

PROCEDURAL GUIDE
FOR
HANDLING INTIMATE
PARTNER VIOLENCE CASES
(Revised 2011)

FOREWORD

Intimate partner violence is a complex problem deeply woven into the social fabric and the needs of intimate partner violence cases are multiple. A multi-disciplinary and cross-sectoral approach involving the co-ordination and collaboration of a range of social, legal, financial and health resources is required to tackle the problem of intimate partner violence. In Hong Kong, there are mechanisms at different levels to ensure effective co-operation among the concerned parties.

The Working Group on Combating Violence (Working Group), which comprises representatives from the Labour and Welfare Bureau (LWB), Security Bureau, Education Bureau, Social Welfare Department (SWD), Legal Aid Department, Hong Kong Police Force (the Police), Home Affairs Department, Housing Department, Department of Health, Hospital Authority (HA), Department of Justice, Information Services Department, the Hong Kong Council of Social Service (HKCSS) and non-governmental organisations (NGOs), is responsible for mapping out strategies and approaches to tackle the problem of intimate partner violence and sexual violence in Hong Kong.

The frontline staff of different departments and NGOs also work together closely to help the victims of intimate partner violence and their family members. In order to promote a co-ordinated response in the intervention process and encourage an attitude of co-operation and collaboration among professionals, and thereby provide the most appropriate and effective approach to counter the impact of intimate partner violence, the Working Group has developed a multi-disciplinary guidelines, the “Procedural Guidelines for Handling Battered Spouse Cases”, in 2004 (the Guidelines) for use by different parties concerned. Owing to service development in recent years, there is a need to revise the Guidelines. A Task Group comprising representatives from LWB, SWD, the Police, HA, NGOs and HKCSS was formed in 2007. The Task Group met on eight occasions and prepared the revised version ‘Procedural Guide for Handling Intimate Partner Violence Cases (revised 2011)’ (the Procedural Guide) as follows. The revised version was endorsed by the Working Group at its meeting on 25.5.2011.

In the future, updating of any change in factual information will be done by the SWD with input from the professionals concerned. The latest version of the Procedural Guide is available at the SWD Homepage for reference of all professionals.

PREFACE

The “Procedural Guide for Handling Intimate Partner Violence Cases” (Revised 2011) (English version) has been uploaded to the SWD Homepage since July 2011 for easy reference by professionals such as the Police, social workers and medical and health personnel. During the process of translating the “Procedural Guide” into Chinese version, the parts related to Personal Data (Privacy) Ordinance, Cap 486 and the names, telephone numbers and addresses of relevant Government Departments / Organisations / Service Units have been revised and updated in light of the latest information available.

Social Welfare Department
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List of Abbreviations

AC	Action Checklist
A&E	Accident and Emergency Department
AVP	Anti-violence Programme
BIP	Batterer Intervention Programme
CIS	Client Information System
CPR	Child Protection Registry
DCRVO	Domestic and Cohabitation Relationships Violence Ordinance
DIF	Data Input Form
DO	Duty Officer
DV	Domestic Violence
DVU	Domestic Violence Unit
ECDVD	Enhanced Central Domestic Violence Database
EMO	Estate Management Offices
ERQ	Emergency Referral Questionnaire
FCPSU	Family and Child Protective Services Unit
FCSC	Family Crisis Support Centre
HA	Hospital Authority
HD	Housing Department
HKCSS	Hong Kong Council of Social Service
IFSC	Integrated Family Service Centre
IPV	Intimate Partner Violence
ISC	Integrated Services Centre
LAD	Legal Aid Department
LWB	Labour and Welfare Bureau
MDCC	Multi-disciplinary Case Conference
MIP	Mentally Incapacitated Person
MSSU	Medical Social Services Unit
MSW	Medical Social Worker
NGO	Non-governmental Organisation
OC case	Officer-in-charge of the case
Oi/c	Officer-in-charge
PD(P)O	Personal Data (Privacy) Ordinance
PFO	Police Force Ordinance
PO	Probation Office
PRH	Public Rental Housing
SWD	Social Welfare Department
UB	Uniform Branch
VSP	Victim Support Programme

CHAPTER 1

INTRODUCTION

DEFINITION OF INTIMATE PARTNER VIOLENCE

- 1.1 The term “Battered Spouse”, which was previously used in the Guidelines is replaced by the term “Intimate Partner Violence” in order to reflect the fact that this Procedural Guide covers not only spousal relationship but also co-habitation. Since the term of “Intimate Partner Violence” is commonly used among the helping professionals around the world, for the interest of clarity and interdisciplinary communication, “Intimate Partner Violence” (IPV) is considered a more appropriate semantic expression in the context of this Procedural Guide. Despite so, the term “Domestic Violence” is retained in Chapter 5 on Hong Kong Police Force. Moreover, to correspond with the “Domestic and Cohabitation Relationships Violence Ordinance”, “Spouse / Cohabitant Battering” instead of “Intimate Partner Violence” is used in official correspondences, papers and publicity / public education materials. “Intimate Partner Violence” is not a legal term. When prosecution or legal action is required, reference should be made to the relevant Ordinances in force.
- 1.2 In this Procedural Guide, “intimate partner violence” refers to battering that occurs in a relationship between a couple who live or have lived together intimately. They maintain or have maintained a lasting intimate relationship which is more than just brief encounter. They can be married couples, co-habitees and separated spouses / co-habitees, etc. In the majority of cases, the abused person is likely to be a woman. However, the term “victim” adopted in this Procedural Guide means both female and male abused person unless otherwise specified. The term “batterer” adopted in this Procedural Guide means a person who exercises a pattern of coercive control in a partner relationship, punctuated by one or more acts of intimidating physical violence, sexual assault, or credible threat of physical violence. This pattern of control and intimidation may be predominantly psychological, economic, or sexual in nature, or may rely primarily on the use of physical violence.
- 1.3 This Procedural Guide has limited its scope to the violence perpetrated within the above-mentioned relationships. In case assessment and welfare planning, a family perspective should be adopted. The impact of intimate partner violence on other family members, especially vulnerable members such as the elders and children, should also be considered during the intervention process. In case children and elders are also suspected of being abused, reference should be made to the “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)” respectively.

1.4 Intimate partner violence is a kind of domestic violence. In using violence or the threat of violence, physical or psychological harm is inflicted with the effect of establishing control by one individual over another. There are many different forms of intimate partner violence, and a person may be subjected to more than one form of violence.

- (a) Physical violence: punching, slapping, biting, choking, kicking, burning, throwing acid, assaulting with a weapon and setting fire. Other forms of physical violence may include forcing alcohol and / or drug use, or any dangerous or harmful use of force or restraint, etc. There may be no obvious physical injuries, or there may be bruises, cuts, broken bones, internal injuries, disfigurement, disablement and even death;
- (b) Sexual violence: coercing or attempting to coerce any sexual contact or behaviour without consent. It includes marital rape, all forms of sexual assault, or involvement in any undesirable sexual acts, etc;
- (c) Psychological abuse: Psychological abuse is defined as recurrent aversive or coercive¹ acts, intended to produce emotional harm or threat of harm².

1.5 Intimate partner violence may constitute a criminal offence. Prosecution of batterers for acts of violence arising within a domestic context is handled by way of bringing charges for relevant offence(s) under the general criminal law. For example, the Crimes Ordinance, Cap 200 deals with sexual and related offences, such as rape, incest and indecent assault, and acts resulting in psychological harm such as criminal intimidation. The Offences Against the Person Ordinance, Cap 212 covers such offences as homicide, wounding, assault, forcible taking or detention of persons, wounding or inflicting grievous bodily harm.

1.6 In this Procedural Guide, unless where specified, workers refer to those helping professionals / social workers responsible for delivering the needed intervention / services to the victims of intimate partner violence and their

¹ The recurrent aversive or coercive acts can be:

- a) repeated verbal attacks
- b) verbal harassment
- c) deprivation of basic necessities
- d) intimidation or verbal threats
- e) threatening physical harm to self or others
- f) forcing isolation
- g) acts of domination
- h) repeated invalidation

² The emotional harm / threat of harm can be:

- a) damages to the psychological well-being: lowering of self-esteem
- b) shame
- c) anxiety and terror / fear
- d) hopelessness and depression
- e) mental health problems

family members. They should use all reasonable and appropriate means to protect the victims, prevent further violence and provide comprehensive treatment to the victims, the batterers and their family members as appropriate.

IDENTIFICATION OF INTIMATE PARTNER VIOLENCE

- 1.7 Intimate partner violence is a problem in dynamic. In identifying the problem, it is not uncommon to find that role shifting among family members may occur throughout the process. In other words, a person may have a “dual role” of both “victim” and “batterer”³ at the same time or at different time points. Hence, any stereotyping of victim or batterer is undesirable in the helping process.

Impact on Victims

- 1.8 Generally, people who have been exposed to violence by their partners may develop certain characteristics, such as low self-esteem, lack of confidence, strong feelings of guilt and self-blaming. Besides, being overwhelmed and affected by the abusive relationship, the victims’ parenting capacity will also likely be hampered.

Impact on Children

- 1.9 Children who have been exposed to intimate partner violence may suffer from fear, worry, distress, guilt, anger, confusion and frustration. Living in families with violence, some children will learn and develop maladaptive coping behaviour and / or exhibit psychological problems.

Characteristics of Batterers

- 1.10 A batterer is a person who exercises a pattern of coercive control in an intimate relationship, punctuated by one or more acts of intimidating physical violence, sexual assault, or credible threat of physical violence. This pattern of control and intimidation may be predominantly psychological, economic, or sexual in nature, or may rely primarily on the use of physical violence. There is no stereotype for a batterer but there are signs to look for. Some men / women may exhibit some or all of these signs but have never battered their partners. Not all batterers act in the same violent way in public and at home. In fact, most batterers only use violence towards their family members and they manage to behave in a reasonable or respectful way outside the family.

³ About 10.9% of the respondents in the survey are both victim and perpetrator of spouse battering. Chan, K.L (2005) The “*Study on Child Abuse and Spouse Battering: Report on Findings of Household Survey*” [A Consultancy Study Commissioned by the SWD of the HKSAR.] Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong

- 1.11 The impacts of intimate partner violence on victims and children and the characteristics of batterers are listed in details in **Appendix I**. Individuals showing symptoms listed in paragraphs 1.8 – 1.10 above do not necessarily indicate the occurrence of intimate partner violence but further exploration into the situation should be made to ensure timely and appropriate intervention.

RISK ASSESSMENT

- 1.12 In handling intimate partner violence cases, safety of the victim and the children should be given top priority. While the victims may claim themselves to be the best judge of how dangerous it would be to return home, workers need to be alert to the possibility of their minimising the risk that they and their children may be exposed to and conduct the risk assessment with them carefully. After years in a violent relationship, victims may have developed such ‘positive bias’ in order to survive. In case assessment, the following areas are to be looked into :

- (a) failure of multiple support systems for the family;
- (b) isolation of the family;
- (c) psychosocial adjustment of victim / batterer e.g. pathological jealousy, threat of retaliation, recent homicidal / suicidal idea, personality disorder with anger, impulsiveness or behavioural instability;
- (d) batterer’s displacement of anger on children ;
- (e) batterer threatening to kill the partner;
- (f) past assault of family members by the batterer;
- (g) escalation of violence by the batterer;
- (h) use of drugs and/or alcohol by the batterer;
- (i) presence of a weapon; and
- (j) batterer’s attitude towards the present battering incident.

A list of risk factors on child abuse and spouse battering identified in a survey conducted in Hong Kong⁴ in 2005 is summarized in **Appendix II** for reference.

- 1.13 In conducting the assessment, it is better to interview the victim alone if there is a possibility of intimate partner violence. The victim should be asked directly who causes the injuries. Useful questions which may be asked to help assess the victim’s situation are provided in **Appendix III** as reference.
- 1.14 Risk assessment is an on-going process, to be brought up and discussed throughout the intervention process. Many victims who once left the violence relationship reunite with the batterers despite suffering from intimate partner

⁴ Chan, K.L (2005) The “*Study on Child Abuse and Spouse Battering: Report on Findings of Household Survey*” [A Consultancy Study Commissioned by the SWD of the HKSAR.] Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong

violence for many years. Some may reunite with the batterers several times before they finally “leave for good”. There are also others who are unable to break the pattern and get caught up in a series of violent relationships. Therefore, workers need to maintain high sensitivity and alertness to the risk of further violence and keep on monitoring and watching out for warning signs. If warning signs are present, workers need to alert the concerned parties and the victim about the potential danger.

GUIDELINES FOR GOOD PRACTICE

1.15 It is the right of every one in the society to be protected against intimate partner violence. The occurrence of intimate partner violence not only destroys the trust, respect, love and bonding in a couple, resulting in alienation and tension, but may also lead to marriage dissolution or even family tragedy. It may bring about serious and long-term psychological damages to the victim and other members in the family. Children having witnessed intimate partner violence may be affected by the traumatic experience and some may manifest similar aggressive behaviour. Quite often, they are also exposed to risks of abuse. On the other hand, to prevent recurrence of battering incident in particular when the victim chooses to maintain his / her relationship with the abusive partner, treatment of the batterer is needed. Therefore workers should not confine intervention to the victims and their family members.

1.16 The followings are good practices :

Timely assistance

- (a) give priority to ensure the immediate safety of the victim and the vulnerable family members e.g. the children;
- (b) render early assistance and support to the victim and the family members;
- (c) be sensitive and alert to the victim’s and the vulnerable family members’ needs, and be aware of the assistance other professionals can provide. Prompt referrals to other government departments or agencies, e.g. Family and Child Protective Services Units of Social Welfare Department (SWD), Integrated Family Service Centres / Integrated Services Centres of SWD or non-governmental organisations (NGOs), refuge centres for women, CEASE Crisis Centre, Legal Aid Department, etc., should be made at the earliest possible time. Whenever necessary and appropriate, case consultation and joint interview by professionals should be considered;

Professional attitude and strategies in dealing with victim's needs

- (d) always take the victim seriously. Never ignore your intuition if you suspect a person is at risk of abuse, or being abused. Ask for fuller information about whether it is alright to send him / her letters and information or for him / her to receive phone calls / visits, ways of maximizing his / her safety, etc. If the victim decides not to leave home, discuss other options available to him / her;
- (e) be open, empathetic, sensitive, approachable and non-judgmental;
- (f) the victim may not be articulate or forthcoming in giving information or responding to workers' enquiries. Be patient and tolerant in exploring and tackling the obstacles for the victims' disclosures, and provide comfort whenever necessary;
- (g) never blame the victim for provoking the battering incident(s). Build on the victim's strengths;
- (h) reassure the victim that he / she is not alone. Explore the options available to the victim and ascertain what assistance other agencies / professionals can offer and make the appropriate referral, with the consent of the victim. Always consult specialist agencies and disciplines and provide co-ordinated assistance to the victim. In order to avoid confusion and duplication, check beforehand whether the informant or victim has contacted other departments and agencies;
- (i) respect the victim's right to make his / her decision on issues like whether to stay within the relationship or whether to leave the shelter. Provide on-going support and keep regular contact with the victims regardless of their decision as far as possible;
- (j) keep proper documentation of all dealings with the victim such as interviews, treatment sessions and so forth, as such documents may be required in subsequent court proceedings, if any;
- (k) be knowledgeable about the features of intimate partner violence and help the victim recognise that the abuse is likely to continue if nothing is done to address the underlying causes and / or maintaining factors;
- (l) if the victim does not consent to referral to welfare agencies, explore the reason. If he / she still insists on not receiving any welfare service upon encouragement, (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;

- (m) pay attention to your own safety when you encounter violent and aggressive batterers;
- (n) for cases involving sexual violence, child abuse or elder abuse, reference should also 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;

Confidentiality

- (o) confidentiality is crucial and must be respected and kept during service delivery including handling information on refuge and all information relating to individual cases. Only the relevant personnel(s) who assist in the case will be informed of the details of the case. This must be balanced, however, with the need to involve inter-agency co-operation, sharing of information and prevention of family tragedies;
- (p) ensure that the handling of the personal data complies with the provisions of the Personal Data (Privacy) Ordinance [“PD(P)O”], Cap 486 which protects individual’s personal data privacy;
- (q) In accordance with Data Protection Principle 3 [“DPP 3”] of the PD(P)O, personal data shall not, without the prescribed consent of the data subject, be used (including disclose or transfer) for a new purpose⁵. The only situation in the Ordinance which allows for use for a new purpose without the data subject’s prescribed consent is where the use is exempt from the provision of DPP 3 by virtue of Part VIII of the Ordinance. If the use of personal data at a MDCC is for any one of the following purposes -
 - (i) the prevention or detection of crime;
 - (ii) the apprehension, prosecution or detention of offenders;
 - (iii) the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, by persons;

and that the application of DPP3 in relation to such use would be likely to prejudice any of the above matters, consideration may be given to apply exemption provided under section 58 of the PD(P)O. It should be noted that the application of exemption by virtue of Part VIII of the Ordinance is data specific and not to the records as a whole;

- (r) respect the victim’s right to privacy. The interview, examination or

⁵ New purpose, in relation to the use of personal data, means any purpose other than –
 (a) the purpose for which the data was to be used at the time of the collection of the data; or
 (b) a purpose directly related to the purpose referred to in paragraph (a).

consultation with the victim should be conducted in an environment conducive to confidentiality and dignity;

Impartiality

- (s) the worker should maintain an impartial role in order not to contaminate the victim's statement and jeopardize the credibility of the victim as a witness during the prosecution process, if the case has been reported to the Police. The worker should not solicit evidence from the victim or prompt, coach or otherwise seek to influence the witness in any way when dealing with the case;
- (t) any professional who is giving counselling or therapeutic treatment to the victim should realize that they may have to give evidence in court;

The Victim of Crime Charter

- (u) adhere to the Victim of Crime Charter which sets out the rights and duties of victims of crime⁶; and

The Statement on the Treatment of Victims and Witnesses

- (v) The Statement on the Treatment of Victims and Witnesses (2009) is a practical document which sets benchmarks for prosecutors, and makes victims and witnesses aware of their rights and of the standards of service they may expect throughout criminal proceedings. Further information can be obtained through the website of Department of Justice. (<http://www.doj.gov.hk>)

⁶ The rights and duties of a victim include :

- (i) to help maintain law and order;
- (ii) to be treated with courtesy and respect;
- (iii) to have a proper response to complaints of crime
- (iv) to information – reporting the crime;
- (v) to information – investigation and prosecution;
- (vi) to proper facilities at court;
- (vii) to be heard;
- (viii) to seek protection;
- (ix) to privacy and confidentiality;
- (x) to prompt return of property;
- (xi) to support and after-care; and
- (xii) to seek compensation.

CHAPTER 2

MULTI-DISCIPLINARY COLLABORATION IN HANDLING INTIMATE PARTNER VIOLENCE CASES

NEEDS OF PERSONS INVOLVED IN INTIMATE PARTNER VIOLENCE

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

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

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

2.4 The batterer's needs may include:

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

CASE MANAGEMENT APPROACH

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

Role of Case Manager

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

Dos

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

Don'ts

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

MULTI-DISCIPLINARY CASE CONFERENCE

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

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

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

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

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

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

- (a) the focus of MDCC is on risk assessment and welfare plan for the victim, children, and other family members concerned;
- (b) the case manager should prepare a case summary to facilitate members' discussion;
- (c) the victim should be involved in the MDCC as far as possible;
- (d) the views of the victim and concerned family members should be respected;
- (e) there should be agreement on the welfare plan for the family and the follow-up actions by responsible parties as far as practicable;
- (f) the convenor of the MDCC should issue to members brief notes of the meeting with focus on the follow-up plan; and
- (g) for cases involving mentally incapacitated persons (MIP), including mentally handicapped or mentally disordered persons, relevant provision in the Mental Health Ordinance, Cap 136, e.g. Part IVB on Guardianship provision, could be considered to safeguard the safety and welfare of the MIP. The guardian, if any, should be involved to discuss the safety and welfare plan of the victim.

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

- (a) ensure that the use (including disclose or transfer) of the personal data at the MDCC is for the purpose for which the data was to be used at the time of collection of the data or a purpose directly related to such purpose;
- (b) if the use of the personal data at the MDCC is considered as a new purpose, the prescribed consent⁷ of the data subjects should be obtained before the MDCC meeting; and
- (c) in case the data subject is (i) a minor, (ii) incapable of managing his or her own affairs; or (iii) mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap 136); and the data subject is incapable of understanding the new purpose and deciding

⁷ Prescribed consent means express consent given by the data subject voluntarily and does not include any consent which has been withdrawn by notice in writing served on the person to whom the consent has been given.

whether to give the prescribed consent, you have to seek the prescribed consent of the relevant person⁸ on behalf of the data subject for the use of the data at the MDCC meeting if you have reasonable grounds for believing that the use of that data for the new purpose is clearly in the interest of the data subject.

- 2.13 The only situation in the PD(P)O which allows for use of the personal data for a new purpose without the prescribed consent of the data subject or the relevant person on behalf of the data subject is where the use of the data is exempt from the provision of Data Protection Principle 3 by virtue of Part VIII of the Ordinance. Hence, if a person / his / her relevant person acting on his / her behalf refuses to give prescribed consent to the use of his / her personal data at the MDCC, members of the MDCC should consider if the data could still be used at the MDCC by invoking relevant exemption.
- 2.14 The convenor and members of the MDCC should also note that a data subject, or a relevant person on behalf of the data subject, has a legal right to make a data access request (“DAR”) under section 18 and Data Protection Principle 6 of the PD(P)O. The right to make a DAR ties in with a further right under the PD(P)O to make a data correction request (“DCR”) under section 22 of the Ordinance if the personal data was found to be inaccurate. According to sections 19, 20 and 23 of the Ordinance, a data user must comply with a DAR and a DCR or give reasons for non-compliance within 40 days.
- 2.15 As the discussions held at a MDCC will be recorded in the form of minutes of meeting and that written information may be tabled at the conference, the convenor of the MDCC should clarify with members whether they would claim control over the use of the personal data supplied by them at the conference in such a way as to prohibit other data users⁹ from complying (whether in whole or in part) with a DAR made under section 18(1) and Data Protection Principle 6 of the PD(P)O. If any one data user claims such control, any other data user concerned may rely on section 20(3)(d) of the PD(P)O to refuse to comply with a DAR made under section 18(1) and Data Protection Principle 6 of the

⁸ “Relevant person”, in relation to an individual, means –

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

⁹ According to section 2 of the PD(P)O, data user in relation to personal data, means a person who, either alone or jointly or in common with other persons, controls the collection, holding, processing or use of the data.

PD(P)O unless subsection (4)¹⁰ of section 20 of the PD(P)O is applicable. If a data user rely on section 20(3)(d) of the PD(P)O to refuse to comply with a DAR, in accordance with section 21(1)(c) of the PD(P)O, the data user concerned should also inform the data requestor of the name and address of the other data user who has claimed control over the data in order to enable the data requestor to approach him/her/them for the data. To clarify the stance of the members of the MDCC on the above matter, the convenor may make an introductory remark (**Appendix IV**) in the MDCC.

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

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

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

¹⁰ According to this subsection, in cases where a data user only prohibits another data user from disclosing part of the data, the latter may disclose other parts of the data without contravening the prohibition. Each case should be considered upon its own merit.

because :

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

PROCEDURES FOR HANDLING INTIMATE PARTNER VIOLENCE CASES

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

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

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

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

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 cases¹¹ 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.

¹¹ 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 cases¹² 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

¹² 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 stationed¹³ 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

¹³ 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 stationed¹⁴ 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

¹⁴ 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.

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.

CHAPTER 5

HONG KONG POLICE FORCE

DEFINITION OF DOMESTIC VIOLENCE

5.1 Police has clear operational procedures and guidelines governing the handling of violence incidents occurred between persons of familial relationships as covered by Domestic and Cohabitation Relationships Violence Ordinance, Cap 189 (DCRVO). These procedural guidelines cover the handling of ‘Domestic Violence’, ‘Child Abuse’, ‘Elder Abuse’ and any other criminal offences committed against a person by a person of relationship covered by the Ordinance. For the purpose of police intervention, “Domestic Violence” is defined as any incident involving an assault, or breach of the peace between parties who could generally be described as married or having intimate partners relationship, which also includes lovers having a lasting relationship or former lovers. In the light of the inclusion of same-sex cohabitation relationship in the DCRVO, Police procedures in handling domestic violence and domestic incidents are applicable to same sex cohabitants and lovers effective from 1st January 2010.

ROLE AND RESPONSIBILITIES OF POLICE OFFICERS ATTENDING SCENE OF DOMESTIC VIOLENCE

- 5.2 The primary concerns of the Police as a law enforcement agency are :
- (a) to ensure immediate safety of the victim and his / her children;
 - (b) to ensure that they are not subject to any risk of further violence, at least in the short run;
 - (c) to respond to and investigate all reports promptly and decisively, and to take arrest actions against the alleged offender according to the law and initiating prosecutions when there is sufficient evidence;
 - (d) to make timely referrals of victims and / or alleged offenders as well as their children to appropriate government departments / other NGOs for support services, including temporary accommodation and counselling etc.; and
 - (e) to serve a Domestic Violence Incident Notice on alleged offender.

ACTION BY OFFICERS AT THE SCENE OF DOMESTIC VIOLENCE

- 5.3 An officer of the rank of Sergeant or above must be deployed to the scene, together with the responding officer(s), in every report of Domestic ‘Incident’, ‘Violence’ and ‘Dispute’. Whenever practicable, two police officers, one of either gender, should attend the scene.
- 5.4 Officers at the scene of Domestic Violence should conduct the following initial actions :
- (a) summon an ambulance, if necessary, to convey the injured or other persons in need to a hospital for examination and treatment;
 - (b) ascertain whether a relevant Domestic Violence Injunction issued by a court under the Domestic and Cohabitation Relationships Violence Ordinance, Cap 189 is in force and action as per paragraphs 5.31-5.33 below if appropriate;
 - (c) cause a search, via Duty Officer (DO) by telephone, on all parties involved against the Enhanced Central Domestic Violence Database (ECDVD) to obtain background on the family and persons involved for risk assessment;
 - (d) interview the victim and the alleged offender separately, and by an officer of the same gender if immediately available;
 - (e) never ask the victim if he / she wants to bring a criminal charge against the alleged offender and whether he / she would be prepared to give evidence in court; and
 - (f) refrain from interviewing the alleged offender or the victim at a location where implements are available and may be used to cause injury, e.g. kitchen.
- 5.5 An all-in-one pouch-size Domestic Violence booklet (DV booklet)(Pol. 1130), which contains (i) an Emergency Referral Questionnaire (ERQ), (ii) an Action Checklist (AC), (iii) a Domestic Violence Incident Notice (Pol 1130a), (iv) a Consent for Referral (Pol. 1130b), (v) a Family Support Service Information Card (Pol. 1130c), and (vi) a number of other useful information, is provided to all Uniform Branch (UB) frontline officers to make proper risk assessment at the scene and initiate timely intervention action.
- 5.6 If investigation reveals no criminal element, UB officers should complete the ERQ based on all the information gathered during the investigation before leaving the scene. The officers should assess the risk factors existing within the family by going through a series of threat assessment questions. Based on

the assessment, the officer is to decide whether it is necessary and appropriate to arrange emergency referral or remove the victim and the children to a place of refuge or consulting social worker of SWD for urgent professional advice or immediate crisis intervention. Crime investigation officers would complete the ERQ and conduct similar assessment if it is a crime case.

- 5.7 The officer should also complete an AC whether or not the case is subsequently taken over by a crime unit for investigation to ensure that all the necessary and proper actions are taken. The AC & ERQ are to be handed over to the Duty Officer (DO) for documentation and inputting into the Communal Information System during his shift.
- 5.8 The officer of Sergeant or above attending the scene is :
- (a) to ensure that the report is properly handled, correctly classified and recorded;
 - (b) to ensure that the safety and welfare of victim and his / her children have been accorded priority and that all proper and necessary actions are taken at the scene; and
 - (c) to endorse the ERQ and AC upon satisfaction of actions and their completion.
- 5.9 If there is evidence of a crime, the alleged offender should be arrested and the case is to be passed to a crime unit for investigation, irrespective of the wishes of the victim.
- 5.10 If the alleged offender is arrested for any offence, the arresting officer should explain the procedure to the victim and inform the victim of the arresting officer's number and the name of the police station to which the alleged offender will be taken.

DOMESTIC VIOLENCE INCIDENT NOTICE

- 5.11 If there is insufficient evidence to support the allegation against the alleged offender, the situation and reasons should be explained to the victim. A Domestic Violence Incident Notice (Pol. 1130a), a copy is at **Appendix XX** is to be detached from the DV booklet and served to the alleged offender. Action may be taken by police officers at scene, DO, if the victim and alleged offender are taken to the police station for further enquiry, or by crime officers conducting criminal investigation of the incident.
- 5.12 Children living in families where there is domestic violence are also at risk of abuse. If it is suspected or established that a criminal offence has been committed in respect of a child / children of the family, action should be taken

to investigate the child abuse matter. A Domestic Violence Incident Notice is not to be served in respect of any incident involving assaults on children or juveniles.

FAMILY SUPPORT SERVICE INFORMATION CARD

- 5.13 Other than the Domestic Violence Incident Notice, police officers should also serve the victim and the alleged offender with a copy of the Family Support Service Information Card (Pol. 1130c). The Information Card contains useful telephone numbers of the agencies providing temporary accommodation and support services in Chinese, English and ten foreign languages. A copy of the Information Card is at **Appendix XXI (A)**
- 5.14 If the victim and / or the alleged offender agrees / agree to the referral to SWD, a Consent for Referral (Pol. 1130b) should be completed by the officer, and signed by the victim and / or the alleged offender to signify the consent. While the Information Card is to be given to them, the Consent for Referral should be retained by the handling officer for subsequent referral to SWD. A copy of the Consent for Referral is at **Appendix XXI (B)**
- 5.15 If the victim and / or the alleged offender does / do not give the consent to referral, they will be informed that the Police have the authority and responsibility to refer them to SWD without their consent and consideration may be so taken in respect of the case.

REFUGE CENTRES FOR WOMEN

- 5.16 The contact telephone numbers of the refuge centres for women can be found in **Appendix XIX** and also in the Family Support Service Information Card (Pol. 1130c). Police officers should facilitate female victims to contact the refuge centres, if requested. All the centres provide 24-hour admissions. For admission outside office hours, a referral letter should be given to the victim, a copy of which is attached at **Appendix XXII**
- 5.17 Police transport, if available, must be offered to take the victims and her children to the pick up point of a refuge centre. The locations of the refuge centres are confidential and should not be made known to the alleged offenders or the general public.
- 5.18 The victims should be encouraged to confirm with the officers concerned after admission, so that an informed decision can be made by the Police when assessing the need for follow-up visits to the victims.

ASSISTANCE FOR MEN

- 5.19 If a male victim or alleged offender requires temporary accommodation services, information can be obtained from the organisations listed in **Appendix XIX**. If assistance is not immediately available, he should be asked if he wishes to remain in the police station whilst subsequent arrangements are made with SWD.

COUNSELLING HOTLINES

- 5.20 SWD and other NGOs also offer a variety of hotline counselling service to people who are in need of assistance. The details can be found in **Appendix XIX**.

REFERRALS WITH CONSENT

- 5.21 For cases in which the victim and / or the alleged offender has / have given the consent to referral, the Police should arrange a copy of the Consent for Referral form, Pol. 1130b, together with the completed Referral Memo (sample at **Appendix VI**) to be sent by fax to the appropriate FCPSU of SWD as listed in **Appendix XIX** as soon as possible. The original documents should also be forwarded to SWD, preferably within three days of the report. Social workers of FCPSU will contact the parties concerned and provide the service or information they need.
- 5.22 SWD has established a Designated 24-hour Direct Referral Line for Police use exclusively for urgent professional advice or outreaching service to carry out immediate investigation and crisis intervention.

REFERRALS WITHOUT CONSENT

- 5.23 The collection of personal data by the Police in domestic violence cases is generally for the purposes specified in the Police Force Ordinance (PFO), Cap 232 :
- (a) the prevention or detection of crimes and offences [Section 10(b)]; and / or
 - (b) the prevention of injury to life and property [Section 10 (c)].
- 5.24 For cases which the victim and / or the alleged offender refuses / refuse to give consent to the referral, the victim / alleged offender / child(ren) may still be referred for social services if the referral to SWD is made for the same purposes stated in paragraph 5.23 (a) and (b) above.

- 5.25 If the personal data of a victim / alleged offender / child(ren) is collected by Police for a purpose other than those set out in paragraph 5.23 above, referral to SWD without consent may still be effected. Such referral will be exempted under Section 58(2) of the Personal Data (Privacy) Ordinance [PD(P)O], Cap 486, provided that the Police have reasonable grounds to believe that failure to disclose the subject's personal data to SWD will likely prejudice the prescribed purposes specified in Section 58 (1) of the PD(P)O:
- (a) the prevention or detection of crime [Section 58(1)(a)]; and / or
 - (b) the prevention, preclusion or the remedying (including punishing) of unlawful or seriously improper conduct, or dishonesty or malpractice by persons [Section 58(1)(d)].
- 5.26 Each case shall be considered on its own merits, taking into account such factors as the seriousness of injuries suffered by the victim / child(ren), alleged offender's propensity to violence, etc.
- 5.27 Before making a written referral, the referring police officer should, as far as practicable, initiate discussion on the case with the Senior Social Work Officer of the corresponding FCPSU. Referral procedures stipulated in paragraphs 5.21 should then be followed and the Referral Memo at **Appendix VI** duly completed.

DATA INPUT FORM

- 5.28 Officers are required to complete the Data Input Form (DIF) at **Appendix V** after handling each report of Domestic Violence for onward submission to SWD for statistical and analytical purposes.

FOLLOW-UP VISITS BY POLICE

- 5.29 If necessary, follow-up visits to the victim would be arranged by the Police. Under normal circumstances, no police follow-up visit is required if the victim has moved to a safe place or refuge centre for women, or when the case has been referred to SWD for social service in accordance with the above paragraphs.

LEGAL AID DEPARTMENT

5.30 In the course of handling domestic violence incident, officers shall advise victims of service offered by the Legal Aid Department. The telephone numbers of the offices are included in the Family Support Service Information Card (Pol. 1130c) at **Appendix XXI (A)**.

INJUNCTION ORDER UNDER DOMESTIC AND COHABITATION RELATIONSHIPS VIOLENCE ORDINANCE

5.31 Under the Domestic and Cohabitation Relationships Violence Ordinance (Cap 189) where a person makes an application to the District Court or the Court of First Instance, the court may grant an injunction which:-

- (a) restrains the respondent from molesting the applicant or any specified minor;
- (b) excludes the respondent from entering or remaining in the residence of the applicant, or from a specified part of the residence or from a specified area; and / or
- (c) permits the applicant or the specified minor who resides with the respondent to enter and remain in the common residence or matrimonial home of the applicant and the respondent or in a specified part of the residence.

5.32 Where an ‘Authorization of Arrest’ is attached to an injunction, a police officer may arrest, without warrant, any person whom he / she reasonably suspects of being in breach of the injunction by reason of that person's use of violence or his / her entry into any premises or area specified in the injunction. The officer shall also have all necessary powers including the power of entry by the use of reasonable force to effect the arrest.

5.33 The arrested person must be brought before a Duty Officer of the nearest police station as soon as possible. A Duty Officer of the Criminal Records Bureau will make arrangements for the arresting formation to hand over the arrested person and copy of the Injunction Order to either the Chief Bailiff (Operations) if the Injunction Order is issued by the Court of First Instance, or Assistant Chief Bailiff (Hong Kong) if the Injunction Order is issued by the District Court.

REFERENCES

5.34 A flowchart illustrating the police actions to be taken in Domestic Violence incidents is at **Appendix XXIII**.

CHAPTER 6

LEGAL AID DEPARTMENT

APPLICATION FOR LEGAL AID

6.1 Victims of intimate partner violence who wish to seek an injunction and / or ouster order, or assistance for his / her matrimonial problems, may apply for legal aid in person. Guidelines and information on urgent applications are provided at **Appendix XXIV and Appendix XXV.**

GENERAL PRINCIPLES

6.2 Decisions on such application will be made as soon as practicable.

6.3 The offer of legal aid is subject to the applicant satisfying both the means and the merits tests as required by the Legal Aid Ordinance.

6.4 Where appropriate, information regarding facilities and services provided by other Government Departments / Organisations / Service Units as listed in **Appendix XIX** will be provided to the applicant.

PROCESSING PROCEDURES

6.5 Upon receipt of an application for legal aid, the handling officer will :

- (a) conduct a means test on the applicant; and
- (b) take a brief statement from the applicant.

6.6 A decision will be made as soon as practicable. Legal aid is available to cover the following court proceedings :

- (a) Divorce (including ancillary and other relief);
- (b) Injunction application;
- (c) Ouster order application;
- (d) Interim custody application.

6.7 The factors considered for offering legal aid for an injunction and / or ouster order application include the types of domestic violence (such as physical violence, verbal and mental abuse, bullying or harassment) and the remedies available to help secure the long term safety of the applicant and that of any children.

- 6.8 If the applicant has concerns for her / his safety upon returning home, the handling officer may refer the applicant for shelter service listed in **Appendix XIX**.
- 6.9 A solicitor will be assigned to represent the applicant once legal aid is granted and appropriate legal proceedings will be taken for the benefit of the applicant.

WITHDRAWAL OF APPLICATION OR DISCONTINUATION OF PROCEEDINGS BY VICTIMS OF INTIMATE PARTNER VIOLENCE

- 6.10 If an applicant wishes to withdraw the legal aid application or discontinue the legal proceedings, the reasons for this will normally be ascertained by the assigned solicitor and the handling officer to ensure that the decision is not made under undue influence.
- 6.11 If it is ascertained that an applicant has made an informed decision not to proceed, such decision will be respected.
- 6.12 For cases involving intimate partner violence suffering from sexual violence or with elder victims, reference should be made to the “Procedural Guidelines for Handling Sexual Violence Cases (Revised 2007)” and “Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006)” respectively.

CHAPTER 7

DEPARTMENT OF JUSTICE

GENERAL PRINCIPLES

- 7.1 It will be rare for the public interest not to require a prosecution for an offence of intimate partner violence if :
- (a) there is enough evidence to provide a reasonable prospect of conviction; and
 - (b) the victim is willing to give evidence.
- 7.2 Research has shown that intimate partner violence is likely to increase in frequency and severity over time, and that victims call the Police only when desperate for help. It is wrong to treat the complaint as just a domestic difficulty.
- 7.3 In deciding whether to proceed with a prosecution, the counsel should take the victim's wishes into account, and balance those against the wider public interest in prosecuting those who commit acts of violence against a partner.
- 7.4 The counsel may have difficulty in finding this balance. It is recognised that one aspect of public interest condemns personal violence in any form, yet another aspect recognises, where possible, the benefit of preserving a family unit.
- 7.5 The strength of the public interest in prosecuting those responsible for intimate partner violence does not override the need to be satisfied that the evidence is sufficient to justify proceedings.

SUFFICIENCY OF EVIDENCE

- 7.6 Intimate partner violence usually occurs in private. Often, the victim is the only prosecution witness to the commission of the offence. Unless the accused admits the offence and pleads guilty, it is very likely the victim will have to give evidence in person.

WHEN THE WITNESS WISHES TO WITHDRAW

- 7.7 For various reasons a victim may decide to withdraw the complaint. If this comes to the counsel's attention, the counsel should ask the Police to take a

further statement from the victim setting out in details his / her reasons for the decision, and whether the original statement was true or not. It may at times be necessary for the counsel to ask for an adjournment to enable a proper investigation and evaluation of all the options to be carried out.

- 7.8 If there is suspicion of duress, the case should be adjourned for the Police to investigate.
- 7.9 If the victim's further statement is inconsistent with any earlier statement, the counsel should consider the following :
- (a) if the earlier statement was false and the complainant has acted in bad faith, proceedings for an offence against public justice may be appropriate, for example wasteful employment of the Police under section 91(2) of the Criminal Procedure Ordinance; or
 - (b) if the later statement is thought to be untrue, there is unlikely to be a reasonable prospect of conviction without compelling independent evidence to support the original complaint.
- 7.10 If the victim confirms the complaint was true but still wishes to withdraw, the counsel should consider whether evidence from the victim is vital to prove the case. If not, the case can still be proceeded, provided that it is in the public interest to do so.
- 7.11 If the complaints cannot be proved without the victim's evidence, there are three options :
- (a) compel the victim to attend court to give evidence;
 - (b) consider whether the victim's statement be admitted in evidence under section 65B of the Criminal Procedure Ordinance; or
 - (c) discontinue.
- 7.12 Discontinuation of the proceedings on evidential grounds should only happen when all options have been considered and found inappropriate.
- 7.13 The counsel should ensure that the Police should provide information about family circumstances, the likely effect of proceedings on family members and any relevant background information. If necessary, the counsel may approach the concerned social worker for any relevant information to assist him / her in the decision-making process.
- 7.14 When a victim decides out of his / her own free will to withdraw the complaint, a prosecution may not be needed in the public interest. Relevant considerations are :

- (a) the seriousness of the offence;
- (b) the likelihood of recurrence;
- (c) any continuing relationship with the accused; and
- (d) the effect the prosecution will have on the relationship.

7.15 In other cases, the public interest will require a prosecution whatever the victim's wishes. A relevant factor is the seriousness of the offence. The more serious the offence, the more likely it is that the prosecution is needed.

7.16 In assessing where the public interest lies, the counsel should take into account :

- (a) the nature of any injuries;
- (b) any use of weapons;
- (c) any threats made;
- (d) whether the offence is pre-mediated;
- (e) the history of the relationship;
- (f) any previous convictions of the defendant, particularly those involving violence or threats of violence; and
- (g) whether the parties have underage children and, if so, the likely effect which a prosecution will have on these children.

7.17 If the case is to be discontinued because the victim has withdrawn the complaint, it may be appropriate to have the victim to attend court. The victim can then confirm on oath that the initial complaint was true, but that he / she has voluntarily and without duress, decided to withdraw it. Before taking this course of action, the counsel should exercise care and sensitivity. In an appropriate case, the counsel may accept from the victim a written confirmation to withdraw the complaint instead of insisting on the victim's attendance in court.

COMPELLING A VICTIM TO ATTEND COURT

7.18 The counsel should note that Part I of the Evidence (Miscellaneous Amendments) Ordinance 2003 has come into operation since 4 July 2003. It extends the competence and compellability of a spouse of an accused to give evidence for the prosecution or the defence.

7.19 It is difficult to predict how an unwilling witness will react. He / she may :

- (a) give evidence hostile to the prosecution. Even though the counsel may be allowed to cross examine on the basis of the original statement, that complaint is not evidence if it is denied by the witness. The court

cannot substitute the original complaint for the witness's sworn testimony if the latter is disbelieved, though conclusions may be drawn about the witness's credibility. In such case, the value of the witness's evidence is bound to be negligible;

- (b) persist in his or her refusal to give evidence, forcing the prosecutor to offer no evidence. In such a case, the court may consider holding the victim in contempt of court;
- (c) agree to give evidence. A witness summons may be a relief for a victim who wants to proceed, but who is under pressure not to. It removes his or her personal responsibility of the case proceeding; or
- (d) give false evidence.

7.20 The counsel, with the help of OC case or a social worker, should give every possible support to a victim witness to find the strength to continue with the case. Remember that a victim who has been threatened or is in continuing danger require help and emotional support.

BAIL

7.21 Depending on the circumstances of the case, the counsel may consider seeking a remand in custody or conditional bail to protect the victim from further intimidation or harm. The following information will help :

- (a) likely repetition of acts of violence;
- (b) details of the history of the relationship;
- (c) the existence of any civil court orders; and
- (d) the current domestic arrangements.

7.22 If bail is granted in a case where serious injury resulted or where there is a history of intimate partner violence whilst on bail, the counsel should consider an appeal under section 12C of the Criminal Procedure Ordinance.

CHARGING PRACTICE

7.23 As a rule, the charge(s) should properly reflect the seriousness of the defendant's conduct – normally the most serious revealed by the evidence. A domestic background does not reduce the selection of the charge.

BINDING OVER

- 7.24 A binding over order may be appropriate in some minor cases if :
- (a) the parties are reconciled;
 - (b) there is no history of violence; but
 - (c) there is a concern for a future breach of the peace.
- 7.25 There must be sufficient evidence to justify the complaint and the order, which is intended to restrain the offender from similar conduct in the future.
- 7.26 A binding over order may be sought when the victim withdraws support for the original prosecution and it is decided to discontinue the case. The counsel should only apply for such an order when there is sufficient evidence to justify the complaint.
- 7.27 A defendant may be offered to be bound over on condition that the criminal charges are discontinued. The counsel should not accept such an offer unless such a disposal is in the public interest. It cannot be in the public interest to accept a binding over order in a serious case or in a case where there is a history of violence. The counsel should also consider reminding the court of its power to impose a binding over order in addition to any other penalty.

OFFENCE AGAINST PUBLIC JUSTICE

- 7.28 If the police investigation reveals that the complainant has been intimidated, threatened or assaulted by or on behalf of the defendant, the counsel should consider preferring an additional charge of attempting to pervert the course of public justice where there is sufficient evidence to support such a charge.

AVOIDANCE OF DELAY

- 7.29 The counsel should ensure that the case proceed expeditiously without any unnecessary adjournment(s), because :
- (a) delay is likely to distress the victim; and
 - (b) the longer the delay, the more likely it is the victim may decide not to continue with the proceedings.

IF THE VICTIM WANTS TO WITHDRAW

- 7.30 When the counsel becomes aware that a victim has withdrawn support for the prosecution, he / she should inform the Leader of the Vulnerable Witnesses Team who should then supervise the progress of the case. If the information comes from the Defendant's legal representatives, the counsel should ask that it be confirmed in writing. At the same time, the counsel should instruct the OC case to submit a written report with an assessment of the case and the victim, and any other relevant information.
- 7.31 The counsel should consult the Police in every case in which discontinuation is being considered. Once the decision has been made, the Police should be asked to notify the victim of the decision and in very general terms, the reasons for it.

RELEVANT ORDINANCES ON INTIMATE PARTNER VIOLENCE CASES

- 7.32 Relevant Ordinances on Intimate Partner Violence Cases are provided at **Appendix XXVI**

CHAPTER 8

SCHOOLS

- 8.1 School personnel's assistance in protecting the student's safety is important. However, a student may not take the initiative to disclose intimate partner violence problem in his / her family. School personnel are advised to be sensitive to the traits manifested by the student or his / her parents and identify the problem as early as possible by making reference to paragraphs 1.7 to 1.10 in this Guide. They should, as far as possible, provide emotional support and assistance to students who are affected by such violence in family.

REFERRAL FOR SERVICES

- 8.2 When school personnel e.g. the principal, teacher, student guidance personnel, etc. identifies any intimate partner violence case, referral should be made to the school social worker, where applicable, or consult / refer the victim, with his / her consent, to the Family and Child Protective Services Units of Social Welfare Department (SWD), or Integrated Family Service Centres (IFSCs) / Integrated Services Centres (ISCs) of non-governmental organisations (NGOs) listed in **Appendix XIX** (a sample of referral letter is at **Appendix XI**) with the victim's consent at the earliest possible time. To ensure that prompt action will be taken by the receiving end, there should be prior discussion between the referrer and the concerned social worker.
- 8.3 Some victims may decline the social service introduced simply out of worry and misunderstanding about related procedures, e.g. fear of personal information being disclosed, reluctance to relay the incident to different persons, etc., the school personnel should give assurance to the victim to address the victim's concerns as far as possible. If the victim still insists not to receive any social service, the school personnel 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. Continuous attention should also be paid to the concerned student so that deterioration of his / her family problems can be detected and the victim can be advised again to receive service when necessary.
- 8.4 As the problem of intimate partner violence may have impact on the children of the family, school personnel should safeguard the well-being of the students if the intimate partner violence problem is also known to the school. It is important that school can identify signs and symptoms of risks of affected students and provide them with emotional support and assistance. School personnel should keep the information of such incidents private and

confidential and avoid disturbance caused to the students affected by asking details about such incidents, in particular, in public area. For the ultimate well-being of the students, school personnel should work closely with the responsible social worker and maintain communication with the victim parent or workers of shelter (if any) to ensure a co-ordinated safety and welfare plan for individual students concerned.

- 8.5 In case child abuse is suspected, the “Procedural Guide for Handling Child Abuse Cases (Revise 2007)” should be complied with. For cases involving intimate partner 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.

CHAPTER 9

HOUSING DEPARTMENT

- 9.1 Families suffering from intimate partner violence problem and residing in Public Rental Housing (PRH) units may be brought to the attention of the Estate Management Offices (EMO) of Housing Department (HD) in the course of carrying out their tenancy management duties, by informants (say, by their neighbours) or when the victims or their family members request for housing assistance on such ground.

REFERRAL FOR SERVICES

- 9.2 When staff of the EMO identifies any intimate partner violence case, the staff shall, with the victim's consent, refer him / her to / consult the Family and Child Protective Services Units (FCPSUs) of Social Welfare Department (SWD), or Integrated Family Service Centre (IFSCs) / Integrated Services Centre (ISCs) of non-governmental organisations (NGOs) listed in **Appendix XIX** (a sample of referral letter is at **Appendix XI**) at the earliest possible time. To ensure prompt action will be taken by these units / centres, there should be prior discussion between the responsible staff of the EMO and the concerned social worker.
- 9.3 Some PRH tenants suffering from intimate partner violence problems may approach EMO to raise the following requests:

Temporary Accommodation Service

- 9.4 If the victim, with / without child(ren), feels unsafe to stay at home because of the battering incident(s) and requests for temporary accommodation service, staff of EMO shall refer him / her to the FCPSUs of SWD, or IFSCs / ISCs of NGOs with his / her consent and inform him / her of the services provided by the refuge centres and other temporary accommodation services.
- 9.5 List of organisations providing temporary accommodation services and the refuge centres can be found in **Appendix XIX**. All the refuge centres accept 24-hour admission and their locations are confidential.

Housing Assistance

- 9.6 If the victim requesting for housing assistance, no matter he / she is still **living with the batterer** or has already **left the matrimonial home** in the PRH unit with or without dependent children and has decided to proceed with a divorce, staff of the EMO, after obtaining his / her consent, shall refer him / her to the

FCPSUs of SWD or IFSCs / ISCs of SWD / NGOs for assessment of his / her housing request and need for other welfare services.

- 9.7 For cases with genuine housing need before finalization of the divorce proceedings, upon the recommendation of SWD, conditional tenancy under Compassionate Rehousing Category can be granted to the aggrieved party with or without dependent children when the former leaves the matrimonial home, awaiting the judgment of the court for a divorce decree and order of custody of the children.
- 9.8 For victims who had finalized their divorce proceedings, staff of the EMO shall make reference to the prevailing housing policy of HD and Guidelines and Procedures for Processing Applications for Compassionate Rehousing and Other Housing Assistance to handle their housing request. Besides, the case may be referred to the concerned IFSC / ISC for other welfare services.
- 9.9 The victim may approach IFSCs / ISCs direct or declare his / her consent to the staff of the EMO regarding HD's referral of his / her request for conditional tenancy to concerned IFSC / ISC. If the case involves high risk of violence, EMO staff must pay special attention to avoid exposing the victim to the possible intimidation from the batterer and protect the personal data of the victim when processing the housing request. The staff shall ensure that the batterer has no access to the new telephone number and residential address of the victim without the latter's consent.
- 9.10 Some victims may decline the referral to social worker simply out of worry and misunderstanding about related procedures, e.g. fear of personal information being disclosed, reluctance to relay the incident to different persons etc., staff of the EMO should give assurance to the victim to address the victim's concerns (e.g. to inform the victim that all the information given will be kept confidential) as far as possible. If the victim still insists on not receiving any welfare service, the staff of the EMO 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.
- 9.11 Cases involving child abuse elements must also be referred to the FCPSUs immediately. For cases involving intimate partner violence 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.

CHAPTER 10

OTHER ORGANISATIONS

REFERRAL FOR SERVICES

- 10.1 Victims of intimate partner violence and their family members may come to the attention of different organisations, e.g. kindergartens, child care centres and various social service units, etc. To ensure that timely assistance can be rendered to the victim and his / her family members, staff of any organisation coming across families with intimate partner violence problem should, with the victim's consent, consult / refer him / her to the Family and Child Protective Services Units (FCPSUs) of Social Welfare Department (SWD), or Integrated Family Service Centres (IFSCs) / Integrated Services Centre (ISC) of non-governmental organisations (NGOs) listed in **Appendix XIX** (a sample of referral letter is at **Appendix XI**) at the earliest possible time. The cases may also be referred to refuge centre for women if the victim and her children are in need of immediate shelter. Staff of the organisation should provide all the background information as far as possible.
- 10.2 Some victims may decline the social service introduced simply out of worry and misunderstanding about related procedures, e.g. fear of personal information being disclosed, reluctance to relay the incident to different persons, etc. The staff of the organisation should give assurance to the victim to address the victim's concerns as far as possible. If the victim still insists not to receive any social service, the staff of the organisation 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 on access to SWD or other agencies in the future if he / she needs to.
- 10.3 Cases involving child abuse elements should be referred to the FCPSUs immediately. For cases involving intimate partner violence 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.