

## CHAPTER 2

### MULTI-DISCIPLINARY COLLABORATION IN HANDLING INTIMATE PARTNER VIOLENCE CASES

#### NEEDS OF PERSONS INVOLVED IN INTIMATE PARTNER VIOLENCE

- 2.1 Victims of intimate partner violence and their family members may come to the attention of different professionals at different time. It is important that all parties involved in serving the victims and their family members should work closely with one another and refer the victims, the children, the batterers, and other persons affected, as appropriate, to the relevant agencies for necessary services or follow-up actions to ensure that the needs of the victims, the children, the batterers and other family members can be adequately met.
- 2.2 The victim's needs may include:
- (a) medical examination : treatment of physical injuries
  - (b) shelter : protection and safety
  - (c) safety plan : protection and safety, especially when the victim chooses to return home
  - (d) emotional support : feeling safe, expression of emotions and the need to know "what comes next"
  - (e) report to the Police : criminal investigation
  - (f) prosecution : judicial procedures to prosecute the suspected batterer
  - (g) legal protection : application for injunction order under Domestic and Cohabitation Relationships Violence Ordinance, Cap 189, for protection
  - (h) counselling : mood stabilization as she / he often experiences fear and depressive mood, formulation of welfare plan, etc.
  - (i) psychological service : psychological assessment or treatment for trauma and associated problems such as poor self-image
  - (j) legal advice : for divorce, etc.
  - (k) financial support
  - (l) housing : long-term housing arrangement if the victim has decided to separate from the batterer
  - (m) support in parenting : child care, handling the impact of domestic violence on the children, etc.
  - (n) being informed about rights and duties as set out in the "Victim of Crime Charter" and "The Statement on the Treatment of Victims and Witnesses"

2.3 The children's and other family members' needs may include:

- (a) medical examination : treatment of physical injuries
- (b) temporary accommodation : protection of safety
- (c) safety plan : protection of safety, especially when staying with the batterer
- (d) emotional support : feeling safe and expression of emotion
- (e) counselling : mood stabilization, formulation of welfare plan, etc.
- (f) psychological service : psychological assessment or treatment for trauma
- (g) education : alternative study arrangement during the children's temporary absence from school, assistance in school transfer, etc.

2.4 The batterer's needs may include:

- (a) medical examination : treatment of physical injuries
- (b) temporary accommodation : time-out and separation from the victim and the children
- (c) counselling and treatment : stopping the abusive behaviour, restoring relationship with the victim and other family members, etc.
- (d) psychological service : psychological assessment or treatment, such as improving mood regulation
- (e) support in parenting : child care, handling the impact of domestic violence on the children, etc. if the children are staying with the batterer during the latter's separation from the victim
- (f) legal advice, e.g. on criminal charge, child custody and access, etc.

## **CASE MANAGEMENT APPROACH**

2.5 To reduce the victim's stress and the trauma of repeating the account of unpleasant experience throughout the process, the case manager approach should be adopted so that the victim only needs to interact with the case manager for most of the time whenever the situation allows. Under most circumstances, the key social worker handling the case would normally take up the role of a case manager. However, other professionals involved should also draw reference to the role of a case manager as appropriate in order to ensure that the best interest of the victim and his / her family members can be safeguarded and promoted.

## ***Role of Case Manager***

- 2.6 The case manager should, where appropriate, line up multi-disciplinary collaboration in the helping process and ensure that actions taken by the responsible parties are timely and well co-ordinated. It is essential for the case manager to duly explain the importance of every subsequent procedure and provide the victim with adequate preparation on what actions would be taken with consideration the client's wish and needs.
- 2.7 If the victim discloses further information, which may be of material assistance to the investigation or the prosecution, and has not previously been reported to the Police, the victim should be advised to inform the Police and make a second statement.
- 2.8 The followings are dos and don'ts for the case manager :

### ***Dos***

- (a) be empathetic and provide timely assistance and support;
- (b) have knowledge of the assistance other professionals can provide and where necessary and appropriate, make referrals to the concerned service unit(s) at the earliest possible time;
- (c) be aware of the services being rendered to the victim and the family members by other professionals;
- (d) over-see the welfare plan of the family as a whole and line up multi-disciplinary collaboration;
- (e) ensure that the victim is briefed about his / her rights and duties, and the procedures in the helping process;
- (f) maintain an impartial role; and
- (g) document all dealings with the victim such as interviews, treatment sessions and so forth which may be required for subsequent court proceedings, if any.

### ***Don'ts***

- (h) make decision and all arrangements on behalf of the victim;
- (i) get involved personally;
- (j) solicit evidence from or make accusation against the batterer concerning the incident(s); and
- (k) make personal views and comment, ask leading questions, discuss details of the incident(s) with the victim or other potential witnesses of the same case or reveal to them contents of his / her own statement provided to the Police before the conclusion of police enquiry and / or subsequent court proceedings, if any.

## **MULTI-DISCIPLINARY CASE CONFERENCE**

2.9 If necessary, the case manager or his / her supervisor may convene a Multi-disciplinary Case Conference (MDCC) in which the professionals handling the intimate partner violence case can help the victim formulate a welfare plan through sharing their professional knowledge, information and concern on the family. In considering the need for a MDCC, the case manager may make reference to the following :

- (a) a MDCC should be conducted in accordance with the “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” for cases involving suspected child abuse; and
- (b) a MDCC may be needed for cases involving the formulation and implementation of welfare plan by at least three service units, e.g. Integrated Family Service Centre, Integrated Services Centre, Family and Child Protective Services Unit, Medical Social Services Unit, Clinical Psychology Unit, refuge centre for women, CEASE Crisis Centre, the Police, etc; if
  - (i) there are different views among the concerned service units and the victim on case handling or about the welfare plan (e.g. a case involving high risk of further violence that may endanger the safety of the victim and his / her young children and mentally incapacitated persons but the victim insists to stay with the batterer); or
  - (ii) the case is complicated in nature (e.g. with risk of homicide / suicide, escalation of violence, likely in need of statutory protection of the children and mentally incapacitated persons, etc.).

2.10 In deciding the membership, the convenor should include the professionals who have direct knowledge of the victim and his / her family and have a major role in handling the cases. Apart from the case manager, members of MDCC may include, as appropriate :

- (a) police officer;
- (b) health care providers;
- (c) clinical psychologist; and
- (d) social workers.

Other parties involved, if any, may provide written report prior to the MDCC for members’ information.

2.11 To ensure effectiveness of the MDCC, the convenor of the MDCC and professionals participating in the MDCC should take note of the following :

- (a) the focus of MDCC is on risk assessment and welfare plan for the victim, children, and other family members concerned;
- (b) the case manager should prepare a case summary to facilitate members' discussion;
- (c) the victim should be involved in the MDCC as far as possible;
- (d) the views of the victim and concerned family members should be respected;
- (e) there should be agreement on the welfare plan for the family and the follow-up actions by responsible parties as far as practicable;
- (f) the convenor of the MDCC should issue to members brief notes of the meeting with focus on the follow-up plan; and
- (g) 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 safety and welfare plan of the victim.

2.12 To comply with the Personal Data (Privacy) Ordinance [PD(P)O], Cap 486, the convenor and members should :

- (a) ensure that the use (including disclose or transfer) of the personal data at the MDCC is for the purpose for which the data was to be used at the time of collection of the data or a purpose directly related to such purpose;
- (b) if the use of the personal data at the MDCC is considered as a new purpose, the prescribed consent<sup>1</sup> of the data subjects should be obtained before the MDCC meeting; and
- (c) in case the data subject is (i) a minor, (ii) incapable of managing his or her own affairs; or (iii) mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap 136); and the data subject is incapable of understanding the new purpose and deciding

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<sup>1</sup> Prescribed consent means express consent given by the data subject voluntarily and does not include any consent which has been withdrawn by notice in writing served on the person to whom the consent has been given.

whether to give the prescribed consent, you have to seek the prescribed consent of the relevant person<sup>2</sup> on behalf of the data subject for the use of the data at the MDCC meeting if you have reasonable grounds for believing that the use of that data for the new purpose is clearly in the interest of the data subject.

- 2.13 The only situation in the PD(P)O which allows for use of the personal data for a new purpose without the prescribed consent of the data subject or the relevant person on behalf of the data subject is where the use of the data is exempt from the provision of Data Protection Principle 3 by virtue of Part VIII of the Ordinance. Hence, if a person / his / her relevant person acting on his / her behalf refuses to give prescribed consent to the use of his / her personal data at the MDCC, members of the MDCC should consider if the data could still be used at the MDCC by invoking relevant exemption.
- 2.14 The convenor and members of the MDCC should also note that a data subject, or a relevant person on behalf of the data subject, has a legal right to make a data access request (“DAR”) under section 18 and Data Protection Principle 6 of the PD(P)O. The right to make a DAR ties in with a further right under the PD(P)O to make a data correction request (“DCR”) under section 22 of the Ordinance if the personal data was found to be inaccurate. According to sections 19, 20 and 23 of the Ordinance, a data user must comply with a DAR and a DCR or give reasons for non-compliance within 40 days.
- 2.15 As the discussions held at a MDCC will be recorded in the form of minutes of meeting and that written information may be tabled at the conference, the convenor of the MDCC should clarify with members whether they would claim control over the use of the personal data supplied by them at the conference in such a way as to prohibit other data users<sup>3</sup> from complying (whether in whole or in part) with a DAR made under section 18(1) and Data Protection Principle 6 of the PD(P)O. If any one data user claims such control, any other data user concerned may rely on section 20(3)(d) of the PD(P)O to refuse to comply with a DAR made under section 18(1) and Data Protection Principle 6 of the

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<sup>2</sup> “Relevant person”, in relation to an individual, means –

- (a) where the individual is a minor, a person who has parental responsibility for the minor;
- (b) where the individual is incapable of managing his own affairs, a person who has been appointed by a court to manage those affairs;
- (c) where the individual is mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap 136) –
  - (i) a person appointed under section 44A, 59O or 59Q of that Ordinance to be the guardian of that individual; or
  - (ii) if the guardianship of that individual is vested in, or the functions of the appointed guardian are to be performed by, the Director of Social Welfare or any other person under section 44B(2A) or (2B) or 59T(1) or (2) of that Ordinance, the Director of Social Welfare or that other person.

<sup>3</sup> According to section 2 of the PD(P)O, data user in relation to personal data, means a person who, either alone or jointly or in common with other persons, controls the collection, holding, processing or use of the data.

PD(P)O unless subsection (4)<sup>4</sup> of section 20 of the PD(P)O is applicable. If a data user rely on section 20(3)(d) of the PD(P)O to refuse to comply with a DAR, in accordance with section 21(1)(c) of the PD(P)O, the data user concerned should also inform the data requestor of the name and address of the other data user who has claimed control over the data in order to enable the data requestor to approach him/her/them for the data. To clarify the stance of the members of the MDCC on the above matter, the convenor may make an introductory remark (**Appendix IV**) in the MDCC.

- 2.16 The welfare plan should address all the risk factors that are faced by the victim and / or other members in the family. Members who follow up the case should carry out the welfare plan as agreed in the MDCC. The case manager has to ensure that actions taken by the responsible parties are well coordinated. If the plan cannot be implemented, members should inform the case manager who should take appropriate follow up actions, e.g. adjusting the welfare plan or convening a review conference.
- 2.17 Where MDCC is not needed (e.g. less than three service units are involved), the professionals involved can still facilitate multi-disciplinary collaboration through case consultation, sharing and meeting with individual workers, etc., to ensure smooth formulation and implementation of welfare plan for the victim and his / her family.

## **CENTRAL INFORMATION SYSTEM ON SPOUSE / COHABITANT BATTERING CASES AND SEXUAL VIOLENCE CASES**

- 2.18 The Central Information System on Battered Spouse was set up in April 1997 to collect essential data on battered spouse cases handled by different organisations and departments to gauge the size of such problem in Hong Kong. This system was enhanced and developed into the Central Information System on Battered Spouse and Sexual Violence Cases (System) to include the data of sexual violence cases in 2003. Although the term “Intimate Partner Violence” is adopted in this Guide for professional use, the term “Spouse / Cohabitant Battering” is used in official correspondences, papers and publicity / public materials. Hence, the System is renamed as “The Central Information System on Spouse / Cohabitant Battering Cases and Sexual Violence Cases” in June 2011.
- 2.19 Concerned parties are requested to report spouse / cohabitant battering cases known to them by completing the data input form at **Appendix V**. Although it is a good practice to inform the data subject of the transfer of his / her personal data to the System, his / her prescribed consent is not required

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<sup>4</sup>According to this subsection, in cases where a data user only prohibits another data user from disclosing part of the data, the latter may disclose other parts of the data without contravening the prohibition. Each case should be considered upon its own merit.

because :

- (a) if the functions of the reporting departments and service units include the handling and investigation of, and the planning of services to combat spouse / cohabitant battering and sexual violence problems, and the personal data concerned are collected for the purpose of carrying out those functions, then the transfer of those data to the System and their use under the System would be consistent with the collection purpose of the data; or
- (b) if the proposed use and transfer of data is inconsistent with their collection purpose, the exemption under section 62 of the PD(P)O is applied on the basis that the data kept in the System would be used solely for preparing statistics or carrying out research and the resulting statistics or research results will not be made available in a form which can identify any data subject(s).

## **PROCEDURES FOR HANDLING INTIMATE PARTNER VIOLENCE CASES**

2.20 A case with intimate partner violence may be brought to the notice of the following government departments / organisations / service units :

- (a) Social welfare service units
  - Family and Child Protective Services Units
  - Integrated Family Service Centres / Integrated Services Centres
  - Probation Offices / Community Service Orders Office
  - Medical Social Services Units
  - Refuge Centres for Women
  - CEASE Crisis Centre
  - Family Crisis Support Centre
  - Clinical Psychology Units
  - School Social Work Service
- (b) Hospital Authority / Department of Health
- (c) Hong Kong Police Force
- (d) Legal Aid Department
- (e) Department of Justice
- (f) Schools
- (g) Housing Department
- (h) Other organisations e.g. religious organisations

2.21 The subsequent chapters list out the procedural steps of handling intimate partner violence cases by different departments / organisations / service units. For cases involving sexual abuse, child abuse and elder abuse, reference should also be made to the following :

- (a) Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007);
- (b) Procedural Guide for Handling Child Abuse Cases (Revised 2007); and
- (c) Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006).