

CHAPTER 3

SOCIAL WELFARE SERVICE UNITS

SOURCE OF REFERRALS

- 3.1 An intimate partner violence case may be brought to the attention of relevant welfare service units of the Social Welfare Department (SWD) and non-governmental organisations (NGOs) through direct approach by the victim or his / her family member(s), referral from the Police, medical professionals, hotline services, government departments, other welfare agencies, schools and the community stakeholders, etc.

FAMILY AND CHILD PROTECTIVE SERVICES UNITS

- 3.2 The Family and Child Protective Services Units (FCPSUs) of SWD are specialized units handling intimate partner violence, child abuse and child custody cases. For intimate partner violence cases, the social workers of FCPSUs will take charge of the intervention process and arrange a co-ordinated package of services which may include counselling, escorting the victim to hospital for examination and treatment, arrangement of admission to refuge centre, group work for victims / batterers / family members after assessing the needs of the victim and / or his / her family members, including the batterer.
- 3.3 FCPSUs are responsible for screening all intimate partner violence cases referred by the Police vide the referral memo (**Appendix VI**). Upon receiving the referrals of intimate partner violence cases from the Police, FCPSUs acknowledge receipt of the cases referred by the Police by completing the reply slip attached to the referral memo within seven working days. A second reply to the Police (**Appendix VII**) should be made within one month in case the person referred cannot be contacted for whatever reasons within seven days.
- 3.4 For cases referred to other service units (e.g. another FCPSU, IFSC / ISC, MSSU, PO, etc) for follow-up after screening, the 2nd reply memo (**Appendix VII**) or reply letter (**Appendix VIII**) should be attached to the referral for the receiving unit to inform the Police of the progress of the case. The receiving unit should provide the Police with the 2nd reply memo or reply letter within one month from the date of FCPSU's referral. For the division of work with IFSC / ISC, reference should be made to the "Guidelines on Division of Work and Case Transfer between Family and Child Protective Services Unit and Integrated Family Service Centre / Integrated Services Centre" (March 2008).

- 3.5 For serious crime cases¹ taken up by the Domestic Violence Unit (DVU) of the Police, there should be close communication between FCPSUs and DVUs throughout the intervention process. The workflow is delineated in **Appendix IX**.
- 3.6 For cases brought to the attention of the FCPSUs, the social worker should collect the following background information for a preliminary needs assessment:
- (a) personal data of the victim and other family members;
 - (b) whether the victim and his / her family members need medical examination or treatment;
 - (c) nature, date, frequency and pattern of intimate partner violence;
 - (d) precipitating factors or circumstances leading to the present intimate partner violence incident;
 - (e) the condition, safety and imminent need for protection of the victim and the vulnerable family members, e.g. whether they are adequately looked after and protected, especially if they are still staying with the batterer;
 - (f) the immediate welfare plan of the victim and the vulnerable family members (including their safety plan), e.g. the need for shelter service to stay away from the batterer or cooling down before returning home, the financial resources, social support available, the school placement for children, etc.;
 - (g) whether the victim has reported the intimate partner violence incident to the Police and advise the victim to do so if a crime is suspected to have been committed;
 - (h) if the victim is unwilling to report to the Police, explore the reasons; and
 - (i) whether the victim wishes to seek legal assistance to apply for an injunction order under the Domestic and Cohabitation Relationships Violence Ordinance, Cap 189.
- 3.7 It may not be possible for the social worker to consider all the issues above at one time. However, the social worker, as the key worker, should discuss with the concerned parties and formulate with the victim and the family, if possible, the immediate welfare plan. If the victim has decided to leave his / her home and needs temporary shelter, the social worker will arrange short-term accommodation at a refuge centre for women or the CEASE Crisis Centre / Family Crisis Support Centre for him / her and his / her children as appropriate, and make related arrangements such as school placement for the children, etc. The worker will also advise the victim to inform his / her partner in an appropriate way that he / she has left home when he / she has brought along with him / her the children and that they were safe.

¹ The nature of the offence itself is serious, (e.g. Murder / Manslaughter, Rape or Wounding, etc.) or the family has made more than one DV crime reports within the past 12 months.

- 3.8 Upon meeting the imminent needs of the victim and his / her family members during crisis, the social worker should formulate and implement an appropriate treatment plan with the victim, the batterer and their family members wherever possible for overcoming the trauma brought to the family, forestalling recurrence of intimate partner violence and restoring family functioning.
- 3.9 The social worker will take charge of the intervention process and arrange a co-ordinated package of services which may include counselling, escorting the victim to hospital for examination and treatment, arrangement of admission to refuge centre, group work for victims / batterers / family members after assessing the needs of the victim and / or his / her family members including the batterer. Multi-disciplinary case conference may be conducted for some cases as set out in Chapter II paragraphs 2.9 to 2.16 above. During the course of intervention, there may be a need for the victim and his / her family members to be referred to other agencies for the required service. In helping a victim and / or his / her family members with signs of psychopathology, the social worker should consult the clinical psychologists of Clinical Psychology Units of SWD. The social worker may also refer the victim, the batterer and / or his / her children to the clinical psychologists for assessment and treatment. To decide when such cases should be referred to clinical psychologists for psychological treatment, please refer to **Appendix XIII**. The social worker has to ensure that there is close liaison and co-ordination among departments and organisations in providing service for the victim so as to minimize the need for him / her to repeat his / her unpleasant experience. When the victim has decided to apply for legal aid to institute legal proceedings, the social worker should provide information on application for legal aid and may, if needed, assist the victim in approaching the Legal Aid Department (LAD) in person. The social worker may advise the victim to obtain relevant documents from various departments so that the victim may produce the documents to the LAD when applying for legal aid. The workflow for handling intimate partner violence cases is at **Appendix X**.
- 3.10 If prosecution and court proceedings are required, the social worker should maintain close liaison with the Police for information relating to the date and place of the trial. It is important that the social worker should prepare the victim well for the trial and the related court proceedings. To help reduce the victim's fear and anxiety when giving evidence in court, the social worker may accompany the victim during court proceedings or refer to Po Leung Kuk Tsui Lam Centre – Victim Support Programme for Victims of Family Violence Cases for accompany service.
- 3.11 In case child abuse is suspected, the “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” should apply. For cases involving intimate partners suffering from sexual violence or with elder victims, reference should also be made to the “Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse

Cases (Revised August 2006)” respectively.

- 3.12 The social workers of FCPSUs also provide consultation to NGOs on the handling of individual intimate partner violence cases which are of complicated nature and may take over some complicated / high risk cases that fall into the categories listed in paragraph 3.19 below for follow-up if necessary.

INTEGRATED FAMILY SERVICE CENTRES OF SOCIAL WELFARE DEPARTMENT

[For division of work, please refer to the “Guidelines on Division of Work and Case Transfer between Family and Child Protective Services Unit and Integrated Family Service Centre / Integrated Services Centre (March 2008)” and “Guidelines on Division of Work and Case Transfer Among Integrated Service Centres / Integrated Services Centres (Revised in November 2012)”.]

- 3.13 In addition to FCPSUs, IFSCs of SWD also serve as intake centres for intimate partner violence cases. If the victim approaches IFSC in person, irrespective of the residential address, the social worker of IFSC should collect the following background information for preliminary needs assessment :

- (a) personal data of the victim and other family members;
- (b) whether the victim and his / her family members need medical examination or treatment;
- (c) nature, date, frequency and pattern of intimate partner violence;
- (d) precipitating factors or circumstances leading to the present intimate partner violence incident;
- (e) the condition, safety and imminent need for protection of the victim and the vulnerable family members, e.g. whether they are adequately looked after and protected, especially if they are still staying with the batterer;
- (f) the immediate welfare plan of the victim and the vulnerable family members (including their safety plan), e.g. the need for shelter service to stay away from the batterer or cool down before returning home, the financial resources, social support available, the school placement for children, etc.;
- (g) whether the victim has reported the intimate partner violence incident to the Police. If not, the social worker should advise the victim to do so if a crime is suspected to have been committed;
- (h) if the victim is unwilling to report to the Police, explore the reasons; and
- (i) whether the victim wishes to seek legal assistance to apply for an injunction order under the Domestic and Cohabitation Relationships Violence Ordinance, Cap 189.

- 3.14 It may not be possible for the social worker of IFSC to consider all the issues above at one time. However, the social worker should discuss with the concerned parties and formulate with the victim and the family, if possible, the

immediate welfare plan. If the victim has decided to leave his / her home and needs temporary shelter service, the social worker should arrange short-term accommodation at a refuge centre for women or the CEASE Crisis Centre / Family Crisis Support Centre for him / her and his / her children as appropriate and make related arrangements such as school placement for the children, etc. The worker will also advise the victim to inform his / her partner in an appropriate way that he / she has left home when he / she has brought along with him / her the children and that they were safe. The case can be referred to the appropriate FCPSU for follow-up via Client Information System (CIS) with an intake report within two working days after making all necessary referrals at intake level and discussion with the concerned FCPSU. The workflow is at **Appendix X**.

3.15 IFSCs of SWD may sometimes receive police referral cases referred by FCPSUs which is a known case of the unit. Reply memo (**Appendix VII**) should be provided to the Police within one month from the date of FCPSU's referral. For serious crime cases taken up by the DVU of the Police, there should be close communication between IFSCs and DVUs throughout the intervention process. The workflow is at **Appendix IX**.

3.16 In case child abuse is suspected, the "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" should apply. For cases involving intimate partners suffering from sexual violence or with elder victims, reference should also be made to the "Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)" and "Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)" respectively.

INTEGRATED FAMILY SERVICE CENTRES / INTEGRATED SERVICES CENTRES OF NON-GOVERNMENTAL ORGANISATIONS (also applicable to other welfare units providing casework service)

[For division of work, please refer to the "Guidelines on Division of Work and Case Transfer between Family and Child Protective Services Unit and Integrated Family Service Centre / Integrated Services Centre (March 2008)" and "Guidelines on Division of Work and Case Transfer Among Integrated Service Centres / Integrated Services Centres (Revised in November 2012)".]

New Cases

3.17 If an intimate partner violence case is brought to the attention of IFSC / ISC of NGO by another organisation, or a victim approaches IFSC / ISC in person (irrespective of the residential address), the social worker of IFSC / ISC should collect the following background information for preliminary needs assessment :

- (a) personal data of the victim and other family members;
- (b) whether the victim and his / her family members need medical examination or treatment;
- (c) nature, date, frequency and pattern of intimate partner violence;
- (d) precipitating factors or circumstances leading to the present intimate partner violence incident;
- (e) the condition, safety and imminent need for protection of the victim and the vulnerable family members, e.g. whether they are adequately looked after and protected, especially if they are still staying with the batterer;
- (f) the immediate welfare plan of the victim and the vulnerable family members (including their safety plan), e.g. the need for shelter service to stay away from the batterer or cool down before returning home, the financial resources, social support available, the school placement for children, etc.;
- (g) whether the victim has reported the intimate partner violence incident to the Police and advise the victim to do so if a crime is suspected to be committed;
- (h) if the victim is unwilling to report to the Police, explore the reasons; and
- (i) whether the victim wishes to seek legal assistance to apply for an injunction order under the Domestic and Cohabitation Relationships Violence Ordinance, Cap 189.

3.18 It may not be possible for the social worker to consider all the issues above at one time. However, the social worker should discuss with the concerned parties and formulate with the victim and the family, if possible, the immediate welfare plan. If the victim has decided to leave his / her home and requests temporary shelter service, the social worker will arrange short-term accommodation at a refuge centre for women or the CEASE Crisis Centre / Family Crisis Support Centre for him / her and his / her children as appropriate and make related arrangements such as school placement for the children, etc. The worker will also advise the victim to inform his / her partner in an appropriate way that he / she has left home when he / she has brought along with him / her the children and that they were safe. Under normal circumstances, the case will be followed up by the IFSC / ISC as known case if the victim is living in the same service boundary in accordance with the guidelines set out in paragraphs 3.26 to 3.30 below.

3.19 If the case falls into one of the following categories, it may be referred to the appropriate FCPSU for follow-up with the victim's consent, after making all necessary referrals to meet the immediate needs of the victim and family members e.g. referral for refuge centre, and discussion with the concerned FCPSU:

- (a) the case involves statutory arrangement for the children;
- (b) the case requires involvement of different government departments or

- disciplines (e.g. hospital, the Police, etc.) for urgent and co-ordinated actions to handle crisis intervention; or
- (c) the case involves high risk of serious violence (e.g. escalation of violence likely causing serious harm, serious threats of homicide-suicide, the batterer being highly aggressive and grossly unmotivated).
- 3.20 The referring social worker should send a written referral with necessary background information on the case (**Appendix XI**) to the FCPSU within two working days after making all necessary referral at enquiry / intake level and discussion with the concerned FCPSU. Upon receiving the written referral, the FCPSU would issue an acknowledgment letter (**Appendix XII**) within seven working days to inform the referring IFSC / ISC of NGO of the result of their intake screening with reasons and / or the contact means of the responsible social worker. For urgent cases, special arrangement (e.g. the referring worker of IFSC / ISC to arrange the first appointment with the social worker of the concerned FCPSU for the victim prior to the written referral) should be made between the referring IFSC / ISC and FCPSU such that immediate follow-up action can be taken by the FCPSU as appropriate. The workflow is at **Appendix X**.
- 3.21 IFSCs / ISCs of NGOs may sometimes receive police referral cases referred by FCPSUs. Reply letter (**Appendix VIII**) should be provided to the Police within one month from the date of FCPSU's referral.
- 3.22 In case child abuse is suspected, the "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" should apply. For cases involving intimate partners suffering from sexual violence or with elder victims, reference should also be made to the "Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)" and "Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)" respectively.

Known Cases

- 3.23 If a case already known to IFSC / ISC of NGO due to other issues (e.g. child care, marital relationship, etc.) but is found to have intimate partner violence during the process of intervention, the social worker should collect the following background information for preliminary needs assessment :
- (a) whether the victim and his / her family members need medical examination or treatment;
- (b) nature, date, frequency and pattern of intimate partner violence;
- (c) the condition, safety and imminent need for protection of the victim and the vulnerable family members, e.g. whether they are adequately looked after and protected, especially if they are still staying with the batterer;
- (d) precipitating factors or circumstances leading to the present intimate partner violence incident;

- (e) the immediate welfare plan of the victim and the vulnerable family members (including their safety plan), e.g. the need for shelter service to stay away from the batterer or cool down before returning home, the financial resources and social support available, the school placement for children, etc.;
- (f) whether the victim has reported the intimate partner violence incident to the Police and advise the victim to do so if a crime is suspected to be committed;
- (g) if the victim is unwilling to report to the Police, explore the reasons; and
- (h) whether the victim wishes to seek legal assistance to apply for an injunction order under the Domestic and Cohabitation Relationships Violence Ordinance, Cap 189.

3.24 It may not be possible for the social worker to consider all the issues above at one time. However, the social worker, as the key worker, shall discuss with the concerned parties and formulate with the victim and the family, if possible, the immediate welfare plan. If the victim has decided to leave his / her home and needs temporary shelter service, the social worker will arrange short-term accommodation at a refuge centre for women or the CEASE Crisis Centre / Family Crisis Support Centre for him / her and his / her children as appropriate and make related arrangements such as school placement for the children, etc. The worker will also advise the victim to inform his / her partner in an appropriate way that he / she has left home when he / she has brought along with him / her the children and that they were safe. The workflow is at **Appendix X**.

3.25 For serious crime cases² taken up by the DVU of the Police, there should be close communication between IFSCs / ISCs of NGOs and DVUs throughout the intervention process. The workflow is at **Appendix IX**.

3.26 Upon meeting the imminent needs of the victim and his / her family members during crisis, the social worker should formulate and implement an appropriate treatment plan with the victim, the batterer and their family members wherever possible for overcoming the trauma brought to the family, forestalling recurrence of intimate partner violence and restoring the family functioning.

3.27 The social worker will take charge of the intervention process and arrange a co-ordinated package of services which may include counselling, escorting the victim to hospital for examination and treatment, arrangement of admission to refuge centre, group work for victims / batterers / family members after assessing the needs of the victim and / or his / her family members including the batterer. Multi-disciplinary case conference may be conducted for some cases as set out in Chapter II paragraphs 2.9 to 2.16 above. During the course

² The nature of the offence itself is serious, (e.g. Murder / Manslaughter, Rape or Wounding, etc.) or the family has made more than one DV crime reports within the past 12 months.

of intervention, there may be a need for the victim and his / her family members to be referred to other agencies for the required service. In helping a victim and / or his / her family members with signs of psychopathology, the social worker of IFSC / ISC of NGO should consult the clinical psychologists of NGOs. For IFSC / ISC of NGO without their own agency clinical psychologists, referral can be made to the five Clinical Psychology Units of SWD. The social worker may also refer the victim, the batterer and / or his / her children to clinical psychologist for assessment and treatment. To decide when such cases should be referred to clinical psychologists for psychological treatment, please refer to **Appendix XIII**. The social worker has to ensure that there is close liaison and co-ordination among departments and organisations in providing service for the victim so as to minimize the need for him / her to repeat his / her unpleasant experience. When the victim has decided to apply for legal aid to institute legal proceedings, the social worker should provide information on application for legal aid and may, if needed, assist the victim in approaching the LAD in person. The social worker may advise the victim to obtain relevant documents from various departments so that the victim may produce the documents to the LAD when applying for legal aid.

- 3.28 If prosecution and court proceedings are required, the social worker should maintain close liaison with the Police for information relating to the date and place of the trial. It is important that the social worker should prepare the victim well for the trial and the related court proceedings. To help reduce the victim's fear and anxiety when giving evidence in court, the social worker may accompany an adult victim during court proceedings or refer to Po Leung Kuk Tsui Lam Centre – Victim Support Programme for Victims of Family Violence Cases for accompany service.
- 3.29 In case child abuse is suspected, the “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” should apply. For cases involving intimate partners suffering from sexual violence or with elder victims, reference should also be made to the “Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)” respectively.
- 3.30 The social worker may consult the concerned FCPSU in handling a case of complicated nature. A complicated / high risk case falling into the categories listed in paragraph 3.19 above may also be transferred to the appropriate FCPSU for follow-up with the victim's consent and after discussion between the IFSC / ISC of NGO and the concerned FCPSU. The referring social worker should send a written referral (**Appendix XI**) to the FCPSU after completing immediate and necessary actions and referrals. Upon receiving the written referral, the social worker of the FCPSU would issue an acknowledgment letter (**Appendix XII**) within seven working days to inform the referring IFSC / ISC of NGO of the result of their intake screening with

reasons and / or the contact means of the responsible social worker. For urgent cases, special arrangement (e.g. the referring worker of IFSC / ISC to make the first appointment with the social worker of the concerned FCPSU for the victim prior to the written referral) should be made between the referring IFSC / ISC and the FCPSU such that immediate follow-up actions can be taken by the FCPSU as appropriate. The social workers of NGO and FCPSU should work closely with each other to ensure smooth transfer of the case. For instance, the referring worker may accompany the victim to attend the first meeting with the FCPSU, if necessary.

MEDICAL SOCIAL SERVICES UNITS

3.31 Medical social workers (MSWs) of both SWD and Hospital Authority stationing in public hospitals and clinics are to provide timely psychosocial and other forms of support to assist patients and their families with social and emotional problems arising from illness, trauma or disabilities. The major services provided include counselling, financial aid, housing assistance and / or referral to other community resources to facilitate their treatment, rehabilitation and re-integration into society. Patients with intimate partner violence problem may come to the attention of Medical Social Services Units (MSSU) in the following situations :

At Accident & Emergency (A&E) Department

3.32 Doctor of the A&E Department should refer the patient involved in intimate partner violence problem to MSW for follow-up service after obtaining his / her consent.

During Office Hours

- (a) The intake / responsible MSW at A&E Department checks if the patient is a known case of FCPSU, IFSC / ISC, Child Protection Registry (CPR) (*only if element of previous child abuse is found*);
- (b) If the patient is known to FCPSU or IFSC / ISC, MSW would contact the social worker concerned of FCPSU or IFSC / ISC for follow-up action. MSW would also provide assistance, if necessary;
- (c) If the patient is not known to FCPSU or IFSC / ISC, MSW would interview the patient and other family members for initial assessment of the needs of the patient and other family members and impact of the incident on them with reference to paragraph 3.6 above (except point b). All interviews should be conducted in a safe and private environment with explanation to the patient and other family members of the need to have their consent for release of information in making referral to other services;

- (d) MSW would collaborate closely with the medical and allied health professionals and liaise with other concerned parties to understand the patient's situation and needs;
- (e) If the patient is admitted to hospital, MSW will keep close collaboration with medical team in formulating appropriate discharge plan for the patient;
- (f) If the patient is discharged from A&E Department and no medical follow-up appointment is required or requires medical follow-up appointment in more than 26 weeks' time, MSW would obtain patient's consent (**Appendix XIV (A)**) for referral to FCPSU, or IFSC / ISC of NGO, collect necessary information and send standard referral (**Appendix XIV (B) or (C)**) to concerned FCPSU or IFSC / ISC of NGO as appropriate for follow-up within two working days;
- (g) If the patient's consent for referral to welfare agencies cannot be obtained, the MSW has to explore the reason. If the patient still refuses to receive welfare service upon encouragement, the MSW has to (i) remind him / her that he / she should have taken care of the safety of himself / herself and other family members e.g. the children; (ii) provide information to contact SWD or other agencies in the future if he / she needs to;
- (h) If the patient requires medical follow-up appointment within 26 weeks at the public hospitals / some specialist out-patient clinics where there are MSWs stationed³ except community teams, MSW would provide follow-up service to the patient and keep close collaboration with medical team in formulating appropriate welfare plan for the patient. However, MSW would not handle patient's problem that involves statutory duties (except statutory duties arising from Mental Health Ordinance) if patient's residential address is not within the same SWD district where the MSSU is located;
- (i) If there is suspected child abuse incident, the "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" will be followed in order to ensure safety of the children;
- (j) If the patient is suffering from sexual violence, reference should also be made to the "Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)"; and

³ For the 7 acute hospitals, namely *Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Tuen Mun Hospital, Prince of Wales Hospital and North District Hospital*, MSW would only provide services to in-patients and out-patients of some specialist out-patient departments such as renal failure, clinical oncology and psychiatric departments.

- (k) For cases involving elder victims, reference should be made to the “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)”;

Outside Office Hours & Patient is Discharged After A&E Consultation

- (l) The intake / responsible MSW checks if the patient is a known case of FCPSU, IFSC / ISC, CPR (*Only if element of previous child abuse is found*) on the next working day;
- (m) If the patient is known to FCPSU or IFSC / ISC, MSW would contact the social worker concerned of FCPSU or IFSC / ISC for follow-up action;
- (n) If the patient is not known to FCPSU or IFSC / ISC, MSW would try to contact the patient by phone within two working days to obtain the patient’s verbal consent for making referral to the concerned FCPSU, or IFSC / ISC of NGO;
- (o) If the patient consents to the subsequent referral, MSW would send standard referral memo (**Appendix XIV (B) or (C)**) to the concerned FCPSU or IFSC / ISC of NGO for follow-up within two working days;
- (p) If the patient’s consent for referral to welfare agencies cannot be obtained, the MSW has to explore the reason. If the patient still refuses to receive welfare service upon encouragement, the MSW has to (i) remind him / her that he / she should have taken care of the safety of himself / herself and other family members e.g. the children; (ii) provide information to contact SWD or other agencies in the future if he / she needs to; and
- (q) If the patient cannot be contacted within two working days, MSW would brief the social worker of the respective FCPSU. MSW would also send standard letter (**Appendix XIV (D)**) to the patient to inform that case will be taken up by the concerned FCPSU. In addition, MSW would send the consent form of the patient signed at the A&E Department (**Appendix XIV (A)**) and the standard referral (**Appendix XIV (B) or (C)**) to the concerned FCPSU for follow-up within two working days.

At Ward

3.33 MSW concerned should follow up the case as below :

- (a) The intake / responsible MSW would check if the patient is a known case of FCPSU, IFSC / ISC, CPR (*only if element of previous child abuse is found*) if it is not checked by MSW at A&E Department;

- (b) If the patient is known to FCPSU or IFSC / ISC, MSW would contact the social worker concerned of FCPSU or IFSC / ISC for follow-up action. MSW would provide assistance, if necessary;
- (c) If the patient is not known to FCPSU or IFSC / ISC, MSW would interview the patient and other family members for initial assessment of the needs of the patient and other family members and impact of the incident on them with reference to paragraph 3.6 above (except point b) if this has not been done at A&E Department. All interviews should be conducted in a safe and private environment with explanation to the patient and other family members of the need to have their consent for release of information in making referral to other services;
- (d) MSW would collaborate closely with the medical and allied health professionals and liaise with other concerned parties to understand the patient's situation and needs and formulate appropriate discharge plan for the patient;
- (e) If there is suspected child abuse incident, the "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" should be followed in order to ensure safety of the children;
- (f) If the patient is suffering from sexual violence, reference should also be made to the "Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)"; and
- (g) For cases involving elder victims, reference should be made to the "Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)".

At Clinic

- 3.34 Doctor of the clinic should refer the patient with intimate partner violence problem to MSW for follow-up service after obtaining his / her consent;
- (a) The intake / responsible MSW at the clinic checks if the patient is a known case of FCPSU, IFSC / ISC, CPR (*only if element of previous child abuse is found*);
 - (b) If the patient is known to FCPSU or IFSC / ISC, MSW would contact social worker concerned of FCPSU or IFSC / ISC for follow-up action. MSW would also provide assistance, if necessary;
 - (c) If the patient is not known to FCPSU or IFSC / ISC, MSW would interview the patient and other family members for initial assessment of the needs of the patient and other family members and impact of the

incident on them with reference to paragraph 3.6 above (except point b). All interviews should be conducted in a safe and private environment with explanation to the patient and other family members of the need to have their consent for release of information in making referral to other services;

- (d) MSW would collaborate closely with the medical and allied health professionals and liaise with other concerned parties to understand the patient's situation and needs;
- (e) If the patient is admitted to hospital, MSW would refer the case to MSW in the respective hospital if the case is not known to other SWD / NGO unit;
- (f) If no in-patient treatment and no medical follow-up appointment is required or the patient requires medical follow-up appointment in more than 26 weeks' time, MSW would obtain the patient's consent (**Appendix XIV (A)**) for referral to FCPSU, or IFSC / ISC of NGO, collect necessary information and send standard referral (**Appendix XIV (B) or (C)**) to the concerned FCPSU or IFSC / ISC of NGO for follow-up within two working days;
- (g) If the patient's consent for referral to welfare agencies cannot be obtained, the MSW has to explore the reason. If the patient still refuses to receive welfare service upon encouragement, the MSW has to (i) remind him / her that he / she should have taken care of the safety of himself / herself and other family members e.g. the children; (ii) provide information to contact SWD or other agencies in the future if he / she needs to;
- (h) If the patient requires medical follow-up appointment within 26 weeks at the public hospitals / some specialist out-patient clinics where there are MSWs stationed⁴ except community teams, MSW would provide follow-up service to the patient and keep close collaboration with the medical team in formulating appropriate welfare plan for the patient. However, MSW would not handle patient's problem that involves statutory duties (except statutory duties arising from Mental Health Ordinance) if patient's residential address is not within the same SWD district where the MSSU is located;
- (i) If there is suspected child abuse incident, the "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" will be followed in order

⁴ For the 7 acute hospitals, namely *Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Tuen Mun Hospital, Prince of Wales Hospital and North District Hospital*, MSW would only provide services to in-patients and out-patients of some specialist out-patient departments such as renal failure, clinical oncology and psychiatric departments.

to ensure safety of the children;

- (j) If the patient is suffering from sexual violence, reference should also be made to the “Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)”; and
- (k) For cases involving elder victims, reference should be made to the “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)”.

REFUGE CENTRES FOR WOMEN

- 3.35 Refuge centre for women is to provide a safe retreat where the female victims will be helped to regain self-confidence, and find the strength and resources to continue leading a normal life free from the threat of violence or abuse. There are five refuge centres for women, namely the Wai On Home for Women, Harmony House, Serene Court, Sunrise Court and Dawn Court operated by NGOs. The addresses of the refuge centres are kept confidential. Information briefs on the refuge centres for women is at **Appendix XV**.
- 3.36 In addition to temporary accommodation, refuge centres for women provide a package of services including casework counselling, therapeutic and developmental group work to the victims and / or their children. Arrangement of referrals for community services will also be made if necessary. Three-month after-care service is provided to discharged residents.
- 3.37 Direct application or referral by SWD, NGOs, the Police and hospitals is accepted. All refuge centres accept admission on a 24-hour basis.

Mutual Referral Mechanism

- 3.38 To avoid victims being asked to disclose their abuse history to different centres repeatedly and to facilitate referrers in the referral process, the mutual referral mechanism has been in place among the five refuge centres and CEASE Crisis Centre.
- 3.39 Under the mechanism, the first Centre receiving any referral from the police or direct application by a client would liaise with other centre(s) for admission if the first Centre cannot admit the case for whatever reasons. The first Centre would follow through the case until the client is admitted to other centre or other alternative arrangement is made, e.g. staying in the a relative’s / friend’s home, or when the referring social worker prefers to contact other centre(s) directly by himself / herself or make other arrangement for the client.
- 3.40 If the first Centre receiving direct application by social workers cannot admit the case for whatever reasons other than full house, the hotline worker of the

Centre would collect basic information of the client, i.e. name, contact means and address, etc, and then pass the information to a centre with vacancy. The centre with vacancy would intake the case for admission or take up the role of “first Centre” under the mutual referral mechanism if it cannot admit the case.

- 3.41 If the first Centre receiving direct application by social workers cannot admit the case due to full house, the hotline worker of the Centre would advise the referring social worker to approach particular centres with vacancies after taking into account the location consideration, special needs and number of children accompanied to facilitate the referring social worker to secure the placement as soon as possible.

Collaboration between Refuge Centres and Referring / Follow-up Social Worker

- 3.42 If temporary accommodation is also required by the victim’s teenage son(s), the refuge centre should exercise flexibility in admitting the boy(s) together with the victim as far as practicable in order to keep the family intact during crisis situation. In case admission of the boy(s) to the refuge centre is not feasible, the referring social worker should take care of the temporary housing need of the boy(s) and make alternative arrangement to ensure his / their safety.
- 3.43 The refuge centre for women should liaise closely with the referring social worker who should be responsible for providing follow-up service for the victim after her admission. For case not known to any casework unit previously, or where the referring worker cannot follow up the case for whatever reasons, the refuge centre or referring social worker should, with the victim’s consent refer her to FCPSUs of SWD, or IFSCs / ISCs of NGOs (a sample of referral letter is at **Appendix XI**) for follow-up. If the victim does not consent to the referral after encouragement, the refuge centre or referring social worker has to (i) remind her that she should have taken care of the safety of herself and other family members e.g. the children; (ii) provide information to contact SWD or other agencies in the future if she needs to.
- 3.44 The social worker who follows up the case should take note of the following :
- (a) The responsible referring / follow-up social worker should interview the victim and children (if staying with the victim) after their admission to the refuge centre to assess their needs and arrange timely service as required while the staff of the refuge centre are responsible for taking care of the victim and her children in the shelter. No case should be closed simply because the victim has been admitted to the refuge centre;
 - (b) The social worker and the staff of the refuge centre should be open to one another’s viewpoints and co-operate in rendering service for the victims and their families. If necessary, meetings may be held among the social worker, the Oi/c of the refuge centre and / or their supervisor(s) so as to agree on the action to be taken for the case;

- (c) Most victims seeking shelter service are in great distress and emotionally unstable. The safety of some victims may also be threatened by the batterers. The social worker has to be sensitive, empathetic and responsive with particular regard to the following areas :
- (i) the social worker should arrange timely financial assistance to meet the victim's needs such as daily maintenance, removal expense, etc., if necessary;
 - (ii) if the victim is invited to have joint interview with her partner, children and / or other family members, it is imperative to give the victim adequate preparation such as getting her agreement prior to making the arrangement. Anything that may cause undue emotional disturbance to the victim should be avoided. Precaution should also be taken to minimize confrontation during the joint interview; and
 - (iii) as the refuge centre provides only short-term accommodation to protect the victim from risk of further violence in her home, the social worker should as soon as possible work out discharge plan with the victim. Alternative accommodation either through compassionate rehousing, if eligible, or in the private sector has to be arranged if returning home is neither possible nor desirable for the victim.
- (d) For cases involving intimate partners suffering from sexual violence, child abuse and elder abuse elements, reference should be made to the "Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)", "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" and "Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)" respectively.

CEASE CRISIS CENTRE

3.45 The CEASE Crisis Centre provides comprehensive support to victims of adult sexual violence and individuals / families facing domestic violence, including intimate partner violence, or in crisis. It provides an integrated package of service including a 24-hour hotline (18281) for the public with a designated line for the Police and related professionals or referrers to enable fast track contact and early intervention for more serious cases involving, for example, sexual violence, domestic violence and elder abuse etc. Immediate counselling and outreaching services are provided for victims of sexual violence on 24-hour basis and victims of elder abuse after office hours of SWD, and linking those in need of welfare service to appropriate service units for follow-up. The CEASE Crisis Centre also provides short-term accommodation service, preferably not exceeding two weeks, for victims of

sexual violence and individuals / families facing domestic violence or in crisis who are temporarily not suitable to return home regardless of their age, gender and race. The CEASE Crisis Centre, with its address kept confidential, admits cases on a 24-hour basis. No residential service will be rendered to those with merely temporary housing need and having no immediate crisis. Information brief of the CEASE Crisis Centre is at **Appendix XVI**.

- 3.46 Social workers who follow up the case should take note of the following :
- (a) As the CEASE Crisis Centre is intended to provide short-term accommodation, preferably not exceeding two weeks, the responsible referring / follow-up social worker should work closely with staff of the CEASE Crisis Centre to formulate care plans and arrange all necessary services to prepare for their discharge in a timely manner; and
 - (b) For cases involving intimate partners suffering from sexual violence, child abuse and elder abuse elements, reference should be made to the “Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)”, “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)” respectively.
- 3.47 Upon receipt of calls related to intimate partner violence cases involving sexual violence (e.g. “spousal relationship” is involved in the sexual violence incident) after office hours, the CEASE Crisis Centre will provide crisis intervention, including assessment and immediate outreaching, if assessed to have such a need. In the course of case assessment or service provision, if situation warrants, staff of the CEASE Crisis Centre may consult / seek assistance from the Hotline and Outreaching Services Team for cases with incidents of physical attack / psychological abuse apart from sexual violence. The CEASE Crisis Centre will refer these cases to the respective FCPSU for follow up service on the next working day in accordance with this Procedural Guidelines.

FAMILY CRISIS SUPPORT CENTRE

- 3.48 The Family Crisis Support Centre (FCSC) provides time-out facilities to help individuals and families under stress or facing crisis, including victims or batterers of intimate partner violence, to manage their emotions and seek positive solution to family problems. It serves to restore tranquility and dignity, and brings support and hope through provision of an integrated package of service including a 24-hour hotline (18288), prompt intervention and outreach escort service to pick up those who cannot get to the FCSC because of physical disability or lack of public transport facilities, short-term accommodation, groups and programmes, referrals to other departments or agencies for follow-up services, public education programmes, etc. Information brief of FCSC is at **Appendix XVII**.

3.49 The FCSC admits cases on a 24-hour basis. Referral by social workers, police officers, medical professionals, school personnel and other helping professionals is accepted. Any individuals or families in crisis, regardless of their age, gender and race, can also approach the FCSC directly or call its hotline for arrangement of admission. No accommodation service will be rendered to those with merely need for housing or temporary shelter. Social workers of the FCSC will assess the users' needs and render prompt intervention for crisis management. Groups / programmes / activities or counselling sessions will also be arranged to help them acquire skills in managing anger, stress, conflicts, feeling of despair, basic self-protection measures, etc.

3.50 Social workers who follow up the case should take note of the following :

- (a) As the FCSC widely publicizes its location to enhance its accessibility to those who need the service, the referring social worker should carefully assess whether it is suitable and beneficial to arrange the victims of intimate partner violence, especially those who require shelter service for safety and protection, for admission into the FCSC;
- (b) As the FCSC is intended to provide short-term accommodation, preferably not exceeding one week, for family members to manage their emotions and overcome immediate crisis, the responsible referring / follow-up social worker should work closely with staff of the FCSC to formulate care plans and arrange all necessary service to prepare for their discharge in a timely manner; and
- (c) For cases involving intimate partners suffering from sexual violence, child abuse and elder abuse elements, reference should be made to the "Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)", "Procedural Guide for Handling Child Abuse Cases (Revised 2007)" and "Procedural Guidelines for Handling Elder Abuse Cases (August 2006)" respectively.

VICTIM SUPPORT PROGRAMME FOR VICTIMS OF FAMILY VIOLENCE – PO LEUNG KUK TSUI LAM CENTRE

3.51 To further enhance the services and support for victims of domestic violence, SWD has launched a Victim Support Programme (VSP), namely Tsui Lam Centre, operated by Po Leung Kuk, to provide comprehensive support for victims of spouse / cohabitant battering and child abuse, including those involved in the judicial process, with the aim to strengthening protection, alleviating their fear and feeling of helplessness, and helping them return to normal life as early as possible. The VSP provides relevant information and

access to judicial proceedings and community resources; emotional support and other support services in close collaboration with the case manager. Besides, it also recruits and develops volunteers so that they can be mobilised to render mutual support and assist in providing support service as appropriate. The victims may join the programme through referrals by social workers of all SWD units providing casework services including FCPSUs / IFSCs / MSSUs / POs, etc. and IFSCs / ISCs of NGOs in the districts. Information brief of Po Leung Kuk Tsui Lam Centre is at **Appendix XVIII**.

- 3.52 The operation hours of the VSP is from 9:00 a.m. to 6:00p.m., Monday to Friday and 9:00 a.m. to 1:00 p.m. on Saturday. Referral will be received from 9:00 a.m. to 9:00 p.m., Monday to Saturday (except public holidays). Escort service will be provided from 9:00 a.m. to 9:00 p.m. all year round. Service will also be delivered on Sundays, public holidays and outside regular operating hours with prior arrangement with the referrers and service users.

CLINICAL PSYCHOLOGICAL SERVICE

- 3.53 The clinical psychologists of the Clinical Psychology Units of SWD provide assessment and treatment services to victims and batterers of child abuse, child sexual abuse, domestic and other sexual violence cases who exhibit various symptoms of psychopathology. Referrals are accepted from all SWD units e.g. IFSC, MSSU, Probation Office, etc. and IFSC of NGOs without their own agency clinical psychologists. To decide when such cases should be referred to the clinical psychologists for psychological treatment, please refer to **Appendix XIII**, “Considerations for Referral to Clinical Psychologists (Specific to Domestic Violence Cases)”.
- 3.54 After receiving a referral, the clinical psychologist may assess the client’s intimate partner violence, suicidal and homicidal risk using a structured clinical interview and psychological tests. The client’s psychological state will also be assessed to ascertain if he / she has any psychopathology such as Post-traumatic Stress Disorder, Major Depressive Disorder or Personality Disorder. A treatment plan will subsequently be designed for the client after discussion between the clinical psychologist and the referring worker.
- 3.55 Besides individual treatment, clinical psychologists may also provide group treatment to victims and batterers of intimate partner violence. The usual focuses of treatment for victims include, but are not limited to, two areas: amelioration of trauma symptoms and rebuilding of self-esteem. Therapy, either individual or group, helps batterers take responsibility of their violence, acquire skills in anger control and develop alternatives to violence.
- 3.56 Assistance from clinical psychologists in the management of intimate partner violence cases is also available from IFSCs / ISCs of six NGOs and major general hospitals of the Hospital Authority. The former mainly accept

referrals from IFSCs, or in some instances other service units, of designated NGOs. For the latter, referrals are normally accepted from doctors or psychiatrists only. Unless they are known cases of the psychiatric service of the Hospital Authority, cases are usually followed up when they are receiving in-patient treatment only.

- 3.57 For victims and batterers who suffer from psychiatric disorders, such as Major Depressive Disorder, the clinical psychologist will recommend to the worker to make referral for psychiatric intervention.
- 3.58 For cases involving intimate partners suffering from sexual violence, child abuse and elder abuse elements, reference should be made to the “Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)”, “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)” respectively.

SCHOOL SOCIAL WORK SERVICE

- 3.59 If a school social worker comes across an intimate partner violence case, he / she should collect relevant information from the informant or referrer to check if it is a new case or a known case of FCPSU or IFSC / ISC of SWD / NGO. For a new case, the school social worker, upon obtaining the consent of the victim, should discuss with the concerned FCPSU, or IFSC / ISC of NGO, on referring the case to the respective service unit according to the residential address of the victim for follow-up (a sample of referral letter is at **Appendix XI**). If the victim does not agree to the referral despite counselling rendered, the school social worker should (i) remind him / her that he / she should have taken care of the safety of himself / herself and other family members e.g. the children; (ii) provide information to contact SWD or other agencies in the future if he / she needs to. If the case is known to FCPSU or IFSC / ISC of SWD / NGO, the school social worker should inform the social worker concerned to follow up the case.
- 3.60 For cases being followed up by FCPSU or IFSC / ISC of SWD / NGO, the social worker of FCPSU or IFSC / ISC of SWD / NGO will assume the role of case manager in handling an intimate partner violence case. As school social work service is school-based and student-focused, the school social worker will not assume the role of case manager in handling intimate partner violence cases regardless whether the cases are known to him / her. The school social worker should keep in view of the student’s condition in the school or attend to any needs of the student that may arise from the intimate partner violence incident(s) and related family problems in collaboration with the responsible worker of FCPSU or IFSC / ISC of SWD / NGO.

- 3.61 The school social worker can refer to “A Guide on Multi-disciplinary Collaboration in School Social Work Service” for details on the role and responsibility of related professionals. In case child abuse is suspected, the “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” should apply. For cases involving intimate partners suffering from sexual violence or involving elder victims, reference should also be made to the “Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)” respectively.

SERVICE FOR BATTERERS

Batterer Intervention Programme

- 3.62 Over the years, non-governmental organisations, Clinical Psychology Units and FCPSUs of SWD have tried to develop different group treatment programmes for the batterers. To further enhance the development of Batterer Intervention Programmes (BIP) in Hong Kong and identify effective treatment modalities for batterers with different degrees of battering behaviour, the SWD and the Hong Kong Family Welfare Society, have launched a pilot project of BIP (Pilot Project) from January 2006 to March 2008. Upon the completion of the pilot project, FCPSUs of SWD continue to offer BIP as part of their regular service and to work together with casework services. Furthermore, non-governmental organisations are also encouraged to run BIP in the community continuously.
- 3.63 For most BIP, it is a psycho-educational group designed for those batterers having used violence against their intimate partner. The major objectives are to safeguard the safety and security of the battered partner and to help participants stop the use of violence and learn non-violent strategies to handle family conflicts. Other forms of treatments include, but not limited to, the enhancement of participants’ understanding of gender equality, emotional control and conflict resolution.

Anti-Violence Programme

- 3.64 To enhance the prevention of domestic violence and strengthen protection to victims, SWD has launched an Anti-violence Programme (AVP) since August 2008 as provided for under the Domestic Violence (Amendment) Ordinance 2008. Since then, the court may, in granting a non-molestation order under the Ordinance, require the batterer to attend an AVP seeking to change his / her attitude and behaviour that lead to the granting of the injunction order. With the enactment of the Domestic Violence (Amendment) Ordinance 2009, the Ordinance was renamed as Domestic and Cohabitation Relationships Violence Ordinance and the programme has been extended to same-sex cohabitants involved in violence cases as appropriate since January 2010.

- 3.65 The AVP is a psycho-educational programme, provided by non-governmental organisations (please refer to remarks below) as approved by the Director of Social Welfare, for batterers involving in adult against adult and adult against child abusive behaviour. The AVP aims to reduce the risk of reoccurrence of violence / abuse and enhance the safety of spouses / cohabitants and / or family members of the participants. The programme consists of 12 to 14 sessions each lasting for two to three hours conducted by mental health professionals (social workers, counsellors or psychologists) in the form of either one-on-one or group session. The objectives are (i) helping the participants stop using violence / abuse and change their attitudes towards the use of violence / abusive behaviour; and (ii) treating the participants' personal and relationship problems which contribute to the use of violence / abusive behaviour. The core components of the AVP include rapport building and ownership, controlling and monitoring of violence, understanding of antecedents of violence, self-understanding, skills training and building, and relapse prevention.
- 3.66 The targets of AVP are batterers of family violence referred by the court under the Domestic and Cohabitation Relationships Violence Ordinance. The service coordinator of SWD will take up the coordinating role in liaising with the Court and service operators and service monitoring. Upon receiving case referral from the court clerk, the service coordinator of SWD will refer the participant to a suitable NGO service operator (please refer to remarks below) which will then intake the case, arrange programme and report attendance to SWD. AVP will be provided to batterers within one month after the NGO service operator has received the referral from SWD.
- 3.67 The respective NGO service operator (please refer to remarks below) will be required to record attendance of the participants and report to SWD accordingly. Absence from a scheduled session without prior notification to the service operator will be regarded as non-compliance with the court requirement and a breach of the injunction concerned. Such attendance record will be provided to the applicant of the injunction order and the court as appropriate. Breach of an injunction is a contempt of court and can be punished by imprisonment or a fine.

Remarks: Starting from February 2014, the AVP is provided by SWD. Upon receiving the information from the court, the service coordinator of SWD will contact the participant as soon as possible and arrange for him / her a suitable programme within a month.