

## **CHAPTER 4**

### **HOSPITAL AUTHORITY / DEPARTMENT OF HEALTH**

#### **SOURCE OF REFERRALS**

- 4.1 An intimate partner violence case may be brought to the attention of the hospital / clinic when the victim turns up for examination / treatment, either by himself / herself or in the company of the Police, relatives, social workers or staff of other organisations.

#### **DIAGNOSE AND TREAT INJURIES**

- 4.2 Examine the victim for new and old injuries. Radiological examinations may be needed to assess skeletal injuries. Treatment will be based on the physical findings. If necessary, clinics may refer the victim to hospital for further investigation and treatment.

#### **EVALUATE EMOTIONAL STATUS**

- 4.3 Four areas of concern :

- (a) post-traumatic stress disorder;
- (b) coping mechanism;
- (c) psychiatric disorder; and
- (d) potential for homicidal or suicidal behaviour.

- 4.4 Post traumatic stress disorder is characterized by the following features :

- (a) the traumatic event is persistently re-experienced, e.g.
  - recurrent and distressing recollection of the event
  - recurrent distressing dreams of the event
- (b) persistent avoidance of stimuli associated with the trauma, e.g.
  - deliberate efforts to avoid thoughts or feeling associated with the trauma
  - feeling of detachment or estrangements from others

- (c) persistent symptoms of increased arousal, e.g.
  - difficulty in falling or staying asleep
  - irritability or outbursts of anger
  - difficulty in concentrating
  - hypervigilance

4.5 Coping skills can be assessed in the following ways :

- (a) Is the victim able to function at home or at work?
- (b) What efforts has he / she made in the past to cope with battering?
  - Whom has the victim contacted?
  - How often?
  - What has been the response?
- (c) Has the victim's behaviour or mental status changed?
  - Is he / she more aware of the danger of harm, or less?
  - Is he / she reaching out, or withdrawing?
  - Does he / she seem in a fog or emotionally dull?
- (d) Does the victim know where to seek help? Any other social resources available to the victim?
- (e) Does the victim know his / her rights?

4.6 The mental state of the victim and his / her coping skill will affect the discharge plan. Victim with emotional difficulties may need to be referred to the appropriate service, e.g. psychiatrist, clinical psychologists or counsellor.

4.7 In the management plan, an assessment of risk to the victim and his / her children is important. The victim himself / herself is the best judge of how dangerous it would be to return home. However, attention should be paid to the possibility of minimization of risk by the victims by making reference to paragraph 1.12 of this Guide. If it is not safe for them to return home, and there is no other safe place available, placement in the temporary shelter is necessary.

## **DEVELOP DISCHARGE / FOLLOW-UP PLAN**

4.8 Apart from medical treatment, the victim's needs are multiple. Usually, the social worker is in a better position to assist the victim in crisis. The victim should be referred to social services for assessment or follow-up after obtaining his / her written consent. An appointment with the medical social worker (MSW) should be arranged preferably during hospital stay or upon discharge. The MSW has an important role to play in helping the victim, the batterer as

well as his / her family by providing counselling service, therapeutic group work service and referrals for other welfare assistance as appropriate. The hospitals / clinics should contact the refuge centres for women, CEASE Crisis Centre or the Family Crisis Support Centre as appropriate if the victims are in need of immediate arrangement of temporary shelter and they are not yet known to the social services (please refer to the List of Relevant Government Departments / Organisations / Service Units at **Appendix XIX**).

- 4.9 Clinical psychologist may also be involved in providing psychological intervention for victim in the following areas, if necessary :
- (a) early intervention for victim suffering from psychological trauma so as to prevent him / her from developing more serious psychiatric or psychological problems;
  - (b) rebuilding of victim's self-confidence and self-esteem; and
  - (c) enhancement of victim's coping and problem solving skills to deal with future crisis.
- 4.10 The victim should be advised to report the violence to the police counter at the Accident and Emergency Department or to the police station of the area where he / she lives. The victim should also be advised that if he / she wishes to seek legal service in connection with his / her problems (e.g. to petition for divorce or to apply for an injunction order), he / she may seek advice from the Legal Aid Department.
- 4.11 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 Sexual Violence Cases (Revised 2007)", "Procedures for Handling Child Abuse Cases (Revised 2007)" and "Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)" respectively.

## **DISCHARGE INSTRUCTIONS**

- 4.12 When the medical problems have been treated and there is no need for admission, the victim can be discharged from hospital after evaluation of his / her other service needs. The following points should be noted :
- (a) all victims should be referred to MSW (for in-patient and some specialist out-patient where there are MSWs stationed). For the clinic without MSW, a referral together with the written consent signed by the patient should be sent by fax to the concerned Family and Child Protective Services Units of SWD for follow-up action;

- (b) make sure the victim has a concrete plan to mobilize help when violence occurs again at home;
- (c) arrange shelter and other services if necessary;
- (d) if the child is also abused, the “Procedures for Handling Child Abuse Cases – Revised 2007” should be followed; and
- (e) provide other relevant information in regard to his / her needs.

## **DOCUMENTATION**

4.13 Documentation is very important when litigation arises. Details of the injuries should be noted down carefully, for example : -

- (a) victim’s account of how he / she sustained the injuries;
- (b) mechanism of injury, e.g. slapping, kicking and any weapon used;
- (c) all injuries should be recorded preferably in the body chart; and
- (d) radiological findings.

4.14 If clinical photography is ordered, consent should be obtained. The photograph should be dated, and filed with the victim’s record. This confidential material should be used by victim only if there is litigation later.