

**Minutes of the  
Social Welfare Advisory Committee (SWAC) Meeting  
held on 22 June 2006**

**Present**

Mr Wilfred Wong	(Chairman)
Dr Stephen Chow Chun-kay	
Ms Christine Fang Meng-sang	
Mr Quentin Fong	
Mr Herman Hui Chung-shing	
Dr Benjamin Lai	
Mr Keith Lam Hon-keung	
Mr Timothy Ma Kam-wah	
Prof Tang Kwong-leung	
Mr Tung Chi-fat	
Dr Jimmy Wong Chi-ho	
Ms Marina Wong Yu-pok	
Mr Silva Yeung Tak-wah	
Ms Lisa Yip	
Ms Wendy Cheung	(Secretary)

**In Attendance**

**Health, Welfare and Food Bureau (HWFB)**

Ms Linda Lai	Deputy Secretary for Health, Welfare & Food (Family and Women)
Ms Salina Yan	Deputy Secretary for Health, Welfare & Food (Elderly Services and Social Security)
Mr Freely Cheng	Principal Assistant Secretary for Health, Welfare & Food (Family)
Miss Hinny Lam	Principal Assistant Secretary for Health, Welfare & Food (Women)

Ms Cherie Yeung	Acting Principal Assistant Secretary for Health, Welfare & Food (Elderly Services and Social Security)
Ms Annie Kong	Acting Assistant Secretary for Health, Welfare & Food (Women) SD

### **Social Welfare Department (SWD)**

Mr Paul Tang	Director of Social Welfare
Mrs Anna Mak	Assistant Director of Social Welfare (Family and Child Welfare)
Mr Fung Pak-yan	Assistant Director of Social Welfare (Development)
Ms Pang Kit-ling	Chief Social Work Officer (Domestic Violence)

### **Hospital Authority (HA)**

Dr Daisy Dai	Senior Executive Manager (Medical Services Development)
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### **Absent with Apologies**

Mrs Cheung Ang Siew-mei  
 Dr Miranda Chung Chan Lai-foon  
 Prof Japhet Sebastian Law  
 Mr Vincent Lo Wing-sang

### **Item 1 : Review of Domestic Violence Ordinance (SWAC Paper No. 9/06)**

Members were briefed of the outcome of the review of the Domestic Violence Ordinance (DVO) by the Government and their advice was sought on the preliminary proposed amendments to the Ordinance which included :

- (a) expanding the scope of the DVO to include former spouses and former co-habitees;

- (b) enabling a next friend of a child under the age of 18 to make application for an injunction order on behalf of the child;
- (c) removing the requirement that the child had to be living together with the applicant;
- (d) enabling the court to vary an existing custody/access order in respect of the child concerned, when the court made an order to exclude the abuser from the matrimonial home or from a specified area in accordance with section 3(1)(c) of the DVO;
- (e) enabling the court to attach a power of arrest to an injunction order if it reasonably believed that there was likelihood that the abuser would cause bodily harm to the applicant or the child concerned; and
- (f) specifying that an injunction order made under section 3(1)(c) and (d) of the DVO and a power of arrest attached to an injunction order might be in force for a period as the court deemed necessary. The court might extend the order or the power of arrest attached for one or more than one time, provided that the maximum period did not exceed 24 months (from the date on which the order was granted or the power of arrest was attached).

2. Members made the following comments:

- (a) some considered that the scope of DVO should be expanded to cover all familial relationships and persons living in the same household, especially elderly parents;
- (b) apart from services for the victims, some suggested court-ordered intervention programme be imposed on the abusers;
- (c) the underlying legal principles of the DVO and other legislations relating to domestic violence should be clearly differentiated before fruitful discussion on the proposed amendments to the DVO could be made. The DVO aimed to provide for a civil remedy for victims of domestic violence to seek injunction from the court for better protection, whereas violence acts involving crime elements were mainly dealt with by other ordinances which aimed at punishment on the batterers;

- (d) to include in the DVO criminal elements might give rise to unnecessary duplication and complication in our current legal system. It might also bring no practical advantages to the victims because the standard of “proof beyond any reasonable doubt” required under criminal proceedings was more stringent as opposed in the civil proceedings in which the court might grant an injunction order if it on balance of probabilities believed that the condition of molestation was met; and
- (e) the views of the ethnic minorities should also be taken into account in the amendment process.

3. The Government made the following responses:

- (a) as regards the scope of the DVO to cover other familial relationships, the present proposed amendments focused on former spouses and former co-habitees because statistics had revealed that the majority of domestic violence cases were related to spousal and co-habitation relationships and their children under the age of 18. These empirical data and the severity of the problem they portrayed served to justify the provision of civil remedies to these specific categories of domestic violence victims on top of criminal sanctions;
- (b) any extension of the DVO to cover other familial relationship required more in-depth consideration and consultation with the concerned parties. The interaction between family members who were not of spousal or co-habitation relationship could be quite different from that of spouses and co-habitees. For example, problems between elderly parents and adult children mainly involved neglect more than direct violence. Due to traditional values, elderly parents inclined not to disclose their unpleasant experience to a third party, not to mention the court as they might fear that this would bring negative impact on their relationship with the children. Therefore, there did not appear to be a strong case for further extending the scope of the DVO to other familial relationships at the present stage;
- (c) on Members’ suggestion to impose court-ordered treatment on the batterers, the Administration would carefully consider whether this should be one of the sentencing options for the court, after

completion and evaluation of the pilot projects of Batterer Intervention Programmes with a view to identifying the most effective treatment modalities for batterers. Nevertheless, as the DVO mainly provided for a civil remedy for the victims, inclusion of any penal provisions on the batterers might have legal complications; and

- (d) as regards the ethnic minorities, though their comments had not been separately sought in the legislative amendment process, there was a Member in the Women's Commission representing the ethnic minorities and the Bureau would liaise with her to collect views from this group. Furthermore, the Government would consult the relevant boards and committees, women's groups and concerned stakeholders, and collect views of the public on the preliminary proposed amendments through different channels. The Government hoped to be able to finalize the proposals within this year, and start the preparation of the legislative amendments.

4. The Meeting supported the Government's preliminary proposed amendments to the DVO. The proposals could help strengthen the protection for the victims of domestic violence. As domestic violence was a multi-faceted issue, a multi-pronged approach should be adopted to tackle the problem. Legislative amendments were only part of the solution and could not solve all the problems. Other preventive efforts in tackling domestic violence, particularly the promotion of the concept of harmonious family and co-operation with different sectors in the community, should be strengthened.

## **Item 2 : Review of Services for Victims of Sexual Violence (SWAC Paper No. 10/06)**

5. Members noted that the Government recognized the uniqueness and importance of the services provided to victims of sexual violence and had adopted different measures to improve the services in the past few years. Following a review on the issue, the Health, Welfare and Food Bureau (HWFB) and Social Welfare Department (SWD) had proposed a new service model with a view to providing better support to victims of sexual violence. The new model comprised the following components:

- (a) 24-hour hotline service relating to the support for victims of sexual violence;
- (b) 24-hour outreach service for sexual violence crisis cases;

- (c) provision of designated social workers and strengthening the co-ordination of relevant services;
- (d) short-term accommodation service;
- (e) medical support by the Hospital Authority; and
- (f) provision of training to frontline professionals.

6. Members made the following comments:

- (a) they were concerned with the interfacing and coordination between SWD and the NGO operator in providing 24-hour outreaching service for sexual violence cases, and the monitoring of service performance;
- (b) a case manager approach was the right approach in handling sexual violence cases. It was important that the designated social worker would act as case manager to provide/coordinate services such as emotional support, counselling, report to the police, medical treatment and forensic examination, etc. for the victims. Clear procedural guidelines and protocol, strengthened inter-disciplinary training and skills as well as contact lists of all parties concerned, etc. should be provided to frontline workers for timely follow-ups under the new service model;
- (c) it was important to provide convenient services to victims and to minimize the need for them to undergo different procedures and to rehearse the bitter experience. As such, there was concern about whether a victim had to go to different locations for services. There was also a suggestion to install conference call facilities for the 24-hour hotline to facilitate communication among the telephone operator, the victim and the case worker;
- (d) there was concern on the staffing available for handling cases after office hours and providing services for other cases of family crisis and domestic violence;
- (e) as regards funding, Members supported the Government's policy of encouraging different sectors in the community to participate in social services through open bidding. Not all welfare services had to be funded by the Government. Some services were

supported by other funds or other resources in the community. It was also suggested that SWD give some leeway on the funding arrangement to allow the NGO operator certain flexibility in expanding the service of the new centre;

- (f) counselling and social support service were most crucial for victims of sexual violence. The proposed service model should be able to effectively improve the existing services and enhance the co-operation between different departments, and better take care of the unique needs of victims;
- (g) on short-term accommodation service, while it was estimated to be available at a later time in early 2008 due to the need for installing the new service centre, Members considered that both premises-tied and non-premises-tied services should be launched as early as possible;
- (h) the Government should tap on the useful experience of Rainlily in the provision of specialized service for victims of sexual violence over the past six years; and
- (i) on top of the service for the victim, the centre might also take up tasks relating to public education on prevention of sexual violence.

7. The Government made the following responses:

- (a) the 24-hour hotline service would be run by the selected NGO. Calls requiring outreaching service received during office hours would be followed up by SWD whereas calls received after office hours would be followed up by the NGO to fill the service gap. In any situation, a case would be followed through by one designated social worker. The performance of the NGO would be monitored by SWD in accordance with the usual practice for Government-funded welfare services;
- (b) the services provided should be easily accessible to victims who might come from different locations of the whole territory. The new service mode, having a designated centre/ hotline while making use of SWD's existing network of Integrated Family Service Centres / Family and Child Protective Services Units / Medical Social Services Units spread through 12 districts and HA's Accident & Emergency and after-care services through its

hospital network in different clusters, would ensure that services provided would be accessible and convenient to the victims. There would be “one stop service points” all over the territory for immediate follow-up services for victims;

- (c) it was difficult to justify a designated room in each hospital to handle all procedures. It would be more practical to make better use of the available resources in the hospitals to provide the necessary services to the victims in a suitable place taking into consideration the need to protect their privacy;
- (d) in response to Members’ concern on the staffing available for handling cases after office hours and providing services to other cases of family crisis and domestic violence, SWD would not set out a detailed manpower requirement for the new centre in the invitation of bid. The interested NGOs would have the flexibility to make detailed proposals on the services components, mode of operation and staffing, etc based on the service specification and amount of funding allocated; and
- (e) the new service model was an improvement to the existing one, and reference had already been made to the experience of Rainlily in developing this model. The new service model aimed to provide services for victims of sexual violence and domestic violence, creating synergy among different services and hence a more effective deployment of resources. Even with this new centre in place, Rainlily could still operate its services using other sources of funding. SWD would also invite the agency to submit bid for running the new centre.

8. The Meeting agreed with the Government’s proposed service model for victims of sexual violence. The most important thing was to have suitable personnel providing immediate support to the victims round the clock and territory-wide services for victims from different areas. It was considered that the success of the proposed service model hinged on the good coordination and cooperation between different departments. In addition, while the new centre might provide complementary services on public education on sexual violence, its prime focus should be on crisis intervention and support.