

15C

Health and Social Care Issue – Domestic Violence

Health Management and Social Care (Secondary 4-6)



The purpose of this learning resources is to provide learning and teaching resources for teachers' reference. Schools are welcome to use the learning resources for teaching purposes on a non-profit making basis.

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Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world.

This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care (HMSC) Curriculum and Assessment (C&A) Guide (Secondary 4-6). The booklets facilitate teachers to develop an overall framework and identify the key concepts of the curriculum so that their students will be able to integrate and apply relevant knowledge as well as develop their analytical skills. Details are as follows:

Levels	Essential Questions	Booklets	
Individual, Family and Peer	What does health mean to you?	1	Personal Needs and Development across Lifespan
		2	Health and Well-being
	How can we stay healthy?	3	Physical Well-being – Healthy Body
		4	Mental Well-being – Healthy Mind
		5	Social Well-being – Inter-personal Relationship
Community	What does health mean to a community?	6	Healthy Community
		7	Caring Community
		8	Ecology and Health
		9	Building a Healthy City
Society	How can we build a healthy and caring society?	10	Health Care System
		11	Social Welfare System
		12	Medical and Social Care Professions
		13	Health and Social Care Policies
		14	Social Care in Action
Local and Global Societies	What are the local and global health and social issues?	15A	Health and Social Care Issue – Ageing Population
		15 B	Health and Social Care Issue – Discrimination
		15 C	Health and Social Care Issue – Domestic Violence
		15 D	Health and Social Care Issue – Addiction
		15 E	Health and Social Care Issue – Poverty

What are the local and global health and social issues?

In modern society, personal troubles and social issues are often closely related. Personal troubles refer to the perceived threats to the well-being of a person at the individual level and on his/her life. Public or social issues occur between different social systems and organisations, attracting attention in society. A personal trouble can be a social issue at the same time. For example, ageing can imply the decline in physical functioning of an individual. It becomes a social issue when over a half of the population enters elderly stage simultaneously.

C. Wright Mills, a sociologist and the author of the book *Sociological Imagination*, proposed that sociological imagination can be used as a means, a tool or a perspective for understanding. A person with sociological imagination can understand social issues through imagining the meaning of events and the meaning for people, linking personal problems to social issues. With sociological imagination, students are able to identify linkages between personal troubles (such as internet addiction) and social issues, analysing and solving social issues by considering a variety of factors such as social systems.

The topics of Health Management and Social Care Curriculum and Assessment Guide included in Booklets 15A – 15E are listed in the following table-

Booklet	Topics in HMSC Curriculum and Assessment Guide
15A Ageing Population	<u>Compulsory part</u> 2B <i>Contemporary issues of vulnerability</i> 2D <i>Developments in the health and care industries</i> 3B <i>Developing health and social care/welfare policies</i> 3C <i>Implementing health and social care policies</i>
15B Discrimination	<u>Compulsory part</u> 2B <i>Contemporary issues of vulnerability</i> 3C <i>Implementing health and social care policies</i>
15C Domestic Violence	<u>Compulsory part</u> 2A <i>Structural issues related to health, social care and personal and social well-being</i> 2C <i>Recent increases in vulnerability and exposure due to lifestyle changes, globalisation and family changes</i> 4D <i>Social care, healthy relationships, social responsibility, and commitment in the family, community and groups</i>

Booklet	Topics in HMSC Curriculum and Assessment Guide
	<i>5B Health and social care services and agencies</i>
15D Addiction	<u>Compulsory part</u> <i>1B</i> Factors which influence personal development <i>2B</i> Contemporary issues of vulnerability <i>5C</i> Mental health as a personal predicament and as linked to the social context <i>5B</i> Health and social care services and agencies
15E Poverty	<u>Compulsory part</u> <i>2A</i> Structural issues related to health, social care and personal and social well-being <i>3B</i> Developing health and social care/welfare policies <i>5B</i> Health and social care services and agencies

15C Domestic Violence

Contents

15C.1 Understanding Domestic Violence	A.	Views of the World Health Organization	P.7
	B.	Factors Leading to Domestic Violence	
	C.	Socio-ecological Model	
	D.	Cycle of Domestic Violence	
15C.2 Different Forms of Domestic Violence	A.	Child Abuse	P.14
	B.	Elder Abuse	
	C.	Intimate Partner Violence	
15C.3 Prevention and Intervention	A.	Three-level Prevention Concept	P. 25
	B.	Various Intervention Methods	
	C.	Related Policies and Services in Hong Kong	
	D.	Existing Legislation	

Learning Targets

By using this booklet, we are expecting students to:

Values and Attitudes

- Embrace equal rights of individuals

Knowledge

- Understand the impact and implications of domestic violence
- Analyse the factors leading to domestic violence
- Identify support services available for individuals and families in need and explore possible solutions to domestic violence

Key questions

To achieve the above learning targets, teachers may use the following questions to enhance understanding-

- How does domestic violence impact an individual, a family, a community and a society?
- How to prevent domestic violence at different levels?

15C.1 Understanding Domestic Violence

A. Views of the World Health Organization

The World Health Organization (WHO) defines ‘violence’ as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation.”¹

Under WHO definition, violence can be classified as self-directed violence, interpersonal violence and collective violence. The acts of violence from family members and intimate partners are regarded as forms of interpersonal violence.

Domestic violence can be defined as a person's behavioural pattern in order to obtain or maintain the manipulation or domination of another person. The forms include physical violence, psychological abuse, sexual violence, neglect, etc. The victims are mainly spouses, children or the elderly. Domestic violence can happen to anyone, regardless of gender, race, age, religion or sexual orientation. The terms ‘intimate partner violence’ and ‘domestic violence’ are used interchangeably to describe domestic violence that occurs between intimate partners.

Domestic violence may be intentional or unintentional. A motive does not necessarily exist for violent behaviour. It is considered as violent as long as there is willingness or behaviour to use violence and cause harm to others. The perpetrator is not necessarily aware of the danger and harm of such behaviour. For example, parents may vigorously slap or shake a crying baby in order to quiet him, which may cause brain damage to the baby. The parent obviously used violence, but the action may not contain the motive for harming the baby. In addition, some people of different cultural backgrounds or beliefs are unaware of the danger and harm that come with certain behaviour. Therefore, the World Health Organization defines the meaning of violence as: behaviour that can cause a significant impact on personal health.

B. Factors Leading to Domestic Violence

1. Personal Psychological Perspective

- It is related to the personal characteristics or experiences of the abuser, such as being abused or neglected in childhood, witnessing domestic violence in childhood, a lack of security, a lack of empathy, and social isolation, etc.

¹ World Health Organization - <http://www.who.int/topics/violence>, retrieved at 2 Jan 2009

- The substance abuse theory believes that alcohol or drugs can trigger domestic violence, or at least contribute to domestic violence.

2. Family System or Stress Perspective

- Violent behaviour is the result of accumulated stress of the abuser. Stressors include unemployment, stressful work, child rearing, overcrowded living environment, etc. In addition, certain family beliefs, such as the acceptance of corporal punishment, can also lead to violent behaviour.
- According to the Family System Theory, children growing up around domestic violence learn the violent parent-child or spousal interaction pattern, and then bring it to their adulthood.

3. Social Psychology Perspective

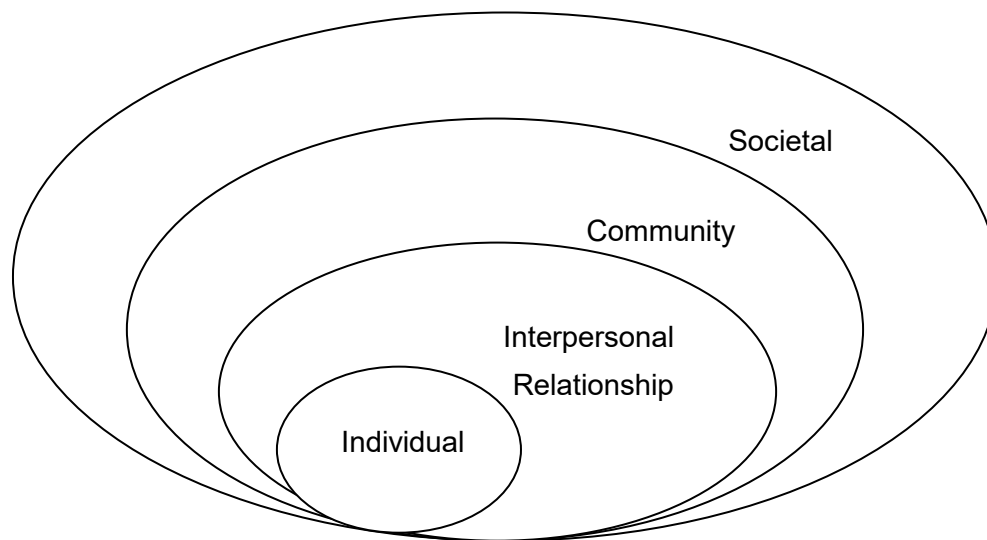
- Social learning theory points out that the abuser's violent behaviour is a result of imitation of others around him/her or learning from media.
- As far as male abusers are concerned, feminists believe that society is constructed of patriarchal ideology, so men use violence to achieve control over women and maintain the "man-centred" phenomenon.

4. Socio-ecological Model Perspective

- People live in interaction between systems. The cause of domestic violence cannot be explained by a single factor. The interaction of different levels including personal, family, social and cultural, etc. must be factored in when explaining the cause of domestic violence.
- Violent behaviour is the result of the reciprocal attribution of personal, interpersonal, social, cultural and environmental factors. Understanding the relationship between these factors and violence is an indispensable step in the cause of prevention of the occurrence of domestic violence.

C. Socio-ecological Model

Figure 15C.1 - WHO Socio-ecological Model for Understanding Domestic Violence



1. Individual

The first level of the model is to determine how biological factors and personal history lead to domestic violence, including personal psychological responses and characteristics, e.g. a lack of emotional control, aggressiveness, a lack of empathy, etc. Experiences of being assaulted and abused are also possible factors that lead to violent behaviour. A child who has been abused or witnessed domestic violence is more likely to become an abuser than a child who grows up in a non-violent family, which shows the impact of the family of origin on domestic violence. Studies have also pointed out that the abusers' solitary or authority-seeking personality is related to his/her domestic violence behaviour.


2. Interpersonal Relationship

The second level is to explore how social relationships increase the possibility of domestic violence. These relationships include peers, intimate partners and family members.

Generally speaking, the victim and the abuser of domestic violence live together, or even in the same room, and see each other all the time. The possibility of violence occurrence increases under these circumstances. For various reasons, the victim may suffer from violence repeatedly in order to maintain the relationship.

Women are more dependent on their partner in a family structure where "men are breadwinners and women are homemakers". When violence occurs, women are less likely to leave their partners and thus fall into the vortex of violence cycle. In addition, if there are frequent conflicts between parents and children, when stress accumulates, it will easily lead to domestic violence in the form of child abuse.

In recent years, men being abused has also received attention. Under the family structure of "men are breadwinners and women are homemakers", wife's excessive domination in housekeeping, disputes between mother-in-law and daughter-in-law, excessive suspicion of husband, and dissatisfaction with marital relationship, etc. can all contribute to abuse of men. Studies have also pointed out that male victims of domestic violence would choose to endure violence for the sake of their children, maintaining a two-parent family.

 Nature of Domestic Violence - Power and Control²	
<p><u>Using coercion and threats</u></p> <ul style="list-style-type: none"> • Threatening to hurt or leave her/him • Threatening to commit suicide • Forcing her/him to drop charges • Force her/him to do illegal things 	<p><u>Trivialising, denying and blaming</u></p> <ul style="list-style-type: none"> • Minimising and rationalising the abuse • Ignoring her/his emotions • Denial of the abuse • Shifting the responsibility for the abuse to her/him
<p><u>Economic manipulation</u></p> <ul style="list-style-type: none"> • Making her/him unable to work • Taking her/his money • Making it impossible for her/him to access family income 	<p><u>Isolating her/him</u></p> <ul style="list-style-type: none"> • Controlling what he/she can do, watch or read • Controlling who he/she can talk to or hang out with • Controlling where he/she can go
<p><u>Exploiting gender-based advantages</u></p> <ul style="list-style-type: none"> • Treating her/him like a slave • Making major decisions arbitrarily • Defining the roles of men and women arbitrarily 	<p><u>Psychological abuse</u></p> <ul style="list-style-type: none"> • Insulting and devaluing partner • Making her/him feel bad or out of place about herself/himself • Making her/him feel guilty
<p><u>Using children</u></p> <ul style="list-style-type: none"> • Making her/him feel guilty about the children 	<p><u>Using intimidation</u></p> <ul style="list-style-type: none"> • Making her/him scared by looks and gestures

² Power and Control Wheel (Duluth Minnesota) - www.duluth-model.org

<ul style="list-style-type: none"> • Threatening to take the children away • Threatening to harm the children 	<ul style="list-style-type: none"> • Abusing pets, smashing things, destroying her/his belongings • Using weapons as threats
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3. Community

The third level is to study the community contexts and systems that encompass various social relationships, including schools, companies, religious groups, hospitals and community centres, etc. The more units in the system take part in the prevention of domestic violence, the more effectively domestic violence can be detected and intervened. If schools can provide domestic violence prevention education, hospitals can establish domestic violence handling procedures, and communities can provide hotlines or counselling services, a vigilant and supportive environment can be created to combat domestic violence.

4. Society

The fourth and final level is to study various social factors affecting domestic violence. These factors are closely related to the formation and continuation of domestic violence, such as the cultural norms that parents have absolute authority over their children, rigid traditional gender stereotypes, and the stigmatisation of divorce.

A society where men are superior to women is easy to form a social culture that tolerates male violence, and it is also easier to rationalise domestic violence. Similarly, a society that emphasises “men are strong, and women are weak” fosters a sense of shame in male victims of domestic violence and silences them, discouraging them from seeking help. A country’s legal definition of domestic violence also affects its people’s perceptions of domestic violence. If child abuse is a form of discipline and does not violate the law, such a society will no doubt encourage the behaviour of child abuse.

D. Cycle of Domestic Violence³

1. Tension Building Phase

This phase is the brewing period of domestic violence. The relationship between husband and wife is becoming tense because of long-term conflicts that cannot be resolved. The potential factors that trigger domestic violence already exist. The relationship between the two parties become tense, and a lot of stress has appeared in the relationship. During this phase, mild quarrels and conflicts, or even cold wars happen at times. They however remain mild. This phase happens to be the best points of intervention for effective prevention of domestic violence. If both parties can communicate effectively to ease the tension and conflicts in the relationship, the start of the cycle of domestic violence may be prevented. However, if tension in the relationship continues to accumulate, domestic violence may erupt. The victims may feel like walking on eggshells when they are around the abusers. With the increase in the occurrence of cycle of violence, the tension phase will gradually shorten, expediting the cycle to acute battering episode.

2. Acute Battering Episode

The state of equilibrium has been disrupted. In this phase, conflicts continue to accumulate and fierce quarrels erupt, leading to violent behaviour. Different forms of violent behaviour are triggered during this phase, including physical and psychological violence such as insulting and belittling, intimidating and threatening, and, isolating and controlling one's partner, etc. Some violent physical abuse and the act of sexual violence also occur in this phase, such as slapping, punching and kicking, rape, and beating with weapons, etc. Abusers intend to dominate and control the victims, demonstrating his/her power.

The victims often go blank because of extreme panic and fear. They only manage to regain their emotional consciousness until the abusive behaviour is over. The victims usually first feel perplexed, then fearful and scared. Other complex emotions such as anger and helplessness emerge afterwards. This phase lengthens with the increase in violent behaviour, eventually becoming the major part of the cycle of violence. The abuser believes that using violence is the fastest way to solve problems, deal with conflicts, stop quarrels, and maintain the advantage of family status, and will not be punished. When the frequency of domestic violence increases, violence may even become a norm or habit.

³ Walker, Lenore E. (1979) *The Battered Woman*. New York: Harper and Row.

3. The Honeymoon Phase

The honeymoon phase refers to a period of temporary cessation of domestic violence. In this phase, abusers try hard to please the victims in order to make the victims stay, apologising for the abusive acts, showering the victims with kind words and kind moves. As there is a marked contrast between acute battering episode and the honeymoon phase, victims would think that “she/he still loves me”, “she/he was just being impulsive”, “she/he would change”. These thoughts prevent the victims from taking any measures to stop domestic violence. During this phase, victims usually have the illusion that violence has ended. However, it is only a pause in violence where the next cycle of violence is likely to be brewing.

In this phase, abusers always deny, minimise, and rationalise previous abusive behaviour, and think that "she/he will forgive me", "just apologise and coax him/her into forgiveness". Without experiencing any consequences of the violent behaviour, abusers may only recognise advantages of using force, which in turn encourage more fierce violent behaviour. Same as the tension building phase, the honeymoon phase will be shortened or even skipped as the number of cycles of violence increases. It is because abusers gradually take violence as an acceptable way to maintain the relationship.

15C.2 Different Forms of Domestic Violence

A. Child Abuse

"Child abuse" generally refers to any action or negligence that endangers or harms the physical and mental health, growth and development of people under the age of 18.

1. Forms of Abuse

The forms of child abuse include-

Physical Abuse	Refers to the use of violence or other ways against children to cause children physical injury or pain (such as punching and kicking, hitting with objects, poisoning, suffocating, etc.), with clear information to confirm or reasonably suspect that these injuries are non-accidental.
Sexual Abuse	Refers to forcing or inducing a child to participate in sexual activities in order to make sexual exploitation or assault on the child without consent, or without fully understanding of these sexual activities due to immature mental development.
Neglect	<p>Refers to serious or continuous neglect of children's basic needs, which endangers or harms children's health or development. Forms of neglect include-</p> <ul style="list-style-type: none"> ● Physical aspects (for example, failing to give children necessary food, clothing and shelter, failing to prevent children from injury and pain, failing to supervise children properly, and leaving young children unattended) ● Medical treatment (for example, failing to let children receive necessary medical or psychiatric treatment) ● Education (for example, failing to let children receive education, or neglecting education/training needs caused by children's disability)

Psychological Harm/Abuse	Refers to repetitive behaviour that endangers or harms the physical and mental health of children (including children's emotional, cognitive, social, or physical development) and/or the interaction between carers and children; or extreme events.
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2. Reasons for Child Abuse

From the ecological perspective, there are different causes of child abuse or neglect, including personal factors of the child and carer, family factors, community factors, and social and cultural factors.

- **Personal Factors**

Age	Severe cases of physical abuse often occur in toddlers, especially children under three years of age.
Sex	In many countries, abuse against girls, such as infanticide, sexual abuse, lack of education and nutrition, and forced prostitution, is more serious than abuse against boys.
Special circumstances	Children with physical, mental or behavioural problems are prone to being abused. Premature birth, physical disability, intellectual disability, chronic illnesses, and emotional/behavioural problems, etc. increase the level of difficulty in child caring and thus the stress of parents and carers, leading to child abuse.

- **Carer and Family Characteristics**

Family structure and economic status	Child abuse is more common in families of low socioeconomic status, families experiencing unemployment or divorce, and single-parent families. Changes in number of family members, divorce, and remarrying, etc. can cause alteration to family structure. Conflicts easily arise when the family structure is altered. In addition, insufficient income makes it difficult for families to maintain adequate levels of clothing, food and housing, which increases stress of parents and creates social isolation, increasing the chance of neglecting children.
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Family relationship and parenting difficulties	Tension between spouses or between parent and child, as well as violent behaviour between family members are also risk factors of child abuse. Moreover, parents may be easily irritated if they have unrealistic expectations of their children or lack parenting knowledge, increasing the chance of the occurrence of child abuse.
Parents' personal issues	The risk of child abuse is higher if the parents are aggressive, impulsive and thrill-seeking. Parents' physical or psychological problems, substance abuse, emotional instability and the lack of self-control are all risk factors of child abuse.
Parents' experience of abuse	Parents having experienced in childhood are more likely to become abusers when they grow up.

- **Community Factors**

Poverty	Child abuse occurs more frequently in areas with high unemployment rate and in slums. Parents generally have lower education and income levels in these areas. In addition, there is higher tolerance of corporal punishment and other violent behaviour amongst neighbours, hence, child abuse is more prevalent in these areas.
Community environment	The risk of child abuse rises in poor community environments where drugs and alcohol are rampant, and violence and crime are rife. Violence-stricken families are unable to receive proper assistance and resources due to the lack of community support network and neighbourhood connection.

- **Social and Cultural Factors**

Social	<ul style="list-style-type: none"> ■ Depiction of violence in media ■ Perception of corporal punishment and tolerance of violence in the society ■ Awareness of child welfare and human rights in the society ■ Ineffective policies of economy, health and education affecting the income, living standards and stability of families ■ Lacking in comprehensive judicial and social welfare systems, failing to provide protection for children and families
Culture	<ul style="list-style-type: none"> ■ Cultural values, e.g. corporal punishment is a commonly used parenting method in traditional Chinese society ■ Gender stereotypes, e.g. preference for boys over girls, and thus ignoring the needs of girls


3. Social Problems Caused by Child Abuse

- **Burden on Social Resources**

Abusive incidents cause physical and psychological damage to children (including mental retardation, depression, and post-traumatic stress disorder, etc.), imposing significant impact on children. Therefore, many children who have experienced abuse require long-term follow-ups and medical and psychological treatment by different professions, adding to burden on social resources.

- **Increased Risk of Problematic Behaviour**

Abusive experiences cast negative impact on children's mental and personality development. The risk of problematic behaviour such as substance abuse, antisocial behaviour, criminal activities, social isolation and withdrawal, etc. increases when they grow up without receiving proper treatment and follow-up. The children may even become abusers of domestic violence.

 **More information**

- Social Welfare Department's "Protection of Children from Abuse-Guidelines for

Multi-Professional Cooperation Procedures" (2020 Revised)

- Number of child abuse cases in Hong Kong:

Statistics system for child protection, spouse battering and sexual violence cases

https://www.swd.gov.hk/vs/index_c.html#s3

B. Elder Abuse

According to the Social Welfare Department's "Procedural Guidelines for Handling Elder Abuse Cases" (revised in 2021), elder abuse refers to the commission or omission of any act that endangers the welfare or safety of an elderly person. Usually the elderly person being abused and abuser are known to each other, or abusers are responsible for the care of the elderly person being abused.

Elder abuse can cause harm to physical health, or even worsen existing health condition. Many cases of elder abuse demonstrate long-term abuse which is unknown to others.

1. Forms of Abuse

The forms of elder abuse include:

Physical Abuse	Refers to physical injury or suffering inflicted on an elderly person non-accidentally or due to the absence of any preventive measures.
Psychological Abuse	Refers to the pattern of behaviour and/or attitudes towards an elderly person that endangers or impairs the elderly person's psychological health, such as acts of insult, scolding, isolation, causing fear to the elderly person for a long duration, intrusion into the elderly person's privacy and unnecessary restriction of the elderly person's freedom of access and movement
Financial Abuse	Refers to any act which involves depriving an elderly person of his/her wealth, or not acting in an elderly person's interests, such as taking away an elderly person's possessions, money or transferring his/her assets without consent.

Neglect	Refers to severe or persistent lack of attention to an elderly person's basic needs (e.g. adequate food, clothing, shelter, medical treatment, nursing care, etc.) that endangers or impairs the elderly person's health and safety. Neglect also includes the failure of provision of medicine and aids according to medical advice, which causes physical harm to the elderly person. If a formal service provider (e.g. RCHEs, Integrated Home Care Services Teams, hospitals, etc.) fails to perform its caring responsibility and causes harm to an elderly person, the case can also be considered as neglect.
Abandonment	Refers to the act of abandoning an elderly person without justifiable reasons committed by a carer or guardian, which endangers or impairs the elderly person physically or psychologically. For example, a family member deliberately abandons an elderly person with dementia after taking him/her to an unfamiliar place, making him/her unable to go back home on his/her own, or upon the elderly person's hospitalisation, gives a wrong correspondence address/ phone number, resists/ avoids contact repeatedly, or refuses to provide correspondence address/ phone number to the hospital which makes it impossible for the hospital to contact the carer or guardian to discuss the medical and welfare issues of the elderly person.
Sexual Abuse	Sexual abuse refers to the act of sexual assault on an elderly person such as exposure of sexual organ to an elderly person, indecent assault and rape, etc.

2. Reasons for Elder Abuse

- **Individual**

Perpetrators may suffer from mental illness or practise substance abuse. Inadequate cognition and physical disability are risk factors of elder abuse.

In traditional Chinese culture, family disgrace is not to be exposed in public, so elders rarely share their family problems with friends or others, especially as the abused elders are usually entirely dependent on the abusers' care or are relatives of the abusers, rendering the elders reluctant to report the abuse. Also, some elderly who are suffering from mental incapacity or physical impairment have difficulty telling others about the abuse.

In addition, personal factors also involve financial constraints or "property management", which is also one of the risk factors of elder abuse. Family members who are unwilling to pay for the elderly's medical treatment is another cause of elder abuse. The Hong Kong Christian Service pointed out that the younger generation of elders is still bound by the traditional thinking of "talking about money may harm intimacy". "Property management" is still regarded as a taboo subject in many traditional Chinese families. Families may have unpleasant incidents such as conflict or embezzlement of property if the elders fail to arrange their properties properly.

- **Interpersonal Relationship**

The stress of carers, the relationship between carers and elders, old age of carers, inability of carers to care for another elder at home, and carers' substance abuse etc. are all risk factors of elder abuse. In addition, an "interdependence network" may be formed by the abused elders out of dependence. The elders would refuse intervention in order to maintain the interdependence relationship due to the strong emotional attachment between the elders and the carers.

- **Community and Social Factors**

Social isolation is both the cause and the result of elder abuse. Many elderly people are isolated due to physical and mental illness. If the elderly lose their friends and relatives, they will have fewer opportunities for social connection. In addition, experiencing changes in family structure, e.g. the passing of the elder's spouse, elders' basic needs may be neglected by family members for a long time, causing elder abuse. Other factors that increase chances of elders being yelled at or isolated include conflicts arisen from family members (such as grown children or daughter-in-law) moving in with the elders, elders' basic needs being neglected all the time following grown children's emigration, structural conflicts between traditional family and modern family, and communication barriers between the young generation and elders. Furthermore, the elderly living in poor communities, coupled with weak social support network, a lack of daily necessities or insufficient resources, will also increase the risk of abuse, neglect and oppression of the elderly.

3. Social Problems Caused by Elder Abuse

- **Burden on Social Resources**

Elder abuse is not only a social problem, but also an economic problem. Elder abuse will incur medical insurance and legal costs, and at the same time social service support is required. Most of these costs are borne by public resources.

- Reducing the Contribution of the Elderly to the Society and Family System**

The elderly are a valuable resource in the society and family system. More jobs can be created particularly for elderly in the economic system, so that they can contribute to the society. The elderly can also serve as volunteers to serve the society, or to take care of grandchildren for their children in the family. However, if the elderly face abuse, their contribution to the society and family system will be reduced.
- Isolation Increases the Occurrence of Accidents or Unfortunate Events**

Elder abuse keeps the elders isolated from the community. With limited support from the outside world increases the chance of accidents or unfortunate events amongst the elderly due to the lack of aid, living alone, depression, and other psychological illness, etc.

 **More information:**

- "Procedural Guidelines for the Handling of Elder Abuse Cases by the Social Welfare Department" (revised in 2021)

https://www.swd.gov.hk/tc/index/site_pubsvc/page_elderly/sub_csselderly/id_serab/useelder/
- Hong Kong Christian Service-Working Group Concerning Elder Abuse

[Working Group Concerning Elder Abuse: "Understanding the Property Management Habits and Ideas of People between 50 and 70" Questionnaire Survey | Hong Kong Christian Service \(hkcs.org\)](https://www.hkcs.org/working-group-concerning-elder-abuse-understanding-the-property-management-habits-and-ideas-of-people-between-50-and-70-questionnaire-survey)
- Statistics on Elder Abuse in Hong Kong: Statistics on Elder Abuse Cases

https://www.swd.gov.hk/tc/index/site_pubsvc/page_elderly/sub_csselderly/id_serab/useelder/

C. Intimate Partner Violence

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.

According to the "Procedural Guidelines for Handling Intimate Partner Violence Cases" (Revised Edition in 2011), intimate partner violence 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.

"Intimate partner violence" refers to abuse that occurs in a relationship between a couple who cohabit or have cohabited. They maintain or have maintained a lasting intimate relationship which is more than just a brief encounter. They can be married couples, co-habitees and separated spouses/ co-habitees, etc. The scope of intimate partner violence includes male abusers, women using force, heterosexual intimate partners two-way violence, same-sex intimate partners two-way violence, female victims and male victims.

1. Forms of Abuse

There are many different forms of intimate partner violence, and a person may be subjected to more than one form of violence. The forms of intimate partner violence include-

Physical Violence	Refers to 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.
Psychological Abuse	<p>Refers to recurrent aversive or coercive acts, intended to produce emotional harm or threat of harm.</p> <p>The recurrent aversive or coercive acts include repeated verbal attacks, verbal harassment, deprivation of basic necessities, intimidation or verbal threats, threatening physical harm to self or others, forcing isolation, acts of domination and repeated invalidation.</p> <p>The emotional harm/ threat of harm includes damages to the psychological well-being, lowering of self-esteem, shame, anxiety and terror/ fear, hopelessness and depression, mental health problems.</p>
Sexual Violence	Refers to 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.

2. Causes of Intimate Partner Violence

- **Personal Factors**

Personal factors refer to abusers' maladaptive emotional control and management, especially when dealing with anger. Abusers often put the blame on victims, considering the outburst of anger and thus the violent act as a result of the victims being provoking. Violent behaviour are likely to recur.

In addition, family lacking in support network, drug or alcohol abuse by abusers, psychosocial status of abusers/victims such as pathological jealousy, threats of retaliation, recent homicidal/suicidal thoughts, and anger, impulsivity or unstable behaviour stemming from maladaptive personality, also add to the risk factors of intimate partner violence.

- **Marital Relationship Factors**

The most common cause of intimate partner violence is marital conflicts or incompatibility of relationship. Conflicts can lead to violence. Marital disputes and intimate partner violence are inextricable regardless of the socioeconomic status, level of stress and other health condition of the abusers.

- **Community Factors**

Community factors may also affect the degree of abuse. The level of violence is lower in communities that have low tolerance towards intimate partner violence. Victims are entitled to assistance and protection provided by shelters or family support units. Communities may take legal proceedings to intervene and bring the abusers to justice.

- **Social Factors**

Social factors include the perception of men being superior to women, and the imbalance of power between men and women. These can lead to intimate partner violence. Besides, the social status of women has been elevated in modern society. Conflicts or violence between intimate partners may arise as a result of intimate partners failing to adapt to changes in gender roles.

3. Social Problems Caused by Intimate Partner Violence

- **Burden on Social Resources**

Intimate partner violence inflicts severe physical and psychological trauma on victims, placing a huge burden on medical and social welfare system. Children who have witnessed intimate partner violence may also suffer from post-traumatic stress disorder. Symptoms of post-traumatic stress disorder include feeling depressed, withdrawn, feeling fearful and sleep disturbance.

- **Parenting Problems**

Victims of intimate partner violence may appear isolated, lacking in resources, feeling inferior and lacking in assertiveness. These qualities may have an impact on parenting.

- **Intergeneration Transmission of Domestic Violence**

Intimate partner violence has a profound impact on social and psychological development of most children who have witnessed the violence, leading to problem behaviour of the children. The children may imitate or learn from parents' violent behaviour, mistaking the use of violence and threats as a way to achieve their goals, regarding manipulation of others by the use of violence as acceptable. They may form a cycle of violence of their own, passing violence to the next generation.

 **More information**

- Social Welfare Department website <http://www.swd.gov.hk>

The "Guidelines for Handling Intimate Partner Violence Cases" (2011 Revised Edition) appendix was updated in August 2014

- Hong Kong Intimate Partner Violence Cases Statistics: A statistical system for child protection, spouse battering and sexual violence cases
https://www.swd.gov.hk/vs/index_c.html#s3

15C.3 Prevention and Intervention

WHO suggests an interdisciplinary, scientific approach to public health when dealing with domestic violence. It also emphasises collective action from different sectors of society including healthcare, education, social services, justice and policymaking. Rather than simply focusing on accepting or reacting to violence, the WHO suggests a focus on the prevention of violence and its consequences.

A. Three-level Prevention Concept

Prevention of domestic violence lies not only in providing direct crisis intervention, but also in terminating the cycle of violence and avoiding the occurrence of violence, which serve as the ultimate goal of prevention.

Level	Goal	Strategies
Primary Prevention	<ul style="list-style-type: none"> • Arouse public awareness of domestic violence and promote harmony in family 	<ul style="list-style-type: none"> • Reduce social sources of violence (such as unemployment, discrimination etc.) • Eliminate the legalisation of violence • Promote community collaboration and reduce family isolation • Education on busting gender stereotypes • Promote pre-marital and family education
Secondary Prevention	<ul style="list-style-type: none"> • Identify the hidden factors of violence • Provide monitoring • Achieve early identification and early intervention 	<ul style="list-style-type: none"> • Apply the concept of risk management • Develop screening tools to identify risk factors • Provide professional training in early identification for medical practitioners, social workers, teachers, and police • Provide intervention to prevent the situation from deteriorating
Tertiary Prevention	<ul style="list-style-type: none"> • Reduce the chance of relapse and thus the casualty of domestic violence 	<ul style="list-style-type: none"> • Emergency medical examination • Emergency placement • Legal assistance • Police intervention • Judicial proceedings • Formulation of safety plan • Counselling

 **For more information:**

- "Proceedings of the Symposium on Dealing with Family and Sexual Violence from the Perspective of Public Health" (2003)
- The University of Hong Kong Research Report on Child Abuse and Partner Abuse (2005)
- Tin Shui Wai Family Services Review Report (2004)
- Hong Kong Council of Social Service Domestic Violence Database
www.hkcss.org.hk/fs/er

B. Various Intervention Methods

Each level of sources of domestic violence illustrated represents certain risk factors respectively. Therefore, every level is key to the formation of plans of prevention.

Individual	Address individual risk factors and take steps to rectify individual risky behaviour. For example, there are treatment programmes for perpetrators of domestic violence. Most of the programmes use a group format to discuss gender roles and teach skills, including how to cope with stress and anger, how to take responsibility for one's actions, and how to care for others' feelings.
Interpersonal Relationship	Improve intimate relationships and create healthy family environments, as well as provide professional help and support for dysfunctional families. For example, family functioning can be improved by conducting home visits, providing information, support and other services. Responsible units may visit all families or families of high risk of domestic violence such as families with newborn, young-parent or single-parent families.
Community	Build a community network to connect neighbourhood and to support high-risk families. Education and public awareness campaigns are one of the strategies to develop community support. Education not only involves teaching new information but also changing attitudes and behaviour of the members in the community. The goal of public education and awareness programmes is to inform the community of various types of abuse, of how to identify the signs and where to obtain help.
Society	<ul style="list-style-type: none"> • There should be specific legislation to handle domestic violence. The most common practice involves criminalising physical, sexual and psychological abuse either by making new laws on

	<p>domestic violence or amending existing penal codes. The legislation connotes zero tolerance towards domestic violence, that domestic violence is a crime.</p> <ul style="list-style-type: none"> • Address gender inequality and problematic cultural perspectives and practices. Address the cultural, social and economic factors on a macro level that contribute to violence and take steps to change them. For example, the implementation of family planning projects gives families greater control over their family size, which in turn prevents child maltreatment.
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C. Related Policies and Services in Hong Kong

1. Family Council

The Family Council was established in 2007. As the government's advisory body, the council provides a cross-sectoral and cross-bureau platform to jointly study family-related policies and give high-level guidelines and opinions.

The work of the Family Council includes-

- Through the organisation of different projects and activities, promote the importance of family and promote family core values, namely "love and care", "responsibility and respect" and "communication and harmony" as the driving force for promoting social harmony;
- During the policy formulation process, offer opinions to bureaux and departments on the impact of relevant policies on families. Starting from 2013, the assessment of the impact on families became mandatory in the process of policymaking. Each bureau and department must evaluate the impact of relevant policies on families based on the three sets of family core values established by the council and the impact of policies on the structure and function of families. The "Family Impact Assessment" checklist was also adopted in 2018 to more effectively and comprehensively assess the impact of various policies on families.
- Conduct research and surveys to strengthen society's understanding of family matters.

2. Preventive and Support Services for All Families

The goal of family and child welfare services is to maintain and strengthen family cohesion, promote family harmony, assist individuals and families to prevent or cope with various problems, and provide assistance to families who

cannot cope with their needs on their own (Social Welfare Department, 2021).
(Reference: Social Welfare Department website (<http://www.swd.gov.hk>))

- **Family Services**

- **Integrated Family Service Centre (IFSC) / Integrated Service Centre (ISC)**

Integrated Family Service Centres (IFSCs), operated by the Social Welfare Department and subvented non-governmental organisations, provide a spectrum of services to address the multifarious needs of individuals and families of specific localities. With the guiding principles of accessibility, early identification, integration and partnership, the IFSCs are set up to support and strengthen individuals and families through delivering of services under the direction of 'child-centred, family-focused and community-based.'

An IFSC consists of three major components, namely family resource unit, family support unit and family counselling unit. At present, there is an extensive network of 65 IFSCs over the territory and 2 (ISCs) in Tung Chung to provide a range of preventive, supportive and remedial family services.

Services include enquiry service, resource corner, family life education, parent-child activities, group work service, programme activities, volunteer training and service, outreaching service, counselling service and referral service, etc. for individuals and families in need with extended hour services.

- **Family Life Education**

Family Life Education is a form of community education which is preventive and developmental in nature. It aims to enhance family functioning, strengthen family relationship and prevent family breakdown through a wide range of educational and promotional programmes such as seminars, talks, groups, family activities and exhibitions, etc. Apart from Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres also provide family life education as an integral part of its service programme. Moreover, programmes of parental elements are part and parcel of the services of Integrated Children and Youth Services Centres, and parent education is also provided through programmes organised by the school social work services.

- **Family Aide Service**

Provide home-based or group training to parents, care persons in families or individuals to develop basic skills in self-care, general household management and providing care to young children and other family members with special needs. The ultimate aim is to strengthen the individuals/families' ability in independent living.
- **Services for Children**
 - **Child Care Services**

To assist parents who cannot take care of their young children because of work or other reasons, the Social Welfare Department subsidises non-governmental organisations to provide a variety of child care services, to meet the different needs of the parents and their young children. Day child care services are diversified, including child care centre service, occasional child care service, extended hours service, mutual help child care center, neighborhood support child care project, and after school care programme for pre-primary children.
 - **Residential Children Care Services**

Residential child care services are provided for children and young persons under the age of 21 who cannot be adequately cared for by their families because of various reasons such as behavioural, emotional or relationship problems, or family crises arising from illness, death and desertion.
 - **Foster Care Service**

Provides residential family care for children under 18 years of age, whose parents cannot adequately take care of them due to special family circumstances, so that they can continue to enjoy family life until they can re-unite with their families, join an adoptive family or live independently.
 - **Foster Care Service (Emergency)**

Provides immediate and short-term family-style residential family care for children under 18 years of age, whose parents cannot care for them because of emergency or crisis situations. The duration of care should not exceed six weeks.
 - **Adoption Service**

The Adoption Unit finds suitable and permanent homes for children who

have lost their parents through death or desertion and the children who were born out of wedlock and whose parents are unable to maintain them. For children with special needs, suitable local adoptive homes are difficult to find; and some of them were adopted by overseas families. The Adoption Unit also assists in adoption through private arrangement, mostly by step-parents or relatives.

- **Small Group Homes**

Take care of children from 4 to under 18 years of age.

- **Other Residential Services**

Include Residential Creches, Residential Nursery, Children's Reception Centre, Children's Homes, Boys' Home/ Girls' Home, and Boys' Hostel/ Girls' Hostel.

- **Emergency Support Services**

- **Caritas Family Crisis Support Centre**

Caritas Family Crisis Support Centre operated by Caritas Hong Kong, aims to provide retreat facilities and integrated services to individuals and families facing crises, sudden changes, distress or trauma, assist them in dealing with their own emotions and resolving family problems proactively. The centre accepts direct application or referral from any organisation.

 <u>Caritas Family Crisis Support Centre</u>
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Caritas Family Crisis Support Centre Hotline: 18288 [24 hours]
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website : http://fsc.caritas.org.hk

3. Services Against Domestic Violence

- **Family and Child Protection Service Units (FCPSUs)**

The major scope of services of Family and Child Protective Services Units (FCPSUs) of the Social Welfare Department include the following-

- Protect children who are/have been harmed/maltreated;
- Assist spouses/cohabitants who are/have been harmed in domestic violence and their family members to restore normal functioning; and
- Safeguard the interests of children being affected by custody/guardianship disputes and referred by the Courts.

FCPSUs provide services to children in need of protection from maltreatment, spouses/cohabitants being harmed in domestic violence, perpetrators and other family members mainly through outreaching, investigation, early intervention, statutory protection, casework and group work services. Supportive services including clinical psychological services, child care services, residential child care services, residential services for victims of domestic violence and family aide service etc. will also be arranged when necessary.

A multi-disciplinary approach is adopted in the handling cases of child protection and domestic violence. When a child is suspected to be harmed or maltreated, multi-disciplinary case conference(s), participated by social worker, doctor, police officer, clinical psychologist and teacher, etc. will be held to discuss the incident nature and follow-up plan for the child and his/her family. Besides, social workers of the FCPSUs and clinical psychologists of SWD will work with the Police for joint investigation on certain cases and to conduct video-recorded interviews for taking statement with children having been harmed/maltreated, aiming to minimising their trauma during the course of investigation.

For prevention of domestic violence and to protect child from being harmed/maltreated, FCPSUs will launch public education programmes to arouse public attention.

- **Support Programme for Victims of Family Violence**

Tsui Lam Centre of Po Leung Kuk provides support programme to victims of family violence throughout the territories. The Programme aims at reducing victims' feeling of fear and helplessness by providing them with a package of services ranging from information provision, emotional support to escort service when undergoing legal proceedings or facing sudden changes in life.

- **Support Programme for Enhancing Peaceable Relationship (SPeaR)**

Since October 2018, the Social Welfare Department has subvented three non-governmental organisations to operate the Support Programme for Enhancing Peaceable Relationship (SPeaR) at five service clusters in Hong Kong. SPeaR aims at providing an early and flexible intervention for batterers/potential batterers under intimate partner violence to prevent and stop violence as well as to improve the intimate relationship. It also provides support service for children who have witnessed or been exposed to intimate partner violence and victims of intimate partner violence, with a view to protecting them from harm.

- **Refuge Centers for Women and Children**

There are currently five refuge centres for women at confidential locations, namely Harmony House, Serene Court, Dawn Court, Sunrise Court and Wai On Home for Women, providing temporary accommodation service for women and their children who are facing domestic violence or family crisis. Refuge centres support 24-hour admission. Length of stay is usually two weeks and the maximum period of stay can be extended to three months when necessary. Refuge centres accept direct application or referrals from any organisations.

 **Information about Refuge Centers for Women and Children**

Harmony House

Website: <http://www.harmonyhousehk.org>

Serene Court

Website: <http://www.cfsc.org.hk>

Sunrise Court

Website: <http://www.poleungkuk.org.hk>

Dawn Court


Website: <http://www.poleungkuk.org.hk>

Wai On Home for Women

Website: <http://www.poleungkuk.org.hk>

- **Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre)**

The CEASE Crisis Centre, operated by the Tung Wah Group of Hospitals, is a kind of crisis intervention and support service which aims to provide comprehensive support to victims of sexual violence and individuals/families facing domestic violence or in crisis, and to link them with appropriate health care and social services units for necessary protection and services. The CEASE Crisis Centre commenced services in 2007. Services provided include a 24-hour hotline and immediate counselling and outreaching services are provided for victims of sexual violence on a 24-hour basis and victims of elder abuse after office hours of the Social Welfare Department. Besides, the CEASE Crisis Centre, with its address kept confidential, has commenced the short-term accommodation service in 2008 for assisting those victims who are temporarily not suitable to return home or those individuals/families in crisis.

 **Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre)**

Website: <http://ceasecrisis.tungwahcsd.org>

- **Hotline Service**

Victims of domestic violence (including child abuse) and sexual violence can obtain welfare service information and immediate assistance through hotline service. These hotlines are manned by social workers or volunteers, or by call transfer system.

 **Hotline Service**

Domestic Violence

1. Social Welfare Department hotline 24-hour: 2343 2255
2. Harmony House 24-hour women hotline: 2522 0434
3. Harmony House MAN hotline: 2295 1386
4. Po Leung Kuk 24-hour women hotline: 8100 1155
5. Po Leung Kuk 24-hour family and intimate partner relationship hotline for men: 2890 1830
6. Serene Court (Women's Refuge Center) telephone hotline: 2381 3311
7. Caritas Family Crisis Support Centre 24-hour hotline: 18288
8. Multi-purpose Crisis Intervention and Support Centre 24-hour hotline: 18281
9. RainLily hotline: 2375 5322

Child Abuse

1. Against Child Abuse: 2755 1122
2. End Child Sexual Abuse Foundation : 2889 9933

- **Criminal and Law Enforcement Injuries Compensation (CLEIC) Scheme**

The scheme aims to provide financial awards to persons (or to their dependents in cases of death) who are injured as a result of a crime of violence, or by a law enforcement officer using a weapon in the execution of his duty. It is non-contributory and non-means-tested.

- **Other Related Support Services**

- **Integrated Family Service Centre (IFSC) / Integrated Service Centre (ISC)**

Family and Child Protection Services Units take up cases of child maltreatment and intimate partner violence when the Social Welfare Department receives such cases. IFSCs and ISCs operated by non-governmental organisations also provide counselling and tangible assistance to victims and other family members of child maltreatment or intimate partner violence cases.

IFSCs / ISCs operated by the Social Welfare Department and non-governmental organisations provide victims of sexual violence with

counselling, crisis intervention, psychotherapy and support groups, escort to police (when necessary), and arrangement of service referrals such as clinical psychological service, financial assistance, legal services, academic and employment arrangement, housing arrangement (Compassionate Rehousing and Conditional Tenancy Scheme), and other community resources. IFSCs / ISCs accept direct application and referrals from any organisations.

■ **Medical Social Services**

Medical social workers in public hospitals and specialist clinics handle cases of child abuse, intimate partner violence, and sexual violence referred by medical practitioners, police or other agencies, and direct applications from patients or their family members. Medical social workers provide counselling and tangible assistance to the victims and their family members. They also refer patients to apply for rehabilitation services and related community resources.

■ **Clinical Psychological Service**

Clinical psychologists in the clinical psychological units under the SWD provide assessment and treatment services for victims and their abusers who show psychological symptoms. These cases include victims and their abusers of domestic violence and other sexual violence cases. In addition, clinical psychologists also assist social workers in dealing with violence cases and provide counselling services. The Clinical Psychological Units accept cases referred by all units of the SWD.

Some IFSCs/ISCs operated by non-governmental organisations and major general hospitals under the Hospital Authority also provide clinical psychological services for people involved in domestic violence and sexual violence. Those IFSCs/ISCs usually accept referrals from IFSCs / ISCs or other non-governmental organisations while those hospitals usually only take cases referred by medical officers or psychiatrist. Usually only in-patients are followed up unless the patient receives psychiatric services from Hospital Authority concurrently.

4. Working Group / Committee to Coordinate Domestic Violence Services

In 1995, the government established an inter-departmental working group to prevent intimate partner violence. The group members are from the Social Welfare Department, the Health and Welfare Branch (now reorganised as Food and Health Bureau, and Labour and Welfare Bureau), various non-governmental organisations,

the Housing Department, the Department of Justice, the Hospital Authority, and the Education Department (now reorganised as Education Bureau) and the Legal Aid Department. This is a pivotal step, signifying Hong Kong's professionals' concerted endeavour to tackle domestic violence.

- **Working Group on Combating Intimate Partner Violence and Adult Sexual Violence**

The working group is chaired by the Director of Social Welfare and comprises representatives from related bureaux, government departments and non-governmental organisations. It is responsible for mapping out strategies to address the problem of intimate partner violence and adult sexual violence.

(Related webpage of Social Welfare Department:

https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_wg/)

- **Committee on Child Abuse**

The Committee on Child Abuse (CCA) is chaired by the Director of Social Welfare and comprises representatives from related bureaux, government departments and non-governmental organisations. It is responsible for examining the problem of child abuse and mapping out strategies to address the problem.

(Related webpage of Social Welfare Department:

https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_wg/)

5. Government Departments in Tackling Domestic Violence

Labour and Welfare Bureau ⁽¹⁾	Formulate and review policies and legislation relating to domestic violence in consultation with departments and non-governmental organisations concerned.
Social Welfare Department	Tackle domestic violence through crisis intervention, support services and preventive education.
Police	(a) Protect victims of domestic violence and their children from attacks; (b) Prevent the affected persons from further attack; (c) Take firm and proactive action against perpetrators; (d) Investigate offences; and (e) Refer victims and/or perpetrators to appropriate government bodies for assistance.

Legal Aid Department	Provide legal aid to victims of domestic violence who meet the eligibility requirements.
Housing Department	Provide housing assistance to victims of domestic violence where appropriate.
Hospital Authority	Provide medical services to victims of domestic violence.
Home Affairs Department	Establish and maintain a general community support network that fosters and encourages mutual care and support for members of the community

D. Existing Legislation

There is no specific offense of domestic violence, as such. ‘Domestic violence’ is a general term which describes a range of behaviour often used by one person to control or dominate another with whom they have, or have had, a close or family relationship. It is often a series of abusive incidents, whether physical or not, that has a cumulative effect on the victim.

General criminal laws violated by domestic violence are as follows:-

1. Offences against the Person Ordinance

The crimes covered by the Offences against the Person Ordinance include homicide, wounding, assault, forcible taking or detention of persons, unlawful abandonment or exposure of a child aged under two years, and wilful assault, ill-treatment, neglect or abandonment of a child.

2. Criminal Ordinance

Where force or violence is used to obtain, or attempt to obtain, sexual gratification, the abuser may have committed rape, assault with intent to rape, attempted rape or indecent assault contrary to the Crimes Ordinance. Criminal intimidation (threatening injury) contrary to Crimes Ordinance may also be a possibility where the abuser’s conduct falls short of an actual assault.

3. Other Offences

- **False Imprisonment**

False imprisonment is complete deprivation of the victim's liberty for any length of time without lawful cause. False imprisonment does not necessarily mean that the victim is "imprisoned" in a certain place. The abuser who threatens force and intimidates the victim into remaining where they are can commit the offense of "false imprisonment" This situation also applies to female cohabitee.

- **Corporal Punishment**

According to the Hong Kong Law "**Child Care Services Regulations**", "No person shall administer corporal punishment to a child in a centre/mutual help child care centre".

The "**Education Regulations**" stipulate: "No teacher shall administer corporal punishment to a pupil." Teachers are forbidden to punish students in any form of corporal punishment, such as kneeling, beating with the palms of the hands, or beating the body. Corporal punishment is made a criminal offense. Any person who is guilty of it is liable on conviction to a fine of \$50,000 and imprisonment for 1 year.

4. Related Supervision Orders

- **Supervision Orders to Care for or Protect Children or Juveniles**

The "**Protection of Children and Juveniles Ordinance**", empowers the court to grant a supervision order or appoint legal guardian in respect of a child (referring to persons under the age of 14) or juvenile (persons aged 14 or over but under 18) who is in need of care or protection. A child or juvenile in need of care or protection means a child or juvenile-

- who has been or is being assaulted, ill-treated, neglected or sexually abused; or
- whose health, development or welfare has been or is being neglected / appears likely to be neglected or avoidably impaired; or
- who is beyond control, to the extent that harm may be caused to him or to others, and who requires care or protection.

- **Protection for Mentally Incapacitated Persons**

The "**Mental Health Ordinance**", mainly provides protection for mentally incapacitated persons (people with dementia/ severe cognitive impairment/

people with intellectual disability/ people with mental illness/ people with brain damage due to accidents or illness such as stroke). Guardianship Board is established under the Ordinance and is empowered to make an emergency guardianship order if it has reason to believe that a mentally incapacitated person is in danger, or is being or likely to be maltreated or exploited and it is necessary to make immediate provision to protect that person.

5. Domestic and Cohabitation Relationships Violence Ordinance (Cap.189)

The law enables a party to a marriage, or a man and woman in cohabitation, to apply to the court for an injunction order against molestation by the other party. The coverage has been extended to persons formerly in spousal/ cohabitation relationships and their children; to parent-son/ daughter, parent-son/ daughter-in-law, and grandparent grandson/ granddaughter relationships; and to other extended familial relationships including between a person and his/her brother, sister, brother-in-law, sister-in-law, uncle, aunt, nephew, niece and cousin. It also extends the scope to cover same-sex cohabitants and such former cohabitants, enabling a party within a cohabitation relationship, whether of the same sex or opposite sex, to apply to the court for an injunction order against molestation by the other party.

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