15C

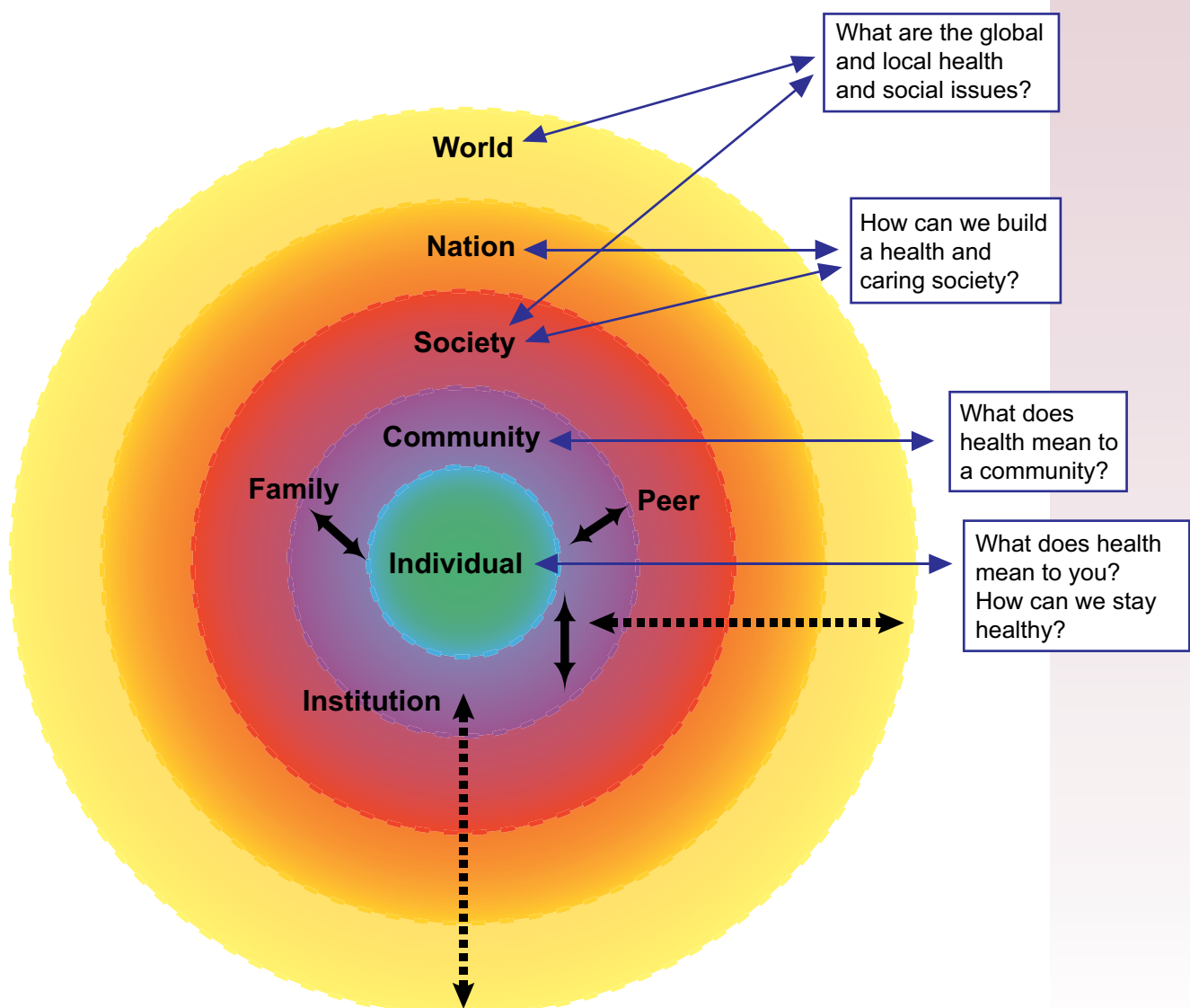# Health and Social Care Issue – Domestic Violence

Health Management and Social Care (Secondary 4-6)

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 (Figure 1).

Figure 1   The Various Levels and Essential Questions of HMSC

World

Nation

Society

Community

Family

Peer

Individual

Institution

What are the global and local health and social issues?

How can we build a health and caring society?

What does health mean to a community?

What does health mean to you? How can we stay healthy?

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 Curriculum and Assessment Guide (Secondary 4-6)(2007). Each essential question is elaborated in 2-5 booklets. The booklets facilitate teachers to develop an overall framework and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. 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
		15B	Health and Social Care Issue - Discrimination
		15C	Health and Social Care Issue - Domestic Violence
		15D	Health and Social Care Issue - Addiction
		15E	Health and Social Care Issue - Poverty

The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situations, background of students, interest, learning skills and the previous knowledge of students. Social issues as well as the graphic organizers illustrated in Part 3.1.5 can be used to help student organize and analyze complex and abstract concepts so that they are able to construct their knowledge effectively, consolidate their learning and achieve deep understanding.

What are the local and global health and social issues?

In the modern society, personal problems and social issues are often closely related. Personal problems 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, leading to raised attention in the society. A personal problem can be a social issue at the same time. For example, ageing can imply the decline in physical functioning of an individual. When over a half of the population enters their elderly stage, it becomes a social issue.

In his book, Sociological Imagination (1959), C. Wright Mills proposes 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 the people and events in his/her life. He/she is able to link up personal problems with social issues. With sociological imagination, students are able to identify linkages of personal problems (such as internet addiction) and social issues and analyze social problems by considering a variety of factors such as the social systems.

The topics of Health Management and Social Care Curriculum and Assessment Guide included inBooklets 15A – 15E are listed on the next page:

Booklet		Topics in HMSC Curriculum and Assessment Guide
15A	Ageing Population	Compulsory part 2B Contemporary issues of vulnerability 2D Developments in the health and care industries 3B Developing health and social care / welfare policies 3C Implementing health and social care policies
15B	Discrimination	Compulsory part 2B Contemporary issues of vulnerability 3C Implementing health and social care policies
15C	Domestic Violence	Compulsory part 2A Structural issues related to health, social care and personal and social well-being 2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes 4D Social care, healthy relationships, social responsibility and commitment in the family, community and groups 5B Health and social care services and agencies
15D	Addiction	Compulsory part 1B Factors which influence personal development 2B Contemporary issues of vulnerability 5C Mental health as a personal predicament and as linked to the social context 5B Health and social care services and agencies
15E	Poverty	Compulsory part 2A Structural issues related to health, social care and personal and social well-being 3B Developing health and social care / welfare policies 5B Health and social care services and agencies

15C Domestic Violence

Contents

Learning Targets

Through the study of the topic on domestic violence, students are expected to:

Values and attitudes

❖ Respect family members and 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:

❖ What are the implications of domestic violence to an individual, a family, a community and a society?

❖ How can we prevent domestic violence in different levels?

15C.1 WHO Perspective

(A) Understanding Domestic Violence

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." (Reference: http://www.who.int/topics/violence, retrieved at 2 Jan 2009)

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 usually occurs in the home and can take on many forms including physical, sexual, or psychological abuse. Abusers can use a variety of tactics such as deprivation or neglect. Domestic abuse includes spouse battering, child abuse, and elderly abuse. It involves incidents of threatening behaviour, violence, or abuse among persons who are or have been in an intimate or dependent kinship relationship, regardless of gender.

Domestic violence may be intentional or unintentional. The intent to use force does not necessarily mean that there was intent to cause damage. The perpetrator may not perceive the acts as dangerous and harmful. For example, a parent may vigorously shake a crying infant with the intent to quiet the child. Such an action, however, may instead cause brain damage. Force was clearly used, but without malicious intent. Moreover, individuals may not perceive their dangerous and harmful acts as violence due to their cultural background and beliefs. Therefore, WHO defines violence as acts resulting in important health implications for the individual.

(B) Etiology of Domestic Violence

1. Psychological Perspective

✐ The violent behavior comes from the abuser's characteristics (such as lack of security, personality disorder, impulsive and manipulative personality and being a victim of abuse in the past).

✐ The victim usually has low self-esteem and poor communication skills, dependent personality and is willing to be suppressed by traditions.

✐ Fathers from incest families fear being abandoned due to negative childhood experience; mothers usually have poor relationship with the children while emotionally and economically attached to the partner.

2. Social Stress Perspective

✎ Violent behavior is the result of accumulated pressure of the abuser. Sources of pressure may include unemployment, difficulty in bringing up children, etc.

✎ According to the Family System Theory, children growing up under domestic violence learn the violent pattern of interaction between couples and between parents and children and then bring it to adulthood.

3. Psychosocial Perspective

✎ According to the Social Learning Theory, abuser's behaviour comes from imitation of people around him or the media.

✎ Feminists believe that the androcentric thinking structure causes males to control females through violence to maintain androcentricity.

4. Ecological Perspective

✎ Human beings live in interactions of different systems. The cause of domestic violence cannot be explained by one single factor. It must be comprehensively explained from various aspects such as individual, family, social and cultural.

✎ Violence is the result of the complex interplay between individual, relational, social, cultural and environmental factors. Public health tries to understand how these factors relate to violence.

✎ It explores the relationship between individual and contextual factors and sees violence as the product of multiple levels of influence on behaviour.

(C) Social Ecological Model

| Figure 15C.1 | WHO Ecological Model for Understanding Domestic Violence |
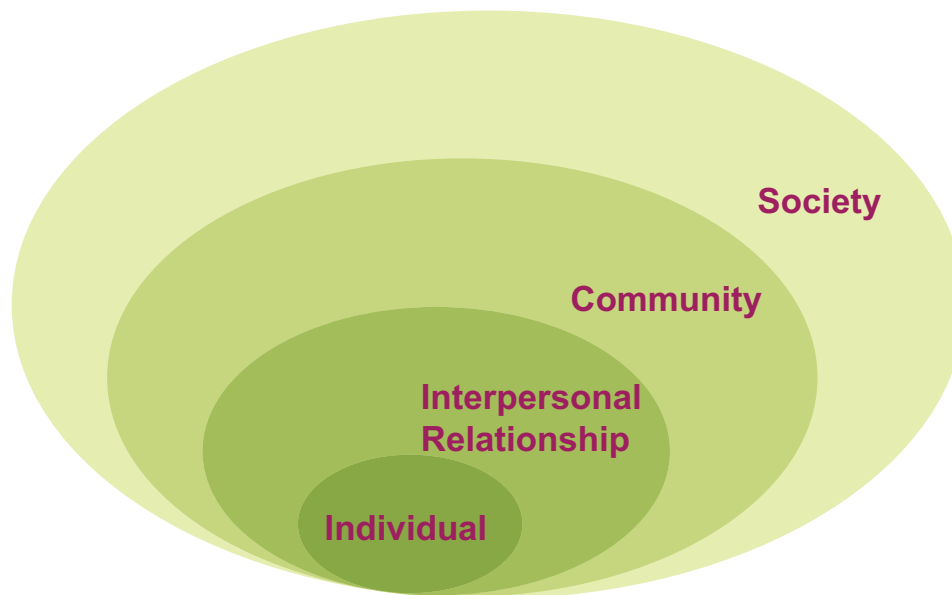
1. Individual

The first level of the ecological model is to identify that biological factors and personal history play a role in causing domestic violence. It includes the individual's psychological response, characteristics such as impulsiveness of character, low education attainment, drug abuse, as well as prior history of aggression or abuse, all play a part in causing an individual to resort to violence. An abused child or one who witnessed domestic violence has more tendency than other children to abuse others. This obviously shows the influence of the family of origin towards domestic violence. Studies also show that eccentric and authoritative personalities have much relation with violent behavior.

2. Interpersonal Relationship

The second level explores how social relationships increase the risk for violence. These relationships include peers, intimate partners and family members.

In domestic violence, daily interaction or sharing of a common domicile with an abuser may increase the opportunity for violent encounters. Because individuals are bound together in a continuing relationship, it is more likely for the victims to be repeatedly abused by the offenders.

Under the family structure of men taking charge of external matters while women taking care of domestic matters, women are inferior. It is difficult for them to seek

help and thus falling into the vicious cycle of domestic violence. If conflicts often occur between parents and children, domestic violence is triggered easily due to accumulation of pressure.

Nature of Domestic Violence - Power and Control

Duluth Minnesota
Reference: www.duluth-model.org

USING CERCION AND THREATS	MINIMISING, DENYING AND BLAMING
✧ Making and / or carrying out threats to do something to hurt her / him ✧ Threatening to leave her / him, to commit suicide, to report her / him to welfare ✧ Making her / him drop charges ✧ Making her / him to illegal things	✧ Making light of the abuse and not taking her / his concerns about it seriously ✧ Saying the abuse didn't happen ✧ Shifting responsibility for abusive behavior ✧ Saying she / he caused it
USING ECONOMIC ABUSE	USING ISOLATION
✧ Preventing her / him from getting or keeping a job ✧ Making her / him ask for money ✧ Giving her / him an allowance ✧ Taking her / his money ✧ Not letting her / him know about or have access to family income	✧ Controlling what she / he does, who she / he sees and talks to, what she / he reads, where she / he goes ✧ Limiting her / him outside involvement ✧ Using jealousy to justify actions
USING MALE PRIVILEGE	USING EMOTIONAL ABUSE
✧ Treating her like a servant ✧ Making all the big decisions ✧ Acting like the "master of the castle" ✧ Being the one to define men's and women's roles	✧ Putting her / him down ✧ Making her / him feel bad about herself / himself ✧ Calling her / him names ✧ Making her think she / he is crazy ✧ Playing mind games ✧ Humiliating her / him ✧ Making her / him feel guilty

USING CHILDREN	USING INTIMIDATION
✧ Making her / him feel guilty about the children ✧ Using the children to relay messages ✧ Using visitation to harass her / him ✧ Threatening to take the children away	✧ Making her / him afraid by using looks, actions, gestures ✧ Smashing things ✧ Destroying her / his property ✧ Abusing pets ✧ Displaying weapons

3. Community

The third level examines the community contexts in which social relationships are embedded. A system formed when individuals interact with organisations outside the family, including schools, companies, religious organisations, hospitals and community centres. The more preventive against domestic violence a unit in the system is, the more effectively can domestic violence be discovered and intervened. If schools provide education on preventive measures towards domestic violence, hospitals establish procedures to handle domestic violence, society provide hotline and counseling services, then a sensitive and supportive environment can be created to suppress domestic violence.

4. Society

The fourth and final level examines the larger societal factors that influence the rates of violence. These factors create a climate in which domestic violence occurs more easily, such as the cultural norms that support violence as an acceptable way to resolve conflicts, norms that give absolute authority and power to parents over children, male over female. In a society where men are superior to women, tolerance towards male abusers and rationalisation of domestic violence are easy to form. How the laws of a nation define domestic violence also affects citizens' view towards domestic violence. If child abuse is a legal method of teaching children, such a society undoubtedly fosters child abuse.

(D) Cycle of Domestic Violence

1. Calm Phase

It is the brewing stage of domestic violence. At this stage, the potential factors which give rise to domestic violence already exist. The relationship between both sides starts to get tense that it comes to the flashpoint, as if a scale which will lose balance with only a slight touch. The abused will be filled with fear and fright at the time as if they were standing on the edge or treading on thin ice. It is unlikely for them to have intense quarrels at this stage, mostly cold war and occasionally some small rows. This stage is also the most effective in preventing violence from happening. If both sides can communicate effectively, the whole violence cycle can come to an end without even a start. With the occurrence of violence cycle increasing, the stress stage will gradually shorten and this brewing period of time can even totally be left out.

2. Tension Building Phase

It is the interposition stage of the direct cause of domestic violence. At this time, the balance during the stress stage has already been destroyed. Both sides start to have large scale of dispute that the situation has heated up. Violent behavior is usually elicited at this stage. Generally speaking, psychological abuse behavior like using spoken language to humiliate the other side, threatening the other side with violent acts and intending to force the other side to change their behavior, etc. has already started. After these events, physical violent behavior, which means abusers intend to end the dispute with violent behavior to maintain absolute advantage, will be elicited directly. The dispute stage, same as the stress stage, will shorten as the frequency of violence cycle increases. Violent behavior even happens at the beginning of the dispute stage or when there is no dispute stage at all because violent behavior has already become a habit.

3. Acting-out Phase

It is the stage when violent behavior officially starts. After the breeding of the above two stages, concrete behavior is brought out. Violence at this stage is mainly physical abuse and sexual abuse. After a series of violent behavior (for example, punches and kicks and rape), the abused will feel that their mind is completely blank due to the extreme fright and they only start to have the consciousness of emotion by the time violence behavior ends. They usually feel confused at first, then terrified and frightened, which further generates more complicated emotions like indignation and helplessness. This stage will gradually become the only stage of the violence cycle with the increase in the frequency of violent behavior because abusers learn that adopting violent behavior directly is the fastest way to solve problems, end disputes, relieve stress and maintain family status advantage, and normally will not be punished. When the frequency

of domestic violence increases or it even becomes a normality or habit, violence cycle is just the continuation of the abuse violence stage. It is already not necessary for other stages to happen.

4. Honeymoon Phase

It is the temporary pausing stage of domestic violence. At this stage, abusers will usually do their best to be nice, to apologise and also take some compensatory actions, or they will deny, diminish or rationalise previous violent behavior. Victims are usually under the illusion that violence has already ended, but actually it is just a temporary pause and another violence cycle probably starts again. Since abusers at this stage will probably please the abused more often than usual, and when compared with the abuse violence stage, the difference is really big, so the abused will soften with some thoughts like "He still loves me very much." and "He was just acting on impulse." and do not take any precautions to stop domestic violence. From the angle of abusers, he will think "She will forgive me anyway." and "Fawning on her and making an apology are enough to obtain her forgiveness." As for abusers, there are only advantages but no disadvantages for using violence, so violent behavior may intensify. Same as the stress stage and the dispute stage, with the increase of violence cycle, the honeymoon stage will also shorten or even disappear because abusers gradually treat violence as legitimate.

15C.2 Types of Domestic Violence

(A) Child Abuse

In a broad sense, child abuse is defined as any act of commission or omission that endangers or impairs the physical / psychological health and development of an individual under the age of 18.

1. Types of Abuse

Child abuse includes:

Physical Abuse	Physical injury or physical suffering inflicted upon a child (including non-accidental use of force, deliberate poisoning, suffocation, burning etc.) and the injury has been inflicted non-accidentally.
Sexual Abuse	The involvement of a child in sexual activity (e.g. rape, oral sex) which is unlawful, or to which a child is unable to give informed consent. This includes direct or indirect sexual exploitation and abuse of a child (e.g. production of pornographic material).
Neglect	Severe or repetitive lack of attention to a child's basic needs that endangers or impairs the child's health or development. Neglect may be: ✧ Physical (e.g. failure to provide necessary food, clothing or shelter, failure to prevent physical injury or suffering, lack of appropriate supervision or left unattended) ✧ Medical (e.g. failure to provide necessary medical or mental health treatment) ✧ Educational (e.g. failure to provide education or ignoring educational needs arising from a child's disability) ✧ Emotional (e.g. ignoring a child's emotional needs, failure to provide psychological care)
Psychological Abuse	Repetitive pattern of behaviour and attitudes towards a child or an extreme incident that endangers or impairs the child's emotional or intellectual development. Examples include acts of spurning, terrorizing, isolating, exploiting / corrupting, denying emotional responsiveness, conveying to a child that he / she is worthless,flawed, unwanted or unloved. Such acts immediately or ultimately damage the behavioural, cognitive, affective, or physical functioning of the child.

2. The risk factors for child abuse and neglect

Within the ecological model, various factors determine the risk of child abuse and neglect. These factors include the individual child and his or her family, those of the caregiver and the perpetrator, the nature of the local community, and the social, economic and cultural environment.

✏ Individual

Factors increasing a child's vulnerability to abuse include:

Age	Vulnerability to child abuse partly depends on a child's age. Fatal cases of physical abuse are found largely among young infants, the ones less than 2 years of age.
Sex	In most countries, girls are at higher risk than boys for infanticide, sexual abuse, educational and nutritional neglect and forced prostitution. Boys appear to be at greater risk of harsh physical punishment in most countries. Such practices are determined by a culture's belief on the role of women and the values attached to male and female children.
Special characteristics	Premature infants, twins and handicapped children may be at greater risk for physical neglect and abuse. The low birth weight, prematurity, illness or physical or mental handicaps in the infant or child interfere with attachment and bonding and may make the child more vulnerable to abuse.

✐ **Interpersonal Relationship**
Caregiver and family characteristics include:

Sex	Whether abusers are male or female depends on the type of abuse. However, men are the most common perpetrators of life-threatening injuries, abusive fractures and other fatal injuries. Sexual abusers are also predominantly male in many countries.
Family structure and resources	Physically abusive parents are more likely to be young, single, poor and unemployed and have less education than other parents. Low education coupled with a lack of income to meet the family's needs increase the potential of physical violence towards children.
Family size and household composition	Large family size and an unstable family environment, where family members move in and out and there are frequent changes to the composition of a household, often characterize cases of chronic neglect.
Personality and behaviour characteristics	Parents who engage in physical abuse tend to have low self-esteem, poor control of their impulses, mental problems and display anti-social behavior. Negligent parents display similar problems and may also have difficulties planning important life events such as marriage, having children or seeking employment. Many of these characteristics compromise their parenting and display disrupted social relationships leading to an inability to cope with stress and difficulties and an inability to access social support systems.

Abusive parents also tend to have unrealistic expectations about child development. They show greater irritation and annoyance in response to children's mood and behaviour. |
| Prior history of abuse | Parents maltreated as children are at higher risk of abusing their own children. |

✐ Community

Community factors include:

Poverty	Rates of abuse are higher in communities with high levels of unemployment and concentrated poverty. Research shows that chronic poverty adversely affects children through its impact on parental behavior and the lack of availability of community resources.
Social capital	Social capital represents the degree of cohesion and solidarity found within communities. Social networks and neighbourhood connections are protective factors for the prevention of child abuse.

✐ Society

Societal factors include:

the cultural values and economic forces;
inequalities related to sex and income;
cultural norms for gender roles and parent-child relationship;
child and family policies;
nature and extent of preventive health care for children and infants;
the strength of social welfare system in providing safety net for children and families;
the nature and extent of social protection;
the responsiveness of the criminal justice system.

(B) Elderly Abuse

1. Understanding Elderly Abuse

Abuse of the elderly, a relatively hidden issue, is another form of domestic violence that has drawn little attention. Because of traditional Chinese culture and beliefs, the elderly in Chinese families seldom disclose their family problems to their friends or to other people. A research finds that older adults are unlikely to report abuse, particularly in situations where they are heavily dependent upon the person who perpetrates the abuse, where they are related to the person who perpetrates the abuse or where, owing to mental or physical incapacity, they are unable to communicate their circumstances to others. Abusive acts are likely to give rise to and further complicate other frailties in the older person. In such circumstances, abuse is often chronic and hidden. With an ageing population and demand for more caregivers for the elderly, more measures will need to be taken in order to properly address this form of abuse.

2. Factors contributing to elderly abuse

✍ Individual

The perpetrators in elderly abuse are found to have a higher rate of mental health and substance abuse problems. Cognitive and physical impairments of the abused older person are identified as the risk factors for abuse. The very old and the most impaired generally constitute a large proportion of the abuse cases.

✍ Interpersonal Relationship

The level of stress of caregivers has been seen as a risk factor that links elderly abuse with caring for an elderly relative. However, recent research shows that the quality of the overall relationship is a causal factor. The nature of the relationship between the caregiver and the care recipient before abuse begins may be an important predictor of abuse. Financial difficulties also appear to be an important risk factor for abusers. Resentment by family members at having to spend money on the care of the older person may also play a part in the abuse. Besides, although the increased risk of abuse has been associated with the degree of the dependency of the abused, a 'web of interdependency' is also found. There is a strong emotional attachment between the abuser and the abused which often hinders efforts at intervention. Sometimes it relates to an adult child's substance abuse problem, leading him/her to extort money from the older person by using violence.

✐ Community and societal factors

Social isolation is both a cause and consequence of elderly abuse. Many older people are isolated because of physical and mental infirmities. Furthermore, loss of friends and family members reduces their opportunities for social interaction.

Cultural norms and traditions such as ageism, sexism and a culture of violence also contribute to elderly abuse. Older people are often regarded as being frail, weak and dependent; therefore less worthy of government investment or even family care.

In the Chinese society, elderly abuse may be due to a lack of respect by the younger generation, tension between traditional and new family structures, restructuring of the basic support network for the elderly, and the migration of young people to new towns, leaving elderly parents behind in deteriorating residential areas.

The abused older people, especially older women, often live in poverty without the basic necessities of life, and without family support – leading to increased risks of abuse, neglect and exploitation.

---

http://ears.hkcs.org

(C) Spouse Battering

1. Definition

Intimate Partner Violence (IPV) is the most common violence in Family Violence. It happens in both male-female and same-sex relationships. Most intimate partner assault offenders are current or former partners, current boyfriend or ex-boyfriend. Both men and women can be victims of intimate partner violence.

According to Procedural Guidelines for Handling Battered Spouse Cases (Social Welfare Department), spouse battering is a form of domestic violence, defined as the use of violence or the threat of violence inflicting physical or psychological harm, with the effect of one individual establishing control over another. Spouse battering covers incidents of physical attack, which may take the form of physical and sexual violations, such as slapping, pushing, kicking, hitting, punching, It also includes psychological abuse, which may consist of repeated verbal abuse, harassment and confinement, deprivation of physical and financial resources,

social activities, and so forth. It is the systematic persecution of one partner by another. An abuser often wears down his/her partner by unrelenting criticism and fault-finding. This form of psychological abuse is often disguised as a way of "teaching the man / woman how to be a better person."

2. Factors contributing to spouse battering

✎ Individual
The demographic, personal history and personality factors have been regarded as consistently linked to a man's likelihood of physically assaulting an intimate partner. Among the demographic factors, young age and low income are found to be the factors consistently linked with physical abuse. Moreover, violence in the family of origin has emerged as a powerful risk factor for physical abuse by men. Another risk factor is alcohol abuse by men. Many studies have found that alcohol use or excessive drinking contribute to spouse battering. Lastly, studies from Canada and the United States show that men who assault their wives are more likely to be emotionally dependent, insecure and low in self-esteem, and are more likely to find it difficult to control their impulse.

A high socioeconomic status has offered women some protection against the risk of physical violence, although exceptions do exist. Women living in poverty are more likely to be exposed to different types of abuse. For some men, living in poverty is likely to generate stress, frustration and a sense of inadequacy for not living up to their culturally expected role as provider. It provides ready material for marital discord. Living in poverty also makes it difficult for women to leave violent or otherwise unsatisfactory relationships.

✎ Interpersonal Relationship
The most important factor at the interpersonal level is marital conflict or discord in the relationship. Relational conflict may trigger violence. A study in Thailand shows that verbal marital conflict remained significantly related to physical assault of the wife, regardless of the socioeconomic status, stress level, and other aspects of the husband's well-being.

✎ Community
Community response to spouse battering can affect overall levels of abuse within a community. Some studies have found that the lowest level of violence was achieved when the community had sanctions against violence and provided the women access to shelters or in the form of family support. Community sanctions can take the form of legal sanctions, or moral pressure from neighbours who will intervene if a woman is abused.

✎ Society

Spouse battering will be highest in societies where the status of women is in a state of transition. When women have a very low status within a society, men do not need violence to ensure their authority. When women have a high status within certain cultures, they already have sufficient power to change traditional gender roles. Domestic violence is most likely to occur when women begin to assume non-traditional roles or when women first begin to enter into the workforce.

Wife beating occurs more often in societies where men have economic and decision-making power within the home; where women do not have easy access to divorce; where adults use violence to resolve conflicts; and where women lack economic independence from their husband and family. Wife beating is also associated with the absence of female work groups which offer protection to women through a stable source of social support.

3. Spouse battering as a social problem

Violence against women in intimate relationships occurred more often, was more severe and was more likely to be repeated in economically disadvantaged neighborhoods.

More severe physical and psychological consequences of spouse battering may occur. For example, sexual violence by an intimate partner has also been associated with a number of adverse health problems like sexually transmitted diseases including HIV/AIDs, gynecological disorder problems which demand costly medical and social care.

Spouse battering associated with negative health Behaviors. Studies show that the more severe the violence, the stronger its relationship to negative health behaviors by victims.

✎ Engaging in high-risk sexual behavior

- ➢ Unprotected sex
- ➢ Decreased condom use
- ➢ Early sexual initiation
- ➢ Choosing unhealthy sexual partners
- ➢ Multiple sex partners
- ➢ Trading sex for food, money, or other items

✎ Using harmful substances

- ➢ Smoking cigarettes
- ➢ Drinking alcohol
- ➢ Drinking alcohol and driving
- ➢ Illicit drug use

✐ Unhealthy diet-related behaviors

- ➢ Fasting
- ➢ Abusing diet pills
- ➢ Overeating

✐ Overuse of health services

Children may become injured during IPV incidents between their parents. A large overlap exists between IPV and child maltreatment. Studies found that children of abused mothers were more likely to have been harmed or being abused because of IPV between their parents, compared with children of non-abused mothers.

15C.3 Prevention and Intervention

(A) WHO Approach

The World Health Organization (WHO) suggests an interdisciplinary, scientific approach to public health when dealing with domestic violence. The organisation also emphasises collective action from different sectors of society including healthcare, education, social services, justice and policy. Rather than simply accepting or reacting to violence, the WHO emphasises that violent behaviour and its consequences can be prevented.

1. Prevention

✍ Prevention of Domestic Violence

The ultimate goal of prevention of domestic violence is not only providing direct crisis intervention, but also terminating the cycle of violence and avoiding the occurrence of violence.

Level of Prevention	Major Goals	Operation Level	Strategies
Primary Prevention	✧ To arouse public concern on domestic violence ✧ To promote family harmony	Whole Society	✧ Reduction of social factors of violence (e.g. unemployment, discrimination etc) ✧ De-legitimatisation of violence behavior ✧ Promotion of community collaboration ✧ Changing gender stereotype through education ✧ Promotion of family life education
Secondary Prevention	✧ To identify risk factors of violence ✧ To provide surveillance ✧ To provide early identification and intervention	Professional	✧ Developing screening tools for investigating risk factors ✧ Professional training for medical practitioner, social worker, teacher and police ✧ Providing intervention to avoid deterioration

Level of Prevention	Major Goals	Operation Level	Strategies
Tertiary Prevention	✧ To reduce relapse and casualty of domestic violence	Professional	✧ Medical support ✧ Emergent settlement ✧ Legal assistance ✧ Police intervention ✧ Judicial proceeding ✧ Safety plan formulation ✧ Psychotherapy

Reference

    ✧   (2003)

    ✧   (2005)

    ✧   (2004)

    ✧   www.hkcss.org.hk/fs/er

2. Multifaceted Intervention

Each level of intervention illustrates the roots of domestic violence. Each level represents a risk factor. Therefore, each level can be thought of as a key point for intervention.

Individual	Addressing individual risk factors and taking steps to modify individual risk 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 show feelings for others.
Interpersonal Relationship	Influencing close personal relationships and working to create healthy family environments, as well as providing professional help and support for dysfunctional families. For example, through the home visits, information, support and other services are offered to improve the functioning of the family. The home visits can be offered to all families or families at risk of violence, such as first-time parents, or adolescent and single parents.
Community	Building of neighbourhood and community bonds and networks in order to support families at risk. 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 behavior of the members in the community. In the public education and awareness programmes, the goal is to inform the community of various types of abuse, of how to identify the signs and where to obtain help.
Society	✧ There should be specific legislation on domestic violence. The most common practices involve criminalizing physical, sexual and psychological abuse either through new laws on domestic violence or by amending existing penal codes. The message behind the legislation is that domestic violence is a crime and will not be tolerated in the society. ✧ Addressing gender inequality and adverse cultural attitudes and practices. Addressing the larger cultural, social and economic factors that contribute to violence and taking steps to change them. For example, the implementation of programmes on family planning gives families greater control over their family size, which in turn prevents child maltreatment.

(B) Related Policies and Services in Hong Kong

1. Family Council

Family Council was set up in December in 2007. The Council will coordinate and oversee the three Commissions currently responsible for matters concerning the elderly, women and youth respectively. The Council is set up:

- To advocate for cherishing the family as a main driver for social harmony; to promote a family-based support network to forge closer and harmonious relationships amongst family members.

- To advise the Government on the formulation of policies and strategies for supporting and strengthening the family; to advise on the development of related programmes/activities; to help monitor their implementation.

- To advise the Government on the integration and effective coordination of family policies and related programmes across different bureaus and departments.

- To plan/implement programmes and activities for particular age and/or gender sectors; to rationalize the work of the Elderly Commission, the Women's Commission and the Commission on Youth.

- To initiate research to promote better understanding of matters related to the family as necessary.

2. Preventive Services for Family

The objectives of family and child welfare services are to preserve and strengthen the family as a unit, to develop caring interpersonal relationships, to enable individuals and family members to prevent personal and family problems from arising, to deal with such problems as they arise, and to provide suitable services to meet needs that cannot be adequately met from within the family.

✐ Different Preventive Services

For all families	✧ **Integrated Family Services** Integrated Family Service Centres (IFSCs) operated by the Social Welfare Department and subvented by non-governmental organisations (NGOs) are a new model in delivering family services in Hong Kong. The IFSCs aim at providing comprehensive, holistic, one-stop services to meet the multifarious needs of individuals and families in the community. An IFSC consists of a family resource unit, a family support unit, and a family counselling unit. There is an extensive network of 61 IFSCs across the territory and two Integrated Services Centres in Tung Chung. Altogether, they provide a continuum of preventive, supportive and remedial services under the direction of 'child-centred, family-focused and community-based'. Services include family life education, parent-child activities, an enquiry service, volunteer training, outreach service, mutual support groups, counselling and a referral service for individuals and families in need. ✧ **Child Care Service** Child care service aims to support and strengthen the family as well as to enhance the physical, intellectual, language, social and emotional development of children under the age of 3. ✧ **Family Life Education** Family Life Education is a form of community education which is preventive and developmental in nature. Using a wide range of educational and promotional programmes, (seminars, talks, groups, family activities and exhibitions etc), this program aims to strengthen family functioning/relationships, and prevent family breakdown. Integrated Family Service Centres and Integrated Services Centres also provide family life education as an integral part of its service programme. Parent education programs are also delivered by Integrated Children and Youth Services Centres, and by the school social work services.
For families with urgent or emergency need	✧ **Ordinary Foster care** Foster care provides family care to children under 18 years of age whose parents cannot adequately take care of them due to various reasons. Foster care allows children to continue to enjoy family life until they can re-unite with their families, join an adoptive family or live independently.

For families with urgent or emergency need	✧ Emergency foster care service Emergency foster care provides immediate and short-term family care to children under 18 years of age whose parents cannot care for them due to emergency or crisis situations. These children can then continue to enjoy family life until they can reunite with their families or secure a long-term placement. The duration of care should not exceed 6 weeks. ✧ Day Foster Care Service Day foster care provides family day care to children under 10 years of age whose parents have difficulty taking care of them during the day. They return home with their parents at night, allowing these children to keep in close contact with their parents.
For families with long - team needs	✧ Adoption Service The Adoption Unit finds suitable and permanent homes for children who have lost their parents through death or desertion, as well as assisting illegitimate children whose parents are unable to care for them. For children with special needs, suitable local adoptive homes are difficult to find, and therefore some of these children are adopted by overseas families. The Adoption Unit also assists in adoption through private arrangement, mostly involving step-parents or relatives. ✧ Family Aide Service To provide home-based or group training to parents, caregivers give families and other individual basic self-care, general household management, childcare, and caring for family members with special needs. The ultimate aim is to strengthen the individuals/families' ability to live independently. ✧ Residential Child 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 due to various reasons, e.g. behavioural, emotional or relational problems; family crises arising from illness, death or desertion.

(Reference: Social Welfare Department - http://www.swd.gov.hk)

3. Statutory Institutions for Handling Domestic Violence

With sponsorship from the Hong Kong Council of Women, Harmony House was established in April 1985 as the shelter for victims of domestic violence. The Hong Kong Government's subvention of women's refuge services commenced in 1989.

In 1995, an interdepartmental working group on battered spouses was established. It comprised representatives from the Social Welfare Department, the Health and Welfare Branch (now restructured as the Health and Food Bureau, the Welfare and Labour Bureau), non-governmental organisations, the Housing Department, the Department of Justice, the Hospital Authority, the Education Department (now restructured as the Education Bureau), and Legal Aid Department. It was an important step as Hong Kong started to adopt a multidisciplinary approach to address domestic violence.

The Tin Shui Wai tragedies which happened in April 2004 and November 2007 aroused a great deal of public attention to the issues of availability and effectiveness of resources to protect families at risk. The incident in April 2004 involved a triple murder where the father killed his wife and twin daughters before fatally injuring himself. The mother contacted both social workers as well as the police. All such attempts to obtain help failed to prevent this tragedy from occurring. The Hong Kong public began to discuss why the system had failed.

The Working Group on Combating Violence (WGCV), chaired by the Director of Social Welfare, comprises of representatives from various government departments, the Hospital Authority and non-governmental organisations. The WGCV is set up to map the strategies and approaches to address the problem of spouse battering and sexual violence. (Website of Social Welfare Department: http://www.swd.gov.hk/vs)

Government Bodies in Tackling Family Violence

Labour and Welfare Bureau [1]	Formulating and reviewing policies and legislation relating to domestic violence in consultation with departments and non-governmental organisations (NGOs) concerned.
SWD	Tackling family violence through crisis intervention, supportive services and preventive education.
Police	(a) Protecting domestic violence victims and the children involved from attack; (b) preventing the affected persons from further attack; (c) taking firm and positive actions against perpetrators; (d) investigating offences; and (e) referring victims and/or perpetrators to appropriate government bodies for assistance.
Legal Aid Department	Providing legal aid to eligibledomestic violence victims.
Housing Department	Providing housing assistance to domestic violence victims where appropriate.
Hospital Authority	Providing medical service to domestic violence victims.
Home Affairs Department	Building up and maintaining a general community support network that fosters and encourages mutual care and support for members of the community.

Note(1): Prior to 1 July 2007, the responsibilities fell under the Health. Welfare and Food Bureau.

Reference

Strategies and measures in tackling domestic violence in selected places, June 2008, Research and Library Division, Legislative Council Secretariat

http://www.legco.gov.hk/yr07-08/english/sec/library/0708rp09-e.pdf

4. Services for Handling Domestic Violence

✍ Family and Child Protective Services Units

The Family and Child Protective Services Units (FCPSUs) of SWD are specialized units manned by experienced social workers. They provide a co-ordinated package of one-stop services including outreaching, social investigation, crisis intervention, statutory protection, intensive individual and group treatment to victims of child abuse and spouse battering, batterers and their family members. Referrals for various services e.g. legal aid, school placement, residential placement etc. will also be made whenever necessary. Direct application or referral by any organisation to FCPSUs for services relating to child abuse and spouse battering cases is accepted.

✍ Integrated Family Service Centres / Integrated Services Centres

While social workers of FCPSUs will take up child abuse and spouse battering cases known to SWD, Integrated Family Service Centres (IFSC)/ Integrated Services Centres (ISC) run by NGOs also provide counselling and tangible assistance to help victims of child abuse, spouse battering and their family members.

For victims of sexual violence, social workers of IFSCs/ISCs from both SWD and NGOs provide counselling services, crisis intervention, therapeutic and supportive groups, escort for report to the Police, if needed, and arrange referrals for other services including clinical psychological service, financial assistance, legal service, schooling arrangement, job placement, housing assistance (e.g. compassionate rehousing, conditional tenancy) and other community resources. Direct application or referral by any organisation to IFSCs/ISCs is accepted.

✍ Medical Social Services

Child abuse, spouse battering and sexual violence cases may come to the notice of the medical social workers in public hospitals and specialist out-patient clinics through hospital personnel, police or other organisations, and through direct approach by patients or their families.

The medical social workers also provide counselling, tangible services and arrange referrals for rehabilitation, community services and so forth to help the victims of child abuse, spouse battering and sexual violence cases and their family members.

✍ Clinical Psychological Service

The clinical psychologists of the five Clinical Psychology Units of SWD provide assessment and treatment services to abusers and victims of domestic and other sexual violence if they present symptoms of psychopathology. In addition, the clinical psychologists also provide consultation on the management of victims and abusers to social workers of SWD. Persons in

need of clinical psychological service should approach other SWD service units for referral.

Assistance from clinical psychologists in the management of domestic and sexual violence cases is also available from some Integrated Family Services Centres and Integrated Services Centres of NGOs and major general hospitals of the Hospital Authority. The former mainly accept referrals from Integrated Family Services Centres and Integrated Services Centres, 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 to the psychiatric services of the Hospital Authority, cases are usually followed up when they are receiving in-patient treatment only.

✎ Witness Support Programme
In strengthening support to the abused children serving as witnesses in criminal proceedings, support persons would be arranged through the Witness Support Programme, set up jointly by SWD and the Police, to accompany the abused children who have to testify in the court proceedings through a live television link system. The Witness Support Programme is also available to the mentally incapacitated persons. Requests for arrangement of support persons under the Witness Support Programme are made to SWD by the Police.

✎ Refuge Centres for Women
Five refuge centers (addresses to be kept confidential) provide temporary accommodation and supportive services to women and their children who are facing domestic violence or family crisis. They are Wai On Home for Women, Harmony House, Serene Court, Sunrise Court and Dawn Court. Refuge centres accept admission on a 24-hour basis. Direct application or referral by any organisation to refuge centres is accepted.

Refuge Centres for Women

✦ Wai On Home for Wome   Hotline : 2793 0223
   Website: http://www.poleungkuk.org.hk

✦ Harmony House   Hotline : 2522 0434
   Website: http://www.harmonyhousehk.org

✦ Serene Court   Hotline : 2787 6865
   Website: http://www.cfsc.org.hk

✦ Sunrise Court   Hotline : 2890 8330
   Website: http://www.poleungkuk.org.hk

✦ Dawn Court   Hotline : 2243 3210
   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, offers crisis intervention and support. The Centre provides comprehensive support to victims of sexual violence, to individuals or families facing domestic violence, to families in crisis, and linking them to appropriate health care and social services units for necessary protection and care. The CEASE Crisis Centre commenced operation on 26 March 2007. They provide a 24-hour hotline and crisis intervention / immediate outreaching service for victims of sexual violence and elderly abuse, after normal office hours of the SWD. On 19 May 2008, the Centre, (which has a confidential address) began offering a short-term accommodation service to assist victims who temporarily are not well suited to returning home, and individuals / families in crisis.

CEASE Crisis Centre

24-hour Hotline : 18281
Website : http://ceasecrisis.tungwahcsd.org

Family Crisis Support Centre

The Family Crisis Support Centre (FCSC) operated by the Caritas-Hong Kong provides time-out facility and an integrated package of services in helping people under extreme stress or facing crisis to manage their emotions and seek positive solution to family problems, including domestic violence. Direct application or referral by any organisation to FCSC is accepted.

Family Crisis Support Centre

24-hour Hotline 18288
Website: http://fcsc.caritas.org.hk

Pilot Projects of Batterer Intervention Programme

The SWD launched a pilot project of BIP (Pilot Project) from January 2006 to March 2008. The Pilot Project consisted of two parts: Part I was conducted by a non-governmental organisation, the Hong Kong Family Welfare Society (HKFWS) and Part II by the SWD.

The programme named Peace Project (   ) launched by the Hong Kong Family Welfare Society (HKFWS) targeted batterers who were involved in "milder" spouse battering cases that might not be known to any existing

social service providers. Extensive publicity and promotional activities were conducted during the recruitment process to reach out to potential clients, helping them realize the gravity of their problems and motivating them to join the BIP groups.

The programme named "No More Violence – Growth Groups for Men" (

—) was launched by SWD. It targeted male spousal batterers who were referred by the Family and Child Protective Services Units and Probation Offices of SWD. The program provided services to help batterers control the use of physical violence and other forms of partner abuse, as well as to promote gender equality values, emotional control and relationship enhancement.

✎ Hotline Service

Hotline service is available to provide information on social welfare services and immediate support to victims of domestic and sexual violence (including child abuse). The hotlines are operated by social workers or volunteers, or through the interactive voice processing system.

Hotline Service

✧ Spouse Battering:

♦ SWD Hotline: 2343 2255

♦ Caritas Hotline: 18288
http://fcsc.caritas.org.hk

♦ CEASE Crisis Centre Hotline: 18281
http://ceasecrisis.tungwahcsd.org

♦ HKCSS Mutual Aid Hotline: 187 8668
www.hkcss.org.hk

♦ Kwan Fook Hotline: 3145 0600
http://hkaids.med.cuhk.edu.hk/sjhiv/wcomp8/c4.htm

♦ Rainlily Hotline: 2375 5322
http://rainlily.rapecrisiscentre.org.hk

✧ Child Abuse:

♦ Against Child Abuse: 2755 1122
http://www.aca.org.hk

♦ End Child Sexual Abuse Foundation: 2889 9933
http://www.ecsaf.org

✍ Crisis Intervention Service

Harmony House renders Crisis Intervention Service in the 4 hospitals to provide immediate crisis support to family with domestic violence incidence. The 4 hospitals are:

➢ Tuen Mun Hospital (Tuen Mun, Tin Shui Wahi)

➢ Pok Oi Hospital (Yuen Long)

➢ Tseung Kwan O Hospital (Tseung Kwan O, Sai Kung)

➢ United Christian Hospital (Kwun Tong, Lam Tin)

Website of the Harmony House

http://www.harmonyhousehk.org

✍ Criminal and Law Enforcement Injuries Compensation Scheme

The scheme aims to provide financial awards to persons who are injured as a result of a crime of violence (or to their dependants in cases of death), or by a law enforcement officer using a weapon in the execution of his duty. It is non-contributory and non-means-tested. Where the victim and the offender were living together as members of the same family at the time of the incident, assistance will only be payable under special circumstances.

SWD Website:

http://www.swd.gov.hk

(C) Legislation

✎ Abuse

Offences Against The Person Ordinance (Chapter 212)		
Section 26	Exposing child whereby life is endangered	Any person who unlawfully abandons or exposes any child, being under the age of 2 years, whereby the life of such child is endangered, or the health of such child is or is likely to be permanently injured, shall be guilty of an offence.
Section 27(1)	Ill-treatment or neglect by those in charge of child or young person of the Offences Against The Person Ordinance	If any person over the age of 16 years who has the custody, charge or care of any child or young person under that age willfully assaults, ill-treats, neglects, abandons or exposes such child or young person or causes or procures such child or young person to be assaulted, ill-treated, neglected, abandoned or exposed in a manner likely to cause such child or young person unnecessary suffering or injury to his health (including injury to or loss of sight, or hearing, or limb, or organ of the body, or any mental derangement) such person shall be guilty of an offence.
Sections 39	Offence of ill-treatment and neglect of child	Assault occasioning actual bodily harm: Any person who is convicted of an assault occasioning actual bodily harm shall be guilty of an offence.
Sections 40	Common assault	Any person who is convicted of a common assault shall be guilty of an offence.

Offences Against The Person Ordinance (Chapter 212)		
Sections 40	Common assault	Common Assault including: ✧ Assault: Willfully or recklessly to threaten immediate use of unlawful force. ✧ Battery: Willfully or recklessly use of unlawful force. ✧ Assault and battery is known as Common assault. Defence to common assault ✧ Consent ✧ Ordinary daily contact ✧ Reasonable action to present other's injury ✧ Self defence ✧ Reasonable force to prevent crime and assist arrest ✧ Control students to protect property and maintain good order and discipline of school ✧ Parents moderate and reasonable corporal punishment
Child Care Services Ordinance, Chapter 243A		
Regulation 15 : "No person shall administer corporal punishment to a child in a centre." Regulation 45R : "No person shall administer corporal punishment to a child in a mutual help child care centre."		
Education Ordinance, Chapter 279A		
Regulation 58 : "No teacher shall administer corporal punishment to a pupil."		

✎ Domestic Violence - "Domestic and Cohabitation Relationships Violence Ordinance", Chapter 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.

Learning and Teaching References

HMSC

Education Bureau
HKSARG