

立法會
Legislative Council

LC Paper No. CB(2)955/19-20

(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 9 December 2019, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

Members present : Hon KWONG Chun-yu (Chairman)
Hon SHIU Ka-chun (Deputy Chairman)
Hon LEUNG Yiu-chung
Prof Hon Joseph LEE Kok-long, SBS, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon CHAN Chi-chuen
Hon LEUNG Che-cheung, SBS, MH, JP
Dr Hon KWOK Ka-ki
Hon KWOK Wai-keung, JP
Dr Hon Fernando CHEUNG Chiu-hung
Hon POON Siu-ping, BBS, MH
Hon Andrew WAN Siu-kin
Hon Wilson OR Chong-shing, MH
Dr Hon Pierre CHAN
Hon LUK Chung-hung, JP
Dr Hon CHENG Chung-tai

Member absent : Hon CHU Hoi-dick

Members attending : Hon Claudia MO
Hon Elizabeth QUAT, BBS, JP
Hon Holden CHOW Ho-ding

Public Officers attending : Items III and IV

Ms PANG Kit-ling
Assistant Director (Family and Child Welfare)
Social Welfare Department

Item IV

Mr Caspar TSUI, JP
Under Secretary for Labour and Welfare
Labour and Welfare Bureau

Miss Trista LIM
Principal Assistant Secretary for Food and Health
(Health)²
Food and Health Bureau

Dr CHUNG Kin-lai
Director (Quality and Safety)
Hospital Authority

Mr Andy KUNG
Senior Manager (Infection, Emergency and
Contingency)
Hospital Authority

Attendance by invitation : Item IV

Association Concerning Sexual Violence Against
Women

Miss KAN Man-ki
Advocacy Officer

Tung Wah Group of Hospitals CEASE Crisis
Centre

Ms CHUNG Yin-ting
Community Services Secretary (Youth & Family)

Clerk in attendance : Ms Wendy JAN
Chief Council Secretary (2) 4

Staff in attendance : Ms Catherina YU
Senior Council Secretary (2) 4

Miss Alison HUI
Legislative Assistant (2) 4

Action

I. Information paper(s) issued since the last meeting
[LC Paper No. CB(2)314/19-20(01)]

Members noted that a referral from the Public Complaints Office on policy issues relating to providing support for families and children in poverty had been issued since the last meeting.

II. Items for discussion at the next meeting
[LC Paper Nos. CB(2)317/19-20(01) to (02)]

2. Members agreed to discuss at the next meeting scheduled for 13 January 2020 the following items:

- (a) Planning for the provision of welfare facilities in new districts; and
- (b) Progress of the Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment.

III. Briefing on the proposed Member's bill to amend the Protection of Children and Juveniles Ordinance (Cap. 213) and the Juvenile Offenders Ordinance (Cap. 226)
[LC Paper Nos. CB(2)58/19-20(01) and CB(3)9/16-17]

3. At the invitation of the Chairman, Dr Fernando CHEUNG briefed members on his proposed amendments to the Protection of Children and Juveniles Ordinance ("PCJO") (Cap. 213) and the Juvenile Offenders Ordinance ("JOO") (Cap. 226) ("Member's bill") which were set out in his letter dated 22 October 2019 (LC Paper No. CB(2)58/19-20(01)).

The Administration's response on the policy aspects of the Member's bill

4. At the invitation of the Chairman, Assistant Director (Family and Child Welfare) ("AD(Family and Child Welfare)") gave the Administration's response on the policy aspects of the Member's bill. AD(Family and Child Welfare) said that the Social Welfare Department ("SWD") had all along been adhering to the principle of safeguarding the best interests of children in handling all child welfare cases including child abuse cases.

5. Regarding Dr Fernando CHEUNG's concern that some children from the same family who had suffered from domestic violence were admitted to different residential care homes ("RCHs"), AD(Family and Child Welfare) said that for the protection of these children, SWD should arrange for them to leave their homes as soon as practicable. While SWD would try to accommodate these children in the same RCH, it was sometimes not possible due to factors such as the age and special needs of the children concerned and the shortage of places in an RCH. Under such circumstances, SWD would first arrange for these children to stay in different RCHs and continue to look for places in the same RCH for them.

6. As regards the review of care plans for children in respect of whom a protection order had been made by the court under PCJO, AD(Family and Child Welfare) said that the review period of the care plans varied from case to case. SWD, if so required by the court, would submit to the court a progress report on the care plans of the children concerned according to the date specified by the court.

7. In respect of the proposed mandatory reporting of child abuse by persons who were responsible for the care and welfare of children ("mandatory reporting mechanism"), AD(Family and Child Welfare) said that The Ombudsman had suggested that the Administration should explore the feasibility of establishing such a reporting mechanism for suspected child abuse cases. In addition, the Law Reform Commission ("LRC") had been reviewing the feasibility of introducing a new offence of "failure to protect a child or vulnerable person where the child's or vulnerable person's death or serious harm results from an unlawful act or neglect". In the same LRC review, the mandatory reporting mechanism for child abuse was also explored. According to LRC, it would need to consult the public and the legal sector on the "failure to protect" offence as well as the mandatory reporting mechanism given their complex nature and wide ranging implications. The Administration would keep in view closely the LRC review and its final recommendations. Upon receipt of LRC's final report, the Administration would carefully consider the recommendations therein.

Reporting of child abuse

8. Expressing support for the Member's bill, the Chairman sought Dr Fernando CHEUNG's views on the current reporting mechanism for child abuse. Dr Fernando CHEUNG said that The Ombudsman had pointed out in its Direct Investigation Report on "Mechanism for Identifying and Reporting Suspected Child Abuse Cases" that there were inconsistencies in the contents of the Procedural Guide for Handling Child Abuse Cases ("Procedural Guide") issued by SWD and that of the School Administration Guide/circular on handling suspected cases of child abuse and domestic violence issued by the Education Bureau ("EDB") ("EDB's guidelines"). He further said that SWD had regarded some reported child abuse cases as enquiries, and some principals of kindergartens did not report some suspected child abuse cases, which had eventually turned into tragedies.

9. Dr Fernando CHEUNG also pointed out that in many overseas jurisdictions, children's carers and certain professionals dealing with children were required by law to report child abuse and some of these jurisdictions would impose penalties on persons who failed to comply with the reporting requirement. While the United Nations had suggested in as early as 2006 that Hong Kong should establish a statutory reporting mechanism for child abuse, Hong Kong had yet to legislate in this regard. The Member's bill had therefore proposed to make it mandatory for persons who were responsible for the care and welfare of children to report child abuse.

10. In response to Mr LEUNG Yiu-chung's enquiry about how SWD would follow up reported child abuse cases, AD(Family and Child Welfare) said that SWD and EDB held the same view that parents should be informed of child abuse cases but their prior consent was not required for reporting or making a referral of a suspected child abuse case. She added that SWD was revising the contents of the Procedural Guide with a view to improving its clarity and consistency with EDB's guidelines. Clear classification of cases as enquiries or referrals as well as guidelines on how enquiries and referrals should be handled would be provided in the revised version of the Procedural Guide, which would be completed by end-December 2019.

11. AD(Family and Child Welfare) further said that following the deployment of additional school social workers to pre-school institutions, primary and secondary schools, the number of referrals of suspected child abuse cases had increased. SWD's Family and Child Protective Services Units would conduct investigations jointly with school social workers into these cases, and take proactive follow-up actions, such as convening Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse and protecting the

children by removing them from places where the abuse occurred.

12. Dr KWOK Ka-ki and Mr LEUNG Che-cheung expressed support for the proposed mandatory reporting mechanism. Mr LEUNG was however concerned that the proposed mandatory reporting mechanism might put great pressure on those who were responsible for the care and welfare of children as they would be held liable for non-compliance with the reporting requirement. He suggested that the Administration should provide these persons with clear guidelines on fulfilling the proposed statutory duty of reporting child abuse. Dr Fernando CHEUNG said that the Member's bill did not propose any penalty on persons who failed to report child abuse.

13. Mr Holden CHOW noted that under the proposed mandatory reporting mechanism, child abuse should be reported unless it was in the best interests of the child concerned not to do so. In this connection, he sought information on the factors to be considered when determining a child's best interests.

14. Dr Fernando CHEUNG responded that child abuse cases should be reported as soon as practicable in the best interests of the children. However, if precautionary measures to ensure the safety of the child concerned had not been adopted before reporting the abuse, it would not be in the interests of the child concerned to report the abuse.

15. The Deputy Chairman indicated support for the Member's bill. He said that SWD had arranged some children who did not have medical needs to stay in public hospitals due to lack of residential child care ("RCC") places. Some of these children were stranded in public hospitals for several months due to the acute shortage of RCC places. He enquired whether doctors of the public hospitals concerned were required to report these cases under the Member's bill.

16. Dr Fernando CHEUNG responded that he had proposed in the Member's bill that the court should review the care plans of children who had remained in institutional care or in the custody of the Director of Social Welfare for more than nine months during the last 12-month period. To his understanding, some children with no medical needs were stranded in public hospitals for more than nine months and these cases would be subject to review by the court under the Member's bill.

17. AD(Family and Child Welfare) said that when a doctor of the Hospital Authority ("HA") considered that a child who was admitted to a hospital under SWD's arrangement should be discharged from the hospital, he/she would follow up the case with the medical social worker or the social worker responsible for the case. She further said that it was unacceptable to hospitalize

children without medical needs for as long as nine months and SWD would follow up such cases seriously, if any.

Age of criminal responsibility

18. In response to the Deputy Chairman's enquiry about the impact of the Member's bill on young offenders, Dr Fernando CHEUNG said that he had proposed to substitute section 3 of JOO by a new section to introduce three standards for the age of criminal responsibility. The proposed new section 3 stated that "(1) No person under the age of 10 can be guilty of any offence. (2) No person over the age of 10 and under the age of 16 can be guilty of any offence except an offence of serious personal violence. (3) No person under the age of 18 may be charged with any offence only triable summarily".

19. Referring to the above proposed new section 3(2) of JOO, Mr Holden CHOW said that the Government had added a new provision to the Crimes Ordinance (Cap. 200) to implement the recommendation of the report of LRC published in December 2010 that the irrebuttable common law presumption that a boy under the age of 14 was incapable of sexual intercourse should be abolished. He was concerned that the proposed new section 3(2) might contradict the intent of the aforesaid provision. Moreover, as persons who were over the age of 14 and under the age of 16 might be capable of committing serious offences such as criminal damage or theft, he wondered whether the proposed new section 3(2) should be applicable to offenders between the age of 14 and 16. Dr Fernando CHEUNG responded that as rape was an offence of serious personal violence, his proposed amendment to the age of criminal responsibility was not in contradiction to the intent of the relevant provision in the Crimes Ordinance.

20. AD(Family and Child Welfare) said that many young persons aged below 16 were required to receive probation services for offences such as theft, fraud, criminal damage or drug trafficking, which did not involve serious personal violence. A clear message should be given to these young people that the acts they had committed were criminal offences although they were not subject to criminal sanction under the proposal. She further said that the Administration was concerned that young people might be induced to commit serious offences if the age of criminal responsibility was revised as proposed by the Member's bill. As such, the proposal should be carefully considered.

Reasonable chastisement

21. Mr Holden CHOW said that a new section was proposed under the Member's bill to exclude the defence of reasonable chastisement in relation to

any offence where the injury or harm caused was more than transient or trifling ("proposed new section 51"). He sought information on the types of corporal punishment which would be a defence for a charge for an offence under the proposed new section 51. Mr LEUNG Che-cheung opined that it should make clear to parents the types of corporal punishment which would be regarded as serious assault or battery on a child under the proposed new section 51.

22. Dr Fernando CHEUNG responded that in his view, an injury or a harm which was transient or trifling would not constitute an assault under the proposed new section 51. That said, it would be up to the court to judge whether an injury or a harm caused to a child was transient or trifling.

23. AD(Family and Child Welfare) said that the Administration might not take prosecution actions against corporal punishment such as hitting on a child's palm once or asking a child to remain standing for a short while. Instead of classifying these cases as child abuse, the Administration might regard them as parenting problems. She further said that although PCJO did not stipulate sanctions against child abuse, there was legislation (e.g. the Offences Against the Person Ordinance ("OAPO") (Cap.212)) protecting children and young people from abuse. The Administration had successfully prosecuted abusers of some serious child abuse cases under such legislation in the past.

24. Dr KWOK Ka-ki opined that as OAPO did not cover child abuse and domestic violence cases, it might not have deterrent effect on abusers. In his view, the proposed new section 51 could raise the awareness of members of the public that corporal punishment was not a right way of parenting children, which would be a starting point to enhance protection for children.

Rights of arrested young people

25. Dr KWOK Ka-ki further said that some young people below 18 years old were arrested by the Police during recent social incidents. Some of these young people were sent to the Boys' Home although their parents or schools had already indicated that they would provide assistance for these young people. He asked how the Administration would assist these young people in safeguarding their rights.

26. AD(Family and Child Welfare) responded that SWD provided residential training in the Tuen Mun Children and Juvenile Home ("TMCJH") for mal-adjusted children/young people and young offenders through social work intervention to give effect to the directions of the court. Some of the young people arrested by the Police during recent social incidents were sent to TMCJH under PCJO in order to wait for their parents to apply for bail for them or

accompany them to take statement. Most of these young people were sent to TMCJH at mid-night and were released the next day morning. There were also cases where applications for protection order were made to the court within 48 hours after the young people were taken to TMCJH.

27. In response to Dr KWOK Ka-ki's enquiry about the assistance provided for young people who were assaulted by the Police during detention, AD(Family and Child Welfare) said that SWD had not received any request for assistance from these young people. If parents suspected that their children were assaulted by the Police, they might lodge a complaint with the Complaints Against Police Office.

Attendance of public officers

28. Dr Fernando CHEUNG said that as the Member's bill covered various policy areas, representatives from the Labour and Welfare Bureau ("LWB"), the Security Bureau ("SB") and the Food and Health Bureau should attend the meeting and provide their responses to members' concerns on relevant policy issues. Regrettably, AD(Family and Child Welfare) was the only public officer attended the discussion of the Member's bill. The Chairman said that although representatives from LWB and SB had been invited to join the discussion of the Member's bill, they had refused to do so.

IV. Providing crisis support for sexual violence victims

[LC Paper Nos. CB(2)317/19-20(03) to (04)]

29. At the invitation of the Chairman, Under Secretary for Labour and Welfare ("USLW") briefed members on the crisis support services provided for victims of sexual violence.

30. The Chairman said that Association Concerning Sexual Violence Against Women ("ACSVAW") and Tung Wah Group of Hospitals CEASE Crisis Centre ("CEASE") had been invited to give views on crisis support services for sexual violence victims. At the invitation of the Chairman, the deputations presented their views which were summarized in LC Paper Nos. CB(2)359/19-20(01) and (02) respectively.

The Administration's response to deputations' views

31. Responding to the views expressed by the deputations, USLW made the following points:

- (a) the Administration adopted a people-oriented approach to provide support services for sexual violence victims. The drill operation of the "one-stop" service organized by SWD sought to streamline the workflow of the "one-stop" service and enhance collaboration among relevant departments and service units with a view to minimizing further harm to the victims while they were receiving the services;
- (b) HA would consider reserving space within hospital premises for providing "one-stop" service for sexual violence victims, taking into consideration the service capacity and space of public hospitals; and
- (c) the Administration would step up the promotion on support services for sexual violence victims, including the protective measures for sexual violence victims who were under 18 years old or who were mentally incapacitated in giving statement or evidence in court. Sensitivity of frontline staff in handling sexual violence cases would also be strengthened.

Support services for sexual violence victims

32. Mr CHAN Chi-chuen said that according to ACSVAW, there were 32 alleged cases of sexual assault of protesters by police officers during recent social incidents. As these protestors had no trust in the Police and were worried that they might be arrested or prosecuted, they would not report the cases to the Police. Mr CHAN and Dr CHENG Chung-tai took the view that the Administration should consider establishing an independent mechanism for providing support for these protestors and adopting measures to assist them in seeking justice.

33. USLW responded that sexual violence victims should report the cases to the Police for investigation. The Police had put in place a series of procedures and guidelines on detention and arrest of suspects of sex crimes and the conviction rate of sexual offences, particularly rape cases, was high. The Administration had disseminated information to the public on support services for sexual violence victims and on how they could seek assistance. Sexual violence victims who did not want to report the cases to the Police could still use these services.

34. Mr CHAN Chi-chuen enquired whether ACSVAW would provide services for protestors who were sexually assaulted by police officers but did not report the cases to the Police. He also asked whether ACSVAW would provide

legal services for these protestors. Dr CHENG Chung-tai invited ACSVAW and CEASE to share with members their experience in handling alleged cases of sexual abuse of protestors by police officers and the difficulties faced by these protestors in the course of seeking assistance.

35. Miss KAN Man-ki of ACSVAW said that the sexual violence crisis centre named "the RainLily" which was set up by ACSVAW would provide services for sexual violence victims irrespective of whether the cases had been reported to the Police. However, the victims were required to report the cases to the Police in order to receive legal services. She further said that of the 2 318 sexual violence cases handled by the RainLily in the past 18 years, only 1 298 cases (around 56%) had been reported to the Police and 200 of these reported cases had been withdrawn by the victims. The reporting rate of sexual violence cases to the Police was low partly due to the insensitivity of the Police in handling sexual violence cases.

36. Miss KAN Man-ki of ACSVAW further said that, according to some victims, when they reported the cases to the Police, they were often required to recount their unpleasant experience seven or eight times to different police officers, which had caused further harm to them. Many victims were also unwilling to report the cases to the Police if the abuser was a police officer. She also said that as many sexual violence victims were not aware of or unclear about the crisis support services provided by the Administration, the Administration should step up the publicity of its crisis support services for sexual violence victims.

37. Ms CHUNG Yin-ting of CEASE said that CEASE handled all requests from sexual violence victims in a professional manner. Some victims did not want to report their cases to the Police and CEASE respected their decisions while offering help to them.

38. Mr LUK Chung-hung was of the view that victims of sexual violence should report the cases to the Police and seek appropriate assistance. As society had zero tolerance for sexual violence, members of the public should have confidence that sexual violence cases reported to the Police would be properly handled under the existing system.

39. The Deputy Chairman said that the Police should improve its support services for sexual violence victims having regard to the views of members and the deputations. He expressed regret that representatives from the Police were not present when this item was discussed.

Provision of one-stop service to sexual violence victims

40. Expressing concern that sexual violence victims might not receive support services in a timely manner, Mr LUK Chung-hung enquired whether there were guidelines on response time of a social worker to a request for service.

41. Director (Quality and Safety), HA ("Director (Quality and Safety)") responded that HA had arranged one designated room and one backup room in each of the 18 public hospitals providing accident and emergency ("A&E") service for sexual violence victims to receive the "one-stop" service ("designated rooms"). A set of multi-disciplinary guidelines and procedures had been drawn up to facilitate the interface of the departments and service units concerned in handling sexual violence cases. A separate set of guidelines had also been provided for staff of the A&E Department of public hospitals on provision of support services for sexual violence victims, which included post-coital contraception, screening and prophylactic treatment of sexually transmitted diseases, etc.

42. Director (Quality and Safety) further said that social workers of CEASE or the RainLily usually arrived at the designated rooms in less than one hour after receiving a service request and their average response time was 30 minutes. Staff of the A&E Department would also accord priority to attending to sexual violence victims.

43. The Deputy Chairman opined that the "one-stop" service provided for sexual violence victims by the Administration did not measure up to the recommendations of the World Health Organization and that of the RainLily. In this connection, he requested the Administration to provide information on how many of the designated rooms had a door and were sound-proof so as to protect the privacy of service users, and how many of these rooms were equipped with a bed for conducting gynecological examination and had shower facilities. Director (Quality and Safety) undertook to provide the requisite information.

HA

(Post-meeting note: The Administration's response was issued to members vide LC Paper No. CB(2)905/19-20(01) on 4 May 2020.)

44. Dr Fernando CHEUNG opined that as sexual violence victims had suffered from severe psychological trauma, it was important that they should be protected from further harm. However, unlike some overseas places where sexual violence victims could complete all necessary procedures in the same place, under the Administration's "one-stop" service model, sexual violence victims seeking assistance were required to go to different places to undergo the necessary procedures and recount their traumatic experience, which had inflicted

further psychological harm on them. He called on the Administration to formulate relevant policies and LWB should take the lead in coordinating services of relevant departments with a view to providing genuine one-stop support services for sexual violence victims.

45. AD(Family and Child Welfare) responded that the "one-stop" service model adopted a people-oriented approach and aimed to enable sexual violence victims to receive the required services conveniently. Some sexual violence victims who had sought assistance a long time after the sexual abuse might not require to undergo procedures such as forensic examination or medical treatment. As for sexual violence victims who were required to go through all the necessary procedures, "one-stop" service would be provided for them at the designated rooms. She further said that under the "one-stop" service model, a social worker of CEASE would be assigned as the case manager who would provide counselling service and arrange the required services for the victim at a location convenient to the victim.

(At 12:39 pm, the Chairman extended the meeting for 15 minutes beyond the appointed ending time to allow sufficient time for discussion.)

46. Dr Fernando CHEUNG remarked that since not all the designated rooms were equipped with the facilities for gynecological or forensic examination and the Police might not take statement in the designated rooms for all sexual violence cases, some sexual violence victims could not receive "one-stop" service in the designated rooms. At Prof Joseph LEE's request, USLW undertook to provide a breakdown of the utilization rate of the services (i.e. medical care, forensic examination, statement-taking, emotional counselling and social work support) provided for sexual violence victims under the "one-stop" service model in the past five years.

(Post-meeting note: The Administration's response was issued to members vide LC Paper No. CB(2)760/19-20(01) on 24 March 2020.)

47. Mr POON Siu-ping sought information on the areas for improvements identified through the drill operation of the "one-stop" service. AD(Family and Child Welfare) responded that SWD, HA, Department of Health, the Police and CEASE had participated in the drill operation. The drill operation allowed participants to have a better understanding of the roles of each other and the entire workflow of the "one-stop" service. Following the drill operation, the procedures of handling sexual violence cases had been streamlined to avoid hurting the victims' feelings when providing them with the relevant services. SWD would organize drill operation on a regular basis.

Setting up of crisis support centres

48. The Chairman and Ms Elizabeth QUAT said that at its meeting of 12 December 2018, the Council passed a motion urging the Administration to, inter alia, set up crisis support centres in public hospitals respectively in the New Territories, on Hong Kong Island and in Kowloon for sexual violence victims. The Chairman, the Deputy Chairman and Mr POON Siu-ping enquired whether and when the Administration would set up three crisis support centres, one each in three public hospitals. Ms QUAT called on the Administration to set up such centres once suitable locations had been identified. The Chairman also asked whether the Administration would consider setting up crisis support centres at newly built hospitals such as in the New Acute Hospital at Kai Tak Development Area.

49. Director (Quality and Safety) responded that the Administration would need to study the number of crisis support centres to be set up and their service model before taking forward the provision plan as it had an implication on the interface of relevant services, staff training requirements, operational arrangements, etc. He added that as the A&E Department in some public hospitals were overcrowded with limited space for routine and core business, especially in winter surge periods, it might be difficult to set up crisis support centres in these public hospitals.

HA 50. Director (Quality and Safety) further responded that HA would explore the provision or enhancements of services for sexual violence victims in renovated, redeveloped or newly built hospitals or in their vicinity. HA would also capitalize on overseas experience in setting up crisis support centres and invite views from staff of the A&E Department on the operation of these centres. At Ms Elizabeth QUAT's request, Director (Quality and Safety) undertook to provide the timetable, locations and design proposals for setting up crisis support centres.

(Post-meeting note: The Administration's response was issued to members vide LC Paper No. CB(2)905/19-20(01) on 4 May 2020.)

(With the consent of all members present, the Chairman extended the meeting for 15 minutes beyond the extended ending time.)

Publicity on services provided for sexual violence victims

51. Expressing concern that sexual violence victims might not be aware of the "one-stop" service, Prof Joseph LEE enquired about the publicity of the service. Ms CHUNG Yin-ting of CEASE said that a 24-hour hotline had been set up for

sexual violence victims to approach CEASE direct. CEASE would provide immediate outreaching service at places convenient to the sexual violence victim when a request for assistance was received. Information on services provided by CEASE and its hotline number were made available on certain websites, at hospitals and in report rooms of police stations.

52. Opining that the Administration should not rely on CEASE to promote services for sexual violence victims, Prof Joseph LEE said that the Administration should promote the service hotline and the "one-stop" service through Announcements in the Public Interest. AD(Family and Child Welfare) responded that SWD promoted the message on prevention of sexual violence and the hotline numbers of relevant service units to the public through various social networking platforms as well as SWD's website.

53. In response to Mr LUK Chung-hung's enquiry about whether additional manpower would be deployed to provide support services for sexual violence victims, AD(Family and Child Welfare) said that SWD would allocate additional resources to a non-governmental organization to conduct community education programmes to raise the awareness of domestic violence and sexual violence among ethnic minorities as well as encouraging victims to seek help.

Follow-up

54. Dr Fernando CHEUNG suggested that the Panel should write to the Chief Secretary for Administration ("CS") and relay to him major concerns, suggestions and views of members and the deputations on crisis support services for sexual violence victims. The Panel should also request CS to steer the relevant policy bureaux to take follow-up actions on these concerns, suggestions and views.

(Post meeting note: the aforesaid letter from the Panel Chairman to CS dated 18 December 2019 and the reply from the Administration dated 17 March 2020 were issued to members vide LC Paper Nos. CB(2)747/19-20(01) and (02) on 20 March 2020.)

Motion

55. The Deputy Chairman moved the following motion:

"鑒於現時政府為性暴力受害人所提供的'一站式'服務仍未能滿足世界衛生組織的建議，本會促請政府訂立合理時間表，在醫院範圍內設立 3 間符合舒適、安全、高私隱度及有完善醫療設備 4 個原

則的'一站式危機支援中心'。"

(Translation)

"Given that the 'one-stop' service currently provided for sexual violence victims by the Government still fails to follow the recommendations of the World Health Organization, this Panel urges the Government to draw up a reasonable timetable for establishing within hospital premises three 'one-stop crisis support centres' which meet the four criteria of comfort, secure, having a high degree of privacy and well-equipped with health care facilities."

56. The Chairman put the motion to vote. All members present voted for the motion. The Chairman declared that the motion was carried.

V. Any other business

57. There being no other business, the meeting ended at 1:11 pm.

Council Business Division 2
Legislative Council Secretariat
12 May 2020