchard, J. (1996). Good Practice in Risk Assessment and Risk Management. Britian: Cromwell Press.

Child Abuse Potential Inventory

1.18 The Child Abuse Potential Inventory (CAPI) is a widely used measure of child maltreatment risk in adult caregivers.[22] It is a self-report instrument which is composed of 160 "agree–disagree" items. It takes about 20 minutes to complete, and incorporates a Physical Abuse scale. It has a main risk indicator on the CAPI, which consists of 77 items and 6 factor subscales along with three validity scales. The six subscales are distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others. The three validity scales are composed of a lie scale, a random response scale, and an inconsistency scale, which form three response distortion indexes (i.e., faking-good, faking-bad, and the random response index). The ego-strength scale and loneliness scale also have been developed.[23] Internal consistency estimates for the Abuse Scale of the CAPI range from .85 to .98 for physically abusive parents and general population groups. The CAPI has high sensitivity that it accurately classifies individuals who have physically abused their children as at-risk and those who have not physically abused their children as not-at-risk.

Danger Assessment

1.19 The Danger Assessment (DA) is a research and clinical instrument developed to assist abused women in assessing risk factors for intimate partner homicide in their relationship. DA was originally developed by Jacquelyn C. Campbell with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on intimate partner violence.[24] The original DA was a 15-item, yes/no dichotomous response format of risk factors associated with intimate partner homicide.[25] DA is scored by counting the "yes" responses, with a higher number indicating more risk in the relationship. DA has the most published data on risk factors for intimate partner femicide and concurrent and predictive validity information.[26] Internal consistency reliability has ranged between 0.60 and 0.86, with test-retest reliability of 0.89 to 0.94.[27]

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[22] Milner, J. S. (1986). The child abuse Potential Inventory: Man1ual (2nd. Ed) Webster NC: Psytec.

[23] Milner, J. S. (1995). Physical child abuse assessment: perpetrator evaluation. In J. Campbell (ed) *Assessing Dangerousness: Violence by Sexual Offender, Batterers and Child Abusers*. London: Sage.

[24] Campbell, J. C. (1986). Assessment of risk of homicide for battered women. *Advances in Nursing Science, 8*, 36-51.

[25] Campbell, J. C. (1995). Prediction of homicide of and by battered women. In J. C. Campbell (Ed.). *Assessing the risk of dangerousness: Potential for further violence of sexual offenders, batterers, and child abusers* (pp. 93-113). Newbury Park, CA: Sage

[26] Campbell, J. C. (2001). *Danger assessment* (*DA-2*). Retrieved from http://www.son.jhmi.edu/research/CNR/Homicide/DANGER.htm

[27] Campbell, J. C., Sharps, P., & Glass, N. E. (2000). Risk assessment for intimate partner violence. In G. F. Pinard & L. Pagani (Eds.), *Clinical assessment of dangerousness: Empirical contributions* (pp. 136-157). New

Spousal Assault Risk Assessment Guide

1.20 Although many studies have been conducted in assessing violence in different aspects such as child abuse, homicide, and spouse abuse, there has been no guideline concerning how to conduct spousal abuse risk assessment such as what factors need to be considered, and what type of information is helpful in making decision, and where and how to get the information. Therefore, the British Columbia Institute on Family Violence had collaborated with a number of government and community agencies in Canada to derive the Spousal Assault Risk Assessment (SARA). It is a clinical checklist of risk factors for spousal assault. It comprises 20 individual items identified by extensive articles review, clinical experience and empirical literature.[28] The 20 items are factors grouped into five dimensions: criminal history, psychosocial adjustment, spousal assault history, index offence, and other considerations. SARA can be used in many different contexts, for instance, education, consultation, research purpose. According to Martin & Ingela (2002)[29], three SARA items were statistically significant and associated with increased risk of recidivism: past violations of conditional release; personality disorder; and extreme minimization or denial of spousal assault history.

Violence Risk Appraisal Guide and Sex Offender Risk Appraisal Guide

1.21 The Violence Risk Appraisal Guide (VRAG) and its companion Sex Offender Risk Appraisal Guide (SORAG) are actuarial tools for the prediction of violent recidivism. The tools give the probability (from zero to 100%) that an offender will commit a new violent offense (including sex offenses) within a specified period of community access. It is an actuarial tool that makes prediction based on the measured relationship between the outcome (violent recidivism, in this case) and several objectively measured variables (e.g., age, marital status, criminal record, in the case of the VRAG). Variables are selected based on their unique contribution to the prediction of the outcome, and weights for each are then computed. Clinical expertise is required to score VRAG and SORAG variables from a comprehensive psychosocial history addressing childhood conduct, family background, antisocial and criminal behavior, psychological problems, and details of the index offense. In the area of predicting crime and assessing risk, it is insufficient to rely on what an offender says about himself. Therefore, information is gathered from third parties (friends, family, schools,

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York: Cambridge University Press.

[28] Cooper, M. (1993). Assessing the risk of repeated violence among men arrested for wife assault: A review of the literature. Vancouver: BC Institute on Family Violence.

[29] Martin, G., & Ingela, W. (2002). Risk factors for recidivism among spousal assault and spousal homicide offenders. *Psychology Crime and Law, 8*(1), 5-23.

correctional facilities, police, and the courts). However, some researchers criticized that the scale is too general and it only covers a small number of risk factors that some are even unacceptable on legal grounds (e.g. age, race, sex).[30] It also ignores the nature, frequency, severity and imminence of the violence. Use of instrument in other assessment contexts may lead to non-optimal and even bizarre decisions.

Psychopathy Checklist –Revised

1.22 The Psychopathy Checklist (PCL) was originally developed by Hare (1980)[31] as a 22 item checklist. It was subsequently revised to form a 20 item Psychopathy Checklist-Revised (PCL-R), which measures 2 associated factors.[32] The two factors are:

Factor 1 - Emotional detachment: superficial charm, grandiose sense of self-worth, deceitful, no emotional depth, lack of remorse or guilt, lack of empathy, failure to accept responsibility for own actions.

Factor 2 - Socially deviant behaviors or chronically unstable and antisocial lifestyle: impulsive, poor behavioral controls, lacks goals, irresponsible, adolescent antisocial behavior, adult antisocial behavior.

1.23 Although the PCL-R requires a fair amount of training and a detailed review through case history records by the assessor, it has been found to be good at predicting recidivism.[33] It is found that psychopaths are more likely to violate release conditions and be reconvicted within a year of release from prison, especially of a violent offence.[34]

Family Needs Screener

1.24 The instruments mentioned above have reported valuable significance in the field of violence, but they seem to single out only one problem at a time. There have been research findings suggested the link between domestic violence and child abuse.[35] A

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[30] Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20*. The British Columbia: The British Columbia Institute Against Family Violence.

[31] Hare, R. D. (1980). A research scale for the assessment of psychopathy in criminal populations. *Personality and Individual Differences, 1*, 111-119.

[32] Harpur, T. J., Hakstian, R., & Hare, R. D. (1988). Factor structure of the psychopathy Checklist. *Journal of Consulting and Clinical Psychology, 56*, 741-747.

[33] Hemphill, J. F., Hare, R. D., & Wong, S. (1998). Psychopathy and recidivism: A review. *Legal and Criminological Psychology, 3*, 139-170.

[34] Serin, R. C., Peters, R. D., & Barbaree, H. E. (1990). Predictors of psychopathy and release outcome in a criminal population. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2*, 419-422.

[35] Lyon, C. (1994). *The legal Basis for the Control and Treatment of Children with Learning Disabilities with*

study of 2544 at-risk mothers for 5 years by McGuigan and Pratt (2001)[36] reported that the cooccurrence of spousal abuse and child abuse is significant in terms of three types of abuse: psychological, physical, and neglect. Based on the volunteer sample of 1000 women, Bowker et al. (1990)[37] found a 70% rate of co-occurrence in domestic violence and child abuse. The co-occurrence of these two types of abuse reveals the need to consider a multidimensional assessment that can be able to screen or detect both abuses at the same time. The Family Needs Screener (FNS) is developed to assess both spousal and child abuse in the United States.[38] It is a 57-item self report survey using mothers as the respondents for the family situation. It is an initial screening tool developed especially for the Air Force to assist clinician in clinical planning and family assessment. The FNS consists a total of nine subscales which composes the following domains of family risks: demographic; substance abuse; relationship discord; family of origin violence and neglect; social support; stress; psychological health-self esteem; psychological health-depression; and prior family violence. In a validation test on a population of pregnant women and recent mothers receiving services from the USAF Family Advocacy Program, the FNS subscales showed stable reliabilities ranging from .75 to .85. The total reliability alpha of FNS was .91.

1.25 What may be concluded from the above review is that predicting risks of violence in general and spousal violence and child abuse in particular is a precarious exercise. The assessment tools involve fairly lengthy solicitation of information from the victims, perpetrators, professionals or other informants on factors that may have correlation with occurrences of violence. From a cursory examination of factors included in different assessment tools, it may be noted that there is considerable consensus among researchers on risk factors, which include history of assaultive behaviour, antisocial behaviour and attitudes, stability of relationships, stability of employment, mental health and personality disorder, childhood abuse, motivation for treatment and attitudes towards women.[39]

1.26 It may also be noted that for actuarial-based risk assessment, it is based on statistical generalization which is believed to be predictive of a group of perpetrators. In the actual use of risk assessments, however, it is for the purposes of predicting risks for

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Challenging Behavior. London: Mental Health Foundation.

[36] McGuigan and Pratt (2001)

[37] Bowker et al., (1990)

[38] Kantor, Glenda, K., & Straus, M. A. (1999). Report on the USAF Family Needs Screener. New Hampshire: Family Research Laboratory.

[39] Dutton, Donald G. and Kropp, P Randall (2000), "A review of domestic violence risk instruments", in *Trauma, violence and abuse*, 1(2): 71 – 181.

an individual.[40] In other words, in using the assessment tool proposed in this study, there is a definite role for professional judgment, taking into account other factors not included in the assessment tool (e.g. history of previous violence). Furthermore, it should not be forgotten that there is no assessment tool that can infallibly predict domestic violence. The use of empirically validated assessment tool is an important part, but not all of the assessment process. It should be considered as an integral part to facilitate professional judgment. The quality of information on which the assessment tool is based is also important. It is thus necessary to employ multiple information sources and multiple methods.[41] Use of multiple methods may include interviews with victim, perpetrator, children and other family members. The means of data collection may include behavioral observations, review of case records (medical, legal and social investigation), all relevant documents (for example, criminal records, medical records, transferal of records, referral/discharge summary, psychological tests, use of risk assessment tool etc. The assessment of risk could be cross validated or triangulated to counter check the accuracy of the information. Risk assessment should be repeated at regular intervals. In the case of uncertainty when making judgment. the assessor could get a second opinion from other professionals, for instance, supervisor, a team of professionals, multidisciplinary case conference etc. to better evaluate the case.

Existing risk assessment strategies in Hong Kong

1.27 A well-validated local risk assessment of violence is not available in Hong Kong. In dealing with risk assessment, several agencies have adopted various ways and scales developed in the West. They included interviewing procedures conducted through clinical judgments, scales from the West without local validation, as well as initial scales that are being derived from psychometric data which needs further validation. Examples are as follow.

FCPSU/SWD - Risk Assessment

1.28 According to the procedural guidelines for handling battered spouse cases [42], in the interview with a victim alone when spouse battering is a possibility, the victim should be asked directly whether the injuries are caused by his/her partner. As a reference, the following questions related to the circumstances, previous record of abuse, children at

[40] Goddard, Charles J et al (1999), "Structured risk assessment procedures: instruments of abuse?", in *Child Abuse Review*, 8: 251 – 263.
[41] Dutton, Donald G and Kropp, P Randall (2000), "A review of domestic violence risk instruments", in *Trauma, Violence and Abuse*, 1(2): 171 – 181.
[42] Working Group on Combating Violence (2004). *Procedural guidelines for handling battered spouse cases.* Hong Kong: Social Welfare Department.

risk, coping mechanism, the batterer and discharge arrangement may be asked to help assess the victim's situation.

a) How severe was the violent act? Has this happened before?
b) How badly have you been hurt in the past?
c) What was the duration of each violent act?
d) How old are the children? Are they in danger?
e) Have they been hurt or hit by your partner? How badly?
f) Have they witnessed the battering? If yes, how frequent is the battering?
g) What have you done in the past to protect yourself and your child (ren), if any?
h) What have you done in the past to get help? How useful was the help you have received?
i) Have you ever called the Police?
j) Does your partner have a criminal record? Has he/she threatened to kill you?
k) Are you afraid to go home?

1.29 While the victims themselves should be the best judge of how dangerous it would be to return home, it is important to help them assess the risk that they and their children may be exposed to. Workers need to be alert to the possibility of minimization of risk by the victims. After years in a violent relationship, victims may have developed such "positive biases" in order to survive. The workers should assess the following risk factors:

a) Failure of multiple support systems for the family;
b) Isolation of the family;
c) Psychosocial adjustment of victim/batterer e.g. pathological jealousy, threat of retaliation, recent homicidal/suicidal idea, personality disorder with anger, impulsiveness or behavioral instability;
d) Batterer's displacement of anger on children;
e) Batterer threatening to kill spouse;
f) Past assault of family members by the batterer;
g) Escalation of violence by the batterer;
h) Use of drugs and/or alcohol by the batterer; and
i) Presence of a weapon.

1.30 SWD has also compiled a set of risk assessment tools to guide risk assessment.[43] Although the tools have not been locally validated, it brings inspiration to the administration of risk assessment tools in Hong Kong.

Po Leung Kuk Family Violence Risk Assessment Form

1.31 The Sunrise Court, Po Leung Kuk has adopted the Family Violence Risk Assessment Form which was developed by Dr. K.L. Chan based on existing studies of risk factors and clinical experience. The form provides guidelines to assess the immediate risk of violence and suicide, using Abuse Assessment Scale (AAS) and a suicidal ideation scale, to assess the types, severity and frequency of violence using the revised Conflict Tactics Scale (CTS2), and to assess risk factors using Personal and Relationship Profile (PRP). The AAS, CTS2 and PRP have been translated into Chinese and validated in previous local studies.

Abuse Assessment Screen-modified (AAS-modified)

1.32 The Abuse Assessment Screen (AAS) Questionnaire was derived from an assessment and intervention protocol developed by McFarlene & Parker (1994).[44] It was revised and translated in Chinese language (AAS-modified) by Leung et al (2005).[45] The AAS-modified has been using in some of the local hospitals to detect any abusive acts during pregnancy. Such an abuse is applied in several aspects including, emotional/psychological, physical, sexual abuse and injury. There are questions asking the subject whom performing the abuse and the severity of the injury if any. A particular question asks the informant if a sense of fear is created from the abuser.

Leung's Suicide Risk Assessment Tool

1.33 Due to the lack of locally validated instrument in assessing suicide risk, Leung and her colleagues conducted Leung's Suicide Risk Assessment Tool (version one) to cater early identification of persons who may have suicidal ideation and the risk levels of suicide.[46] The Tool is a psychological profile consisting of 19 items that are being derived statistically with good internal consistency (Cronbach's alpha = .86) as well as good discriminant validity between experimental and control groups. Answers of the 19 items scored in terms of intensity from 0 = not at all, to 8 = very severe. The

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[43] Working group on risk assessment (2003). Risk assessment guide of battered spouse cases for FCPSUs. Social Welfare Department.

[44] McFarlane, J. & Parker, B (1994). Preventing abuse during pregnancy: an assessment and intervention protocol. MCN, 19, P. 324. Developed by the Nursing Research Consortium on violence and abuse.

[45] Leung, W.C. (2005) Domestic violence in Chinese pregnant women. Manuscript submitted to journal.

[46] Leung, Gracemary, Chan, P.S. Vivien, & Chow, S.L (2003). Leung's Suicide Risk Assessment Tool Manual (ISBN: 988-97415-1-2)

Tool is responded through semi-structured interview with eight questions asking the informant's current conditions and six questions asking the informant's suicidal matter. According to the report findings, the cutoff scores of the levels of suicide risk are: low = 0 – 19; low to medium = 20 – 57; medium to high = 58 – 95; high = 96 or above. The Leung's Suicide Risk Assessment Tool certainly provides a footnote for the scale development of risk assessment in Hong Kong.

Cultural Validity

1.34 The effects of culture on validity occur at different levels and affect all types of evidence for validity. Factors that may threaten the validity of assessment with culturally diverse populations may include varied interpretations of an observed behavior based on cultural norms, language barriers, and different cultural meanings of a particular construct. For instance, it has been speculated that the power of face creates a significant effect on Chinese when exercising violence, and there has been initial report on in-law conflicts that trigger the happening of domestic violence.[47] It would be too dangerous to adopt an assessment in a new population especially from a different country of a possibly different culture without prior validation of such assessment. Even if there's a satisfactory validation, the lack of empirical representation about the items still creates problems.

The Risk Assessment Issues

1.35 Over the years, there are actuarial measures attempting to predict risk of violence or re-offending which have been developed in the West.[48] However, there is no validated risk assessment tool for spouse battering or child abuse in Hong Kong. Moreover, clinical judgment weights heavily in developing risk assessment. It would be beneficial and fair if a risk assessment is developed based on both empirical evidence and clinical judgment.

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[47] Chan, K. L. (2005). *Study on Child Abuse and Spouse Battering: Report on findings of Household Survey.* [A Consultancy Study Commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.

[48] (CAP: Milner, 1989; DA: Campbell, 1986; SARA: Cooper, 1993; FNS: Kantor & Straus, 1999) ; Milner, J. S. (1986). The child abuse Potential Inventory: Man1ual (2nd. Ed) Webster NC: Psytec; Campbell, J. C. (1986). Assessment of risk of homicide for battered women. *Advances in Nursing Science*, *8*, 36-51; Cooper, M. (1993). *Assessing the risk of repeated violence among men arrested for wife assault: A review of the literature*. Vancouver: BC Institute on Family Violence.

Chapter 2

Development of Indigenous Risk Assessment Tool

2.1 The present study comprises two phases: (a) development of item pool - questionnaire design for household survey; and (b) the generation of risk assessment tool.

Phase A: Development of item pool - questionnaire design for household survey

2.2 The first step of the study was to develop the items related to the measurement of spousal battering, child abuse and risk factors. All items were included in the questionnaires of household survey. The pre-designed structured questionnaires were used in collecting information from different groups of respondents. In designing the questionnaires, reference was made to information obtained from in-depth interviews and focus group discussions with service users. A total of eleven focus groups were arranged with each group contained about 6 to 8 participants. They included male and female victims and perpetrators of spousal battering; male and female perpetrators of child abuse and non-abusive parents of child abuse; child victim of abuse; children who have witnessed family violence; abused children who have witnessed family violence; and social workers and other professionals involved in dealing with child abuse and spouse battering. Views were solicited from SWD and the Advisory Group on the Study on Child Abuse and Spouse Battering. The questionnaires were also pre-tested before they were included in the Household Survey.

2.3 The revised Conflict Tactics Scales (CTS2) and the Parent-Child Conflict Tactics Scale (CTSPC) were employed to measure spousal battering and child abuse respectively. For the spouse battering, the CTS2 subscales (physical assault, injury & sexual coercion) are used to form dependent variables - spouse battering, at total & severe levels as well as at ever and annual prevalence. For the child abuse, the CTSPC subscales (severe or very severe physical assault) are used to form dependent variables – physical maltreatment, at total & severe levels as well as at ever and annual prevalence.

2.4 The Personal and Relationships Profile (PRP), the Acquisitive Face Orientation Scale, the Rosenberg Self-esteem Scale and the Support Scale are also used to establish profiles of risk factors for perpetrators and victims of spousal battering, and perpetrators of child abuse.

2.5 The risk factors to be investigated include the following:

(a) family profile (e.g. new arrival family & spousal age difference);

(b) health conditions (e.g. chronic ill, disability, wife pregnancy, adoption, or postnatal within 1 year);

(c) financial conditions (e.g. unemployment, income, receiving comprehensive social security assistance (CSSA), indebtedness);

(d) relationship factors (e.g. extended family influence, in-law conflict, shifting responsibility);

(e) suicidal ideation;

(f) static factors (e.g. criminal history, sexual abuse history, child neglect, child sexual abuse history, child witnessed parental violence);

(g) factors measured by the Personal and Relationships Profile (PRP) (e.g. anger management, substance abuse, violence approval, depressive symptoms, social desirability, stressful conditions, relationship distress, domination, jealousy, negative attribution);

(h) the Acquisitive Face Orientation Scale;

(i) the Rosenberg Self-esteem Scale;

(j) the Support Scale from the Family Needs Screener;

(k) Three items exclusively for victim's report on their response towards violence (e.g. partner's stalking, afraid of partner, feeling unsafe).

2.6 It should be noted that for any one factor, it is based on response to a number of question items as included in the household survey questionnaire. Validation of these measurement tools have been performed, showing that the internal consistency of the items included in any one factor is very high. The results are shown in the household survey report.[49] The demographic data consists of items that may be risk factors of domestic violence.

[49] Chan, K. L. (2005). *Study on Child Abuse and Spouse Battering: Report on findings of Household Survey.* [A Consultancy Study Commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.

Phase B: Generation of Risk Assessment Tool

Methodology

Participants

2.7 The questionnaire developed in Phase A was administered during the period from December 2003 to August 2004 in a household survey. A total of 5,049 and 2,062 respondents were successfully interviewed using respectively the adult and child questionnaires. The overall response rate achieved was 71%.

Ethical issues

2.8 In recognition of any potential vulnerability of prospective participants, they would be approached by coordinators to explain the study and invited them to take part. Participation in the study is entirely voluntary. No complaint on the administration of questionnaires was received. Confidentiality was maintained through the use of pseudonyms in terms of numbers on the questionnaires instead of the names of clients.

Procedures

2.9 The questionnaires were administered in a random sample in a household survey. Members of a selected family who was aged above 16 and who were married (or cohabited) were invited to participate in the study. The method of face-to-face interview was adopted in conducting the household survey. The interviewers completed the questionnaires according to self-reports by the participants. The interviewers were trained to observe factors in the environment of the families visited. They recorded their observations of the behavior of children and other family members in the households during the visit. Informants were invited to stay in their own house for the assessment. It took about 45 to 60 minutes to complete the assessment.

Statistical Analysis and results

Preliminary logistic regression analysis

2.10 Logistic regression analysis was performed to identify risk factors that are significantly correlated with the presence of spousal battering (including physical assault, sexual coercion or injury, as measured by the CTS2) and child physical maltreatment (including severe or very severe levels of physical assault, as measured

by CTSPC). Separate analysis was performed for perpetrators (Table 1) and victims (Table 2) of spousal battering, and perpetrators of child abuse (Table 3).

2.11 For perpetrators and victims of spousal battering, the dependent variables are the ever prevalence (incidents ever happened) and annual prevalence (incidents happened in the past year) of spousal battering. Total spouse battering includes both minor and severe levels of spouse battering, while severe spouse battering counts only incidents at the severe level.

2.12 For perpetrators of child abuse, the dependent variables are the ever prevalence (incidents ever happened) and annual prevalence (incidents happened in the past year) of physical maltreatment. Total physical maltreatment includes both severe and very severe levels of physical maltreatment, while severe child maltreatment counts only incidents at the very severe level.

2.13 Preliminary logistic regression analysis using a single factor at a time shows that 30 significant risk factors are common to perpetrators and victims of spousal battering, and perpetrators of child abuse. An additional risk factor, disability, is included for the analysis of perpetrators of child abuse which gives a total of 31 for this category of analysis.

2.14 It should be noted that this is preliminary analysis of possible factors that are relevant. It serves as a broad reference of the relevant risk factors that should be well addressed in the process of risk assessment. To reduce the number of factors by selecting the higher loading risk factors in the interaction of the factors, further analysis using stepwise multiple logistic regressions has been performed on selected risk factors, and the results are presented in the paragraphs to follow. All factors, except income, are included in stepwise multiple logistic regression analysis. We received feedback from social workers who participated in the field test, as described in Chapter 3 of this report, that, personal income may not be a good indicator of financial situation of a family and it may be confused whether it includes financial assistance from social security. Taking into consideration of the clinical experience, the income factor was not included in the multiple regression analysis.

2.15 *Interpretation of Odds Ratios:* Odds ratios have been previously used in the study of physical assault[50]. An odds ratio greater than 1.00 indicates that the independent variable is associated with an increase in the odds of the dependent variable. An odds ratio below 1.00 indicates that the independent variable is associated with a decrease in the odds of the dependent variable. For example, if the odds ratio for the substance abuse is 1.69, it would indicate that each increase of one point on the substance abuse scale is associated with an average increase of 69% in the odds of battering a spouse in their lifetime. On the other hand, an odds ratio of 0.35 would indicate that each increase of one point in the anger management is associated with an average decrease of 65% in the odds of battering a spouse in their lifetime.

[50] Straus, M. A., & Ramirez, I. L. (1999). *Criminal history and physical assault of college dating partners.* Paper presented at the American Society of Criminology annual meeting, Toronto, Ontario.

Table 1: Preliminary logistic regression analysis (Perpetrators of spouse battering)

	Spouse Battering (Total)				Spouse Battering (Severe)			
	Ever		Annual		Ever		Annual	
Health conditions								
Chronic ill[51]	1.32	**	1.00		1.76	**	1.38	
Wife pregnancy/adoption/postnatal (within 1 year)	1.77	**	2.41	**	0.99		1.74	
Financial conditions								
Unemployment[52]	0.72	*	1.37		0.75		0.90	
Income	1.25	**	1.50	**	1.15		1.41	**
Receiving CSSA[53]	1.21		1.12		1.68	*	2.07	*
Indebtedness[54]	3.13	**	2.60	**	3.42	**	4.06	**
Relationship factors								
Extended Family Influence	1.26	**	1.40	**	1.21	**	1.88	*
In-law Conflict	2.13	**	2.32	**	2.07	**	2.21	**
Relationship Distress	2.80	**	2.33	**	5.52	**	7.13	**
Domination	3.32	**	4.42	**	5.42	**	9.66	**
Jealousy	2.32	**	2.46	**	1.92	**	2.14	**
Negative Attribution	3.98	**	3.49	**	6.36	**	6.51	**
Shifting Responsibility	1.28	**	1.36	**	1.28	*	1.55	*

[51] 0=No chronic ill, 1=Chronic ill

[52] 0=Unemployed, 1= Non-unemployed group. Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

[53] 0=No CSSA, 1=have CSSA, CSSA = Comprehensive Social Security Assistance

[54] 0=No debt, 1=have debt

Table 1: Preliminary logistic regression analysis (Perpetrators of spouse battering) (Cont'd)

	Spouse Battering (Total)				Spouse Battering (Severe)			
	Ever		Annual		Ever		Annual	
Perpetrator's characteristics								
Anger Management	0.31	**	0.31	**	0.16	**	0.12	**
Substance Abuse	1.71	**	2.09	**	1.97	**	2.31	**
Violence Approval	1.80	**	2.17	**	3.57	**	5.71	**
Depressive Symptoms	2.15	**	2.13	**	2.83	**	4.47	**
Social Desirability	0.28	**	0.17	**	0.45	**	0.10	**
Stressful Conditions	2.68	**	2.71	**	3.99	**	4.42	**
Face	2.11	**	2.54	**	2.02	**	3.19	**
Self-esteem	0.57	**	0.66	*	0.42	**	0.36	*
Social Support	0.77	*	1.02		0.45	**	0.57	
Suicidal Ideation	1.35	**	1.50	**	1.56	**	1.93	**
Static factors								
Criminal History	4.92	**	4.40	**	5.47	**	6.40	**
Sexual Abuse History	3.51	**	4.54	**	3.80	**	6.37	**
Child Neglect	1.32	**	1.26	**	1.50	**	1.62	**
Child witnessed parental violence	5.33	**	4.44	**	4.14	**	5.81	**
Reaction towards violence								
Partner's disturbance	2.27	**	2.52	**	2.30	**	3.26	**
Afraid of partner	2.33	**	2.20	**	2.30	**	2.53	**
Feeling unsafe	2.29	**	2.17	**	2.48	**	2.60	**

Note: * means p-value <=0.05 ** means p-value <=0.01

Table 2: Preliminary logistic regression analysis (Victims of spouse battering)

	Spouse Battering (Total)				Spouse Battering (Severe)			
	Ever		Annual		Ever		Annual	
Health conditions								
Chronic ill	1.39	**	0.99		1.79	**	1.25	
Wife pregnancy/adoption/postnatal (within 1 year)	1.47		2.23	**	0.77		1.97	
Financial conditions								
Unemployment[55]	0.59	**	0.90		0.57	*	0.75	
Income	1.15	**	1.41	**	1.04		1.32	*
Receiving CSSA	1.36	*	1.10		1.80	**	2.05	*
Indebtedness	2.81	**	1.98	**	2.49	**	2.50	**
Relationship factors								
Extended Family Influence	1.33	**	1.43	**	1.24	**	1.98	**
In-law Conflict	2.58	**	2.52	**	2.41	**	2.35	*
Relationship Distress	3.66	**	3.26	**	7.84	**	7.90	**
Domination	2.97	**	3.93	**	5.97	**	6.81	**
Jealousy	2.46	**	2.79	**	1.77	**	2.00	**
Negative Attribution	4.55	**	4.27	**	8.07	**	7.13	**
Shifting Responsibility	1.25	**	1.26	*	1.23		1.31	

[55] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

Table 2: Preliminary logistic regression analysis (Victims of spouse battering) (Cont'd)

	Spouse Battering (Total)				Spouse Battering (Severe)			
	Ever		Annual		Ever		Annual	
Victim's characteristics								
Anger Management	0.34	**	0.32	**	0.26	**	0.24	**
Substance Abuse	1.65	**	1.82	**	1.98	**	2.47	**
Violence Approval	1.62	**	1.71	**	2.51	**	2.62	**
Depressive Symptoms	2.51	**	2.39	**	3.10	**	4.59	**
Social Desirability	0.38	**	0.21	**	0.59		0.15	**
Stressful Conditions	3.16	**	3.09	**	4.60	**	4.88	**
Face	1.79	**	2.04	**	1.76	**	2.44	**
Self-esteem	0.50	**	0.63	*	0.37	**	0.35	**
Social Support	0.60	**	0.77		0.36	**	0.49	*
Suicidal Ideation	1.49	**	1.54	**	1.72	**	1.94	**
Static factors								
Criminal History	4.87	**	4.39	**	4.86	**	6.08	**
Sexual Abuse History	3.68	**	6.42	**	4.20	**	4.70	**
Child Neglect	1.38	**	1.37	**	1.66	**	1.76	**
Child witnessed parental violence	4.76	**	4.06	**	4.03	**	3.89	**
Reaction towards violence								
Partner's disturbance	2.39	**	2.94	**	2.61	**	3.63	**
Afraid of partner	2.60	**	2.64	**	2.69	**	3.23	**
Feeling unsafe	2.79	**	2.86	**	3.55	**	4.11	**

Note: * means p-value <=0.05 ** means p-value <=0.01

Table 3: Preliminary logistic regression analysis (Perpetrator of child abuse)

	Physical maltreatment (Total)				Physical maltreatment (Severe)			
	Ever		Annual		Ever		Annual	
Health conditions								
Chronic ill	2.01	**	2.08	**	1.93	**	2.10	**
Disability	3.88	*	1.78		2.33		1.89	
Wife pregnancy/adoption/postnatal (within 1 year)	0.56		1.02		0.46		0.85	
Financial conditions								
Unemployment[56]	1.15		1.15		1.11		1.09	
Income	1.01		1.03		1.01		1.03	
Receiving CSSA	2.24	**	3.00	**	2.04	**	3.04	**
Indebtedness	1.61	*	1.59		1.59	*	1.55	
Relationship factors								
Extended Family Influence	1.72	**	2.44	**	1.75	**	2.51	**
In-law Conflict	2.41	**	2.27	**	2.47	**	2.27	**
Relationship Distress	2.98	**	2.56	**	3.06	**	2.61	**
Domination	3.11	**	3.07	**	3.27	**	3.37	**
Jealousy	2.18	**	2.80	**	2.22	**	2.82	**
Negative Attribution	2.85	**	3.02	**	2.95	**	3.12	**
Shifting Responsibility	1.35	**	1.29		1.31	*	1.29	

[56] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

Table 3: Preliminary logistic regression analysis (Perpetrator of child abuse) (Cont'd)

	Physical maltreatment (Total)				Physical maltreatment (Severe)			
	Ever		Annual		Ever		Annual	
Perpetrator's characteristics								
Anger Management	0.34	**	0.24	**	0.35	**	0.25	**
Substance Abuse	1.79	**	2.25	**	1.82	**	2.33	**
Violence Approval	6.15	**	5.47	**	6.31	**	6.04	**
Depressive Symptoms	2.85	**	2.36	**	3.00	**	2.52	**
Social Desirability	0.33	**	0.21	**	0.32	**	0.20	**
Stressful Conditions	4.63	**	5.17	**	4.66	**	5.21	**
Face	1.23		1.36		1.22		1.32	
Self-esteem	0.35	**	0.33	**	0.34	**	0.32	**
Social Support	0.36	**	0.38	**	0.34	**	0.35	**
Suicidal Ideation	1.43	**	1.26		1.50	**	1.29	
Static factors								
Criminal History	5.05	**	5.01	**	5.10	**	5.39	**
Sexual Abuse History	3.24	**	3.30	**	3.36	**	3.50	**
Child Neglect	1.39	**	1.14		1.38	**	1.13	
Child witnessed parental violence	2.83	**	2.91	**	2.80	**	2.68	**
Reaction towards violence								
Partner's disturbance	1.80	**	1.83	**	1.79	**	1.77	**
Afraid of partner	1.48	**	1.36	*	1.52	**	1.41	*
Feeling unsafe	1.70	**	1.69	**	1.74	**	1.71	**

Note: * means p-value <=0.05 ** means p-value <=0.01

Analysis covering risk factors for perpetrators of spouse battering

2.16 Further analysis of risk factors using stepwise logistic regression is performed to select the higher loading risk factors. In clinical practice, information related to the perpetrators or victims will in any way be collected from the clients seeking help. In other words, if the risk assessment tool is integrated in the interview form used by social workers or other professionals in providing help to the clients, additional information required to be sought for the purposes of risk assessment may not be too much to deter the use of the risk assessment tool.

2.17 For perpetrators of spousal battering, the dependent variable is the annual prevalence of spousal battering perpetration at both minor and severe levels.

2.18 The results of stepwise logistic regression performed on all risk factors pertaining to perpetrators are shown in the Table 4 below. It may be seen that 13 out of 29 risk factors were found to be significant, based on the usual 0.05 significance level. The Wald χ^2 statistic, which tests the unique contribution of each factor, by holding constant the other factors, is also shown in the table. However, the Wald χ^2 has been criticized for being too conservative, that is, lacking adequate power. An alternative is to test the significance of each factor by eliminating it from the model and testing the significance of the increase in the -2 log likelihood statistic for the reduced model. The results are shown in Table 5 below. It may be seen that the increase in the -2 log likelihood statistic is significant for all risk factors identified. To improve the predictive power of the model, mean imputation by relative scale has been performed on item non-response resulting in an increase in the number of valid cases available for model computation.

2.19 In general, the Model equation is:

$$A = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \beta_3 * X_3 + \beta_4 * X_4 + \beta_5 * X_5 + \beta_6 * X_6 + \beta_7 * X_7 + \beta_8 * X_8 + \beta_9 * X_9 + \beta_{10} * X_{10} + \beta_{11} * X_{11} + \beta_{12} * X_{12} + \beta_{13} * X_{13} + \ldots$$

$$P(\text{risk}) = \exp(A) / (1 + \exp(A))$$

where A is a non-zero constant, β_i and X_j are the beta coefficients and independent variables respectively, for i=0,1,2,… and j=1,2,3,…., with 0<=P (risk)<=1.

Table 4: Logistic regression analysis based on 29 risk factors (for perpetrators of spouse battering)

Risk factor	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp (B)	
							Lower	Upper
Wife pregnancy/ adoption/postnatal (within 1 year)	.637	.291	4.779	1	.029	1.890	1.068	3.346
Unemployment[57]	.665	.326	4.159	1	.041	1.945	1.026	3.687
Indebtedness	.540	.215	6.284	1	.012	1.716	1.125	2.617
In-law Conflict	.585	.254	5.284	1	.022	1.794	1.090	2.954
Domination	.587	.240	5.954	1	.015	1.798	1.122	2.881
Jealousy	.529	.147	12.886	1	.000	1.698	1.272	2.266
Negative Attribution	.501	.177	8.027	1	.005	1.651	1.167	2.334
Shifting Responsibility	.260	.106	6.033	1	.014	1.297	1.054	1.597
Anger Management	-.572	.197	8.428	1	.004	.564	.384	.830
Face	.556	.150	13.742	1	.000	1.744	1.300	2.340
Criminal History	.905	.184	24.264	1	.000	2.472	1.724	3.544
Child witnessed parental violence	1.058	.210	25.457	1	.000	2.880	1.909	4.343
Partner's disturbance	.731	.091	64.180	1	.000	2.078	1.737	2.485
Constant	-8.540	1.056	65.369	1	.000	.000		

2.20 For perpetrators of spouse battering, the required model equation is:

$$A = -8.540 + 0.637X_1 + 0.665X_2 + 0.540X_3 + 0.585X_4 + 0.587X_5 + 0.529X_6 + 0.501X_7 + 0.260X_8 - 0.572X_9 + 0.556X_{10} + 0.905X_{11} + 1.058X_{12} + 0.731X_{13}$$

$$P(risk_{(A)}) = \exp(A) / (1 + \exp(A))$$

[57] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

Table 5: -2 log likelihood statistics for the logistic regression model based on 29 risk factors (for perpetrators for spouse battering)

Risk Factor	Model Log Likelihood	Change in -2 Log Likelihood	df	Sig. of the Change
Wife pregnancy/adoption/postnatal (within 1 year)	-943.730	4.322	1	.038
Unemployment[58]	-943.985	4.832	1	.028
Indebtedness	-944.484	5.831	1	.016
In-law Conflict	-943.792	4.447	1	.035
Domination	-944.556	5.975	1	.015
Jealousy	-947.951	12.765	1	.000
Negative Attribution	-945.566	7.993	1	.005
Shifting Responsibility	-944.619	6.100	1	.014
Anger Management	-945.792	8.446	1	.004
Face	-948.468	13.799	1	.000
Criminal History	-952.580	22.022	1	.000
Child witnessed parental violence	-952.960	22.783	1	.000
Partner's disturbance	-971.170	59.202	1	.000

2.21 To evaluate the goodness of fit[59] of logistic models, four inferential tests are used, namely the Brown chi-square test, the Pearson chi-square test, the deviance-based test and the Hosmer-Lemeshow (H-L)[60] test. Non-significant test statistic implies that the logistic model explains the data well. Four descriptive measures of goodness-of-fit are usually computed by most statistically packages, which are variations of the R square concept defined in ordinary least square regression models. However, none of the R

[58] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

[59] Goodness-of-fit statistics help you to determine whether the model adequately describes the data. The null hypothesis is "No lack of fit" and the alternative hypothesis is "Lack of fit".

[60] Hosmer-Lemeshow test of goodness of fit for the model - This statistic is the most reliable test of model fit for SPSS binary logistic regression, because it aggregates the observations into groups of "similar" cases. The statistic is then computed based upon these groups. The Hosmer-Lemeshow statistic indicates a poor fit if the significance value is less than 0.05.

square indicates the proportion of variance explained and none corresponds to predictive efficiency.[61] Generated from the SPSS packages are Cox and Snell square, which come closer to the Pseudo R square and equals to 0.082, and Nagelkerke R square the value of which is 0.192. The results of the Hosmer-Lemeshow (H-L) test are shown in the Table 6 below. It may be seen that the H-L test shows that the model explains the data well.

Table 6

	Chi-square	Degree of freedom	Sig.
H-L test for all risk factors regression analysis (Perpetrators)	6.309	8	.613

2.22 For the validation of predicted probabilities, the two-way classification table is used. The overlay plot of sensitivity and specificity against cut-off probabilities is useful for determining an appropriate cut-off for future applications. The point at which the two curves intersect is the optimal cut-off.[62] The two-way classification table is appended in Table 7 below based on a cut-off probability of 7%.

Table 7 (% of all cases examined)

All risk factors logistic regression analysis (perpetrators)			
Actual	**Predicted**		**Total**
	Not Happened	**happened**	
Not Happened	64.38%	27.54%	91.92%
Happened	2.55%	5.53%	8.08%
Total	66.93%	33.07%	100%

2.23 A number of indicators of the predictive power of the model may be compiled from the above classification table, as follows:

a) Sensitivity, which is the percentage of occurrences correctly predicted and is equal to (5.53%)/(8.08%) or 68.4%;

b) Specificity, which is the percentage non-occurrences correctly predicted and is equal to (64.38)/(91.92%) or 70.0%;

c) Positive predictive value, which is the percentage of predicted occurrences that are correct and is equal to (5.53%)/(33.07%) or 16.7%;

[61] Peng, Cha-ying Joanne and So, Tak-shing Harry (2002), "Logistic regression analysis and reporting: a primer", in *Understanding Statistics*, 1(1): 31 – 70.
[62] Optimal cut-off exits if and only if sensitivity = specificity.

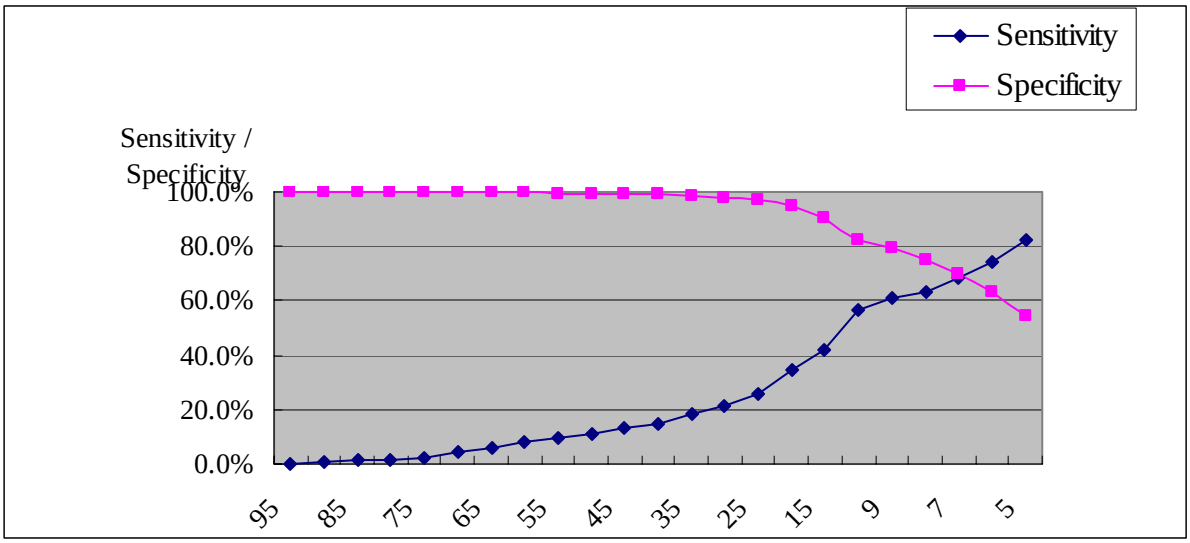
d) Negative predictive value which is the percentage of predicted non-occurrences that are correct and is equal to (64.38%)/(66.93%) or 96.2%;

e) Overall accuracy, which is the percentage of predicted occurrences and non-occurrences that are correct and is equal to (64.38%+5.53%) or 69.9%.

2.24 A table showing different cut-off probabilities and overlay plots are shown in Table 8 below, indicating that the optimal cut-off probability should be in the region of 7%.

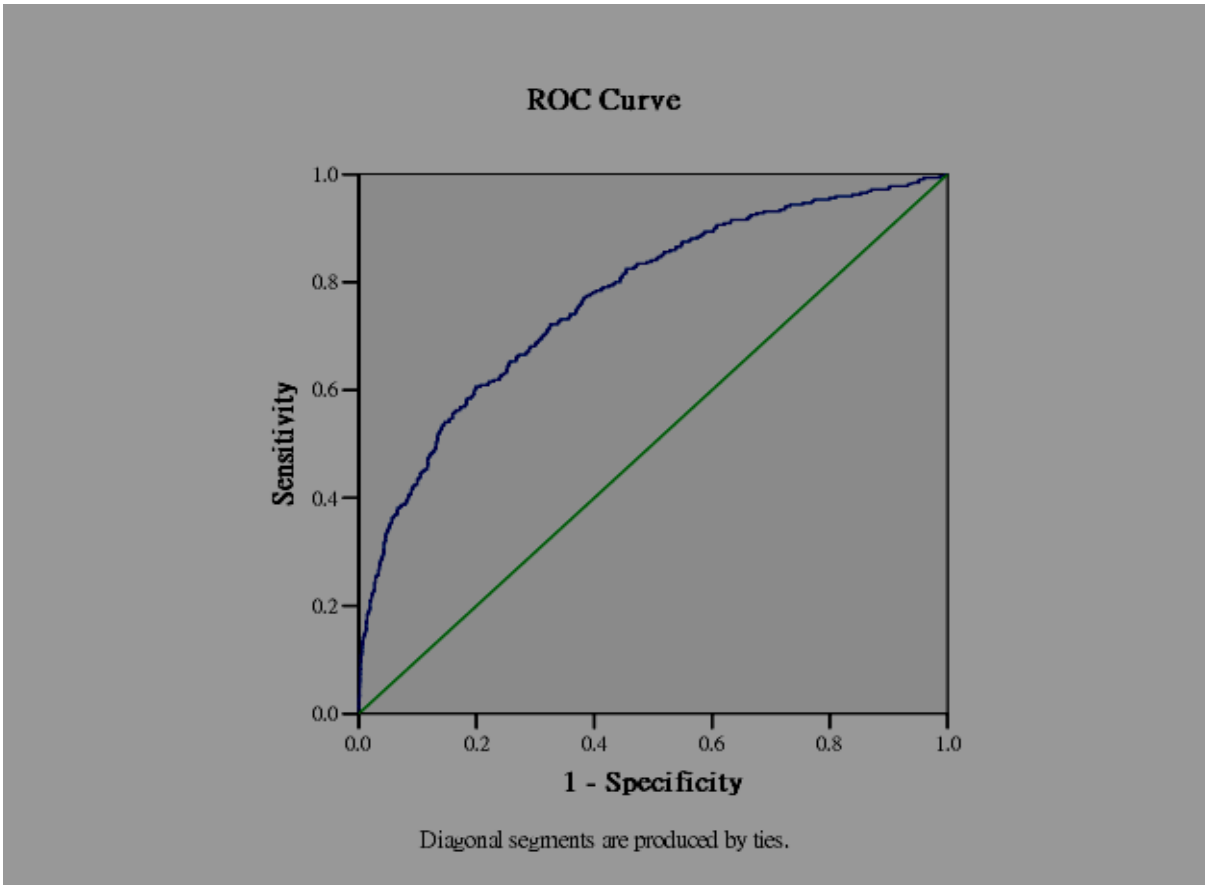
Table 8

Cut-off probability (%)	Sensitivity	Specificity	Positive Predicted Value (PPV)	Negative Predicted Value (NPV)	Overall accuracy
95	0.3%	100.0%	100.0%	91.9%	91.9%
90	0.6%	100.0%	100.0%	92.0%	92.0%
85	1.3%	100.0%	100.0%	92.0%	92.0%
80	1.3%	100.0%	80.0%	92.0%	92.0%
75	2.2%	100.0%	87.5%	92.1%	92.1%
70	4.1%	99.8%	68.4%	92.2%	92.1%
65	6.3%	99.8%	71.4%	92.4%	92.2%
60	8.1%	99.7%	72.2%	92.5%	92.3%
55	9.7%	99.6%	68.9%	92.6%	92.4%
50	10.9%	99.5%	67.3%	92.7%	92.4%
45	13.1%	99.3%	63.6%	92.9%	92.4%
40	14.7%	99.0%	57.3%	93.0%	92.2%
35	18.4%	98.5%	52.7%	93.2%	92.1%
30	21.3%	97.9%	46.6%	93.4%	91.7%
25	25.6%	96.8%	41.2%	93.7%	91.0%
20	34.4%	94.9%	37.4%	94.3%	90.1%
15	42.2%	90.8%	28.7%	94.7%	86.8%
10	56.9%	82.0%	21.8%	95.6%	80.0%
9	60.9%	79.1%	20.4%	95.8%	77.7%
8	63.1%	75.0%	18.1%	95.9%	74.0%
7	68.4%	70.0%	16.7%	96.2%	69.9%
6	74.4%	63.1%	15.0%	96.6%	64.0%
5	82.5%	54.3%	13.7%	97.2%	56.6%



2.25 A Receiver Operating Characteristic (ROC) curve[63] may also be compiled from the regression results. The ROC curve is a graphical representation of the trade off between the predictive values positive and negative for every possible cut off. The ROC curve is a plot showing (1-specificity) on the X axis and sensitivity on the Y axis. The accuracy of the assessment tool is measured by the area under the ROC curve. An area of 1 represents a perfect test, while an area of 0.5 represents a worthless test. Based on results of the logistic regression analysis, the ROC curve is plotted below. It may be seen that ROC curve is well above the 45 degree reference line. The area under the curve is 0.77 which is significant greater than the area of 0.5 under the 45 degree reference line.

[63] A Receiver Operating Characteristic (ROC) curve is a graphical representation of the trade off between the false negative and false positive rates for every possible cut off.



2.26 It should nevertheless be noted that in developing assessment tools for screening purposes, researchers often concentrate on the sensitivity and specificity of the test and use ROC curves to evaluate the discriminating power of the tools. They ignore the predictive value of the tools which is equally important. The ROC curve evaluates how well the tool performs in classifying a person whose condition is known, which is plot of the true positive rate (i.e. sensitivity) against the false positive rate (i.e. 1 – specificity). The predictive value, on the other hand, indicates how accurate is the test in classifying a person whose condition is not known. It answers that question: "If the test is positive, what is the probability that the person really has the condition?" [64] In other words, the predictive values of the risk assessment tool shown above are equally important.

[64] Severino, Richard (undated), "How to use SAS software to evaluate screening tests using predictive values in conjunction with ROC curves. (logistic 3.pdf)

Analysis covering risk factors for victims of spouse battering

2.27 For victims of spousal battering, the dependent variable is the annual prevalence of spousal battering victimization at both minor and severe levels.

2.28 The results of stepwise logistic regression performed on all risk factors pertaining to victims are shown in the Table 9 below. It may be seen that only 8 out of 29 risk factors were found to be significant, based on the usual 0.05 significance level. The significance of each factor by eliminating it from the model and testing the significance of the increase in the -2 log likelihood statistic for the reduced model is shown in Table 10 below. It may be seen that the increase in the -2 log likelihood statistic is significant for all risk factors.

Table 9: Logistic regression analysis based on 29 risk factors (for victims of spouse battering)

Risk factor	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp (B)	
							Lower	Upper
Jealousy	.718	.155	21.451	1	.000	2.051	1.513	2.779
Negative Attribution	.716	.186	14.868	1	.000	2.047	1.422	2.946
Anger Management	-.632	.202	9.800	1	.002	.532	.358	.790
Criminal History	.750	.195	14.711	1	.000	2.116	1.443	3.104
Sexual Abuse History	1.041	.340	9.403	1	.002	2.832	1.456	5.510
Child witnessed parental violence	1.123	.217	26.721	1	.000	3.075	2.008	4.708
Partner's disturbance	.654	.103	39.976	1	.000	1.924	1.570	2.356
Feeling unsafe	.502	.112	20.184	1	.000	1.651	1.327	2.055
Constant	-5.996	.849	49.839	1	.000	.002		

2.29 For victims of spouse battering, the required model equation is:

$$V = -5.996 + 0.718X_1 + 0.716X_2 - 0.632X_3 + 0.750X_4 + 1.041X_5 + 1.123X_6 + 0.654X_7 + 0.502X_8$$

$$P\,(risk_{(v)}) = \exp(V) / (1 + \exp(V))$$

Table 10: -2 log likelihood statistic for the logistic regression model based on 29 risk factors (for victims of spouse battering)

Risk Factor	Model Log Likelihood	Change in -2 Log Likelihood	df	Sig. of the Change
Jealousy	-856.442	21.270	1	.000
Negative Attribution	-853.190	14.767	1	.000
Anger Management	-850.724	9.834	1	.002
Criminal History	-852.544	13.476	1	.000
Sexual Abuse History	-850.014	8.416	1	.004
Child witnessed parental violence	-857.505	23.396	1	.000
Partner's disturbance	-864.245	36.877	1	.000
Feeling unsafe	-855.471	19.329	1	.000

2.30 Generated from the SPSS packages are Cox and Snell square, which come closer to the Pseudo R square and equals to 0.08, and Nagelkerke R square the value of which is 0.20. The results of the Hosmer-Lemeshow (H-L) test are shown in the Table 11 below. It may be seen that the H-L test shows that the model explains the data well.

Table 11

	Chi-square	Degree of freedom	Sig.
H-L test for all risk factors regression analysis (Victims)	15.211	8	.055

2.31 The two-way classification table is appended in Table 12 below based on a cut-off probability of 5.5%.

Table 12 (% of all cases examined)

All risk factors logistic regression analysis (victims)			
Actual	**Predicted**		**Total**
	Not Happened	**happened**	
Not Happened	64.87%	28.02%	92.89%
Happened	2.10%	5.00%	7.10%
Total	66.97%	33.02%	100%

2.32 A number of indicators of the predictive power of the model may be compiled from the above classification table, as follows:

a) Sensitivity, which is the percentage of occurrences correctly predicted and is equal to (5%)/(7.10%) or 70.4%;

b) Specificity, which is the percentage non-occurrences correctly predicted and is equal to (64.87%)/(92.89%) or 69.8%;

c) Predictive value positive, which is the percentage of predicted occurrences that are correct and is equal to (5%)/(33.02%) or 15.1%;

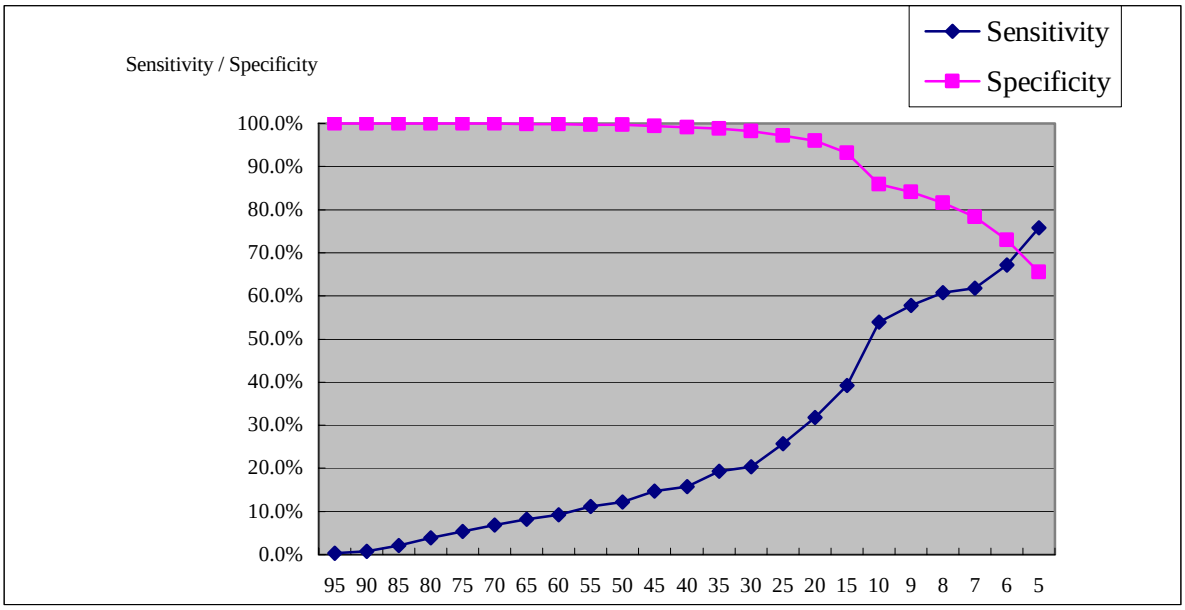
d) Predictive value negative which is the percentage of predicted non-occurrences that are correct and is equal to (64.87%)/(66.97%) or 96.9%;

e) Overall accuracy, which is the percentage of predicted occurrences and non-occurrences that are correct and is equal to (64.87%+5%) or 69.9%.

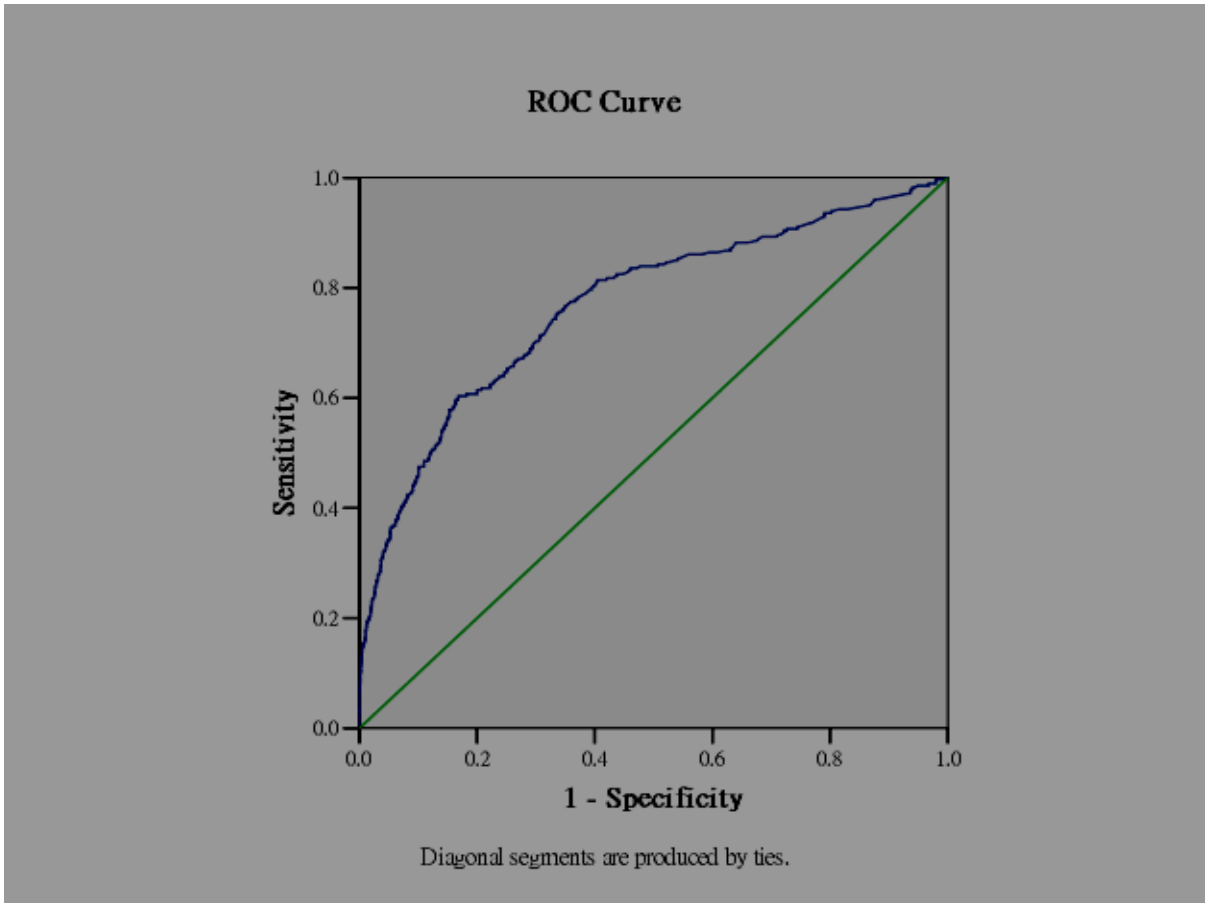
2.33 A table showing different cut-off probabilities and overlay plots are shown in Table 13 below, indicating that the optimal cut-off probability should be in the region of 5.5%.

Table 13

Cut-off probability (%)	Sensitivity	Specificity	Positive Predicted Value (PPV)	Negative Predicted Value (NPV)	Overall accuracy
95	0.4%	100.0%	100.0%	92.9%	92.9%
90	0.7%	100.0%	100.0%	92.9%	92.9%
85	2.1%	100.0%	100.0%	93.0%	93.0%
80	3.9%	99.9%	84.6%	93.1%	93.1%
75	5.4%	99.9%	88.2%	93.2%	93.2%
70	6.8%	99.9%	90.5%	93.3%	93.3%
65	8.2%	99.9%	85.2%	93.4%	93.4%
60	9.3%	99.8%	81.3%	93.5%	93.4%
55	11.1%	99.8%	77.5%	93.6%	93.5%
50	12.1%	99.6%	72.3%	93.7%	93.4%
45	14.6%	99.4%	66.1%	93.8%	93.4%
40	15.7%	99.1%	57.9%	93.9%	93.2%
35	19.3%	98.7%	54.0%	94.1%	93.1%
30	20.4%	98.2%	46.3%	94.2%	92.7%
25	25.7%	97.2%	41.4%	94.5%	92.1%
20	31.8%	96.0%	37.6%	94.8%	91.4%
15	39.3%	93.2%	30.6%	95.3%	89.3%
10	53.9%	85.9%	22.6%	96.1%	83.6%
9	57.9%	84.2%	21.8%	96.3%	82.3%
8	60.7%	81.6%	20.2%	96.4%	80.2%
7	61.8%	78.3%	17.9%	96.4%	77.2%
6	67.1%	72.9%	15.9%	96.7%	72.5%
5	75.7%	65.5%	14.4%	97.2%	66.3%



2.34 Based on results of the logistic regression analysis, the ROC curve is plotted below. It may be seen that ROC curve is well above the 45 degree reference line. The area under the curve is 0.7687 which is significantly greater than the area of 0.5 under the 45 degree reference line.



Analysis covering risk factors for perpetrators of child abuse

2.35 For perpetrators of child abuse, the dependent variable is the annual prevalence of physical maltreatment perpetration at both severe and very severe levels.

2.36 The results of step-wise logistic regression performed on all risk factors pertaining to perpetrators of child abuse are shown in the Table 14 below. It may be seen that only 7 out of 30 risk factors were found to be significant, based on the usual 0.05 significance level. The significance of each factor by eliminating it from the model and testing the significance of the increase in the -2 log likelihood statistic for the reduced model is shown in Table 15 below. It may be seen that the increase in the -2 log likelihood statistic is significant for the 7 risk factors identified.

Table 14: Logistic regression analysis based on 30 risk factors (for perpetrators of child abuse)

Risk factor	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp (B) Lower	Upper
Unemployment[65]	.953	.474	4.052	1	.044	2.595	1.025	6.566
Receiving CSSA	1.306	.284	21.098	1	.000	3.690	2.114	6.441
Extended Family Influence	.653	.209	9.776	1	.002	1.922	1.276	2.895
Jealousy	1.110	.238	21.775	1	.000	3.034	1.904	4.837
Anger Management	-.858	.305	7.894	1	.005	.424	.233	.771
Violence Approval	.971	.335	8.385	1	.004	2.639	1.368	5.091
Criminal History	1.458	.246	35.048	1	.000	4.296	2.651	6.960
Constant	-8.150	1.567	27.064	1	.000	.000		

2.37 For perpetrators of child abuse, the required model equation is:

$$C = -8.150 + 0.953X_1 + 1.306X_2 + 0.653X_3 + 1.110X_4 - 0.858X_5 + 0.971X_6 + 1.458X_7$$

$$P\,(risk_{(c)}) = \exp(C) / (1 + \exp(C))$$

[65] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

Table 15: -2 log likelihood statistic for the logistic regression model based on 30 risk factors (for perpetrators for child abuse)

Risk Factor	Model Log Likelihood	Change in -2 Log Likelihood	df	Sig. of the Change
Unemployment[66]	-387.557	4.895	1	.027
Receiving CSSA	-394.242	18.265	1	.000
Extended Family Influence	-390.228	10.237	1	.001
Jealousy	-396.019	21.821	1	.000
Anger Management	-389.054	7.889	1	.005
Violence Approval	-389.533	8.848	1	.003
Criminal History	-400.222	30.226	1	.000

2.38 Generated from the SPSS packages are Cox and Snell square, which come closer to the Pseudo R square and equals to 0.064, and Nagelkerke R square the value of which is 0.176. The results of the Hosmer-Lemeshow (H-L) test are shown in the Table 16 below. It may be seen that the H-L test shows that the model explains the data well.

Table 16

	Chi-square	Degree of freedom	Sig.
H-L test for all risk factors regression analysis (Perpetrators)	7.719	8	.461

2.39 The two-way classification table is appended in Table 17 below based on a cut-off probability of 5.5%.

[66] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

Table 17 (% of all cases examined)

All risk factors logistic regression analysis (perpetrators)			
Actual	**Predicted**		**Total**
	Not Happened	**happened**	
Not Happened	68.15%	25.90%	94.05%
Happened	1.85%	4.10%	5.95%
Total	70.00%	30.00%	100%

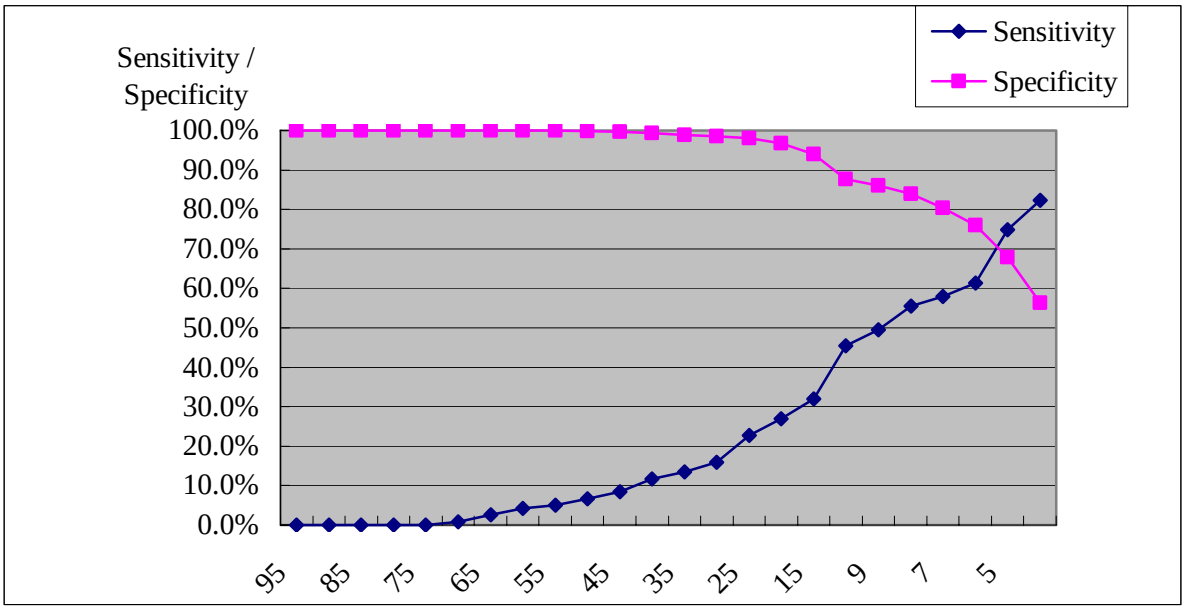
2.40 A number of indicators of the predictive power of the model may be compiled from the above classification table, as follows:

a) Sensitivity, which is the percentage of occurrences correctly predicted and is equal to (4.10%)/(5.95%) or 68.9%;
b) Specificity, which is the percentage non-occurrences correctly predicted and is equal to (68.15%)/(94.05%) or 72.5%;
c) Predictive value positive, which is the percentage of predicted occurrences that are correct and is equal to (4.10%)/(30%) or 13.7%;
d) Predictive value negative which is the percentage of predicted non-occurrences that are correct and is equal to (68.15%)/(70%) or 97.4%;
e) Overall accuracy, which is the percentage of predicted occurrences and non-occurrences that are correct and is equal to (68.15%+4.1%) or 72.3%.

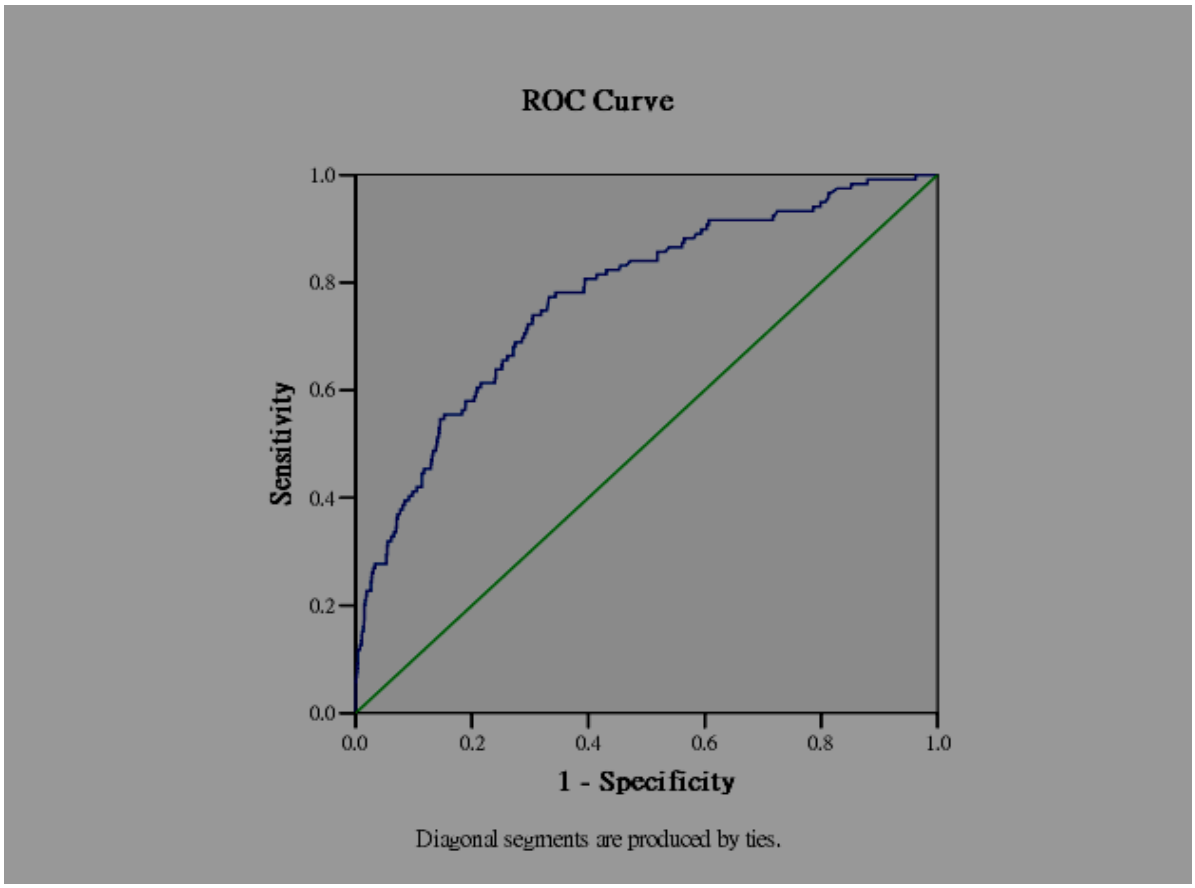
2.41 A table showing different cut-off probabilities and overlay plots are shown in Table 18 below, indicating that the optimal cut-off probability should be in the region of 5.5%.

Table 18

Cut-off probability (%)	Sensitivity	Specificity	Positive Predicted Value (PPV)	Negative Predicted Value (NPV)	Overall accuracy
95	0.0%	100.0%	NA	94.1%	94.1%
90	0.0%	100.0%	NA	94.1%	94.1%
85	0.0%	100.0%	NA	94.1%	94.1%
80	0.0%	100.0%	NA	94.1%	94.1%
75	0.0%	100.0%	NA	94.1%	94.1%
70	0.8%	100.0%	100.0%	94.1%	94.1%
65	2.5%	100.0%	100.0%	94.2%	94.2%
60	4.2%	100.0%	100.0%	94.3%	94.3%
55	5.0%	100.0%	100.0%	94.3%	94.4%
50	6.7%	99.8%	72.7%	94.4%	94.3%
45	8.4%	99.7%	62.5%	94.5%	94.3%
40	11.8%	99.4%	53.8%	94.7%	94.2%
35	13.4%	98.9%	44.4%	94.8%	93.9%
30	16.0%	98.6%	42.2%	94.9%	93.7%
25	22.7%	98.0%	42.2%	95.2%	93.6%
20	26.9%	96.7%	34.0%	95.4%	92.6%
15	31.9%	94.0%	25.3%	95.6%	90.4%
10	45.4%	87.7%	18.9%	96.2%	85.2%
9	49.6%	86.1%	18.4%	96.4%	83.9%
8	55.5%	83.9%	17.9%	96.8%	82.3%
7	58.0%	80.3%	15.7%	96.8%	79.0%
6	61.3%	76.0%	13.9%	96.9%	75.2%
5	74.8%	67.8%	12.8%	97.7%	68.3%
4	82.4%	56.4%	10.7%	98.1%	57.9%



2.42 Based on results of the logistic regression analysis, the ROC curve is plotted below. It may be seen that ROC curve is well above the 45 degree reference line. The area under the curve is 0.7728 which is significantly greater than the area of 0.5 under the 45 degree reference line.



Chapter 3
Field Test

3.1 Objectives

3.1.1 In order to test the applicability of the risk assessment tools developed and identify any practical difficulties encountered by the users, a field test was conducted on clinical samples in July and August, 2006.

3.1.2 The main purpose of the field test was to ascertain the clinical validity of the risk assessment tools when being applied to clinical samples in welfare settings and to operationalize the administration of the tools that are designed to measure the probability of occurrence of spouse battering and child abuse. The target respondents were perpetrators and victims of spouse battering, and perpetrators of child abuse.

3.1.3 With the aim to facilitate the use of the tools, the purposes of the field test were to understand:

a) Difficulties encountered while implementing the tools;

b) Complexity when interpreting the results of the tools;

c) Value added to the existing risk assessment procedures and implications of using the tools;

d) Areas of the risk assessment manual to be refined.

3.1.4 Experience learned from the field test and expressed by the frontline social workers will be used to evaluate the overall usefulness and applicability of the tool.

3.2 Field Test Design

3.2.1 The field test was conducted based on criteria-based sampling, with which violent and non-violent clients were recruited to complete the risk assessment tools.

3.2.2 **Samples of field test**

3.2.2.1 There were three sets of risk assessment tools tested: Form A for perpetrator of spouse battering, Form B for victim of spouse battering and Form C for perpetrator of child abuse. It was expected to recruit a total of 100 perpetrators of spouse battering, 100 victims of spouse battering and 100 perpetrators of child abuse for the violent groups from the 8 units of FCPSUs and the 4 refuge centres for women. Another 300 non-violent

clients were targeted from IFSCs to form comparison groups.

3.2.2.2 Criteria for sample selection

a. To identify clients for the violent and non-violent groups, screening questions were asked to clients using the screening questions modified from Abuse Assessment Screen[67].

b. For the perpetrators and victims of spouse battering and their comparison groups, the subjects should be aged 16 or above, currently living with a partner (married or cohabited).

c. For the perpetrators of child abuse and its comparison group, the subjects should be aged 16 or above, currently living with a partner (married or cohabited), with at least 1 child aged under 18.

d. To minimize selection bias, the samples of clients were balanced according to gender, age, education level, marital status, number of children, case history and experience of violence.

Gender

e. In general, about 80-90% of the victims of spouse battering are females. The selection of clients in the violent and non-violent groups should maintain such balance.

f. For the perpetrators of spouse battering and the subjects in the comparison group, over 80% of the clients should be males.

g. For the victims of spouse battering and the subjects in the comparison group, over 80% of the clients should be females. As 20 female victims were expected to be recruited from 4 refuge centres, the victims recruited from the FCPSUs should be maintained at a 3 to 1 female to male ratio.

h. For the perpetrators of child abuse and the subjects in the comparison group, the male to female ratio should be reflecting the actual ratio in that unit.

Age

i. The clients should be aged 16 or above.

j. For each group of samples, clients of diverse age should be selected.

[67] McFarlane, J. & Parker, B (1994). Preventing abuse during pregnancy: an assessment and intervention protocol. MCN, 19, P. 324. Developed by the Nursing Research Consortium on violence and abuse.

Education level

k. In general, clients of all education levels could be selected. Only those clients who cannot read should be given help to understand the questions and record the answers.

l. For each group of samples, clients of diverse education levels should be selected.

Marital status

m. The clients selected should be currently living with a partner (married or cohabited). If divorced cases were considered, the separation should be less than 1 year.

Number of children

n. Clients selected for the perpetrators or victims of spouse battering and their comparison groups could either have or not have children. Only that for those who have children, their children should be living with them.

o. Clients selected for the perpetrators of child abuse and its comparison group must have children aged under 18. The number of children did not matter.

Case history

p. New cases or active cases opened within 6 months are preferred to minimize the treatment effect.

Experience of violence

q. Clients selected for the violent groups should have reported violence within 1 year.

r. Clients selected for the non-violent groups should report no violence experience within 1 year.

3.2.3 **Procedure of field test**

3.2.3.1 The service units selected to take part in the field test were informed for their involvement.

3.2.3.2 The appropriate number of staff from each service unit was selected.

3.2.3.3 All selected staff was required to attend a briefing session provided by the HKU consultant team. The staff was instructed in the session about the objectives of the field test and the procedures of risk assessment to be followed.

3.2.3.4 Each staff involved was required to select clients using criteria-based sampling and collect data with the appropriate tools.

3.2.3.5 Data entry and analysis was performed by the consultant team.

3.2.3.6 The involved staff was invited to attend a feedback session to report their experience and comments regarding administration of the tools and interpretation of the results. A feedback form was completed by the involved staff (Appendix 4). The feedback form included questions such as the length of time taken to complete the questionnaire and to enter and analyze the data, any difficulties encountered in interpreting the results, and the overall usefulness and the applicability of the tool, etc.

3.2.3.7 To further investigate the applicability of the tools in clinical settings, 10 caseworkers were selected to conduct a trial on data entry and analysis in a workshop.

3.2.3.8 Comments and experience were analyzed and incorporated into the manual to facilitate practical application of the tools.

3.2.4 **Procedure of risk assessment**

3.2.4.1 Each eligible client was provided with the information sheet and consent form (Appendix 2) of the field test. The client had to sign the consent form before being asked to complete the tools.

3.2.4.2 In order to distinguish violent and non-violent samples, each potential client being selected was required to answer pre-screening questions modified from Abuse Assessment Screen (Appendix 3).

3.2.4.3 The client was required to complete a family profile form, the revised Conflict Tactics Scales and the risk assessment tool.

3.3 Schedule

Briefing	5 July 2006
	9a.m. – 11a.m. For FCPSU and refuges workers
	11a.m. – 1 p.m. For IFSC workers
Field test (4 weeks)	6 July – 3 Aug. 2006
Data entry & analysis	7-25 Aug. 2006
Feedback meeting	31 Aug, 2006
	9a.m. – 11a.m. For FCPSU and refuges workers
	11a.m. – 1 p.m. For IFSC workers
Feedback meeting (10 caseworkers)	31 Aug. 2006 2:30 – 5p.m.

3.4 Results

Clinical validity the risk assessment tools

3.4.1 There were total 162, 174 and 161 subjects successfully completed the questionnaires A, B and C respectively.

3.4.2 A summary of overall accuracy of the three risk assessment tools is shown in Table 19.

Table 19: Summary of overall accuracy of the three risk assessment tools

	N	n (violent group)	n (non-violent group)	Annual Prevalence of violence	Cut-off	Sensitivity	Specificity	Overall accuracy
Form A	162	108	54	66.7%	7%	95.4%	44.4%	78.4%
Form B	174	118	56	67.8%	5.5%	99.2%	21.4%	74.1%
Form C	161	47	114	29.2%	5.5%	95.7%	35.1%	52.8%

3.4.3 For the analysis of Form A which is for perpetrator of spouse battering, the two-way classification table is appended in Table 20 below based on a cut-off probability of 7%.

Table 20 (% of all cases examined)

All risk factors logistic regression analysis (Perpetrators) (N = 162)			
Actual	**Predicted**		**Total**
	Not Happened	**happened**	
Not Happened	14.81%	18.52%	33.33%
Happened	3.09%	63.58%	66.67%
Total	17.90%	82.10%	100%

3.4.4 A number of indicators of the predictive power of the model may be compiled from the above classification table, as follows:

a) Sensitivity, which is the percentage of occurrences correctly predicted and is equal to (63.58%)/(66.67%) or 95.4%;

b) Specificity, which is the percentage non-occurrences correctly predicted and is equal to (14.81%)/(33.33%) or 44.4%;

c) Predictive value positive, which is the percentage of predicted occurrences that are correct and is equal to (63.58%)/(82.10%) or 77.4%;

d) Predictive value negative which is the percentage of predicted non-occurrences that are correct and is equal to (14.81%)/(17.9%) or 82.7%;
e) Overall accuracy, which is the percentage of predicted occurrences and non-occurrences that are correct and is equal to (14.81%+63.58%) or 78.4%.

3.4.5 For the analysis of Form B which is for victim of spouse battering, the two-way classification table is appended in Table 21 below based on a cut-off probability of 5.5%.

Table 21 (% of all cases examined)

All risk factors logistic regression analysis (Victims) (N = 174)			
Actual	**Predicted**		**Total**
	Not Happened	**happened**	
Not Happened	6.90%	25.29%	32.18%
Happened	0.57%	67.24%	67.82%
Total	7.47%	92.53%	100%

3.4.6 A number of indicators of the predictive power of the model may be compiled from the above classification table, as follows:

a) Sensitivity, which is the percentage of occurrences correctly predicted and is equal to (67.24%)/(67.82%) or 99.1%;
b) Specificity, which is the percentage non-occurrences correctly predicted and is equal to (6.90%)/(32.18%) or 21.4%;
c) Predictive value positive, which is the percentage of predicted occurrences that are correct and is equal to (67.24%)/(92.53%) or 72.7%;
d) Predictive value negative which is the percentage of predicted non-occurrences that are correct and is equal to (6.90%)/(7.47%) or 92.4%;
e) Overall accuracy, which is the percentage of predicted occurrences and non-occurrences that are correct and is equal to (6.90%+67.24%) or 74.1%.

3.4.7 For the analysis of Form C which is for perpetrator of child abuse, the two-way classification table is appended in Table 22 below based on a cut-off probability of 5.5%.

Table 22 (% of all cases examined)

All risk factors logistic regression analysis (Child Abuse) (N = 161)			
Actual	**Predicted**		**Total**
	Not Happened	**happened**	
Not Happened	24.84%	45.96%	70.81%
Happened	1.24%	27.95%	29.19%
Total	26.09%	73.91%	100%

3.4.8 A number of indicators of the predictive power of the model may be compiled from the above classification table, as follows:

a) Sensitivity, which is the percentage of occurrences correctly predicted and is equal to (27.95%)/(29.19%) or 95.8%;
b) Specificity, which is the percentage non-occurrences correctly predicted and is equal to (24.84%)/(70.81%) or 35.1%;
c) Predictive value positive, which is the percentage of predicted occurrences that are correct and is equal to (27.95%)/(73.91%) or 37.8%;
d) Predictive value negative which is the percentage of predicted non-occurrences that are correct and is equal to (24.84%)/(26.09%) or 95.2%;
e) Overall accuracy, which is the percentage of predicted occurrences and non-occurrences that are correct and is equal to (24.84%+27.95%) or 52.8%.

3.4.9 The overall accuracies of the three risk assessment tools are satisfactory (from 53% to 78%). The accuracy of the Form C is relatively lower than that in the model using household survey data. The main reason is that 50.5% (46/91, see Table 23) of the subjects, although they were screened by the screening tool as violence cases, were classified into non-violence group by the CTSPC. Almost all these cases (41 out of 46) reported minor violence which, for the purpose of this study, were not classified into violent group. In this study, child physical maltreatment, which is the dependant variable for the risk assessment tool to predict, is defined by the severe or very severe levels of physical assault, as measured by CTSPC.

Table 23:

QA	By CTS2		QB	By CTS2		QC	By CTSPC	
Screening tool	0	1	Screening tool	0	1	Screening tool	0	1
0	54	21	0	53	19	0	68	2
1	0	87	1	3	99	1	46	45

0 = non-violent group; 1 = violence group

Feedback from social workers

3.4.10 Time needed to complete the questionnaires was recorded with the assistance of all the social workers involved in the field test. See Table 24. Time needed for Part A (family profile) in each form is around 8-10 minutes. Time needed for Part B (risk assessment) is around 11-14 minutes. Time needed for Part C (CTS2 / CTSPC) is around 15-17 minutes. It may take longer if clients showed emotions when recalling the traumatic experiences and needed to receive immediate counseling.

Table 24: Average interviewing time

	Mean (min)
Form A: Part A (Family profile)	9
Form A: Part B (Risk assessment tool)	14
Form A: Part C (CTS2)	17
Form B: Part A (Family profile)	10
Form B: Part B (Risk assessment tool)	13
Form B: Part C (CTS2)	17
Form C: Part A (Family profile)	8
Form C: Part B (Risk assessment tool)	11
Form C: Part C (CTSPC)	15

3.4.11 The overall feedback from the social workers is summarized in Table 25. Generally speaking, subjects can self-administer the questionnaires especially those who were educated. For those who were not well educated, more assistance was needed to complete the questionnaires.

3.4.12 Some social workers commented that the income variable was not clearly defined. Whether it should include money received from comprehensive social security assistance was controversial. Moreover, some social workers observed that some clients tended to report less monthly income than the actually earned. In view of the diversity in the responses to this variable, it is decided to exclude the income variable from the risk assessment model.

Table 25: Summary of feedback

	Positive	Negative
Administration of questionnaire	~ client can self-administer; can complete the questionnaire by himself, no assistance is needed. ~ process is smooth ~ easy to understand and no assistance is needed. ~ easy to answer if parent - child relationship is harmonious	~ easy to educated; but taking more time for poorly educated client; they need more assistance in responding questionnaire. ~ Patience and cooperation of the subject are the most important.
Design of questionnaire:	~ good to have such tool for questioning the problematic family members in HK. ~ The questions were thorough. ~ easy to understand ~ better understanding on the pattern of violence ~ Client said that the questionnaire is a good tool for his self reflection. ~ The conduct of research is meaningful ~ It was detailed and involved gender checklist ~ Client can have comparison on her style of parenting on the three children, She has more awareness on her improvement in parenting when compared with her in the part.	~ Too long; ~ difficulty to recall frequency; ~ complicated and too details; ~ Difficult to differentiate “agree” & “very agree”; ~ Some terms are difficult to understand e.g. 纏擾，擁抱 ~ questions (about violence) are too serious, negative, quite provoking and would be disturbing to some clients. ~ more elaboration of "有一位大家庭成員" should be given to the subject ~ Some of the questions were not clear, e.g. hugging others is subjected to which person involved ~ Use of simple Chinese character

3.4.13 Frequently asked questions:

General questionnaire Design

Q1. The abuser might feel offended as the questions are not objective; for example, some questions only asked abusers how they battered their wife, without asking them for the reasons leading to such battering. The usual causes of violence, like extramarital affairs, are missed.

Answer:

The questions shouldn't cause any hard feelings with people who haven't been involved in violence. However, those who have been violent to their family members may be more sensitive to the terms related to violence. Sometimes feelings of unfair treatment may be expressed by abusers if they are not given enough opportunity to talk about the reasons for their violent acts. However, allowing the abuser to elaborate too much on his or her side of the story may allow the abuser to self-justify his or her violent behaviour. This may sometimes encourage social workers to be overly empathetic to the abuser's "reasons", when these "reasons" should mostly be treated as "excuses". Given that social workers are sensitive to abusers' justifications and excuses and because the abusers are interviewed in clinical settings, the abusers could be invited to talk about the process of conflict or violence, and to be self-reflective on personal emotions and thoughts during such conflict or violence. This would help relieve their emotions during the interview and so subjects would likely be less defensive.

The design of the questionnaire, in particular the scale used when asking about violent behaviour, is regarded by many abusers as fair as they are asked questions that address the violent behaviour of both partners. This is especially useful in mutual assessment.

Q2. Some subjects, participated in the field test, felt that there were too many items in the questionnaire.

Answer:

In the field test, there were three parts to the questionnaire. Only Part II was the risk assessment tools. Thus, it would not be long in using the risk assessment tool. The items included in risk assessment are all necessary as they were derived from the representative survey conducted to investigate spouse battering and child abuse in Hong Kong. The information collected should not be treated solely for data collection purposes but as part of the clinical assessment. And therefore, the information collected should be used to inform methods of intervention.

Q3. Most of the questions were about violent incidents; nothing was mentioned about the efforts made to maintain family harmony. This seemed unfair to the abuser.

Answer:

Some "positive" actions may not necessarily be protective factors that would stop violence. According to the "cycle of violence", activities expressing effort to maintain family harmony may not necessarily lead to the cessation of violence. They may simply be actions used to compensate the victims for their being abused.

Q4. Some groups, like the single-parent population and parents involved in child sexual abuse, were not addressed in the questionnaire.

Answer:

The single-parent population was considered in the development and validation of the risk assessment tools. The reason for not including the single-parent population in the field test was that it may have induced administration hassle. The single-parent population may present complications such as those related to the accessibility of the ex-partner or spouse, the source of income, definitions of "family", and so on.

The risk assessment tool for child abuse addresses solely the physical abuse against a child. With regard to parents' sexual abuse of their own children, this issue was not addressed in the household survey because it would have been difficult to measure parents' sexual abuse against their children while using the parents as respondents in the survey study. However, it was agreed that this is definitely an issue that needs to be addressed in professional clinical assessment. Another diagnostic assessment is required to carry out accurate measurement.

Q5. The questionnaire only seemed to help workers to understand the background of the family but not to assess the level of risk for violence.

Answer:

The outcome of the risk assessment tools is expressed in terms of probability, which is more objective and concrete than using levels of risk that are usually expressed as low, moderate, and high. The levels of risk are inevitably subjective and crude because there is no clear cut-off between levels and as it would be subject to users' perceptions of what constitutes the levels of risk.

Q6. One subject felt that “cane” should not be grouped with “belt” or “hard object” (in the scale CTSPC) since its harmfulness is quite different from that of the other tools in the group.

Answer:

Whether or not the abusers were using tools to punish children is the focus of that questions. The types of tools used may matter to a certain extent but it should not be considered too much a measure of the severity of punishment.

Q7. Social workers found that some subjects had difficulty comprehending terms like stalking and hugging, as well as difficulty recalling the frequency of violence.

Answer:

The terms related to hugging are used to indicate actions and behaviours that may trigger jealousy in partners. The difficulties observed by workers may be due to the avoidance of body contact in Chinese culture, meaning that subjects would have seldom thought of such behaviour. However, it would not affect the measurement of jealousy, based on these behaviours, as a risk factor.

Stalking behaviours included disruption, molestation and intimidation like repeatedly calling at her home at night, or at the place of work, chasing to victim’s parents’ home, work place, children’s school, and to her new living place, using coarse language and verbal threats etc.

Social workers may help their clients to recall their experiences by asking them about the number of times violence occurred within an interval of time (e.g. did it happen in the last year or six months?).

Q8. The questionnaire for child abuse overemphasized violence. Some questions seem to be quite provocative, like suicidal ideation, and would be disturbing to some subjects.

Answer:

If subjects recognize that the purpose of conducting risk assessment would be useful in providing services, they would be more willing to participate. In the field test, some subjects responded to the questionnaire in a positive manner because they believe it is beneficial for the children in their family, and that it will facilitate them in being self-reflective, allowing them to review their parenting styles as well as the different effects these have on different children.

Asking a subject about his or her suicidal ideation would not be provoking his or her

risk of committing suicide; rather, it may help the subject to realize that the worker is ready and willing to help. Avoiding questions regarding suicide may lead the subject to believe that suicide is a taboo topic and that it should not be mentioned to anyone, even if it is bothering them.

Q9. When is the suitable time to administer a risk assessment tool?

Answer:

Risk assessment should be treated as an on-going process that helps to evaluate the risk posed by the subjects. Life experiences change over time, so the level of risk subjects have will not be static but rather will alter when provoking events occur. Therefore, continual assessment or regular assessment is needed to monitor any changes in the behaviour of subjects.

Victims in shelters are generally quite cooperative and respond to questionnaires even without having built a trusting relationship at the intake period. The questionnaire may also help the worker to build up relationships with the victims.

A social worker shared that if the assessment is carried out in the early part of an interview rather than after the main objective of the interview has been reached, the likelihood of completion could be enhanced and even guaranteed. The social worker can explain to the subject that the risk assessment is an integral part of the interview.

Some social workers shared that they can complete this questionnaire with the subjects when they have a satisfactory working relationship. However, if the subjects, especially perpetrators, are resistant, it may be very difficult to conduct the questionnaire. Social workers should seize every opportunity to interview perpetrators and reveal their risk profile; for example, when abusers are eager to contact the worker in order to locate their wife.

Q10. The subjects, especially the victims, sometimes needed time to calm down as the questions asked them to recall their tragic experiences of abuse. How to handle disturbed emotions while conducting the questionnaire?

Answer:

The worker may need to comfort and counsel clients with disturbed emotions. Just like with normal counselling, workers need to address their clients' disturbed emotions and evaluate if it is alright to continue the assessment or rather to quit and comfort the client.

Q11. Will there be any administrative support to the administration of risk assessment tools?

Answer:

It is important for the department or agency to provide support to workers to administer risk assessment. It includes training, standardized criteria for selecting cases to be assessed, skills in analyzing and interpreting the results, quality checks for the analysis generated, clear outlines for the prioritizing of risk assessment over other daily work of the workers, and administrative support for data entry and analysis.

3.5 Conclusion

3.5.1 The three Risk Assessment Tools were developed and validated with satisfactory psychometric properties. They were field tested with satisfactory results and encouraging feedback. The social workers involving in the field test generally appreciate the functions of the tools which can provide scientific data to facilitate clinical judgment of risk assessment.

3.5.2 In view of the complexity of the tools, in terms of the administration, interpretation and application of the findings in clinical process, systematic training, monitoring and support is highly recommended before widely application of the tools.

Appendix 1: Items of risk factors

Child Neglect

Neglect includes leaving child alone in the house, leaving child in hunger, showing limited care when child in sickness, or being unable to take care of child due to drunkenness.

Examples of questions asked:

I have unhappy memories of my childhood	我童年時的回憶，是不快樂的。
My parents helped me with homework (R)	當我還是幼年時，遇到功課上的問題時，父母會幫助我。(R)
My parents did not help me to do my best in school	當我還是幼年時，我的父母沒有幫助我做到最好。
My parents made sure I went to school (R)	當我還是幼年時，我的父母儘力供我讀書。(R)
My parents did not care if I got into trouble in school	當我還是幼年時，我的父母對我在學校所遇到的問題漠不關心。
My parents helped me when I had problems (R)	當我還是幼年時，遇到困難的時候，父母會幫助我。(R)
My parents did not comfort me when I was upset	當我還是幼年時，心情不好的時候，父母不會安慰我。
My parents gave me enough clothes to keep me warm (R)	當我還是幼年時，我的父母給我足夠的衣服保暖。(R)
My parents did not keep me clean	當我還是幼年時，我的父母不關心我的外表是否整潔。

(R) Reverse correlation

Child witnessed parental violence

The extent to which the respondent had witnessed violence demonstrated by either or both parents in childhood. The nature of violence includes psychological aggression, physical assault, or even injury to either or both parents.

Examples of violence acts asked:

a. Threw something at my partner that could hurt	a. 搵野掟對方，而可能會整傷對方
b. Twisted my partner's arm or hair	b. 曾扭對方嘅手臂或扯對方嘅頭髮
c. Pushed or shoved my partner	c. 曾推撞或推開對方
d. Grabbed my partner	d. 曾抓住對方
e. Slapped my partner	e. 曾掌摑對方
f. Used a knife or gun on my partner	f. 曾用刀或利器指向對方
g. Punched or hit my partner with something that could hurt	g. 曾用拳頭或搵野打對方，可能會整傷對方
h. Choked my partner	h. 曾勒住對方嘅頸
i. Slammed my partner against a wall	i. 曾把對方大力撞向牆壁
j. Beat up my partner	j. 曾經毆打對方
k. Burned or scalded my partner on purpose	k. 曾故意燒傷或燙傷對方
l. Kicked my partner	l. 曾經踢對方

Sexual abuse history

Previous experience of sexual assault reported by the respondent. The experiences may include being forced to look at or touched other's sex organ, sex organ being touched or looked at by other in unwilling situation, being forced to have sexual intercourse, or being forced to give in to acts that are now considered to be sexual assaults.

Examples of questions asked:

I have ever been forced to touch someone in a sexual way, or someone has touched me in a sexual way.	有人曾迫我望或摸他/她的私處(性器官)，或他/她強行望或摸我的私處(性器官)。
I have ever been forced to have sex with someone (have sex, anal or oral sex).	有人曾迫我發生性行爲(性交、肛交或口交)。
Someone has done other behaviours that are considered as sexual coercion to me, besides the two behaviors described above.	有人曾對我做過除以上兩項，其他現在我認爲是性侵犯的行爲。

Criminal history

The extent to which the respondent has committed at least one of the following criminal & antisocial acts: involved in child abuse and/or spousal battering dispute, violating civil or criminal laws, criminal record, on probation order or restraining order, violation of protection order, history of reporting police, record of arrest or charge, violence outside the family (use violence or threat against others), violence inside family (nuclear or extended) e.g. in law conflict/violence, elderly abuse etc.

Examples of questions asked:

Have you ever involved in the case of child abuse?	你曾否涉及虐待孩子的個案中?
Has your partner ever involved in the case of child abuse?	你配偶曾否涉及虐待孩子的個案中?
Have you ever involved in the case of spouse battering?	你曾否涉及虐待配偶的個案中?
Has your partner ever involved in the case of spouse battering?	你配偶曾否涉及虐待配偶的個案中?
Have you ever been arrested? (Defendant or criminal record)?	你曾否涉及官非? (被告或留案底)
Has your partner ever been arrested? (Defendant or criminal record)	你配偶曾否涉及官非? (被告或留案底)
I have ever stolen other people's or my family member's money.	我曾偷別人或家人的錢。
I have ever hit or threatened to hit him/her.	我曾經打人或嚇人說要打他/她。

Self-esteem

The extent of worth the respondent sees in himself/herself. This can be expressed by aspects including the number of good qualities the respondent thinks he/she possesses, the things that he/she feels proud of, the level of self satisfaction that he/she has, and whether respondent considers his/her own worth as on the equal basis with others.

Examples of questions asked:

I feel that I am a person of worth, at least on an equal basis with others.	我認爲自己是個有價值的人，至少與別人不相上下。
I feel that I have a number of good qualities.	我覺得我有許多優點。
All in all, I am inclined to feel that I am a failure.(R)	總的來說，我傾向於認爲自己是一個失敗者。(R)
I am able to do things as well as most other people.	我做事可以做得和大多數人一樣好。
I feel I do not have much to be proud of. (R)	我覺得自己沒有甚麼值得自豪的地方。(R)
I take a positive attitude toward myself.	我對自己持有一種肯定的態度。
On the whole, I am satisfied with myself.	整體而言，我對自己感到滿意。
I wish I could have more respect for myself.	我要是能更看得起自己就好了。(R)
I certainly feel useless at times. (R)	有時我的確感到自己很沒用。(R)
At times I think I am no good at all.	我有時認爲自己一無是處。(R)

(R) Reverse correlation

Violence Approval

The extent of which respondent accepts using physical force as a proper way to respond to situations including being hit by others, gaining control over partners in family dispute, disciplining children and punishing children who talk back or being in trouble.

Examples of questions asked:

When a boy is growing up, it's important for him to have a few fist fights	男孩子打架是很正常的。
When a girl is growing up, it's important for her to have a few fist fights	女孩子打架是很正常的。
A boy who is hit by another one should hit back	我認爲當男孩子被人打時，他應該還手。
A girl who is hit by another one should hit back	我認爲當女孩子被人打時，她應該還手。
I can think of a situation when I would approve of a husband slapping a wife's face	我認爲丈夫掌摑妻子是可以接受的。
I can think of a situation when I would approve of a wife slapping a husband's face	我認爲妻子掌摑丈夫是可以接受的。
It is sometimes necessary for parents to slap a teen who talks back or is getting into trouble	我認爲當孩子駁咀或惹了麻煩時，父母掌摑他/她是可接受的。
It is sometimes necessary to discipline a child with corporal punishment	我認爲若要管教孩子，有時體罰是需要的。
A woman who has been raped probably shared the responsibility	一個女性被強姦，她可能亦有責任
A wife should not refuse to have sex with husband.	妻子不應拒絕丈夫做愛的要求。

Anger Management

The extent to which respondent being able to recognize the signs of anger, self-talk and self-soothing to control anger.

Examples of questions asked:

I can calm myself down when I am upset.	當我心煩時，我可以讓自己平靜下來。
There is nothing I can do to control my feelings when my family member hassles me (R)	當我和家人爭辯時，我會無法控制自己的情緒。(R)
I can feel my blood rising when I start to get mad at my family. (R)	當我開始向家人發脾氣時，我會感到心跳加速(R)
When I'm mad at my family, I say what I think without thinking about the consequences. (R)	當我向家人發脾氣時，想到甚麼便說甚麼，從不顧及後果。(R)
When I feel myself getting angry at my family, I try to tell myself to calm down	當我感到開始向家人發脾氣時，我會叫自己冷靜下來。

(R) Reverse correlation

Stressful Conditions

The extent of stress and hassles experienced by the respondent. The sources of stress may originate from external stressors, interpersonal problems, and matters concerning self fulfillment.

Examples of questions asked:

Finding time for meals is hard for me	我忙得無法騰出時間用膳。
My housing is not satisfactory (e.g., too much noise, heating problems, run-down, problems with neighbors)	我的居住環境並不理想（例如嘈吵、熱、殘舊或與鄰居相處有問題等）。
My friends pressure me to do things I don't want to do	朋友逼我做一些我不想做的事。
People at work or school don't get along with me	我和同事或同學相處得不好。
My partner often nags me	我的配偶經常囉唆我。
People often interrupt me when I'm trying to get things done	當我要完成一件事情時，總是被別人擾亂。
I don't have enough money for my daily needs	我的收入不足夠應付日常開支
I don't like my work or classes	我不喜歡自己的工作或學習。
This is a very stressful time for me.	近期我感到壓力很大。
At times I feel out of control, like I'm losing it.	有時我感到無助及無能爲力。

Face

The extent of the respondent's acquisitive face orientation based on the intention to pursue recognition from others on his/her strengths and success, and to seek people's attention or even admiration to achieve the status of being a celebrity of respectable person.

Examples of questions asked:

Strengths be presented to others	自己的長處應該儘量表達出來讓人知道
Happy with people's attention/admiration	在社交場合,別人注意我甚至羨慕我,能令我覺得愉快
Like grand houses/offices/cars	我喜歡氣派的住房、辦公室、車子等
Success known to people	自己的成功還要讓別人知道才更有意思
Be the person who is admired by others	我喜歡在社交場合中成爲眾人注意、羨慕的焦點
To be a celebrity	成爲社會名流對我來講是一種值得追求的成就
Being supported and respected	我希望成爲大家擁護的人物
Honor family and ancestors	我希望出人頭地，光宗耀祖
Admire prestigious/powerful/high status people	我羨慕在社會上有名望、權勢、或地位的人
Seize opportunity to be a leader	我通常願意去爭取成爲團體的領導人物或上層人物

Social desirability

The degree to which a respondent will tend to avoid admitting undesirable behavior, such as partner assault and other forms of crime. The scale is intended to measure things that are slightly undesirable but true of everyone. The higher the social desirability score the less likely the respondent is to disclose undesirable information on the self-report survey. A high score indicates that the respondent is more likely to deny socially undesirable behavior.

Examples of questions asked:

I sometimes try to get even rather than forgive and forget (R)	我有時會企圖報復，而不會原諒或忘記。(R)
There have been occasions when I took advantage of someone (R)	有時我會佔人家的便宜。(R)
There have been times when I was quite jealous of the good fortune of others (R)	有時我會妒忌其他人的幸運。(R)
I sometimes feel resentful when I don't get my way (R)	當我事事不如意時，便會感到憤怒。(R)
I am sometimes irritated by people who ask favors of me (R)	若有人請求我幫忙，我會感到厭煩。(R)
There have been times when I have felt like rebelling against people in authority even though I knew they were right (R)	我曾經想挑戰某些權威人士，即使心裡知道他/她們是對的。(R)
I have never deliberately said something that hurt someone's feelings	我從未故意說些傷害別人的說話。
No matter who I am talking to I am always a good listener	無論與誰交談，我總是個好的聆聽者。
On a few occasions, I have given up doing something because I have thought too little of my ability(R)	有些情況下，我認爲自己能力不足，而放棄了做一些事情。(R)
I have never been irked when people expressed ideas very different from my own	若有人提出的意見跟我的非常不同，我從不會感到厭煩。
It is sometimes hard for me to go on with my work if I am not encouraged (R)	若沒有人鼓勵我，有時我會覺得無法堅持自己的工作。(R)
I am always courteous, even to people who are disagreeable	我總是以禮待人，即使對方與我合不來。
I'm always willing to admit it when I make a mistake	我總是願意承認自己的錯誤。

(R) Reverse correlation

Jealousy

Extreme concern about the possible sexual and social exclusiveness of partner

Examples of questions asked:

I would hate it if my partner confided in someone besides me	若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。
I would hate it if my partner paid a lot of attention to someone besides me	若我的配偶非常留心或關心某些人時，我會感到不高興。
I would hate it if someone else paid a lot of attention to my partner	若其他人特別注意或關心我的配偶時，我會感到不高興。
I'd feel jealous if my partner were helpful to someone of the same sex as me	若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。
I would be mad if my partner flirted with someone else	若我的配偶與其他人打情罵俏，我會發怒。
I would be upset if someone hugged my partner a little too long	若其他人擁抱我的配偶太久，我會很不高興。
I would be upset if my partner hugged someone a little too long	若我的配偶擁抱某些人太久，我會很不高興。
I would feel betrayed if my partner was too busy to spend time with me	若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。

Negative Attribution

The extent of which the respondent blames partner when things go wrong. The respondent holds partner responsible for the irritation and annoyance demonstrated in dispute, and suspects partner may has intention other than showing love and care when being treated nicely.

Examples of questions asked:

It is usually my partner's fault when I get mad	當我發嬲時，通常都是我的配偶犯錯。
My partner does things just to annoy me	我的配偶會做些煩擾我的事。
My partner likes to make me mad	我的配偶喜歡刺激我。
When my partner is nice to me I wonder what my partner wants	當我的配偶對我獻殷勤時，我會想他/她究竟有甚麼企圖。

Shifting responsibility

The extent of which the respondent believes victim shares part of the responsibility for the violence.

Examples of questions asked:

Wife being abuse, both partners should share responsibility	妻子被丈夫打，雙方都有責任。或 配偶之間出現暴力，雙方都有責任。

Domination

The extent of control possessed by the respondent over partner in the hierarchical relationship.

Examples of questions asked:

Sometimes I have to remind my partner of who's boss	有時我會提醒配偶應該聽從我的。
I generally have the final say when my partner and I disagree	我和我的配偶意見分歧時，通常我都有話事權。
My partner needs to remember that I am in charge	我的配偶需要緊記我才是作主的。
My partner is basically a bad person	我的配偶性格惡劣。
People usually don’t like my partner	別人大多不喜歡我的配偶。
My partner doesn't have enough sense to make important decisions	我的配偶缺乏足夠的智慧去作出重要的決定。
I have a right to know everything my partner does	我有權知道配偶所做的一切。
I insist on knowing where my partner is at all times	我要每時每刻知道我的配偶身在何處。
I have a right to be involved with anything my partner does	我有權介入我的配偶所做的任何事。

Relationship Distress

The areas of dissatisfaction with the relationship the respondent has, which can be characterized by high conflict and few positive interactions.

Examples of questions asked:

I and my partner did not get along well	我和配偶相處得不好。
My partner treats me well. (R)	我的配偶對我很好。(R)
My partner and I have a very good relationship. (R)	我和我的配偶的感情很好。(R)
My sex life with my partner is good. (R)	我與配偶有很好的性生活。(R)
I have a good social life with my partner. (R)	我與配偶有很好的社交生活。(R)
My relationship with my partner is worth the effort I put into it. (R)	爲了與配偶的關係，我會付出努力。(R)
I have thought seriously about ending my relationship with my partner	我曾經很認真地考慮過與我的配偶分手。
There are more bad things than good things in my relationship with my partner	在我和配偶的關係中，不好的事情比好的事情多。
Uncontrolled anger can be a problem in my family	我的脾氣不受控，引至家庭問題。

(R) Reverse correlation

Social support

The extent of which the respondent feels being isolated in life and having no one to offer help when he/she is in need.

Examples of questions asked:

I only have a few friends / family to help with the baby (my children) (R)	我只有少數親友，可以幫忙照顧我的孩子。(R)
I feel very isolated. (R)	我感到非常孤獨。(R)
Someone I'm close to makes me feel confident in myself.	有些我熟絡的人，會鼓勵我。
There is someone I can talk to openly about anything.	我有傾訴的對象，令我暢所欲言。
There is someone I can talk to about problems in my relationship.	我有傾訴的對象，去傾訴與配偶之間的問題。
I have someone to borrow money from in an emergency.	在急需時，有人會借錢給我。
I have someone to take care of my child / children for several hours if needed.	如果有需要，有人能幫忙照顧我的孩子幾個小時。
I have someone who helps me around the house.	有人幫我打理家務。
I have someone I can count on in times of need.	如果有需要，我有可以依靠的人。

(R) Reverse correlation

Extended Family Influence

The extent of which the respondent being aware of the influence of extended family member(s) on everyday life.

Examples of questions asked:

There is an extended family member who attempts to compel me to accept his/her opinions.	有一位家族成員(例如姻親或親戚)嘗試強制我的家庭接納他/她的意見。
There is an extended family member who disturbs my family life.	有一位家族成員干擾我的家庭生活。
There is an extended family member who criticises the ways I take care of my children.	有一位家族成員批評我照顧孩子的方式。
The extended family members often mention about my family affairs.	家族的成員經常講及我的家事。

In-law conflict

The respondent's experience of in-law conflict including argument or fighting and the number of incidents.

Suicidal ideation

The extent of which the respondent has thought of committing suicide.

Examples of questions asked when the respondent reported having suicidal thought:

Have you thought about committing suicide in the past year?	在過去一年內，你曾否想過自殺?
Do you think your family members would be happier if you die?	你曾否覺得如果你死了，你的家人或朋友會過得開心些。
Have thought about the method of committing suicide?	曾經想過自殺的方法。
Have thought about bringing family together in committing suicide	曾經想過如果自殺，就會帶埋家人一齊去。
Worry about family member if you die	擔心如果自殺，家人無人照顧。

Substance abuse

Excessive use of alcohol or other mine-altering drugs

Examples of questions asked:

I sometimes drink enough to feel really high or drunk	有時我會喝很多酒，使自己情緒高漲甚至醉倒。
I always got drunk	我經常喝醉酒
Sometimes I can't remember what happened the night before because of drinking	有時酒醒後，我無法想起醉酒時發生的事。
In the past, I used coke, crack, or harder drugs (like uppers, heroin, or opiates) more than once or twice	我曾服用可卡因、海洛英或鴉片等硬性毒品。
I worry that I have a drug problem	我擔心自己有藥物濫用問題。
I have overdosed on drugs or had a severe health problem because of taking drugs to high	我曾經爲獲得興奮的感覺而服葯過量，並造成嚴重健康問題。
I have been treated for a drug problem	我曾經因爲葯物濫用而接受治療。

Depressive symptoms

The extent of disturbances in mood and dysphoric cognitions a respondent is suffering. This can be measured by the positive and negative feelings respondent has about life.

Examples of questions asked:

I usually wake up feeling pretty good (R)	我起床時通常感到心情愉快。(R)
I sometimes wonder why I bother to go on living	有時候，我感到生命是沒有意義的。
I am generally in a good mood (R)	我常常覺得心情愉快。(R)
I think good things will happen to me in the future (R)	我相信將來會有好事發生在我身上。(R)
I feel sad quite often	我經常感到傷感。
My life is generally going well (R)	我的生活過得不錯。(R)
I enjoy my day-to-day life (R)	我很享受每天的生活。(R)
I have thought about killing myself	我曾經想過自殺。

(R) Reverse correlation

Appendix 2: Information sheet and consent form

受 訪 者 須 知 及 同 意 書

研 究 題 目

探究時下家庭處理衝突的情況

概 要

我們誠邀你參加這項由社會福利署委託香港大學主辦有關探究處理家庭衝突的情況的研究。本研究的結果可提供一些寶貴資料，以助我們評估家庭衝突的潛在危機。

研 究 過 程

如果你同意參加本計劃，你會被邀請完成一份個人資料的問卷及一份有關處理衝突的問卷(大約 15 - 30 分鐘)。

研究的益處

由於一般人對香港家庭衝突的潛在危機了解並不多，你所提供的資料將可幫助有關方面的專業人士探討問題的性質，以及了解應提供那類支援服務。

保密性及參加者的權利

社工會確保你給予我們的所有資料受嚴格保密。研究結果可用於發表報告，你的名字將被保密。是否參加這項研究完全是自願性質。在同意參加本研究後，如你希望改變主意，你可自由地退出而不需要提供任何理由。這不會影響到你所接受的服務。

探究時下家庭處理衝突的情況

同　意　書

社工已向我詳細解釋本研究計劃之目的，我明白此項研究旨在探究處理家庭衝突的情況。

如果我參加此計劃，我會被邀請完成一份個人資料的問卷及一份有關處理衝突的問卷(大約 15 - 30 分鐘)。

我明白我有權利可隨時退出此計劃而不會對我所接受的服務造成不利影響。我亦明白我所提供的所有資料僅能用於此研究計劃而不會用於任何其他研究。

我有權對此項研究提出任何疑問。我同意參加此研究計劃。

參加者簽署: _____ 日期: _____

參加者姓名 : _____

社工簽署:_____ 日期 : _____

社工姓名 :_____

服務單位 : _____ 服務機構: _____

Appendix 3: Screening questions

Form A for perpetrator of spouse battering

1. 在過去一年，你是否曾打、掌摑、腳踢配偶/前配偶(已婚或同居)？
[1] 是 ☐ [2] 否 ☐
2. 在過去一年，你是否曾強迫配偶/前配偶(已婚或同居)進行性行爲？
[1] 是 ☐ [2] 否☐

Note:
For cases reporting [Yes] in either one of the two items, they are eligible to be the subjects recruited in FCPSUs and refuge centre for women.
For cases reporting [No] in both items, they are eligible to be the subjects recruited in IFSCs/ISCs.

Form B for victim of spouse battering

1. 在過去一年，你是否曾被配偶/前配偶(已婚或同居) 打、掌摑、腳踢或傷害身體？
[1] 是 ☐ [2] 否 ☐
2. 在過去一年，你是否曾被配偶/前配偶(已婚或同居)強迫進行性行爲？
[1] 是 ☐ [2] 否☐

Note:
For cases reporting [Yes] in either one of the two items, they are eligible to be the subjects recruited in FCPSUs and refuge centre for women.
For cases reporting [No] in both items, they are eligible to be the subjects recruited in IFSCs/ISCs.

Form C for perpetrator of child abuse

在過去一年，你是否曾打、掌摑、腳踢子女？ [1] 是 ☐ [2] 否 ☐

Note:
For cases reporting [Yes], they are eligible to be the subjects recruited in FCPSUs and refuge centre for women.
For cases reporting [No], they are eligible to be the subjects recruited in IFSCs/ISCs.

Appendix 4: Feedback form (for social workers)

1. How long did it take to complete the questionnaire (in minutes)?

	甲問卷	乙問卷	丙問卷
QA			
QB			
QC			

2. Did the subject give any feedback after the completion of the questionnaire?

3. Please provide any feedback about the administration of the risk assessment tool.

4. Please provide any feedback about the administration of the questionnaire in general.

To be filled by social worker:

Code of the subject: _____

Name of social worker: _____ Contact no.: _____

Date: _____

Training Manual of the

Risk Assessment Tools for Spouse Battering

and Child Abuse in Hong Kong Chinese Families

Department of Social Work and Social Administration
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Executive summary

This manual outlines the concepts and methods used in conducting risk assessment tools developed by the consultant team of the University of Hong Kong. It is written as a guideline for practitioners conducting risk assessments for cases involving spouse battering and child abuse.

The three risk assessment tools are designed to function as a triage. It is to help assessor assessing its probability of the occurrence of violence when risk factors continue to function and so decide the most appropriate way to handle it. The tools are primarily designed for social workers, counselors and psychologists who have direct contact with the perpetrators and/or victims of domestic violence. To enhance the effectiveness of multi-disciplinary collaboration for risk assessment of and intervention in domestic violence, the assessor is recommended to include all available information in the form of a report to inform other agencies involved of the results of the assessment.

撮要

香港大學顧問團隊發展了三套家庭暴力的危機評估工具，而這個手冊主要概述這套危機評估工具的概念及使用方法，旨在讓前線工作者爲有關配偶虐待及虐兒個案評估危機時作出指引。

這三套危機評估工具主要作爲分流功能，幫助評估員評估家庭暴力在一些危機因素持續影響下會出現的可能性，從而決定最適切的應對方法。這套評估工具主要是爲那些與家庭施虐者及／或受虐者直接接觸的社工、輔導員及心理學家而設。爲了提高家庭暴力個案的評估及介入成效，跨專業的合作便尤其顯得重要，因此建議使用這套評估工具的評估員完成評估後，向參與跟進個案的各專業單位提供有關評估結果的報告。

CHAPTER 1 – INTRODUCTION

1.1 This manual outlines the concepts and methods used in conducting risk assessment developed by the consultant team of the University of Hong Kong. The manual is written as a guideline for practitioners conducting risk assessments for cases involving spouse battering and child abuse.

Operational definition of spouse battering and child abuse

1.2 In this study, spousal battering is defined by physical assault, sexual coercion or injury, as measured by the revised Conflict Tactics Scales (CTS2). The Revised Conflict Tactics Scales (CTS2) is a 39-item self-report scale which contains five subscales (negotiation; psychological aggression; physical assault; physical injury; and sexual coercion) with each subscale has minor and severe levels. The CTS2 has shown to have satisfactory psychometric properties.[1][2][3][4]

1.3 Child physical maltreatment is defined by severe or very severe levels of physical assault, as measured by the Parent-Child Conflict Tactics Scale (CTSPC). The scale, with satisfactory psychometric properties[5], is based on conflict theory, covering physical assaults as well as other tactics (e.g. neglect) to deal with conflicts, regardless of whether the child is injured or not. The CTSPC has 7 subscales: non-violent discipline, psychological aggression, minor assault (or corporal punishment), severe assault (physical maltreatment), very severe assault (severe physical maltreatment), neglect and weekly discipline.

Definition of risk and risk assessment

1.4 Risk is conceptualized as a hazard that is closely related to probability.[6] Risk is a

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[1] Strauss, Murray A. , et al. (1996), "The revised conflict tactic scale (CTS2): development and preliminary psychometric data", in *Journal of Family Studies*, 17(3): 283 – 316.

[2] Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283-316.

[3] Straus, M. A. (2004). Cross cultural reliability and validity of the revised conflict tactics scales. Paper presented at the XVI World Meeting of ISRA, 2004, Santorini, Greece
September 18-22, 2004.

[4] Chan, K. L. (2000). *Study of the impact of family violence on battered women and children* . Hong Kong: Christian Family Service Centre and Department of Social Work & Social Administration, the University of Hong Kong (Resource Paper Series No. 38).

[5] Straus, Murray A., Hamby, Sherry L., Finkelhor, David., Moore, David W. & Runyan, Desmond. (1998). Identification of Child Maltreatment with the The Parent-Child Conflict Tactics Scales (CTSPC): Development and Psychometric data for a National sample of American parents. Child Abuse and Neglect 22: 249-270.

[6] Bernstein, P. L. (1996). Against the gods: The remarkable story of risk. New York: Wiley.

complex concept. The occurrence of risk can be forecasted only with uncertainty. Users of any risk assessment tools should not overlook the multi-dimensionality of risk.

1.5 Risk assessment is the process of identifying and studying hazards to reduce the probability of their occurrence.[7] It is also a process of evaluating individuals to (1) characterize the chances that they will commit violence in the future, and (2) develop interventions to manage or reduce that risk.[8] Monahan (1981; 1995)[9] pointed out four "musts" in the assessment of violence risk: the clinician must (1) determine what information to gather regarding risk; (2) gather the information; (3) use this information to estimate risk; and (4) if the clinician is not the ultimate decision maker, communicate the information and estimation to those who are responsible for making clinical decisions.

Clinical and actuarial approaches

1.6 There are two major approaches to conducting risk assessment: clinical judgment and actuarial risk assessment. The clinical judgment approach is based on a clinician or professional's rational opinions in making unstructured judgments.[10] This approach provided no constraints on how evaluators make a judgment based on the information available to them and on their past experience. Such judgments can be very subjective and impressionistic.[11]

1.7 The actuarial approach tends to predict violence or re-offending by using statistical information, such as demographic, criminal history, and psychological variables. Multivariate statistics are then used to identify those variables that best predict risk of violence or re-offending. Once these variables have been identified, offenders can be assigned a risk score by either summing their scores on the individual variables, or using a system whereby some variables are weighted. This type of approach is generally referred to as actuarial risk assessment. Although the clinical approach has

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[7] Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20*. British Columbia: The British Columbia Institute Against Family Violence.

[8] Monahan, J., & Steadman, H. J. (1996). Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologist*, *51*(9), 931-938.

[9] Monahan, J. (1981/1995). Predicting violent behavior: An assessment of clinical techniques. Beverlt Hills, CA: Sage.

[10] Burgess, E. W. (1928). Factors determining success or failure on parole. In A. A. Bruce, A. J. Harno, E. W. Burgess & J. Landesco (Eds.) *The workings of the indeterminate sentence law and the parole system in Illinois*. Springfield, IL: Illinois State Board of Parole.

[11] Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures. *Psychology, Public Policy, and Law*, *2*(2), 293-323.

the advantage of being flexible, especially with respect to violence prevention, there is little doubt that the actuarial approach is more accurate and superior with respect to decision-making and assessing risk for violence.[12]

1.8 The statistical nature of actuarial approach allows assessment to draw reference from generalized characteristics. It relies on a particular source of information, for instance, victim's report. However, it may not be able to address individual differences that are likely for human subjects, and characteristics that have not been included in its statistical model. In other words, there is definitely a role for clinical approach to not only consider the results of actuarial risk assessment but also other information that is observed and identified for a thorough risk assessment.

1.9 The quality of information collected is essential for making judgment, it is thus necessary to employ multiple information sources and multiple methods to collect information. Information may be collected from victim, perpetrator, children and other family members. Methods to collect information may include interviews, behavioural observations, review of case records (medical, legal and social investigation), all relevant documents (e.g. criminal records, medical records, transferal records, referral/discharge summary, psychological tests, and risk assessment tools).

1.10 Cross validation and triangulation should be conducted to verify the accuracy and consistency of information from multiple sources. Further investigation should be carried out to ascertain thorough understanding of the case when inconsistency observed from the various sources consulted. In any cases, the victim's experiences and feelings should be taken into account when making judgment. The assessor could also seek a second opinion from other professionals, for instance, supervisor and multidisciplinary case conference.

1.11 As the characteristics of perpetrators and victims of domestic violence change over time, it is necessary to administer risk assessment on a regular basis to monitor any increases of risk level.

Usage of the tools

1.12 The tool is designed to function as a triage. It is not a tool to distinguish between

[12] Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent offenders: Appraising and managing risk*. Washington D C: American Psychological association.

cases of violence and non-violence which could be assessed using the Revised Conflict Tactics Scales. Rather, it is designed to help assessor assessing its probability of the occurrence of violence when risk factors continue to function and so decide the most appropriate way to handle it.

Target users of the tools

1.13 The risk assessment tools are primarily designed for social workers, counselors and psychologists who have direct contact with the perpetrators and/or victims of domestic violence.

CHAPTER 2 - DEVELOPMENT OF THE RISK ASSESSMENT TOOLS

Functions and constraints of risk assessment tools

2.1 Drawing reference from large-scale survey findings conducted by the consultants of the University of Hong Kong, three risk assessment tools are developed to provide a systematic framework for the assessors to collect the most relevant information that has been found to be highly associated with spouse battering and child abuse. In practice, the tools have been developed to perform the following functions:

a) To facilitate early identification of domestic violence; and
b) To assist assessor in collecting fundamental information required to formulate further clinical assessment

2.2 Although the tools were constructed with a representative sample of the local population and although efforts have been made to optimize their effectiveness in identifying risk factors for domestic violence, they must always be used in conjunction with information obtained from additional sources, including interviews, case histories, police records, direct observations and other forms of clinical judgment. Use of the risk assessment tools has several limitations:

a) Factors included in the tool reflect only the most statistically significant ones as demonstrated by the norm of respondents. Some factors with less significance may be valid for some particular cases.
b) Accuracy of data collected depends heavily on the recollection of the respondents.
c) While the tool is designed for self-report, there is always a possibility that the perpetrator may minimize, rationalize or deny acts of aggression against a spouse when responding to the questions asked in the tool.
d) The scores generated by the tool show only the optimum balance between sensitivity and specificity being calculated with statistical means.
e) The scores are based on the assessment of risk factors. Direct assessment on the types, severity and frequency of violence used should be conducted.
f) The tools should be treated as preliminary risk indicators; the assessor’s practice wisdom will be needed for final judgment. Second opinion from supervisor and senior practitioners should be sought.

Conceptual framework

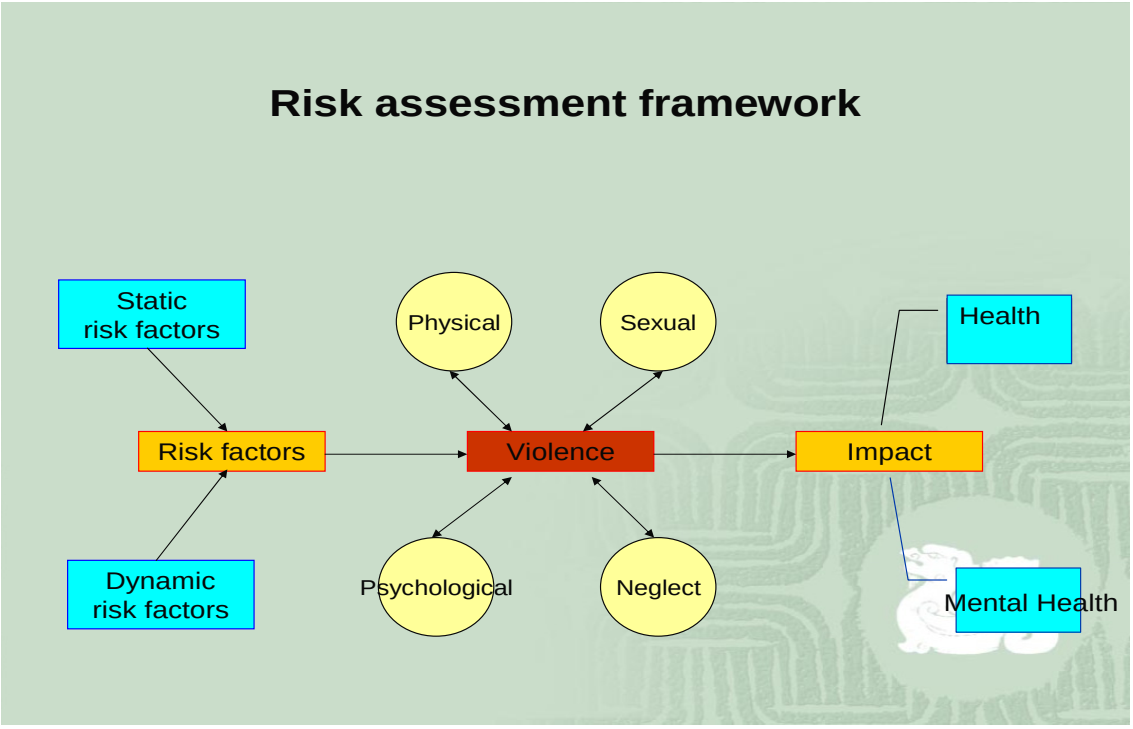
2.3 The risk assessment tools are designed to measure the probability of occurrence of spouse battering and child abuse by detecting the presence of various risk factors that have been found to significantly correlate with the occurrence of domestic violence.

2.4 Although the assessment is valid for the time of the interview, it does not measure changes in factors over time. Thus it is very important that the client be reassessed on a regular basis to monitor changes he or she may demonstrate.

2.5 It is hard to distinguish between risk factors and consequences. For example, depressive symptom can be either a cause of relationship distress or the consequence of a tense relationship. But whether the nature of the factors, they significantly correlate with the occurrence of violence.

Assessment framework

2.6 The framework of risk assessment is represented by the diagram below. It comprises three main components: identification of risk factors, determination of the types of violence used, and evaluation of the impact on the victim.



Identification of risk factors

2.7 The functions of present tools are to identify the risk factors for the child abuse and spouse battering. “Risk factors” or “risk markers” refers to characteristics associated with an increased likelihood that a problem behavior will occur[13]. In other words, they are those characteristics, variables or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will become violent with his or her partner.[14] Because risk factors are co-related with the presence of violence, they can serve as predictors of the problem.

2.8 There are two main types of risk factors: static risk factors and dynamic risk factors. Static risk factors are those that primarily concern the predisposition of a client towards domestic violence. Examples include a criminal history and being the victim of childhood maltreatment. Static risk factors can form the baseline of risk.

2.9 Dynamic risk factors are those that change according to the day-to-day experience of the client. They usually represent the attitudes, psychological status and stress levels of the individual. Examples include relationship distress, depression and unemployment. Because dynamic risk factors can be managed and altered, they are usually regarded as the targets for treatment.

2.10 The presence of some acute factors may indicate that the situation could shortly be out of control and needs immediate attention. These factors may be treated as warning signs for domestic violence. Examples include a negative and depressive mood, intoxication and perpetrator access to the victim.

Factors included in the final model

2.11 To address the various characteristics demonstrated by the perpetrators and victims of spouse battering and child abuse, three different sets of factors are analyzed for the perpetrator of spouse battering, the victim of spouse battering, and the perpetrator of child abuse. Some factors are common to all three groups, while others are specific to each group.

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[13] Kantor, G. K., & Jasinski, J. L. (1998). Dynamics and risk factors in partner violence. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* . USA: Sage.
[14] Mrazek, P. J., & Haggerty, R. J. (1994). Reducing risks for mental disorders: Frontiers for preventive intervention. Washington, DC: National Academy Press.

2.12 The variables listed in Table 1 are risk factors that have been included in the analysis of reduced model. All these risk factors are significantly correlated to spouse battering and child abuse. Factors selected in the reduced model, that is, the model used to design the risk assessment tools, have been demonstrated in the check box of Table 1. Definitions of the risk factors are presented in Appendix 2.

Table 1:

	Spouse battering		Child abuse
	Perpetrator (Chinese Family Violence Risk Assessment Tool – Form A)	Victim (Chinese Family Violence Risk Assessment Tool – Form B)	Perpetrator (Chinese Family Violence Risk Assessment Tool – Form C)
Chronic ill			
Disability			
Wife pregnancy/adoption/postnatal (within 1 year)	✓		
Unemployment[15]	✓		✓
Income			
Receiving CSSA[16]			✓
Indebtedness	✓		
Extended Family Influence			✓
In-law Conflict	✓		
Relationship Distress			
Domination	✓		
Jealousy	✓	✓	✓
Negative Attribution	✓	✓	
Shifting Responsibility	✓		
Anger Management	✓	✓	✓
Substance Abuse			
Violence Approval			✓
Depressive Symptoms			
Social Desirability			
Stressful Conditions			
Face	✓		
Self-esteem			
Social Support			
Suicidal Ideation			
Criminal History	✓	✓	✓
Sexual Abuse History		✓	
Child Neglect			
Child witnessed parental violence	✓	✓	
Partner's disturbance	✓	✓	
Afraid of partner			
Feeling unsafe		✓	

[15] Result showed that unemployment is negatively correlated with the odds of spouse battering when compared to the non-unemployed group which contained economic active and inactive（such as housekeepers and retired persons）subgroups. Generally speaking, it implies that holding other factors constant the unemployed group has a lower probability of having the presence of spouse battering/ child physical maltreatment than the non-unemployed group. Such findings contradict those of other researches and studies, in which unemployment has already been recognized as a universal risk factor of child abuse and spouse battering. In particular, it is a good predictor of severe level of man's violence against his female partner. Such contradictory findings may be due to the fact that the present regression analysis has not controlled for the gender factor and the data refer largely to minor level of physical violence. Besides, there may be correlation among the independent variable adopted in the analysis.

[16] CSSA = Comprehensive Social Security Assistance

CHAPTER 3 - ADMINISTRATION OF THE TOOLS

Precautions in using risk assessment tools

3.1 Questions asked in the Risk Assessment Tools address only factors that are highly significant to spouse battering or child abuse. Factors that are either difficult to ask in a survey (e.g., symptoms of mental illness) or shared only by minority of people (e.g., language problems of the ethnic minorities) were not considered. These non-investigated factors may be correlates of spouse battering or child abuse. They should also be looked at when assessing for dangerousness.

3.2 The tools have included the most significant factors but not their correlates and precursors. Some risk factors (as listed in Table 1) may be closely correlated to factors included in the tools. For example, unemployment may predispose a family to future problems with indebtedness, a factor included in the tools. Therefore, in the process of clinical judgment, the correlating factors should also be considered in risk assessment.

3.3 While the tools reflect the norm of the society, individual differences observed in clients and families should be considered. Each case should be evaluated independently.

3.4 The relative importance of the factors is reflected in the equation used to deduce the assessment scores of the tools. But the presence of some factors (e.g., suicidal ideation and use of weapon) implies immediate danger that needs to be dealt with immediately.

3.5 The information supplied by the client may not reflect the whole picture of the problem, especially when the perpetrator makes the report. In many cases, perpetrators will minimize, rationalize and deny using violence in the family. They may provide biased information to cover up their abusive behavior. Information should be obtained from different sources (e.g., reports from victims, perpetrators and other family members; police and medical record etc.) and compared for an objective assessment.

3.6 Sometimes, each party will claim to be the victim of the other, though they are usually being affected quite differently. In case of mutual combat, the assessor should identify the primary aggressor by looking at the types and frequency of violence used,

the severity of harm inflicted on the other partner, fear induced, and power and control issues. In general, the primary aggressor is the one who induces acute fear and causes injury to the partner to gain power and control.

3.7 In cases of sexual abuse, physical injury may not be noticed and sometimes the victim may resort to violence for self protection. The assessor should give careful consideration to the acute fear and psychological damage caused by the perpetrator.

3.8 Similarly, in cases where perpetrators threaten to use weapons to harm a partner and/or family, assessors should carefully assess the fear induced in the victims, even though they do not yet observe actual bodily harm.

People qualified to conduct risk assessment

3.9 Social workers, psychologists or counselors who wish to use the tools should ensure that the agency they work for has access to the information and resources needed to conduct a risk assessment of potential clients.

3.10 To qualify to use the tools as part of the assessment procedure, the assessor should receive training in the tools' usage. The training should enhance the assessor's knowledge regarding the strengths and limitations of the tools and the standard procedures that need to be followed in conducting a risk assessment.

3.11 In addition to training in use of the tool, an assessor with no prior experience of handling domestic violence should also receive training in understanding the dynamics of domestic violence, gender based violence and ways to elicit maximal information for objective judgment.

Assessment procedure

When is assessment necessary?

3.12 Risk assessment should be conducted whenever the assessor can get in touch with a client. It is not necessary to wait for the appearance of physical signs like bruises and physical injuries, or the evolving of suicidal ideation before one is eligible for assessment. Only after the risk assessment can the assessor judges the potential risk the client bears.

3.13 Conduct of risk assessment should not be confined to the initial stages of domestic violence for early intervention. Instead, it should be done on a regular basis to monitor any changes in risk and to allow the assessor to readjust intervention to meet the client's needs.

Screening criteria - Who is to be assessed?

3.14 If the risk assessment tools are used, the eligible targets are the perpetrator of spouse battering, the victim of spouse battering, and the perpetrator of child abuse.

a) Form A for Perpetrator of spouse battering – people who reported or being complained of using violence against partner, usually the primary aggressor in cases of mutual combat.
b) Form B for Victim of spouse battering – people who reported being abused by a partner, showing fear towards partner or being stalked by partner, usually the primary victim in cases of mutual combat.
c) Form C for Perpetrator of child abuse – people who reported or being complained of using violence against a child, or neglect the needs for healthy development of a child.

3.15 Some spouse battering cases may involve mutual combat making it difficult for the assessor to distinguish between perpetrator and victim. In case of mutual combat, the assessor should identify the primary aggressor by looking at the types and frequency of violence used, the severity of harm inflicted on the other partner, fear induced, power and control issues. In general, the primary aggressor is the one who induces acute fear and causes injury to the partner to gain power and control. If the assessor still finds it difficult to differentiate, the client may be asked to complete two sets of the risk assessment tools, one for the perpetrator of spouse battering and one for the victim.

3.16 Non-perpetrator or non-victim may be assessed if assessor finds it necessary. Clients may display behaviors related to risk factors, for instance, unemployment and in-law conflict. They might be experiencing spouse battering or child abuse but not yet reported to or identified by assessor. Administering risk assessment tools for these targets will help early identify spouse battering and child abuse.

Preparation for the risk assessment

3.17 Relationship building: To enhance a client's readiness to reveal his or her experience of domestic violence, the assessor should start by building a trustful relationship with the client. Once the client has confidence in the protection of the assessor, the client may find it easier to talk about his or her personal life and feel more ready to seek ways to end the use of violence or to leave the abusive partner.

3.18 Safety measure: To ensure the safety and comfort of the client, the assessor should schedule separate assessment sessions for the assessment of both victim and perpetrator. The victim of domestic violence tends to provide more reliable information regarding incidents of abuse, assessing the apparent victim before the suspected perpetrator may help the assessor to understand the development of violence.

3.19 Consent for participation: Before conducting the assessment, the assessor should first obtain either verbal consent or written consent, depending on the requirement of the involved agency. In addition, full instruction regarding the aim of the assessment and the procedure in filling out the risk assessment tools should be clearly explained to the client.

3.20 Psychological stress/discomfort to participants: In our extensive experience of administering tools for subjects from families with violence, we have found that they generally appreciate telling their experience to professionals who have been trained to receive them. They are rest assured that the interview is primarily to collect statistical information. The assessors are trained to handle participants who are at risk.

3.21 Withdraw from the assessment: In case that some participants may find the interviewing experience stressful, they will be given the opportunity to have a rest before continuing with the interview. If they choose to withdraw from the assessment, they may do so with no questions asked and there will be no adverse effect to the services they receive.

Data collection

3.22 For the Form A, there are 63 items organized under 13 categories representing 13 risk factors. For the Form B, there are 42 items organized under 8 categories representing 8 risk factors. For the Form C, there are 37 items organized under 7

categories representing 7 risk factors.

3.23 The Forms are self-administered by the respondents. They may be assisted by social workers, psychologists or counselors, if necessary. The respondents are asked to indicate whether they agree or disagree that the statement describes themselves, using the following response categories: (1) Strongly Disagree = 1, Disagree = 2, Agree = 3, and Strongly Agree = 4; (2) Never = 1, Seldom = 2, Sometimes = 3, and Often = 4; (3) Yes = 1, No = 0.

3.24 Multiple sources: The assessor cannot rely solely on one party's side of a story to properly conduct a risk assessment. Multiple sources of information, including responses from the victim, the perpetrator, children, relatives, neighbors and other individuals who have had close encounter with the family may all serve to fill in the bits and pieces of the story.

3.25 Sometimes, information collected from the victim and perpetrator is contradictory. For a thorough risk assessment, triangulation[17] should always be used to validate the varying information obtained. This is a technique that confirms a finding by showing that individual measures of it agree with the conclusion, or at least do not contradict it.

3.26 Triangulation can be performed in several ways: by using multiple data sources (for instance, a review of documents like case records, criminal and medical records, referral reports and assessment reports of other parties involved), and by seeking the opinions of independent assessors (for instance, a second opinion from a supervisor and/or teammates, or the opinions of other professionals).

3.27 Apart from collecting information with the risk assessment tools, it is also essential that the assessor observes for hints that may signal the presence of risk. Obvious demographics that may be useful include financial hardship experienced by the family, the recent arrival of family member to Hong Kong and age difference between a couple (10 years or more).

3.28 While the safety of the victims is always the prime concern, and it is always better to do more to prevent violence than to underestimate its risk, information that is predictive of higher risk should be taken more serious.

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[17] Miles, M. B.. & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook (2nd ed.)*. Thousand Oaks, CA: Sage.

Scoring

3.29 In order to use the instrument for the calculation of score, all information should be collected and properly scored. No missing data is allowed.

3.30 The assessor should input the data collected by the risk assessment tools. An estimated risk indication is then computed to provide a reference for subsequent assessment procedures. In general, risk increases with the number of items coded present in the tool. However, there is no simple linear function, and some critical items are sufficient on their own to denote the presence of immediate risk.

3.31 The indication of risk formulated by the tool can serve only as a preliminary assessment. Reports and documents from other sources should also be considered for a complete risk assessment.

3.32 <u>Model Equation</u>:

In general, the model equation is:

$$A = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \beta_3 * X_3 + \beta_4 * X_4 + \beta_5 * X_5 + \beta_6 * X_6 + \beta_7 * X_7 + \beta_8 * X_8 + \beta_9 * X_9 + \beta_{10} * X_{10} + \beta_{11} * X_{11} + \beta_{12} * X_{12} + \beta_{13} * X_{13} + \ldots$$

$$P(risk) = \exp(A) / (1 + \exp(A))$$

where A is a non-zero constant, β_i and X_j are the beta coefficients and independent variables respectively, for i=0,1,2,… and j=1,2,3,…., with 0<=P (risk)<=1.

3.33 Calculation of score:

(1) For perpetrators of spouse battering, the required model equation is:

$$A = -8.540 + 0.637X_1 + 0.665X_2 + 0.540X_3 + 0.585X_4 + 0.587X_5 + 0.529X_6 + 0.501X_7 + 0.260X_8 - 0.572X_9 + 0.556X_{10} + 0.905X_{11} + 1.058X_{12} + 0.731X_{13}$$

Items	Score
X_1 = Pregnancy or adoption or postnatal (within 1 year) = q1	If ①, ② or ③ was chosen, enter 1; If ④ was chosen, enter 0
X_2 = Unemployment = q2	If (a), (b), (c), (d), (e) or (f) was chosen, enter 1; If (g) or (h) was chosen, enter 0
X_3 = Indebtedness = q3	1 or 0
X_4 = In-law conflict = q4	[(q4a+q4b) / 30] *4
X_5 = Domination = q5	(q5a + q5b + … + q5i) / 9
X_6 = Jealousy = q6	(q6a + q6b + … + q6h) / 8
X_7 = Negative attribution = q7	(q7a + q7b + q7c + q7d) / 4
X_8 = Responsibility shifted = q8	1 - 4
X_9 = Anger management = q9 [q9b, q9c, q9d are reverse items, i.e. reverse the scores before summation: ① → ④; ② → ③; ③ → ②; ④ → ①]	(q9a + q9b [r] + q9c [r] + q9d [r] + q9e) / 5
X_{10} = Face-oriented = q10	(q10a + q10b + … + q10j) / 10
X_{11} = Crime history = q11	any one of [q11a] to [q11h] =1, then 1; otherwise, 0.
X_{12} = whether witnessed parental violence = q12	any one of [q12a] to [q12l] =1, then 1, otherwise, 0.
X_{13} = whether annoyed by partner = q13	1 - 4

$P(risk_{(A)}) = \exp(A) / (1 + \exp(A))$

The cut-off probability is 7%.

(2) For victims of spouse battering, the required model equation is:

$$V = -5.996 + 0.718X_1 + 0.716X_2 - 0.632X_3 + 0.750X_4 + 1.041X_5 + 1.123X_6 + 0.654X_7 + 0.502X_8$$

Items	**Score**
X_1 = Jealousy = q1	(q1a + q1b + … + q1h) / 8
X_2 = Negative attribution = q2	(q2a + q2b + q2c + q2d) / 4
X_3 = Anger management = q3 [q3b, q3c, q3d are reverse items, i.e. reverse the scores before summation: ① → ④; ② → ③; ③ → ②; ④ → ①]	(q3a + q3b [r] + q3c [r] + q3d [r] + q3e) / 5
X_4 = Crime history = q4	any one of [q11a] to [q11h] =1, then 1; otherwise, 0.
X_5 = Sexual Abuse History = q5	any one of [q5a] to [q5c] =1, then 1; otherwise, 0.
X_6 = whether witnessed parental violence = q6	any one of [q6a] to [q6h] =1, then 1; otherwise, 0
X_7 = whether annoyed by partner = q7	1 - 4
X_8 = whether feeling unsafe = q8	1 - 4

$$P(risk_{(v)}) = \exp(V) / (1 + \exp(V))$$

The cut-off probability is 5.5%.

(3) For perpetrators of child abuse, the required model equation is:

$$C = -8.150 + 0.953X_1 + 1.306X_2 + 0.653X_3 + 1.110X_4 - 0.858X_5 + 0.971X_6 + 1.458X_7$$

Items	Score
X_1 = Unemployment = q1	If (a), (b), (c), (d), (e) or (f) was chosen, enter 1; If (g) or (h) was chosen, enter 0
X_2 = whether receiving CSSA = q2	1 or 0
X_3 = extended family influence = q3	(q3a + q3b + q3c + q3d) / 4
X_4 = Jealousy = q4	(q4a + q4b + … + q4h) / 8
X_5 = Anger management = q5 [q5b, q5c, q5d are reverse items, i.e. reverse the scores before summation: ① → ④; ② → ③; ③ → ②; ④ → ①]	(q5a + q5b [r] + q5c [r] + q5d [r] + q5e) / 5
X_6 = Violence approval = q6	(q6a + q6b + … + q6j) / 10
X_7 = Crime history = q7	any one of [q7a] to [q7h] =1), then 1; otherwise, 0.

$$P(risk_{(c)}) = \exp(C) / (1 + \exp(C))$$

The cut-off probability is 5.5%.

Interpretation of results

3.34 The results computed by the tools show the probability of domestic violence to occur. When the calculated probability is larger than the cut-off probability, it indicates that violence is likely to be occurred again. While the tool design has been balanced for specificity (non-occurrence correctly predicted) and sensitivity (occurrence correctly predicted), some cases might be falsely considered violent, while some violent cases are overlooked.

3.35 The assessor should seek input from other sources of information before concluding the assessment. The tools should be treated as preliminary risk indicators; the assessor's practice wisdom will be needed for final judgment. Second opinion from supervisor and senior practitioners should be sought. Although families demonstrating high risk (scores higher than the cut-off score) should be given priority, families with low scores (scores lower than the cut-off score) should be followed up to monitor any change in risk.

3.36 The scoring is based on the assessment of risk factors. Direct assessment on the types, severity and frequency of violence used should be conducted. In some cases, violence may be temporary terminated in the cycle of violence. If the score of risk assessment is still high, safety measures and intervention should be continued. Risk assessment should be regularly conducted to track the changes in risk factors. Scores lower than the cut-off score should be considered only as a tentative ending of violence, since they do not imply a solid prediction of non-violence. Unless both the violence ends and the score of risk assessment stays lower than the cut-off score for a long period of time (at least one year in most of studies), no one can be sure that the victim is free from the threat of violence.

3.37 The measurement of risk is based on the client's association with the known risk factors of domestic violence. Therefore, findings revealed by the tools should be taken as a reference, since they describe how likely the client is to be associated with the occurrence of violence.

3.38 While the tool is designed for self-report, there is always a possibility that the perpetrator may minimize, rationalize or deny acts of aggression against a spouse when responding to the questions asked in the tool. Therefore, when interpreting the results of the tools, the assessor should always refer to various sources of information and conduct triangulation to verify the findings.

3.39 When trying to determine the severity of risk for spouse battering, the assessor should make judgments by taking both the score of the tool and other factors, like the repeated nature of incidents, a recent escalation of violence, the victim's fear and the abuser's threats, into consideration.

Techniques for conducting risk assessment

3.40 Assessor can use several techniques to facilitate the building of positive interactions with a client to better elicit as much information about as possible.

3.41 Remain neutral: Always maintain a balance between professional objectivity and personal concern. Try to avoid personal bias when conducting the risk assessment.

3.42 Be consistent: Try to ask no more and no less than all the stated questions in a similar manner and voice tone. Be consistent with explanations given to respondents when they are in doubt. Remember to record correctly every answer to each question.

3.43 Use emotions as an assessment tool: Respondents are likely to express a wide range of emotions during assessment. Acknowledge the emotions and support the clients. Use their emotive reactions as an opportunity to express support and gain more accurate information.

3.44 Respond to resistance: It is possible for the respondents to deny the existence of abuse. The best approach is to ask questions in a straightforward manner and remain factual when administering the assessment. Resistance often indicates that the respondent is uncomfortable about the assessment and that the question may be touching on difficult but important ground. Try to skip the question and refer back to it later when the assessment is nearly at an end, when the respondent may have warmed up and may be willing to disclose more information.

3.45 Be thorough and patient: Be sincere and considerate when administering the risk assessment of a spouse and in cases of child abuse because violence is a sensitive topic and information can be difficult to talk about. It is a natural tendency for the respondent to hesitate and skim over specific types of abuse. Assessor should be supportive.

3.46 Alleviate stress and anxiety: Respondents may feel anxious, stressed out or even

defensive during the assessment. The assessor can try to alleviate some of these feelings by helping the respondent understand that other families may have similar situations and that he or she is not being single out. This may help the respondent become more at ease in disclosing information.

3.47 The techniques employed should always be targeted to ensure the safety of the victims and children, and to prevent the progression of violence.

Communicating results

3.48 To enhance the effectiveness of multi-disciplinary collaboration for risk assessment of and intervention in domestic violence, the assessor should include all available information in the form of a report to inform other agencies involved of the results of the assessment.

Risk management

3.49 "Risk management" refers to the duty to protect identifiable or non-identifiable victims. To ensure the safety and protection of victims of high-risk cases, the source of risk, that is, the perpetrator, should be removed or avoided or reduced contact with, for crisis-intervention purposes.

Appendix 1: Risk assessment tools

[華人家庭暴力危機評估量表 — 量表一]

Risk Assessment Tools for Spouse Battering and Child Abuse in Hong Kong Chinese Families

Form A

評估日期：(/ /) 檔案編號：_____ 評核員姓名：_____

性別： ① 男 ② 女 年齡： _____

q1. 你 / 你的配偶目前是懷孕的嗎，或者正進行申請領養程序?

①是懷孕，懷孕的週數_____ ②你/你的配偶在最近 12 個月內，生了孩子

③是，正進行領養 ④否

q2. 請問你現在有沒有工作或做緊生意？

有，係:
(a) ☐ 僱員
(b) ☐ 自僱
(c) ☐ 僱主

沒有，係:
(d) ☐ 料理家務者
(e) ☐ 學生
(f) ☐ 退休人士
(g) ☐ (非 (a), (b) 或 (c)) 沒有事做，而正在找尋工作
(h) ☐ (非 (a), (b) 或 (c)) 沒有事做，但現在沒有找尋工作

q3. 你現時是否受到債務的困擾？ ① 是 ⓪ 否

q4.在過去十二個月內，你曾與以下人仕發生衝突 (任何口角或打架) 的次數?

注意：填寫次數時只須憑印象，選擇最接近的類別即可。

		過去十二個月發生的次數						過去十二個月沒有，但以前曾經發生	從來沒有發生過
		1 次	2 次	3-5 次	6- 10 次	11-20 次	20 次以上		
q4a	奶奶/外母	①	②	③	④	⑤	⑥	⓪	⓪
q4b	老爺/外父	①	②	③	④	⑤	⑥	⓪	⓪

q5. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q5a	有時我會提醒配偶應該聽從我的。	①	②	③	④
q5b	我和我的配偶意見分歧時,通常我都有話事權。	①	②	③	④
q5c	我的配偶需要緊記我才是作主的。	①	②	③	④
q5d	我的配偶性格惡劣。	①	②	③	④
q5e	別人大多不喜歡我的配偶。	①	②	③	④
q5f	我的配偶缺乏足夠的智慧去作出重要的決定。	①	②	③	④
q5g	我有權知道配偶所做的一切。	①	②	③	④
q5h	我要每時每刻知道我的配偶身在何處。	①	②	③	④
q5i	我有權介入我的配偶所做的任何事。	①	②	③	④

q6. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q6a	若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④
q6b	若我的配偶非常留心或關心某些人時,我會感到不高興。	①	②	③	④
q6c	若其他人特別注意或關心我的配偶時,我會感到不高興。	①	②	③	④
q6d	若我的配偶積極幫助另一位與我同性別的人士,我會感到嫉妒。	①	②	③	④
q6e	若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④
q6f	若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④
q6g	若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④
q6h	若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④

q7. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q7a	當我發嬲時，通常都是我的配偶犯錯。	①	②	③	④
q7b	我的配偶會做些煩擾我的事。	①	②	③	④
q7c	我的配偶喜歡刺激我。	①	②	③	④
q7d	當我的配偶對我獻殷勤時，我會想他/她究竟有甚麼企圖。	①	②	③	④

q8. 請問你是否同意下列句子？	非常不同意	不同意	同意	非常同意
配偶之間出現暴力，雙方都有責任。	①	②	③	④

q9. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q9a	當我心煩時，我可以讓自己平靜下來。	①	②	③	④
q9b	當我和家人爭辯時,我會無法控制自己的情緒。	①	②	③	④
q9c	當我開始向家人發脾氣時,我會感到心跳加速。	①	②	③	④
q9d	當我向家人發脾氣時，想到甚麼便說甚麼，從不顧及後果。	①	②	③	④
q9e	當我感到開始向家人發脾氣時，我會叫自己冷靜下來。	①	②	③	④

q10. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q10a	自己的長處應該儘量表達出來讓人知道。	①	②	③	④
q10b	在社交場合,別人注意我甚至羨慕我,能令我覺得愉快。	①	②	③	④
q10c	我喜歡氣派的住房、辦公室、車子等。	①	②	③	④
q10d	自己的成功還要讓別人知道才更有意思。	①	②	③	④
q10e	我喜歡在社交場合中成為眾人注意、羨慕的焦點。	①	②	③	④
q10f	成為社會名流對我來講是一種值得追求的成就。	①	②	③	④
q10g	我希望成為大家擁護的人物。	①	②	③	④
q10h	我希望出人頭地，光宗耀祖。	①	②	③	④
q10i	我羨慕在社會上有名望、權勢、或地位的人。	①	②	③	④
q10j	我通常願意去爭取成為團體的領導人物或上層人物。	①	②	③	④

q11. 你曾否作出過下列行為？		是	否
q11a	你曾否涉及虐待孩子的個案中；	①	⓪
q11b	你配偶曾否涉及虐待孩子的個案中；	①	⓪
q11c	你曾否涉及虐待配偶的個案中；	①	⓪
q11d	你配偶曾否涉及虐待配偶的個案中；	①	⓪
q11e	你曾否涉及官非？(被告或留案底)；	①	⓪
q11f	你配偶曾否涉及官非？(被告或留案底)；	①	⓪
q11g	我曾偷別人或家人的錢；	①	⓪
q11h	我曾經打人或嚇人說要打他/她・	①	⓪

q12. 你曾否見過你的父親對母親 / 母親對父親作過下列行為？	曾見過	否
q12a 揾野掟對方，而可能會整傷對方；	①	⓪
q12b 曾扭對方嘅手臂或扯對方嘅頭髮；	①	⓪
q12c 曾推撞或推開對方；	①	⓪
q12d 曾抓住對方；	①	⓪
q12e 曾掌摑對方；	①	⓪
q12f 曾用刀或利器指向對方；	①	⓪
q12g 曾用拳頭或揾野打對方，可能會整傷對方；	①	⓪
q12h 曾勒住對方嘅頭；	①	⓪
q12i 曾把對方大力撞向牆壁；	①	⓪
q12j 曾經毆打對方；	①	⓪
q12k 曾故意燒傷或燙傷對方；	①	⓪
q12l 曾經踢對方・	①	⓪

q13. 配偶纏擾或滋擾	從來沒有	很少	偶爾	常常
在過去十二個月中，你曾否受到配偶嘅纏擾或滋擾？	①	②	③	④

[華人家庭暴力危機評估量表 — 量表二]

Risk Assessment Tools for Spouse Battering and Child Abuse in Hong Kong Chinese Families

Form B

評估日期：(　/　/　)　　檔案編號：_____　　評核員姓名：_____

性別：　① 男　　② 女　　年齡：　_____

q1. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q1a	若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④
q1b	若我的配偶非常留心或關心某些人時，我會感到不高興。	①	②	③	④
q1c	若其他人特別注意或關心我的配偶時，我會感到不高興。	①	②	③	④
q1d	若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。	①	②	③	④
q1e	若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④
q1f	若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④
q1g	若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④
q1h	若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④

q2. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q2a	當我發嬲時，通常都是我的配偶犯錯。	①	②	③	④
q2b	我的配偶會做些煩擾我的事。	①	②	③	④
q2c	我的配偶喜歡刺激我。	①	②	③	④
q2d	當我的配偶對我獻殷勤時，我會想他/她究竟有甚麼企圖。	①	②	③	④

q3. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q3a	當我心煩時，我可以讓自己平靜下來。	①	②	③	④
q3b	當我和家人爭辯時，我會無法控制自己的情緒。	①	②	③	④
q3c	當我開始向家人發脾氣時，我會感到心跳加速。	①	②	③	④
q3d	當我向家人發脾氣時，想到甚麼便說甚麼，從不顧及後果。	①	②	③	④
q3e	當我感到開始向家人發脾氣時，我會叫自己冷靜下來。	①	②	③	④

q4. 你曾否作出過下列行為？		是	否
q4a	你曾否涉及虐待孩子的個案中；	①	⓪
q4b	你配偶曾否涉及虐待孩子的個案中；	①	⓪
q4c	你曾否涉及虐待配偶的個案中；	①	⓪
q4d	你配偶曾否涉及虐待配偶的個案中；	①	⓪
q4e	你曾否涉及官非？(被告或留案底)；	①	⓪
q4f	你配偶曾否涉及官非？(被告或留案底)；	①	⓪
q4g	我曾偷別人或家人的錢；	①	⓪
q4h	我曾經打人或嚇人說要打他/她・	①	⓪

q5. 你曾否發生過下列行為？		曾發生過	從來沒有發生過
q5a	有人曾迫我望或摸他/她的私處(性器官)，或他/她強行望或摸我的私處(性器官)。	①	⓪
q5b	有人曾迫我發生性行為(性交、肛交或口交)。	①	⓪
q5c	有人曾對我做過除以上兩項，其他現在我認為是性侵犯的行為。	①	⓪

q6. 你曾否見過你的父親對母親 / 母親對父親作過下列行為？	曾見過	否
q6a 搵野掟對方，而可能會整傷對方；	①	⓪
q6b 曾扭對方嘅手臂或扯對方嘅頭髮；	①	⓪
q6c 曾推撞或推開對方；	①	⓪
q6d 曾抓住對方；	①	⓪
q6e 曾掌摑對方；	①	⓪
q6f 曾用刀或利器指向對方；	①	⓪
q6g 曾用拳頭或搵野打對方，可能會整傷對方；	①	⓪
q6h 曾勒住對方嘅頭；	①	⓪
q6i 曾把對方大力撞向牆壁；	①	⓪
q6j 曾經毆打對方；	①	⓪
q6k 曾故意燒傷或燙傷對方；	①	⓪
q6l 曾經踢對方・	①	⓪

q7. 配偶纏擾或滋擾	從來沒有	很少	偶爾	常常
在過去十二個月中，你曾否受到配偶嘅纏擾或滋擾？	①	②	③	④

q8.	從來沒有	很少	偶爾	常常
配偶令你感到人身不安全嗎？	①	②	③	④

[華人家庭暴力危機評估量表 — 量表三]

Risk Assessment Tools for Spouse Battering and Child Abuse in Hong Kong Chinese Families

Form C

評估日期：(　/　/　)　　檔案編號：_____　　評核員姓名：_____

性別：　① 男　　② 女　　年齡：　_____

q1. 請問你現在有沒有工作或做緊生意？

有，係:
(a) ☐ 僱員
(b) ☐ 自僱
(c) ☐ 僱主

沒有，係:
(d) ☐ 料理家務者
(e) ☐ 學生
(f) ☐ 退休人士
(g) ☐ (非 (a), (b) 或 (c)) 沒有事做，而正在找尋工作
(h) ☐ (非 (a), (b) 或 (c)) 沒有事做，但現在沒有找尋工作

q2. 你或同住家人有沒有領取綜合社會保障援助金？　① 有　⓪ 沒有

q3. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q3a	有一位家族成員(例如姻親或親戚)嘗試強制我的家庭接納他/她的意見。	①	②	③	④
q3b	有一位家族成員干擾我的家庭生活。	①	②	③	④
q3c	有一位家族成員批評我照顧孩子的方式。	①	②	③	④
q3d	家族的成員經常講及我的家事。	①	②	③	④

q4. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q4a	若我的配偶只向別人傾吐內心秘密，我會覺得很不滿。	①	②	③	④
q4b	若我的配偶非常留心或關心某些人時，我會感到不高興。	①	②	③	④
q4c	若其他人特別注意或關心我的配偶時，我會感到不高興。	①	②	③	④
q4d	若我的配偶積極幫助另一位與我同性別的人士，我會感到嫉妒。	①	②	③	④
q4e	若我的配偶與其他人打情罵俏，我會發怒。	①	②	③	④
q4f	若其他人擁抱我的配偶太久，我會很不高興。	①	②	③	④
q4g	若我的配偶擁抱某些人太久，我會很不高興。	①	②	③	④
q4h	若我的配偶太忙沒時間陪我，我會有被遺棄的感覺。	①	②	③	④

q5. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q5a	當我心煩時，我可以讓自己平靜下來。	①	②	③	④
q5b	當我和家人爭辯時,我會無法控制自己的情緒。	①	②	③	④
q5c	當我開始向家人發脾氣時,我會感到心跳加速。	①	②	③	④
q5d	當我向家人發脾氣時，想到甚麼便說甚麼，從不顧及後果。	①	②	③	④
q5e	當我感到開始向家人發脾氣時，我會叫自己冷靜下來。	①	②	③	④

q6. 請問你是否同意下列句子？		非常不同意	不同意	同意	非常同意
q6a	我認為若要管教孩子，有時體罰是需要的。	①	②	③	④
q6b	我認為妻子掌摑丈夫是可以接受的。	①	②	③	④
q6c	我認為丈夫掌摑妻子是可以接受的。	①	②	③	④
q6d	我認為當孩子駁咀或惹了麻煩時，父母掌摑他 / 她是可接受的。	①	②	③	④
q6e	男孩子打架是很正常的。	①	②	③	④
q6f	女孩子打架是很正常的。	①	②	③	④
q6g	我認為當男孩子被人打時，他應該還手。	①	②	③	④
q6h	我認為當女孩子被人打時，她應該還手。	①	②	③	④
q6i	一個女性被強姦，她可能亦有責任。	①	②	③	④
q6j	妻子不應拒絕丈夫做愛的要求。	①	②	③	④

q7. 你曾否作出過下列行為？		是	否
q7a	你曾否涉及虐待孩子的個案中；	①	⓪
q7b	你配偶曾否涉及虐待孩子的個案中；	①	⓪
q7c	你曾否涉及虐待配偶的個案中；	①	⓪
q7d	你配偶曾否涉及虐待配偶的個案中；	①	⓪
q7e	你曾否涉及官非？(被告或留案底)；	①	⓪
q7f	你配偶曾否涉及官非？(被告或留案底)；	①	⓪
q7g	我曾偷別人或家人的錢；	①	⓪
q7h	我曾經打人或嚇人說要打他/她・	①	⓪

Appendix 2: Definitions of Risk Factors

Factor	Definition
Child neglect	Neglect includes leaving child alone in the house, leaving child in hunger, showing limited care when child in sickness, or being unable to take care of child due to drunkenness.
Child witnessed parental violence	The extent to which the respondent had witnessed violence demonstrated by either or both parents in childhood. The nature of violence includes psychological aggression, physical assault, or even injury to either or both parents
Sexual abuse history	Previous experience of sexual assault reported by the respondent. The experiences may include being forced to look at or touched other's sex organ, sex organ being touched or looked at by other in unwilling situation, being forced to have sexual intercourse, or being forced to give in to acts that are now considered to be sexual assaults.
Criminal history	The extent to which the respondent has committed at least one of the following criminal & antisocial acts: involved in child abuse and/or spousal battering dispute, violating civil or criminal laws, criminal record, on probation order or restraining order, violation of protection order, history of reporting police, record of arrest or charge, violence outside the family (use violence or threat against others), violence inside family (nuclear or extended) e.g. in law conflict/violence, elderly abuse etc.
Self-esteem	The extent of worth the respondent sees in himself/herself. This can be expressed by aspects including the number of good qualities the respondent thinks he/she possesses, the things that he/she feels proud of, the level of self satisfaction that he/she has, and whether respondent considers his/her own worth as on the equal basis with others.
Violence approval	The extent of which respondent accepts using physical force as a proper way to respond to situations including being hit by others, gaining control over partners in family dispute, disciplining children and punishing children who talk back or being in trouble.
Anger management	The extent to which respondent being able to recognize the signs of anger, self-talk and self-soothing to control anger.

Appendix 2 Cont'd

Factor	Definition
Stressful conditions	The extent of stress and hassles experienced by the respondent. The sources of stress may originate from external stressors, interpersonal problems, and matters concerning self fulfillment.
Face	The extent of the respondent's acquisitive face orientation based on the intention to pursue recognition from others on his/her strengths and success, and to seek people's attention or even admiration to achieve the status of being a celebrity of respectable person.
Social desirability	The degree to which a respondent will tend to avoid admitting undesirable behavior, such as partner assault and other forms of crime. The scale is intended to measure things that are slightly undesirable but true of everyone. The higher the social desirability score the less likely the respondent is to disclose undesirable information on the self-report survey. A high score indicates that the respondent is more likely to deny socially undesirable behavior.
Jealousy	Extreme concern about the possible sexual and social exclusiveness of partner
Negative attribution	The extent of which the respondent blames partner when things go wrong. The respondent holds partner responsible for the irritation and annoyance demonstrated in dispute, and suspects partner may has intention other than showing love and care when being treated nicely.
Shifting responsibility	The extent of which the respondent believes victim shares part of the responsibility for the violence.
Domination	The extent of control possessed by the respondent over partner in the hierarchical relationship.
Relationship distress	The areas of dissatisfaction with the relationship the respondent has, which can be characterized by high conflict and few positive interactions.
Social support	The extent of which the respondent feels being isolated in life and having no one to offer help when he/she is in need.
Extended family influence	The extent of which the respondent being aware of the influence of extended family member(s) on everyday life.
In-law conflict	The respondent's experience of in-law conflict including argument or fighting and the number of incidents.

Appendix 2 Cont'd

Factor	Definition
Suicidal ideation	The extent of which the respondent has thought of committing suicide.
Substance abuse	Excessive use of alcohol or other mine-altering drugs
Depressive symptoms	The extent of disturbances in mood and dysphoric cognitions a respondent is suffering. This can be measured by the positive and negative feelings respondent has about life.