

**Motion on**  
**“Requesting the Government to set up crisis support centres for sexual violence victims and abused children in public hospitals”**  
**moved at the Legislative Council Meeting of 12 December 2018**

**Progress Report**

**Purpose**

At the Legislative Council Meeting of 12 December 2018, the motion on “Requesting the Government to set up crisis support centres for sexual violence victims and abused children in public hospitals” moved by Dr Hon Pierre CHAN as amended by Hon Alice MAK and Dr Hon Fernando CHEUNG was passed. The wording of the motion is at the Annex. The progress of related work carried out by Labour and Welfare Bureau (LWB), Food and Health Bureau, Social Welfare Department (SWD), Hong Kong Police Force (the Police) and Hospital Authority (HA) is set out in details below.

**Proposal on setting up crisis support centres**

2. In 2007, SWD introduced a “one-stop” service model to handle sexual violence cases. The support network of the service model covers all districts in the territory. Regardless of the district or government department where the victim initially approaches for services, the designated social worker responsible for following up on the case will provide 24-hour outreaching services having regard to the victim’s physical location, and arrange continuing support and follow-up services for the victim. The series of services include co-ordinated medical care, forensic examination, statement-taking, emotional support and counselling, social work support, provision of service information and so forth, with the aim of enabling the victims to receive services and go through all relevant procedures in a convenient, safe, private and supportive environment and minimising the need for the victims to recount the unpleasant incidents.

3. To enhance the support services for sexual violence victims, HA has arranged two designated rooms (including one back-up room) in each of the 18 public hospitals providing Accident and Emergency (A&E) services throughout the territory for provision of “one-stop” service to victims. In November and December 2018, SWD and HA visited and examined the designated rooms in 18 public hospitals as well as to keep abreast of the operations and workflow when a victim of sexual violence attends an A&E Department for medical attention. To ensure that relevant healthcare and professional staff are familiar with the procedures of the “one-stop” service for better cooperation, SWD will work jointly with HA and relevant departments such as the Police to organise drill exercise of the provision of “one-stop” service at major public hospitals on about an annual basis. The current “one-stop” service model with a designated social worker responsible for co-ordinating the follow-up services needed by the victim and the provision of designated rooms in 18 hospitals throughout the territory to provide support services to sexual violence victims may be better in facilitating the victims to access appropriate support services than setting up three crisis support centres on Hong Kong Island, in Kowloon and the New Territories.

4. Besides, when considering the setting up of a crisis support centre respectively on Hong Kong Island, in Kowloon and the New Territories as proposed in the motion, the Government and HA have to carefully evaluate various factors, including the capacity of the existing public hospitals. Due to the ever growing demand for public healthcare services arising from the expanding and ageing population, currently a majority of the public hospitals are overcrowded with limited space for routine and core business, especially in winter surge periods during which the number of A&E attendances remained high and the occupancy rate of medical inpatient beds in the majority of acute hospitals reached over 100%. There are also access block situation in individual hospitals that patients have to wait at the A&E Department before getting admitted to an inpatient ward. In response to the increasing demand for healthcare services, HA, as the major provider of public healthcare services, needs to ensure optimal use of existing space to meet public demands for different healthcare services. Nonetheless, in the longer term, HA will actively study the provision and enhancement of designated rooms or facilitates in

newly built or renovated hospitals for patients in need, including sexual violence victims.

5. To enhance the support for sexual violence victims, SWD has commissioned the Tung Wah Group of Hospitals to operate the CEASE Crisis Centre (CEASE) to provide the aforementioned “one-stop” crisis intervention and support services for sexual violence victims and their families in Hong Kong. Adopting the “one-stop” service principle, the CEASE uses a multi-disciplinary assistance model in handling cases of sexual violence. The CEASE provides follow-up services for victims for at least six months. Depending on the post-traumatic symptoms such as negative thoughts and emotions, the CEASE provides counselling services to the victims to help them deal with their emotional issues to better equip them for future challenges. The CEASE also provides victims with other necessary support/assistance, including financial assistance, accompanying them to go through the police enquiry and court hearings, and where necessary, referring them to relevant services, e.g. medical follow-up services (including medical treatment of sexually transmitted diseases, gynecological or AIDS treatment) and clinical psychological service, etc. In the process, social workers of the CEASE will maintain close liaison with other social workers and professionals concerned for joint follow up actions.

### **Data collection**

6. SWD maintains the Central Information System on Spouse/Cohabitant Battering Cases and Sexual Violence Cases (the “Central Information System”) to capture data of spouse/cohabitant battering and sexual violence cases handled by different departments and organisations. The reporting agencies include SWD, the Police, Department of Health, Legal Aid Department, HA, non-governmental organisations (NGOs) and other relevant government departments. The statistics and data so compiled will be uploaded onto SWD’s website quarterly for access by the general public.

7. The establishment of the “Central Information System” is to facilitate the understanding of the trend and common characteristics of

spouse/cohabitant battering and sexual violence cases. The data analysis is subject to available information collected from the data providers. SWD and relevant departments, including the Police and HA, will review and improve the existing mechanism in collecting and reporting sexual violence cases, so as to acquire better understanding of the provision of “one-stop” service for sexual violence victims.

### **Review of the “Procedural Guide for Handling Child Abuse Cases”**

8. Regarding the handling of child abuse and suspected child abuse cases, SWD formed a task group in November 2016 to review the “Procedural Guide for Handling Child Abuse Cases (Revised 2015)” (Procedural Guide), with members from relevant government departments, NGOs and professionals. In early 2017, the task group collected views on the definition of child abuse and handling approaches through consultation with different stakeholders. Four focus groups have been set up earlier to discuss thoroughly (i) the definition of child abuse and the handling approaches; (ii) identification of child abuse cases, initial assessment and risk assessment; (iii) social investigation and handling allegation of child abuse against staff, carers and volunteers; and (iv) handling cases relating to parents with substance abuse. Relevant chapters on these areas in the Procedural Guide are now under revision. Currently, the task group is reviewing the procedures on criminal investigation and medical examination. Another focus group has been formed in February 2019 to review the area relating to formulation and implementation of follow-up plans. Stakeholders will be consulted again at an appropriate time. The review is targeted to be completed in 2019.

### **Training for frontline staff**

9. SWD regularly organises different training programmes for frontline professional staff to enhance their ability to handle cases of domestic violence. The programmes cover knowledge and skills on handling cases of child abuse, and the enhancement of frontline staff’s capabilities in risk assessment, violence prevention, post-trauma

counselling, etc. SWD also sends its staff to attend training activities for frontline professionals organised by other relevant bureaux, departments and NGOs. In 2018-19, SWD organised a total of 140 related training programmes for frontline professional staff with attendances of about 11 000.

10. To equip police officers with the skills and knowledge to deal with sexual violence cases professionally, the Police College and its Detective Training Centre have incorporated relevant topics into various regular programmes. For instance, topics such as “Sexual Violence”, “Victim’s Charter”, “Psychological Skills in Handling Victims”, “Empathetic Listening”, “Conflict Management” and “Understanding Aggression, Violence and Handling Techniques” are covered in the Recruit Police Constables Foundation Training Course, Probationary Inspector Foundation Training Course, various Development Courses, Promotion Courses and Criminal Investigation Courses. The Police also provides continuous training for frontline staff. In 2018-19, the Police organised a total of 8 related programmes with attendances of about 3 325.

### **Setting up special investigation teams**

11. The Police reviews from time to time the procedures and utilisation of resources for handling sexual violence and child abuse cases. To ensure effective investigation and delivery of services that meet the needs of sexual violence victims and abused children, cases are assigned to different teams for investigation having regard to their complexity and seriousness. In general, child abuse cases are investigated by Criminal Investigation Teams of a police district. For cases which are more serious or of a more complicated nature (e.g. cases involving sexual abuse of children under the age of 17 years, and the alleged offender is a member of the victim’s family/extended family, or a person entrusted with the care of the child), investigation will be conducted by the Police’s Child Abuse Investigation Units under the Regional Crime Units. In line with the principle of the one-stop service and the spirit of the service model for sexual violence victims, the Police will, through co-ordination between crime units, minimise needs for transferring a case from one

crime unit to another, or asking a victim to repeat the traumatic experience to officers of different units for the purpose of further statement or clarification. Officer-in-charge of Case will provide the forensic pathologist with relevant information about the case and the victim to facilitate forensic examination so as to minimise the need for the victim to recount the traumatic experience to the forensic pathologist unnecessarily.

### **Interpretation and translation services for ethnic minorities**

12. To cater for the needs of ethnic minorities, HA and Home Affairs Department provide interpretation and translation services through NGOs or service contractors. Take HA as an example, interpretation services for ethnic minorities, which cover 18 languages, are provided in public hospitals and clinics of HA through a service contractor, part-time court interpreters and consulate offices. To ensure the quality of the services, HA provides, through its service contractor, training in medical-related knowledge for all interpreters, including training sessions conducted by university lecturers. Through such training, the interpreters can acquire the basic knowledge about hospital operation, medical terminology and infection control, so that they can provide interpretation services for ethnic minority patients in a prompt and accurate manner. So far, over 108 interpreters have received such training. In collaboration with representatives from the Department of Chinese and Bilingual Studies of the Hong Kong Polytechnic University, the service contractor commissioned by HA also conducts annual inspection in hospitals to monitor the service quality of interpreters. According to previous questionnaire surveys, the users concerned are generally very satisfied with the interpretation services provided in hospitals and clinics.

13. Regarding the support services for ethnic minorities, SWD has planned to commission an NGO to set up a dedicated team to enhance ethnic minorities' awareness about domestic violence and sexual violence through public education activities and encourage them to seek assistance. SWD will also commission NGOs to set up a total of three dedicated outreach teams on Hong Kong Island, in Kowloon and the New Territories to assist in ethnic minorities' access to welfare services.

Ethnic minorities will be recruited to join the dedicated outreach teams and it is expected that the teams will commence service in 2019-20.

14. SWD has disseminated the messages on child protection and prevention of domestic violence to ethnic minorities through various channels, including compilation of related publicity leaflets in a number of languages, setting up a short cut link to “Information for Ethnic Minorities” on SWD’s website, and arrangement for broadcasting publicity messages on child protection and prevention of domestic violence during the monthly dedicated time slots for ethnic minorities on radio, etc.

#### **To shorten the time of abused children overstaying in hospitals**

15. When there are cases of suspected child abuse, all such cases will be handled by relevant departments and NGOs through multi-disciplinary collaboration in accordance with the “Procedural Guide for Handling Child Abuse Cases”, which include convening the multi-disciplinary case conference on protection of children with suspected abuse (MDCC) within 10 working days as far as possible after completion of the social investigation. The MDCC enables professionals, including medical personnel, school personnel, social workers, police officers and clinical psychologists, who are handling and investigating the child abuse case to conduct risk assessments before deciding on the best arrangements for the child. The MDCC will formulate a welfare plan for the child and his/her family and a case social worker will be designated to implement the welfare plan.

16. If the MDCC considers that the family is temporarily not suitable for taking care of the abused child, the child will be placed under the care of his/her relatives as far as possible. If care by relatives is not feasible, the case social worker will arrange appropriate residential child care service having regard to the welfare needs of the child. Case social workers will also provide counselling service for children who need to stay in hospitals because they are waiting for residential child care service

as well as for their families/carers. Continuous assessment of the children's needs will be conducted to assist them in the formulation of discharge plan, and where feasible, to leave the hospital as early as practicable. SWD will keep under review the utilisation of and the demand for different types of residential child care services, and will increase the number of places in phases in the next few years.

Labour and Welfare Bureau  
Food and Health Bureau  
Social Welfare Department  
Hong Kong Police Force  
Hospital Authority  
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(Translation)

**Motion on**  
**“Requesting the Government to set up crisis support centres for**  
**sexual violence victims and abused children in public hospitals”**  
**moved by Dr Hon Pierre CHAN**  
**at the Council meeting of 12 December 2018**

**Motion as amended by Hon Alice MAK and Dr Hon Fernando CHEUNG**

That, despite the Government’s provision of support services for sexual violence victims and abused children over the years, the number of cases of sexual violence and child abuse in Hong Kong in recent years has seen a rising trend; in this connection, this Council urges the Government to allocate additional resources to the Hospital Authority for, in accordance with the Guidelines for medico-legal care for victims of sexual violence issued by the World Health Organization, setting up a crisis support centre in public hospitals respectively in the New Territories, on Hong Kong Island and in Kowloon to provide sexual violence victims and abused children (‘victims’) with 24-hour one-stop comprehensive services; details of recommendations are as follows:

- (1) designating a suitable place with high privacy protection for setting up a 24-hour one-stop crisis support centre in three public hospitals, thereby allowing victims to receive treatment and follow-up services and undergo necessary procedures, including medical treatment, forensic examinations, reporting to the Police, statement taking (with the provision of facilities for the Police to take statements from victims by way of video-recorded interview), receiving support and counselling from social workers, in the same place;
- (2) providing professional and adequate manpower at one-stop crisis support centres to enable victims to expeditiously access comprehensive assistance and support, including emotional and psychological counselling and legal advice;
- (3) properly maintaining overall statistics on victims receiving diagnosis and treatment or undergoing examinations, giving statements to the Police and undergoing forensic examinations in public hospitals;
- (4) instructing the Social Welfare Department to review the existing procedural guide for regulating the handling of child abuse cases while clarifying its coordination role to foster cooperation with the Police,

health care personnel and other departments, in order to provide abused children with timely assistance and follow-up;

- (5) providing frontline personnel (including police officers and social workers) with professional and specialized training to enhance their sensitivity and skills in handling cases of sexual violence and child abuse involving different genders, backgrounds, cultures and sexual orientations;
- (6) establishing in the Police a special investigation team dedicated to handling cases of sexual violence and child abuse to complement the relevant investigation work of one-stop crisis support centres, thereby abating the enormous pressure faced by victims in having to repeatedly recount the incidents due to a change of investigation teams by the Police; and
- (7) formulating uniform standards of interpretation and translation services for languages of various ethnic minorities, improving the procedure and guidelines for provision of interpretation services in public hospitals, reviewing the application formalities for interpretation services, and deploying resident medical interpreters in public hospitals and providing training for them to ensure that they, while protecting the privacy of victims, render interpretation and translation services to ethnic minorities victims in a professional and impartial manner;
- (8) expeditiously convening multi-disciplinary case conferences for child abuse cases to formulate long-term plans in the best interests of abused children, while significantly increasing the number of residential placements for children to shorten the time of abused children overstaying in hospitals; and
- (9) putting in place feedback and complaint mechanisms for interpretation and translation services.