

Guidelines for Handling Abuse Cases Involving Adults with Intellectual Disabilities/Adults in Mental Recovery

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Disabilities/Adults in Mental Recovery

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Chapter 1: Scope of Application, Objectives, Beliefs and Principles

1. Scope of Application

- 1.1 The relevant principles and information set out in this “Guidelines” are for reference by workers ^(Note 1) handling cases of abuse involving adults with intellectual disabilities/adults in mental recovery. The term “adults with intellectual disabilities/adults in mental recovery” mentioned in this “Guidelines” refers to persons aged 18 or above who have been diagnosed with intellectual disabilities or are in mental recovery, including mentally incapacitated adults. Hereinafter, they will be referred to as “persons with intellectual disabilities/persons in mental recovery”, “abused persons” or “persons suspected of being abused”.
- 1.2 In handling cases involving the following circumstances, workers should follow the Procedural Guidelines listed below:
- (a) For handling abuse cases involving children with intellectual disabilities/children in mental recovery who are under the age of 18, please also refer to the latest Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation ^(Note 2);
 - (b) For handling cases involving spouse/intimate partner battering, please also refer to the latest Procedural Guide for Handling Intimate Partner Violence Cases ^(Note 2);
 - (c) For handling abuse cases involving elderly persons aged 60 or above, please also refer to the latest Procedural Guidelines for Handling Elder Abuse Cases ^(Note 2);

Note 1 “Workers” refer to staff of all service units who have the chance to come across or handle suspected abuse cases involving persons with intellectual disabilities/persons in mental recovery.

Note 2 For the latest versions of the Procedural Guidelines, please refer to Annex.

- (d) For handling sexual violence cases, please also refer to the latest Procedural Guidelines for Handling Adult Sexual Violence Cases (Note 2); and
- (e) For handling cases involving criminal proceedings, please also refer to the latest Procedural Guide for Social Workers on the Handling of Mentally Incapacitated Adults Arising from the New Provisions in the Criminal Procedure (Amendment) Ordinance 1995.

2. Objectives

The welfare of persons with intellectual disabilities/persons in mental recovery is paramount in this “Guidelines”. In handling suspected abuse cases, all service units/workers should work together in good faith to protect these persons from any form of abuse. On this basis, the objectives of this “Guidelines” are:

- 2.1 To provide a definition for the abuse of persons with intellectual disabilities/persons in mental recovery, and to explain the beliefs and principles for handling such abuse cases;
- 2.2 To promote awareness of the problem of abuse among workers providing services to persons with intellectual disabilities /persons in mental recovery; and
- 2.3 To provide operational guidelines on handling suspected abuse cases involving persons with intellectual disabilities/persons in mental recovery for relevant service units/workers, with a view to providing appropriate services and care to victims of abuse in an effective manner and preventing the recurrence of abuse.

3. Beliefs

This “Guidelines” is based on the following beliefs regarding persons with intellectual disabilities/persons in mental recovery:

- 3.1 Respect for individuals’ self-autonomy and self-determination, including the freedom to make personal decisions;
- 3.2 Freedom from all forms of exploitation, violence and abuse;
- 3.3 The right to be treated with respect on an equal basis with others;
- 3.4 Personal privacy shall not be subjected to arbitrary or unlawful interference; and
- 3.5 The right to a reasonable standard of living and social protection.

4. Principles

The interventions mentioned in this “Guidelines” follow the following principles:

- 4.1 All service units/workers serving persons with intellectual disabilities/persons in mental recovery should protect them against abuse. Ensuring their immediate safety should be the paramount concern when handling suspected abuse cases. It is also necessary to attend to their needs and safeguard their welfare and rights.
- 4.2 Workers should respond with utmost care when signs of abuse are identified or reports of suspected abuse cases are received. Regardless of the severity of the abuse, a prompt risk assessment should be conducted for the person involved to formulate a welfare plan.

- 4.3 When conducting investigations or assessments, workers should meet with the persons suspected of being abused and other relevant persons to gain an understanding of the situation. The person suspected of being abused should not be asked to recount the abuse incident repeatedly.
- 4.4 The person suspected of being abused should enjoy the right to self-determination as far as practicable under appropriate circumstances. Workers should encourage their participation in investigations and assessments. As long as their choices do not breach the law and constitute no threats to their own and others' rights and safety, they may choose their preferred way of life, and their views should be taken into consideration based on their individual circumstances.
- 4.5 The person suspected of being abused should enjoy the right to privacy as far as practicable under appropriate circumstances, and may decide what personal data can be disclosed to others and how relevant service units/workers may use their personal data.
- 4.6 Workers should cooperate fully and share responsibility with counterparts to safeguard the welfare of the person suspected of being abused. Family members and significant others should be assisted to participate in case-handling process, and their views should be considered and respected when formulating a welfare plan.
- 4.7 Abuse incidents often involve complex issues. Workers should maintain objectivity when handling suspected abuse cases, and impartially assess the incident from the perspectives of both the person suspected of being abused and the suspected abuser.

Chapter 2: Basic Understanding of Abuse Involving Persons with Intellectual Disabilities/Persons in Mental Recovery

1. Definition of Abuse

- 1.1 Based on the beliefs and principles outlined in Chapter 1, the abuse of persons with intellectual disabilities/persons in mental recovery is defined as follows:

Generally speaking, an abusive act is defined as any intentional, grossly negligent, or reckless act that endangers the physical and psychological health and development, personal safety or welfare of a person with intellectual disabilities/person in mental recovery.

- 1.2 The definition above provides guidance for handling abuse cases involving persons with intellectual disabilities/persons in mental recovery, and is not a legal definition.
- 1.3 Workers should evaluate and assess whether certain acts constitute abuse based on their professional knowledge and the specific characteristics of the person with intellectual disabilities/person in mental recovery.
- 1.4 In determining whether an act constitutes abuse, the uniqueness of each individual case and the circumstances in which it occurred should be considered, including:
- 1.4.1 Forms of abuse;
 - 1.4.2 Number of occurrences and duration (an abusive act may occur once, multiple times or repeatedly, or over a short or long duration);
 - 1.4.3 Location of the incident (whether at home, in residential care homes, or in the community);
 - 1.4.4 Number of abused persons and abusers;

- 1.4.5 How the abuse was committed (whether committed individually or collectively);
 - 1.4.6 Position of the abuser (whether the abuser holds a position of power over the abused person due to their special status in terms of age, identity, knowledge, or organisational role); and
 - 1.4.7 Possible impacts on the abused person.
- 1.5 The abusive act itself may constitute abuse, regardless of whether the persons involved perceive themselves as being abused. An act of gross negligence or recklessness that could cause harm, even if not committed intentionally, may also be considered abuse.
- 1.6 Broadly speaking, the abuser may be known or unknown to the person with intellectual disabilities/person in mental recovery. However, the cases covered by this “Guidelines” are confined to those in which the abused person and the abuser are known to each other, including situations where the abuser is responsible for the care of the abused person.

2. Forms of Abuse

2.1 Forms of abuse may include the following:

2.1.1 Physical Abuse

Physical abuse refers to physical injury or suffering inflicted on the abused person (e.g. through violence, poisoning, suffocation, burning, etc.) non-accidentally or caused due to the absence of any preventive measures in the presence of dangerous factors or foreseeable harmful situations.

2.1.2 Psychological Abuse

Psychological abuse refers to a pattern of behaviours and attitudes towards the abused person that endangers or impairs their psychological health and emotional well-being (e.g. humiliation, intimidation, scolding, isolation, coercion, invasion of privacy, unnecessary restrictions on freedom of access and movement, and dismissal of emotional needs, causing prolonged fear). Such behaviours and attitudes can immediately or ultimately damage the behavioural, cognitive, emotional or physical functioning of the abused person.

2.1.3 Neglect

Neglect refers to a severe or persistent lack of attention to the abused person's basic needs (e.g. inadequate provision of food, clothing, shelter, medical treatment, care, etc.), which endangers the person's health or even life. Neglect also includes delays in seeking medical treatment, or failures to provide medicine or aids as per medical advice, thus causing physical and mental harm to the person. Exposing a person with intellectual disabilities/person in mental recovery to extreme dangers (e.g. hunger, cold, or prolonged lack of care, etc.) under unreasonable circumstances also constitutes neglect. If a service provider (e.g. residential care homes, hospitals, etc.) fails to perform its caregiving responsibilities and causes harm to a person with intellectual disabilities/person in mental recovery, this can also be considered neglect.

2.1.4 Financial Exploitation

Financial exploitation refers to any act that involves depriving of or exploiting the wealth of the abused person including, under normal circumstances, taking away possessions, money or assets (e.g. property, public housing tenancy, etc.) of the abused person without their consent.

2.1.5 Abandonment

Abandonment refers to the act of leaving the person under care without justifiable reasons by those responsible for their care (e.g. family members, carers, guardians, etc.), which endangers or impairs the abused person physically or psychologically. For example, a family member deliberately abandons the abused person after taking them to an unfamiliar location, making it impossible for them to return home on their own, or provides a false correspondence address to a hospital following the abused person's hospitalisation, thus preventing it from contacting the abused person's family members/carers/guardians to discuss medical and welfare issues.

2.1.6 Sexual Abuse

Sexual abuse refers to forcing the person being abused to engage in sexual contact under circumstances where they are unwilling or unable to consent, or using coercion or other means to induce sexual contact (examples include exposing genitals, committing indecent assault, and rape, etc.).

2.2 Self-abuse

Self-abuse refers to actions by a person with intellectual disabilities/person in mental recovery that impair their physical and mental well-being and safety, including refusing basic necessities (e.g. not eating, or sleeping on the streets, etc.) or refusing to accept treatments (e.g. dental and psychiatric care, etc.). This "Guidelines" does not cover the handling of self-abuse cases. Workers may consider utilising support services (e.g. referring cases to the Hospital Authority's community psychiatric teams, or applying for a Guardianship Order, etc.) when handling self-abuse cases involving persons with intellectual disabilities/persons in mental recovery, with a view to providing appropriate assistance.

3. Risk Factors Leading to Abuse

If a person with intellectual disabilities/person in mental recovery and their family members/carers/guardians exhibit any of the following risk factors, workers should be highly vigilant, and provide appropriate services tailored to the needs of the case to prevent incidents of abuse. The following list of risk factors is not exhaustive and is intended for use as a reference by relevant workers only.

3.1 Family

3.1.1 Poor Family Relationship

When a person with intellectual disabilities/person in mental recovery has poor relationships or lacks communication with their family members exacerbated with mutual hostility, conflicts can easily arise. As problems accumulate over time and neither side is willing to compromise, the likelihood of abuse by family members increases.

3.1.2 Changes in Family Structure

If there are changes in the family structure (e.g. changing carers or care patterns, or when other relatives move in to live with the person with intellectual disabilities/person in mental recovery), family members and the person may struggle to adapt, which can easily lead to conflicts. Abuse may arise if these conflicts escalate.

3.1.3 History of Abuse or Violence in Family

Abuse may be likely to occur in families with a history of previous or repeated incidents of abuse or violence, where family members may be more inclined to resolve conflicts through abusive or

violent means.

3.1.4 Weak Social Network and Lack of Awareness of Community Support Services

When family members lack social support network or are unaware of how to get help, they may resort to abuse when struggling to cope with the stress of caring for family members who are with intellectual disabilities/in mental recovery.

3.2 Family Members/Carers

3.2.1 Health Condition of Family Members/Carers

The risk of abuse increases when family members/carers are in poor health, or are abusing alcohol or drugs.

3.2.2 Emotional/Mental State of Family Members/Carers

If family members/carers are themselves in mental recovery, or exhibit emotional/mental instability, their ability to withstand stress will be significantly diminished, thus increasing the likelihood of abuse.

3.2.3 Carer Stress

For some carers, taking care of person with intellectual disabilities/person in mental recovery imposes enormous pressure. The risk of abuse increases when, for various reasons, the care recipient remains uncooperative over an extended period and the carers lack adequate support.

3.2.4 Perceptions and Expectations of Family Members/Carers

When family members/carers lack an understanding of the capacity for work or for Activities of Daily Living of the person with intellectual disabilities/person in mental recovery, they are likely to develop unrealistic expectations. This

misunderstanding can easily lead to conflicts, thus increasing the likelihood of abuse.

3.2.5 History of Abuse Among Family Members/Carers

Family members/carers who have experienced abuse in the past may be predisposed to solving problems through abusive means. Although there is no research showing that past victims of abuse will inevitably become perpetrators, workers should be vigilant when working with family members/carers who have a history of being abused.

3.3 Persons with Intellectual Disabilities or Persons in Mental Recovery

3.3.1 Reliance on Others for Daily Living

Some persons with intellectual disabilities/persons in mental recovery rely on others for care or decision-making due to physical or mental impairments. When subjected to mistreatment, they may have difficulty resisting or communicating their distress, making them vulnerable to abuse.

3.3.2 Weak Social Network

A person with intellectual disabilities/person in mental recovery who has a weak social network, characterised by few friends and limited contact with the outside world, would place greater trust in and rely heavily on the few relatives/carers with whom they maintain contact. As a result, it would be difficult for them to seek outside assistance when subjected to abuse by those relatives/carers.

4. Indicators of the Abused Person, the Abuser and the Environment

When persons with intellectual disabilities/persons in mental recovery are abused, they often exhibit unusual emotions or behaviours. The following is a

list of indicators of abuse (including physical and behavioural indicators of the abused persons, behavioural or attitudinal indicators of the abusers, and environmental indicators) to assist workers in assessing whether a person with intellectual disabilities/person in mental recovery has been abused. These behaviours or signs may not necessarily be evidence of abuse. However, when they occur, especially if multiple indicators appear simultaneously, service units/workers must take notice and be vigilant, assess thoroughly the possibility of abuse, and conduct a comprehensive evaluation of the abused person's and the abuser's conditions (including their family background and support network, etc.), in order to determine whether further intervention is required. Moreover, the following list of indicators is not exhaustive and is primarily for the reference of workers. Different types of indicators may appear concurrently.

4.1 Physical Abuse

4.1.1 **Physical Indicators of the Abused Person**

(a) Bruises and Welts

- Unexplained and non-accidental bruises, blackening or bleeding in multiple parts of the face and body
- The reported causes of falls, injuries or accidents are inconsistent with the indicators of the injuries
- Atypical bruises, e.g. scratches, pinches, and imprints of hands and feet; or bruises in patterns reflecting the shape of objects, such as canes, belts, clothes hangers, or combs, etc.
- Bruises of different colours in multiple parts of the body, indicating injuries inflicted at different times or in various stages of healing
- Repeated bruises over time
- Withdrawn/in fear
- Engaging in addictive behaviour/substance abuse

(b) Fractures

- Swollen or tender limbs caused by fractures or dislocations
- Multiple fractures in various stages of healing
- Unexplained fractures found during clinical examinations
- Spiral fractures caused by twisting/pulling

(c) Skin Ulceration and Laceration

- Unexplained skin swelling or ulceration
- Unexplained lacerations
- Multiple scars from different periods

(d) Internal Injuries

- Unexplained ruptures to organs

(e) Burns/Scalds

- Cigarette/joss-stick burns that do not appear to be accidental
- Unexplained wound infections caused by burns/scalds
- Burns/scalds in the mouth and oesophagus caused by hot food/corrosive liquids if the abused person requires assistance with feeding

(Note: Accidental burns/scalds are commonly found on limbs and the front part of the body. It is less likely that injuries to more inconspicuous parts of the body are accidental.)

4.1.2 **Behavioural Indicators of the Abused Person**

- Unwillingness to receive medical examination or delaying in receiving necessary medical services

- Unwillingness to disclose information when asked about the details of their injuries
- Repeatedly attributing injuries to personal carelessness or making contradictory statements
- Seeking medical services from different doctors in an unusual manner
- Fear of the abuser
- Being emotionally disturbed
- Showing depression tendencies
- Attempting suicide

4.1.3 **Behavioural Indicators of the Abuser**

- Holding the view that the person with intellectual disabilities/person in mental recovery does not require a medical examination after an injury, or delaying their access to necessary treatment
- Unwillingness to disclose information when asked about the details of the abused person's injuries
- Answering questions purposefully and promptly on behalf of the abused person when they are asked about their injuries
- Bringing the abused person to seek medical services from different doctors in an unusual manner
- Brutally forcing the abused person to perform certain actions (e.g. forced feeding)

4.1.4 **Environmental Indicators**

- Unusual physical restraints/instruments of torture found in the living place of the abused person, indicating that they may have been subjected to unnecessary restraints and injuries

4.2 Psychological Abuse

4.2.1 Behavioural Indicators of the Abused Person

- Extremely passive
- Indecisiveness
- Poor self-image
- Avoidance of contact with others
- Escapism
- Showing depression and anxiety tendencies
- Inappropriate feelings of guilt or shame
- Relationship with the abuser is visibly distant or persistently poor
- Fear of the abuser
- Showing signs of extreme apprehension, emotionally disturbance, and hysteria
- Attempting suicide

4.2.2 Behavioural and Attitudinal Indicators of the Abuser

- Inappropriate control or isolation imposed on the abused person (e.g. often locking them at home, not allowing them to return home, preventing them from answering the phone/listening to the radio, or watching TV, interfering with their communication with others, etc.)
- Being extremely apathetic, uncaring or nagging towards the abused person
- Frequently scolding, slurring, blaming, terrorising, bullying, threatening and insulting the abused person
- Ignoring the abused person's privacy (e.g. forcing them to take baths with others)
- Disdaining, ignoring or degrading the dignity and value of the abused person
- Exhibiting other non-substantial forms of hostility or rejection in public
- Not allowing the abused person to reach out to the community or participate in family/social functions

- Depriving the abused person of their right to self-determination by discouraging/not allowing them to make decisions, despite their capacity to do so
- Maintaining a visibly distant or persistently poor relationship with the abused person

4.2.3 **Environmental Indicators**

- The abused person is being isolated at home and deprived of facilities for keeping in touch with the outside world (e.g. having their mobile phones, radios, TVs, etc. taken away)

4.3 Neglect

4.3.1 **Physical Indicators of the Abused Person**

- Malnutrition
- Significant loss of weight/extremely low weight
- Dehydration
- Chronic bedsores or rashes
- Frequent illness or injury

4.3.2 **Behavioural/Condition Indicators of the Abused Person**

- Frequently having a shabby or dirty/unkept appearance, or being prone to insect infestation
- Wandering alone frequently or for prolonged periods without company or care
- Often staying indoors
- Obvious irregularities in eating patterns being ignored
- Obvious loss of appetite being ignored

4.3.3 **Behavioural and Attitudinal Indicators of the Abuser**

- Failing to provide the abused person with clothing, food, basic necessities, personal care products, medication/medical care, or aids (e.g. glasses, crutches, etc.)

- Leaving the abused person unattended in unsafe or isolated locations
- Arranging for the abused person to withdraw from training or rehabilitation services without reason

4.3.4 **Environmental Indicators**

- Basic facilities (e.g. lighting, drinking water, beds, etc.) are not provided in the living environment/residence
- The living environment/residence is hazardous, lacking safety measures/equipment (e.g. handrails) or adequate supervision and management
- The living environment/residence is dirty, cluttered with unnecessary items that obstruct the passageway

4.4 Financial Exploitation

4.4.1 **Behavioural Indicators of the Abused Person**

- Reports of loss/theft of money (including Comprehensive Social Security Assistance (CSSA) payments, Disability Allowance, etc.)/possessions/assets/properties, etc., and a standard of living that is inconsistent with the assets, e.g. inadequate resources to cover basic necessities (e.g. food, clothing, etc.) and daily living expenses (e.g. water and electricity bills, home fees, rent, etc.) despite sufficient finances
- Sudden cancellation of bank accounts and transferring of properties, etc. to others
- Opening joint bank accounts with another person without legitimate reasons
- Conducting unusual and unnecessary transactions and trading activities

4.4.2 **Behavioural Indicators of the Abuser**

- Demanding or forcing the abused person to open joint bank accounts
- Requesting or confiscating the seal or identity documents of the abused person without reasonable justifications
- Forcing the abused person to surrender personal identity documents (such as identity card, passport, seal, etc.), and take custody of them
- Confiscating and keeping the bank statements of the abused person to prevent them from monitoring the transactions in their accounts
- Making sudden promises to provide living support and funeral arrangements for the abused person, while requesting or arranging for the transfer of all the abused person's assets to themselves
- Stealing the abused person's money, CSSA payments, or pension
- Forging the abused person's signature
- Misusing powers of attorney, enduring powers of attorney, or the rights and responsibilities of trustees (such as forcing the abused person to sign such documents to gain control of their properties)

4.4.3 **Environmental Indicators**

- Suspicious transactions in the abused person's bank accounts
- Unexplained loss of the abused person's valuable assets
- The abused person never receiving their bank statements
- The abused person being subject to prolonged isolation and prevented from contacting any relatives or friends

4.5 Abandonment

4.5.1 **Behavioural Indicators of the Abused Person**

- Frequently wandering alone in streets/parks/malls, etc.

- Consistently appearing dirty and dishevelled in ragged clothing
- Displaying extreme apprehension

4.5.2 **Behavioural Indicators of the Abuser**

- Intentionally abandoning the abused person in hospitals/residential care homes/public places (e.g. parks, malls, etc.)

4.5.3 **Environmental Indicators**

- No visitors or plans for the discharge of the abused person after their hospital admission

4.6 Sexual Abuse

4.6.1 **Physical Indicators of the Abused Person**

- Pain and bruises on the chest/genitalia
- Itching of the genitalia
- Foreign objects blocking the genitalia/anus/vaginal opening
- Unusual vaginal/penile discharge
- Unexplained urethritis
- Unexplained bleeding from the genitalia/vagina/anus, etc.
- Unexplained sexually transmitted diseases

4.6.2 **Behavioural and Emotional Indicators of the Abused Person**

- Overreacting to touch
- Claims of being sexually abused
- Drastic changes in sexual attitudes/behaviours
- Excessive masturbation
- Fear of bathing, toileting or changing clothes
- Extreme fright when seeing the abuser
- Displaying disproportionate sensitivity to sex-related topics

4.6.3 Environmental Indicators

- Torn, stained or bloodied underclothing

5. Risk Assessment Guidelines

5.1 Function

Risk assessment serves as a tool for evaluating and synthesising factors related to abuse cases. It is crucial for determining the current safety level of the person suspected of being abused and predicting their future safety. These factors include the nature of the abuse cases, characteristics of the person suspected of being abused and their families, and the features of their living environment.

5.2 Guiding Principles of Risk Assessment

5.2.1 Risk assessment is an ongoing process that informs future planning. It should commence upon case acceptance and continue until the case is closed. Apart from evaluating the severity of the injuries sustained by the person suspected of being abused, workers conducting assessments should also consider the possibility of recurrence of abuse, neglect, financial exploitation, abandonment or sexual abuse.

5.2.2 Risk assessment aims to ensure that the person suspected of being abused receives basic care sufficient to maintain their health and safety.

5.2.3 Risk assessment should preferably involve engaging family members in identifying problems and formulating service plans. Extra attention should be given to the level of family participation if the suspected abuser is a family member.

5.3 Guidelines for Decision Making in Risk Assessment

- 5.3.1 Determine whether the person suspected of being abused is in immediate danger or faces future risks of abuse.
- 5.3.2 Evaluate the nature of social services to be referred, types of support systems, or actions needed to protect the person suspected of being abused during the investigation process.
- 5.3.3 Formulate an initial case plan for the person suspected of being abused based on the current risk assessment. Personal safety should remain the paramount concern in any future plan adjustments.
- 5.3.4 Consider whether the person suspected of being abused should be temporarily removed from their home or receive respite services for their protection.
- 5.3.5 Formulate long-term welfare plans for the person suspected of being abused who has been temporarily removed from their home or is receiving respite services, and determine when it is safe for them to return home.
- 5.3.6 Determine when adequate care can be provided to bring the case to satisfactory closure.

5.4 Risk Assessment Skills

- 5.4.1 Based on collected reports or information, assess and determine the safety level of the person suspected of being abused, and the types and urgency of various risks.

- 5.4.2 After assessing the causes, types and scope of the risks, pay extra attention to particularly serious risk factors.
- 5.4.3 Examine the duration, severity and controllability of the risk factors, and be aware of how they may interact in ways that exacerbate one another.
- 5.4.4 Assess the strengths and resources of the family.
- 5.4.5 Examine different aspects of risk factors, family strengths, and resources available through organisations when assessing the overall risk level of the person suspected of being abused.
- 5.4.6 Collect direct evidence whenever possible; however, hearsay information should not be overlooked.
- 5.4.7 Formulate case plans and response strategies aimed at reducing risks.
- 5.4.8 Make use of service resources to reduce risks.
- 5.4.9 Conduct case reviews whenever there are adjustments to the case plans, and consider formulating contingency measures to reduce risks.
- 5.4.10 When risks no longer exist, workers should continue to provide services in the light of the person's other welfare needs, or refer them to a suitable service unit for assistance before considering closing the case.

Chapter 3: Points to Note on Serving Abused Persons with Intellectual Disabilities/Persons in Mental Recovery

1. Guidelines for Good Practices

- 1.1 Have a basic understanding of abuse and be well-informed about the risk factors and indicators of abuse.
- 1.2 Respect the abused person's willingness to accept various interventions or assistance, yet ensuring their safety should be the paramount consideration. Provide proper assistance or treatment to protect their safety and welfare, even when they do not consent to certain interventions.
- 1.3 Handle suspected abuse cases with seriousness and impartiality. Approach the person suspected of being abused, the suspected abuser and all concerned parties objectively, sensitively, and appropriately to facilitate more comprehensive assessment and intervention. Give due consideration to the explanations and views of the person suspected of being abused, the suspected abuser and all concerned parties regarding the suspected abuse incident.
- 1.4 Maintain contact, communication and cooperation with organisations and units serving the person suspected of being abused to ensure appropriate services for them and their family.
- 1.5 Adhere to the principle of confidentiality. However, bearing in mind that to safeguard the welfare of the person suspected of being abused is the paramount concern, information exchange and cooperation among organisations should be maintained as necessary, without violating the principle of personal data disclosure.

- 1.6 Personal safety of workers is of great importance. Consult relevant professionals and arrange appropriate support as necessary when handling abuse cases.

2. Points to Note on Handling Suspected Abuse Cases

- 2.1 Upon discovering a suspected abuse case, the service units/workers concerned should address the case and assess the situation promptly and seriously, and provide appropriate assistance and support to the person suspected of being abused as soon as possible.
- 2.2 Assure those who reported the suspected abuse incident/family members of the person suspected of being abused/the person suspected of being abused that the case will be handled with diligence.
- 2.3 If the person reporting the abuse incident is the one suspected of being abused, workers should listen to their account of the incident, provide emotional support, clearly explain the intended follow-up actions (e.g. case referral), and allow them to express their views on these actions.
- 2.4 If the person reporting the abuse incident is the one suspected of being abused, and they request confidentiality, the service units/workers concerned should document their preference, and discuss how to proceed with the units that may handle the case without disclosing any personal data (e.g. name, Hong Kong Identity Card number, etc.) of the person suspected of being abused.
- 2.5 Even if the person reporting the abuse incident is not the one suspected of being abused, they may also request confidentiality. To safeguard the safety of the person suspected of being abused, the service units/workers concerned should avoid promising confidentiality lightly. They should make appropriate referrals/follow-up on the incident as necessary.

- 2.6 To avoid causing psychological stress to the person suspected of being abused by having them repetitively recount their abuse, if the intake worker is not the responsible social worker for the case, there is no need to probe for details when the person reports the incident. Upon being satisfied that the gathered information is sufficient to indicate that the incident involves elements of abuse, workers should make immediate referrals.
- 2.7 Avoid leading questions when collecting information. For example, instead of asking, “Were you beaten up by someone?”, ask, “How were you injured?”.
- 2.8 Keep proper records of the content and dates of conversations regarding the abuse incident for submission as court evidence in possible future legal proceedings.
- 2.9 If the suspected abuse incident involves criminal offences, encourage the person suspected of being abused/their family members/carers/guardians to report it to the Police. If the person suspected of being abused is in immediate danger (e.g. being in a life-threatening situation, or involved in an incident that leads to obvious and severe physical injuries, etc.), report it to the Police immediately.
- 2.10 The person suspected of being abused is more likely to accept assistance from someone they trust or from within their community. From both geographical and psychological points of view, it would be easier for them to accept services if referred to a unit close to their residence or one they are already familiar with. Therefore, the service units/workers concerned should refer the person suspected of being abused to a local service unit or a familiar one, considering their individual circumstances.

- 2.11 Refer to Part VIII of the Personal Data (Privacy) Ordinance (Cap. 486) for principles for exemptions in the collection and referral of personal data.
- 2.12 Be mindful of the cultural, religious and ethnic diversity of the persons suspected of being abused when handling suspected abuse incidents.

3. Points to Note When a Person Suspected of Being Abused Exhibits Communication Problems

- 3.1 A person suspected of being abused may exhibit communication problems due to disabilities. Workers should make repeated attempts to communicate using text, pictures and body language while verifying their understanding. However, they should pay attention to whether the text, pictures or body language used poses leading questions. If the person suspected of being abused can communicate using sign language, consider enlisting someone proficient in sign language for assistance. Workers may also enquire whether the person has someone trusted and familiar, such as a family member, carer, guardian, neighbour or service provider (excluding the suspected abuser), who can help with communication. Workers should explain the principle of confidentiality to those assisting with communication.

4. Points to Note When a Person Suspected of Being Abused Refuses Professional Intervention

- 4.1 A person suspected of being abused may refuse professional intervention and follow-up for the following reasons:
 - 4.1.1 Unfamiliarity with the professionals;
 - 4.1.2 Fear of change;

- 4.1.3 Dependence on the suspected abuser financially, emotionally or in daily life;
 - 4.1.4 Misconception that professional intervention means separation from family; or
 - 4.1.5 Misconception that professional intervention implies prosecuting the suspected abuser.
- 4.2 For the sake of the well-being of the person suspected of being abused, if they refuse professional intervention and the situation is non-urgent, workers should build trust with them through repeated contacts, and collect more information to develop suitable intervention strategies. However, workers should avoid asking the person suspected of being abused to repeatedly recount their abuse experiences during interviews or visits.
- 4.3 Workers should understand the concerns and complex emotions of the person suspected of being abused, facilitate them to share their worries, and try to clarify their doubts and address their concerns.
- 4.4 Workers should also explain to the person suspected of being abused that intervention and follow-up do not necessarily mean removal from their original accommodation or prosecuting the suspected abuser, and that there are many ways to handle the case and provide assistance, with the ultimate goal of eliminating the risk factors associated with abuse.
- 4.5 If the person suspected of being abused requires immediate services (such as community support services), workers may first arrange referrals to boost the person's confidence in and motivation for accepting professional intervention.
- 4.6 Workers should provide their contact numbers, along with information about social services and emergency hotlines for use by the person

suspected of being abused/their family members/carers/guardians when needed.

- 4.7 If the person suspected of being abused is in immediate danger (such as being in a life-threatening situation, or involved in an incident that leads to obvious and severe physical injuries), workers handling the case should consider the safety of the person suspected of being abused as the top priority and contact the Police and provide crisis intervention immediately.

5. Points to Note When Providing Intervention for a Person Suspected of Being Abused Who Shows Signs of Mental Disorder

- 5.1 A person suspected of being abused may manifest different types of mental disorders due to various causes. Symptoms include difficulty in concentrating, murmuring to themselves, forgetting what they have said, disorganised speech, unresponsiveness to basic questions, and mood swings, etc. Workers may perform an initial assessment of the person's orientation to reality by asking questions such as "What is your name?", "Where are you?", and "What year is it?"
- 5.2 Workers may contact the family members/carers/guardians and service providers of the person suspected of being abused to enquire about more effective communication methods with the person and to ascertain if their current mental disorder is longstanding or recent. However, workers should avoid consulting the suspected abuser as far as practicable during the initial assessment.
- 5.3 Workers may enquire with the person suspected of being abused/their family members/carers/guardians about any ongoing medical treatments. If the person is under medical care, workers should encourage the

person/their family members/carers/guardians to inform the doctors of the current situation for follow-up.

- 5.4 If workers identify abnormalities or changes in the mental condition of the person suspected of being abused that may warrant medical/psychiatric assessment, they should explain the procedures for applying for such an assessment to the person/their family members/carers/guardians, and decide if a referral is necessary.
- 5.5 When necessary, workers should make referrals and arrangements for the application for a Guardianship Order/an Emergency Guardianship Order. For details, please refer to the “About the Board”, “Apply for Guardianship” and “Emergency Guardianship Order” pages on the Guardianship Board’s website (<http://www.adultguardianship.org.hk>).

6. Points to Note When Providing Intervention for a Person Suspected of Being Abused in Physical and/or Psychological Crisis

- 6.1 Workers should immediately report the following scenarios to their supervisor to determine if it is necessary for the person suspected of being abused to be taken to a hospital or if emergency police assistance is needed:
 - 6.1.1 The person suspected of being abused is found alone at home, immobile, unresponsive, with workers having no ways to contact their family members/carers/guardians;
 - 6.1.2 The person suspected of being abused exhibits uncontrollable emotions, mental confusion, suicidal tendencies, severe personal hygiene problems, prolonged lack of food and drink, and unexplained wounds on the body, etc.

- 6.2 In critical situations (e.g. the person suspected of being abused is in shock, suffering from extreme emotional distress, or performing suicidal acts, etc.), workers should immediately take the person suspected of being abused to a hospital, or contact the Police for assistance. Subsequently, they should quickly report the situation to their supervisor to discuss follow-up actions.

7. Multi-disciplinary Collaboration on Handling Abuse Cases

The person suspected of being abused, along with their family members/carers/guardians and all related parties, may encounter various professionals when facing incidents of abuse. To provide the person suspected of being abused with the most appropriate services and effectively address their problems, it is crucial for professionals from different disciplines to maintain good and effective communication and collaboration. The following are recommendations for various professionals at different stages of intervention:

7.1 Identification of Abuse Cases

After professionals from different disciplines/service units identify the person suspected of being abused and provide them with immediate services based on their expertise, assess the person's other needs, provide information on relevant services, and encourage the person to utilise these services.

7.2 Referrals

When necessary, and with the consent of the person suspected of being abused and/or their family members/carers/guardians, refer the person suspected of being abused to appropriate service units, and establish initial contact and communication with the staff of the unit concerned.

7.3 Provision of Professional Advice

Conduct assessments of the situation concerning the person suspected of being abused and all related parties by professionals from different disciplines. Exchange information with other workers involved in handling the case to ensure all professionals have more complete information at their disposal.

7.4 Multi-disciplinary Case Conference (MDCC)

When necessary, invite relevant professionals to attend an MDCC, where those involved in handling the suspected abuse case (including social workers, medical staff, clinical psychologists, police officers, etc.) can exchange expertise, information and concerns regarding the case/family, with a view to jointly formulating a welfare plan ^(Note 3) for the person suspected of being abused.

7.5 Provision of Services

Professionals from different disciplines should collaborate to provide appropriate services to the person suspected of being abused and all related parties.

^{Note 3} When handling cases involving criminal proceedings, please refer to the latest Procedural Guide for Social Workers on the Handling of Mentally Incapacitated Adults Arising from the New Provisions in the Criminal Procedure (Amendment) Ordinance 1995.

Chapter 4: Working Guidelines on Handling Abuse Cases for Social Service Units

This Chapter provides guidance for social service units on handling abuse cases, including referrals, information collection, risk and needs assessment, welfare plan formulation, and follow-up services, with a view to safeguarding the safety and well-being of persons with intellectual disabilities/persons in mental recovery.

- If the suspected abuse incident involves spouse/intimate partner battering, please also refer to the latest Procedural Guide for Handling Intimate Partner Violence Cases ^(Note 2).
- If the suspected abuse incident involves elderly persons aged 60 or above, please also refer to the latest Procedural Guidelines for Handling Elder Abuse Cases ^(Note 2).
- If the suspected abuse incident involves sexual violence, please also refer to the latest Procedural Guidelines for Handling Adult Sexual Violence Cases ^(Note 2).
- If the suspected abuse incident involves criminal proceedings, please also refer to the latest Procedural Guide for Social Workers on the Handling of Mentally Incapacitated Adults Arising from the New Provisions in the Criminal Procedure (Amendment) Ordinance 1995.

1. Social Service Units

In general, social service units that receive referrals or identify cases of suspected abuse include the following units equipped with social work positions and providing casework services/individual care plans/individual training plans:

- 1.1 Integrated Family Service Centres (IFSCs)/Integrated Services Centres (ISCs)
- 1.2 Family and Child Protective Services Units (FCPSUs)
- 1.3 Medical Social Services Units (MSSUs)
- 1.4 Residential Care Service Units for Persons with Disabilities
- 1.5 Community Support Service, Day Training or Vocational Rehabilitation Service Units (e.g. Integrated Community Centre for Mental Wellness (ICCMW), District Support Centre for Persons with Disabilities (DSC),

Social and Recreational Centre for Persons with Disabilities (S&RC), Home Care Service for Persons with Severe Disabilities (HCS), Integrated Support Service for Persons with Severe Physical Disabilities (ISS), Day Activity Centre (DAC), Supported Employment Training for Persons with Disabilities (SET), Integrated Vocational Training Centre (IVTC), and Integrated Vocational Rehabilitation Services Centre (IVRSC), etc.)

For enquiries about relevant services or advice on district service co-ordination, please contact various service branches or District Social Welfare Offices of the Social Welfare Department (SWD).

2. Handling Referrals/Reports of Suspected Abuse Cases

Upon receiving referrals or reports of suspected abuse cases, all social service units providing casework services/individual care plans/individual training plans for persons with intellectual disabilities/persons in mental recovery should provide them with necessary services and protect them from abuse. The principles for handling such cases are as follows:

- 2.1 Every report/referral must be taken seriously, regardless of its source or when the incident occurred;
- 2.2 Ensuring the immediate safety of the person suspected of being abused must be the top priority;
- 2.3 Every referral/report of a suspected abuse case, even those from similar sources or if similar requests for assistance have been recently received, may provide useful or new information, and must be handled with care; and

- 2.4 Avoid unnecessarily asking the person suspected of being abused to repeatedly recount the incident to different persons or in different settings.

3. Collection of Information

Upon receiving a referral/report, social service units providing casework services/individual care plans/individual training plans should begin collecting information and learn more about the incident, in order to determine whether there is reason to believe that the person with intellectual disabilities /person in mental recovery has been or is being abused. Immediate action should be taken if the person with intellectual disabilities/person in mental recovery is deemed in need of immediate protection or medical attention.

3.1 Collecting Personal Data of the Person Suspected of Being Abused

- 3.1.1 During initial contact with the person suspected of being abused, the service unit receiving the referral/report should strive to obtain prior consent from the person and their family members/carers/guardians for collecting personal data, which is necessary to facilitate further service provision.
- 3.1.2 The service unit receiving the referral/report should request the referrer's name, address and telephone number. Although anonymous referrals should also be accepted, recording the referrer's contact information where possible is encouraged to allow for clarification of case details when necessary.

3.2 Points to Note When Collecting Information

- 3.2.1 Unless there is a suspicion that the life of the person suspected of being abused is under threat, during the information collection process, the wishes of the person/their family

members/carers/guardians, where circumstances permit, should be respected.

3.2.2 If workers encounter any danger during interviews or visits, they must first attend to their own safety, and seek the Police's assistance when necessary.

3.2.3 Workers must preserve information related to the suspected abuse incident, e.g. video recordings, health records and relevant documents, etc.

3.2.4 Initial contact with the person suspected of being abused:

- (a) For the first meeting, arrange to meet in an environment familiar to the person suspected of being abused, preferably in the company of the person's relatives or friends or the referrer who already knows the person.
- (b) Before the meeting starts, clearly introduce yourself, including your name, position, affiliated organisation, and the purpose of the meeting, using terminology understandable to the person suspected of being abused.
- (c) Inform the person suspected of being abused that their wishes and right of self-determination will be respected to the extent that circumstances allow throughout the intervention process.
- (d) Explain to the person suspected of being abused that it may be necessary to contact their family members/carers/guardians for further information and follow-up.

3.2.5 Workers should report work progress to their supervisor according to the internal guidelines of their organisations.

3.3 Understanding the Incident

- 3.3.1 Workers should obtain detailed information about the suspected abuse incident from the person suspected of being abused/informants/referrers. This information should include the family background, living conditions and support network of the person suspected of being abused, and the sequence of events of the suspected abuse incident.
- 3.3.2 If the suspected abuse incident involves criminal offences, workers should encourage the person suspected of being abused/their family members/carers/guardians to report the incident to the Police. If the person suspected of being abused is in immediate danger, such as being in a life-threatening situation, or involved in an incident that leads to obvious and severe physical injuries, workers should report to the Police promptly.

4. Risk and Needs Assessment

- 4.1 After collecting information and gaining a deeper understanding of the incident, if the case is considered abusive in nature, assess the level of risk faced by the person suspected of being abused. Protecting their life and safety should be the top priority, and appropriate crisis intervention services should be provided immediately.
- 4.2 If the person suspected of being abused is certified as mentally incapacitated, and is in danger, or being abused or exploited, and cannot make reasonable decisions while needing immediate protection, actions should be taken to advise eligible applicants (including family members/social workers from the SWD or non-governmental organisations/doctors) to apply for an Emergency Guardianship Order under Part IVB of the Mental Health Ordinance to stop and prevent

further abuse. For details, please refer to the “About the Board”, “Apply for Guardianship” and “Emergency Guardianship Order” pages on the Guardianship Board’s website (<http://www.adultguardianship.org.hk>).

4.3 Assessing the Immediate Risk to the Person Suspected of Being Abused

- 4.3.1 Determine the reliability of information provided by relevant parties;
- 4.3.2 Identify risk factors based on the collected information;
- 4.3.3 Assess the severity of risk to the person suspected of being abused by synthesising the identified risk factors, while considering the person’s personal capabilities, the family members’ ability to provide protection, and the immediate assistance required;
- 4.3.4 Formulate welfare plans for the case based on the results of the risk assessment to mitigate potential future risks; and
- 4.3.5 If the suspected abuser is the guardian of the person suspected of being abused, as appointed by the Guardianship Board under Part IVB of the Mental Health Ordinance, promptly notify the Guardianship Board to consider whether it is necessary to replace the guardian.

4.4 Provision of Emergency Services to the Person Suspected of Being Abused

Since the person suspected of being abused may be facing multiple crises, the intervention process should include providing various necessary emergency services in addition to emotional support, such as assistance with reporting to the Police, receiving medical examinations and treatment, emergency placement services, and clinical psychological services, etc.

5. Welfare Plans and Follow-up Services

After arranging emergency services for the person suspected of being abused and looking into the incidents, formulate a welfare plan and provide follow-up services for the person/their family members/carers/guardians.

5.1 Multi-disciplinary Collaboration

Social workers should exchange information with other workers involved in the case to ensure all have more complete information at their disposal. When necessary, social workers or their supervisors may invite relevant professionals to attend a multi-disciplinary case conference to facilitate the exchange of expertise, information and concerns regarding the case/family. The goal is to jointly formulate a welfare plan for the person suspected of being abused, thereby preventing further abuse and ensuring they receive appropriate care.

5.2 Welfare Plan

The consent and co-operation of the person suspected of being abused and their family members/carers/guardians should be obtained for the formulation and implementation of the welfare plan, which may include the following types of services:

5.2.1 Medical services

5.2.2 Nursing services (e.g. community nursing services/ community psychiatric services)

5.2.3 Community support services (e.g. Integrated Community Centre for Mental Wellness, Social and Recreational Centre for Persons with Disabilities, District Support Centre for Persons with Disabilities, Home Care Service for Persons with Severe Disabilities, Integrated Support Service for Persons with Severe Physical Disabilities, etc.)

5.2.4 Residential care services

5.2.5 Financial assistance (e.g. CSSA, charitable trust funds, etc.)

5.2.6 Application for guardianship orders/property management

5.2.7 Counselling services

5.2.8 Support or therapeutic groups

5.3 Follow-up Services for Non-abuse Cases

If a case is determined to be non-abusive, social workers should continue to provide services to those affected, or refer them to other appropriate units for services in the light of their welfare needs.

6. **Reference Guide to Handling Different Types of Abuse Cases**

6.1 Physical Abuse

6.1.1 For suspected physical abuse cases, the safety and medical needs of the person suspected of being abused are the top priority. In particular, if the abuse incident has just occurred, assess whether it is necessary to arrange for immediate medical examinations and treatment.

6.1.2 Under appropriate circumstances and with the consent of the person suspected of being abused/their family members/carers/guardians, carry out a preliminary examination of the person's body, and document any injuries in both text and drawings, such as "a deep red bruise mark on the inner side of the left arm", "a 2-inch wound on the right forehead."

6.1.3 Even if the person suspected of being abused is found with bruises, avoid jumping to the premature conclusion that an abuse incident has occurred. Similar indicators may arise due to physiological changes, health condition, or accidents. More information should be collected and further assessments conducted which includes talking to the person suspected of being abused/their family members/carers/guardians, and advising the

person suspected of being abused to undergo medical examinations.

6.2 Psychological Abuse

- 6.2.1 Persons with intellectual disabilities/persons in mental recovery who have suffered psychological abuse may not exhibit obvious or easily detectable signs. Repeated contacts with the person suspected of being abused for observing their emotions and behaviours, together with the assistance from their family members/carers/guardians are necessary to better assess the person's conditions.

For indicators of psychological abuse, please refer to paragraph 4.2 of Chapter 2.

- 6.2.2 Engage with the suspected abuser to learn about their relationship with the person suspected of being abused, their day-to-day care routines, and any difficulties in providing care, etc. Offer mediation to help both sides resolve their relationship problems, and assess whether it is appropriate for them to remain in their current place of residence.
- 6.2.3 The incident may cause emotional or psychological distress (e.g. depression, withdrawal, and even suicidal tendencies, etc.) to the person suspected of being abused. Keep the person under constant observation to assess whether a referral for clinical psychological services/psychiatric care is necessary.

6.3 Neglect

- 6.3.1 Some persons with intellectual disabilities/persons in mental recovery who lack self-care abilities are often more reliant on

their family members or service units for daily care (e.g. residential care homes, hospitals, community rehabilitation day centres, or community support service units, etc.). When handling a suspected neglect incident, apart from talking to the person suspected of being abused, carefully observe their living environment, daily living routines including the food they eat and the eating pattern, personal hygiene and health condition to determine whether neglect has occurred.

6.3.2 In addition to making observations, attempts should be made to contact other parties (including family members living with or apart from the person suspected of being abused, neighbours, other residents of the residential care home, etc.) to learn more about the person's situation.

6.3.3 If the person suspected of being abused exhibits symptoms or physical injuries that may be caused by neglect, the professional advice and judgement of medical staff are of utmost importance. Consultation with relevant medical staff should therefore be conducted, and joint assessments carried out to follow up on the person's condition.

6.4 Financial Exploitation

6.4.1 The property of a person with intellectual disabilities/person in mental recovery is typically exploited through the following means:

- (a) An appointee or agent entrusted by the person suspected of being abused with the receipt or custody of CSSA payments directly uses the money without the consent of the person/their family members/carers/guardians; or

- spends the person's money on expenses unrelated to them after obtaining their unwitting consent;
- (b) Entice the person suspected of being abused to open joint bank accounts and then unilaterally withdraw their money;
 - (c) Withdraw money from the person suspected of being abused by forging their signature, using their seal without permission, or tricking them into signing a blank withdrawal slip or cheque;
 - (d) Purchase property with the person suspected of being abused as joint owners and then transfer or sell the property; or
 - (e) Force the person suspected of being abused to hand over their money or property through coercive means (e.g. inflicting physical injuries on the person, and making threats against them, etc.).

6.4.2 To prevent the person suspected of being abused from suffering continuous financial/pecuniary losses, as in the circumstances described in paragraph 6.4.1(a), advise the person/their family members/carers/guardians to report the incident to the Social Security Field Unit, or to have it reported on their behalf, in order to request the cancellation or replacement of the appointee or agent.

6.4.3 In the circumstances described in paragraphs 6.4.1(b) and 6.4.1(c), advise the person suspected of being abused/their family members/carers/guardians to explain the situation to the bank to alert bank staff or temporarily suspend withdrawals, and to contact the Police for assistance.

6.4.4 In the circumstances described in paragraphs 6.4.1(d) and 6.4.1(e), advise the person suspected of being abused/their family members/carers/guardians to seek legal advice before deciding

how to proceed with the incident. If the incident is severe or involves criminal offences, consider reporting the case to the Police or taking legal action on behalf of the person suspected of being abused/their family members/carers/guardians.

- 6.4.5 Assess the situation of the person suspected of being abused and the impact on them to determine whether it is necessary to apply for a Guardianship Order or an Emergency Guardianship Order. Please refer to the “About the Board”, “Apply for Guardianship” and “Emergency Guardianship Order” pages on the Guardianship Board’s website (<http://www.adultguardianship.org.hk>).

6.5 Abandonment

- 6.5.1 Abandonment of persons with intellectual disabilities/persons in mental recovery typically occurs in hospitals and residential care homes. It happens when, following the admission of the person suspected of being abused, the staff of the service unit loses contact with the person’s family members or carers, or when family members or carers fail to respond to the service unit’s attempts to contact them regarding matters related to the person.
- 6.5.2 Efforts should be made to contact family members or carers of the person suspected of being abused to learn about their difficulties and provide assistance. If such attempts prove futile, assess the situation of the person suspected of being abused (including financial condition, health condition, self-care abilities, living environment, and support network, etc.) to determine whether a referral to relevant services or application for a Guardianship Order is necessary.

6.6 Sexual Abuse

- 6.6.1 Please also refer to the latest version of the Procedural Guidelines for Handling Adult Sexual Violence Cases ^(Note 2).
- 6.6.2 It may be difficult for persons with intellectual disabilities/persons in mental recovery who have experienced sexual abuse to disclose the incident to others. Workers need to spend more time building a trusting relationship with them ,to enhance their sense of security and to gain their confidence .
- 6.6.3 Explain to the person suspected of being abused that they have the right to be free from abuse and can take corresponding action regarding a past incident (e.g. reporting to the Police, receiving counselling, etc.) at any time.
- 6.6.4 Clearly document the statements and responses of the person suspected of being abused when they begin to disclose the sexual abuse incident, particularly regarding the timing of the incident, and whether they can identify the abuser, etc. If the incident just happened or occurred recently, it is paramount to preserve the evidence. Serious consideration should be given, in consultation with the person suspected of being abused/their family members/carers/guardians, to deciding whether or not to seek the Police's assistance. The medical needs of the person should also be assessed to determine if referrals for medical examinations and treatment are necessary.

If a family member/carer is involved in the incident and becomes aware that the person suspected of being abused has disclosed the incident to others, they or other relatives may threaten or pressure the person, intimidating them to retract their allegation. Therefore, it is necessary to understand family members' attitudes towards the incident and any related actions they have taken, and to prioritise developing a protection plan for the person.

- 6.6.5 If the person suspected of being abused/their family members/carers/guardians decide to report the incident to the Police, help them prepare psychologically for a series of investigative and judicial procedures, including giving statements, identifying the suspect and attending court hearings.
- 6.6.6 The person suspected of being abused may develop strong emotional reactions when they begin to disclose the sexual abuse incident. Provide them with emotional support and let them express their feelings as much as possible. Show acceptance and demonstrate understanding of their distress, as they may have a complex emotional response towards the abuser and may even defend them. As professional communication skills are essential in handling sexual abuse cases involving persons with intellectual disabilities/persons in mental recovery, referrals may be made through existing mechanisms to seek assistance from clinical psychologists when necessary.
- 6.6.7 To prevent a recurrence of abuse, a risk assessment should be conducted (e.g. whether it is suitable for the person suspected of being abused to remain in their current residence, and whether it is appropriate for the abuser to have contact with them, etc.). When necessary, arrange emergency placement services for the person to ensure the person's safety.

Chapter 5: Handling Cases of Institutional Abuse

This chapter mainly outlines how to handle abuse incidents that occur in service organisations/units serving persons with intellectual disabilities/persons in mental recovery.

1. Formulating Policies and Procedures

Service organisations/units should formulate policies and procedures and take all reasonable steps to ensure service users are free from abuse.

- 1.1 Service organisations/units should have established policies and procedures that are accessible to service users, staff or other interested parties, in order to ensure that service users' rights to freedom from verbal, physical and sexual abuse are respected.
- 1.2 Staff of the service organisations/units should be aware of these policies and procedures.
- 1.3 Service organisations/units should encourage their staff and service users to raise concerns about verbal, physical or sexual abuse and provide appropriate opportunities for them to do so.
- 1.4 Service organisations/units should take all reasonable steps to handle abuse incidents according to internal guidelines.
- 1.5 Service organisations/units serving persons with intellectual disabilities /persons in mental recovery should display notices about reporting/complaint channels in prominent locations, and ensure that the person suspected of being abused/their family members/carers/guardians are aware of these reporting/complaint channels.

2. Handling Suspected Cases of Institutional Abuse

- 2.1 Staff members should immediately inform the officer-in-charge of the service organisation/unit if they discover a suspected case of abuse by another staff member within the same service organisation/unit, or if they receive from the person suspected of being abused/their family members/carers/guardians a report of an incident directly to the service organisation/unit.
- 2.2 Regardless of whether the abuse incident is substantiated, the officer-in-charge of the service organisation/unit should consider separating the staff member suspected of committing the abuse from the person suspected of being abused, and should take reasonable actions to protect the safety of the person and other service users.
- 2.3 The responsible person in the service organisation/unit should notify family members/carers/guardians of the person suspected of being abused about the suspected abuse incident, and obtain their consent or reach a consensus before taking any follow-up action.
- 2.4 Refer the case to social workers for follow-up actions. If the unit has social work staff, the case should be handled by social workers of that unit. If not, the unit should, in accordance with the existing mechanisms, refer the person suspected of being abused to suitable service units based on the other services they are using or the area in which they live. Such units include:
 - 2.4.1 IFSCs/ISCs/FCPSUs; and
 - 2.4.2 MSSUs (applicable to cases receiving in-patient services, day hospital services or psychiatric out-patient services).

3. Principles for Handling Abuse Allegations Against Staff

- 3.1 Staff members of a service organisation who suspect an abuse incident has occurred or receive an abuse allegation must report the case to supervisory management.
- 3.2 The responsible organisation must ensure that investigations are launched and that reasonable actions and follow-up measures are taken to provide services to the person suspected of being abused, thereby ensuring their safety.
- 3.3 Upon receipt of an abuse allegation against staff, supervisory management of the organisation must ensure that the allegation is handled in compliance with established procedures for handling complaints.
- 3.4 The organisation must ensure that disciplinary proceedings are completely separated from investigations to protect the person suspected of being abused. Follow-up actions to protect the person should take priority over disciplinary investigations. Arrangements may only be made for concurrent actions under appropriate circumstances.
- 3.5 Investigations must be conducted with the strictest confidentiality, so that relevant parties may provide information freely without fear of punishment or retaliation, and in a way that protects the staff's interests.
- 3.6 Information about the abuse allegation can only be disclosed to persons who need to know under the following circumstances:
 - 3.6.1 Protecting the person with intellectual disabilities/person in mental recovery;
 - 3.6.2 Facilitating the investigation;
 - 3.6.3 Managing disciplinary/complaint matters; and
 - 3.6.4 Safeguarding the interests of the alleged perpetrator.

- 3.7 In circumstances that suggest criminal offences may be involved, the case should be reported to the Police for investigation.
- 3.8 Even when there is insufficient evidence to suggest criminal offences (whether or not legal proceedings have been initiated), relevant complaints, regulatory or disciplinary procedures may still be initiated or carried out.
- 3.9 If further investigation is required for disciplinary or regulatory actions or complaints, repeated meetings with the person suspected of being abused or other witnesses should be avoided.

4. Investigation Results and Reporting

- 4.1 Regardless of whether there is sufficient evidence to substantiate the allegation following the investigation, the organisation should document the investigation results and properly maintain such records according to the organisation's established retention period.
- 4.2 The staff concerned must be notified of the investigation results.
- 4.3 Consideration must be given to any assistance that the staff concerned may need, particularly regarding their return to the workplace after a suspension.
- 4.4 The person with intellectual disabilities/person in mental recovery and their family members/carers/guardians should be notified of the investigation results and recommended welfare/follow-up plans, with all details documented.

- 4.5 Support or counselling services should be provided for the person with intellectual disabilities/person in mental recovery and their family members/carers/guardians when necessary.
- 4.6 Upon completion of the investigation into the alleged abuse incident, the staff responsible for administering disciplinary proceedings should be notified of the results.
- 4.7 If the case involves social service units subvented by the SWD, the responsible organisation must immediately report the suspected abuse incident to relevant regulatory authorities, including the SWD's Subventions Branch, Rehabilitation and Medical Social Services Branch, and Licensing Office of Residential Care Homes for Persons with Disabilities (if applicable). A report must also be submitted to the regulatory authorities upon completion of the investigation for appropriate follow-up actions.

Latest Versions of Procedural Guidelines

- (1) Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation (Revised 2026)

https://www.swd.gov.hk/storage/asset/section/652/en/Procedural_Guide_Core_Procedures_Eng_updated_final_2026_r.pdf

- (2) Procedural Guide for Handling Intimate Partner Violence Cases (Revised 2011) (Updated in August 2014)

https://www.swd.gov.hk/en/pubsvc/family/fcw_info/fcwprocedure/fcwp_ipvc/

- (3) Procedural Guidelines for Handling Elder Abuse Cases (Revised 2025)

[https://www.swd.gov.hk/storage/asset/section/741/EA%20guideline%202025/Eng_Procedural_Guidelines%20for%20Handling%20Elder%20Abuse%20Cases_\(2025%20Revised%20Edition\).pdf](https://www.swd.gov.hk/storage/asset/section/741/EA%20guideline%202025/Eng_Procedural_Guidelines%20for%20Handling%20Elder%20Abuse%20Cases_(2025%20Revised%20Edition).pdf)

- (4) Procedural Guidelines for Handling Adult Sexual Violence Cases (Revised 2021) (Updated in February 2023)

[https://www.swd.gov.hk/storage/asset/section/651/en/Procedural_Guidelines_Eng_\(Sexual_Violence\)_\(Rev_2021\)_28.2.2023.pdf](https://www.swd.gov.hk/storage/asset/section/651/en/Procedural_Guidelines_Eng_(Sexual_Violence)_(Rev_2021)_28.2.2023.pdf)

- (5) Procedural Guide for Social Workers on the Handling of Mentally Incapacitated Adults Arising from the New Provisions in the Criminal Procedure (Amendment) Ordinance 1995 (Updated in 2023)

<https://www.swd.gov.hk/storage/asset/section/346/en/MIA%20guideline.pdf>