

Procedural Guide for Handling Domestic Violence Cases (1st Edition)

**Social Welfare Bureau
September 2016**

Introduction

As the cornerstone of human society, the institution of family provides its members with a sense of security, belonging and happiness, as well as affection and care. Among family members, there is a relationship of mutual support and solidarity, which could effectively promote not only the members' personal growth, but also the sustainable development of society.

Therefore, when physical or psychological violence occurs within a family, the functions of the family will be diminished, and the family members and the society will end up paying very dearly. With the development of Macao society, changes have been taking place in various aspects of life, including those related to the living environment, office stress and neighborly relationships. As a result, the protective function of the family has become more important, thus making the prevention and treatment of domestic violence a pressing topic in today's society.

In order to bring together the diverse forces in society to jointly prevent the spread of domestic violence, the Macao SAR Government is committed to preventing and combating domestic violence. With the enforcement of Law No. 2/2016 (Law on Preventing and Combating Domestic Violence) on October 5, 2016, it is necessary for staff from public and private entities to actively collaborate in promoting the effective implementation of the Law, be aware of the spirit of the Law, and to take steps to build interdepartmental cooperation, with a view to taking effective measures to prevent and suppress the occurrence of domestic violence. In particular, it is important to provide early intervention and timely assistance to the affected families, so that they can return to their normal lives.

Domestic violence is a complicated social problem, in which perpetrators, victims and their families all need various support and assistance. Therefore, the multidisciplinary and inter-sectoral collaboration model dealing with cases of domestic violence is a pioneering solution adopted by the Macau social service sector. In accordance with the provisions of the "Law for Preventing and Combating Domestic Violence", it is necessary that the Social Welfare Bureau (IAS) establishes regular cooperation mechanisms with the Public Security Police Force, the Judiciary Police, the Health Bureau, the Education and Youth Affairs Bureau, the Labour Affairs Bureau and the Housing Bureau. In this context, many interdepartmental collaboration meetings were held to explore this new model of collaboration, particularly to create a platform that allows close cooperation where the staff from different public and private entities can perform their duties according to established procedures, such as a reporting mechanism, crisis intervention and case follow-up, as well as the discussion and treatment of the various problems involved in suspected domestic violence cases.

Based on the articles and the spirit of the "Law for Preventing and Combating Domestic Violence", using the experiences of neighboring regions as a reference, and after utilizing an inter-sectoral and multi-disciplinary perspective with various public and private entities. The IAS formulated the "Procedural Guide for Handling Domestic Violence Cases" (hereinafter referred to as "the Guide"). The writing of this Guide has also taken into account the current mechanism for providing social services, as well as the existing human resources and experience in handling cases of domestic violence in Macao. In the Guide, practicality and sustainability are particularly highlighted in order for the staff of collaborating entities to achieve clarity, smoothness, and sustainability in dealing with suspected domestic violence cases by taking the Guide as a reference. I am convinced that the Guide can be applied effectively, with a view to providing effective and appropriate services to the victims, perpetrators and the family members concerned. At the same time, it is expected that in practice, various collaborating units can raise their opinions on the Guide over time as we maintain an ongoing evaluation for its revision. In this way, we can ensure the effective implementation of the Law and the possibility of improving our services so as to fulfil the mission of "Zero tolerance of domestic violence".

Director of Social Welfare Bureau

Vong Yim Mui

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Chapter I Legal Basis

1.1 Brief Description

In Macao, the handling of domestic violence is based on different enforced laws namely Law No. 2/2016 (Law on Preventing and Combating Domestic Violence), the Criminal Code, the Civil Code, the Criminal Procedure Code, the Civil Procedure Code, Decree-Law No. 65/99/M (Social Protection of Minors in Judicial Limits) and Law No. 2/2007 (Education and Guardianship for Young Offenders).

Article 12 (Scope of Intervention) of the "Law on Preventing and Combating Domestic Violence " states that "the intervention of Social Welfare Bureau or other public entities in situations of domestic violence, or in situations of relevant risk, occurs regardless of the criminal qualification of the acts in question". Therefore, the definitions or concepts covered in Chapter II, namely "domestic violence against children", "domestic violence against intimate partners", "domestic violence against elders", "domestic violence against incapacitated persons" , "violence between family members", "physical violence", "sexual ill-treatment", "psychological ill-treatment" and "improper care for children/ elders/ incapacitated persons", are not given from a legal point of view, serving only as a reference for administrative intervention or the provision of social services and standards for handling suspected cases of domestic violence/ domestic violence cases by staff from different public and private entities.

In the handling of the domestic violence cases/ suspected domestic violence cases, the following legal provisions are applied:

1.2 Law No. 2/2016 "Law on Preventing and Combating Domestic Violence"

1.2.1 Domestic Violence (Article 4)

Domestic violence refers to any physical, psychological or sexual ill-treatment in a

familial or equivalent relationship.¹ ◦

1.2.2 Family or Equivalent Relationships (Paragraph 2 of Article 4)

Family or equivalent relationships include:

- (1) Family relationships established by marriage, consanguinity or affinity in the direct line, and adoption;
- (2) Family relationship established by collateral consanguinity or affinity up to the fourth degree, when there is cohabitation;
- (3) Relationship between persons who live in an analogous situation to that of spouses;
- (4) Relationship between ex-spouses;
- (5) Relationship between persons who have common descendants in the first degree and are not included in the previous subparagraphs;
- (6) Relationships of guardianship or curatorship;
- (7) The situations of care or custody of minors, incapacitated or particularly vulnerable persons due to age, pregnancy, illness or physical or mental disability, not covered in the previous subparagraphs, whenever there is cohabitation.

1.2.3 Extension of Protection and Assistance (Article 15)

The general protective measures defined in Article 16 and the police protection measures defined in Article 17 may be extended to family members who cohabit with the victim or the person at risk.

¹The concept of "Ill-treatment" is derived from "ill-treatment" mentioned in Article 146 of the Criminal Code. According to this concept, ill-treatment does not refer to any acts of harm, but to acts that inflict significant level of harm, including repeated harmful acts, or single acts of harm using strong or serious means.

1.2.4 Victims' Consent (Article 14)

- (1) Any intervention to support a victim must be made after he/she gives his/her free and informed consent, being limited by the full respect for his/her will.
- (2) If the victim is a minor under the age of 16 or an interdicted person, the consent referred in the previous paragraph shall be given, successively, by the person exercising parental power, by the guardian or by the entity who has his/her *de facto* custody.
- (3) Consent is waived if: for objective reasons, it is not possible to obtain explicit consent of the person concerned; consent can only be given by the perpetrator; the victim is at risk of further aggression.
- (4) If the temporary shelter service is applied to a person under the age of 16 and the consent is waived, the Social Welfare Bureau must report the fact to the Public Prosecutions Office as soon as possible, in order to apply from court the appropriate protective measures for the person under the terms of Decree-Law No. 65/99/M (Social Protection of Minors in Judicial Limits).
- (5) The above-mentioned rules also apply to provision of assistance to the family members who live with the victim or the person at risk.

1.2.5 Coercive measures (Article 25)

In the course of criminal proceedings, if there are strong indication of the commission of the crime of domestic violence, the judge may impose on the defendant, besides the coercive measures provided for in the Criminal Procedure Code, cumulatively or separately, the following coercive measures:

- 1) Removal from his/her domicile, when the defendant cohabits with the victim;

- 2) Prohibition of staying in specified areas, particularly those near the domicile of the victim or of his/her cohabiting family members, their workplace or the educational establishment they attend;
- 3) Prohibition of accompanying, lodging or receiving certain persons;
- 4) Prohibition of possessing arms, objects or tools capable of being used to facilitate the commission of further crimes of domestic violence.

1.3 Decree-Law No. 65/99/M " Social Protection of Minors in Judicial Limits"

1.3.1 Article 65 (Purpose)

The decree-law aims at applying general and special measures to the minors with educational and social protection needs.

1.3.2 Article 67 (Scope)

The general measures are applicable to minors under 12 years of age who are convicted of a crime, misdemeanor or administrative offense, and to minors who, regardless of age, suffer from any of the following situations:

- a) Victims of ill-treatment, abandonment, helplessness or any other situation, which in any case is capable of endangering their safety, health, moral training or education;
- b) Abusive exercise of authority by the parents, guardian or entity that provides care to the minors;
- c) Seriously maladjusted to the discipline of the home of the parents or guardian, discipline of the occupational activities they engage in, or the discipline of the entity that provides care to the minors;
- d) The minors' situation, behaviors or developmental tendencies show that they have serious difficulty in adapting to life in society;

- e) Engaging in begging, vagrancy, prostitution, debauchery or ill-treatment of alcohol consumption.

1.3.3 Article 68 (List of General Measures)

One or more of the following general measures can be applied:

- a) To provide support through parents, guardian or entity that has the minor in their care;
- b) To provide support through another family member;
- c) Entrusted to a third party;
- d) Support for independence;
- e) Entrusted to family;
- f) Entrusted to an agency.

1.3.4 Article 79 (Initiation of the Procedure)

1. The procedure is initiated by judges in accordance with their authority, or at the request of the Public Prosecutions Office, or by verbal or written notification from any person.
2. The Public Prosecutions Office, government departments and other agencies that have admitted the relevant minors are obliged to make the claims or notifications referred to in the preceding paragraph.

1.3.5 Article 80 (Provisional Measures)

1. In any stage of the procedure, the judge may respond to the emergency situation by temporarily applying, with a maximum duration of 3 months, and for a single time, any of the measures provided in article 68. The judge may also order the application of other necessary measures to ensure the

effective execution of the above mentioned provisional measures.

2. For the purposes of the preceding paragraph, the judge shall proceed with the brief investigation that he deems necessary.
3. The provisional measures shall be terminated when any of the following facts occur:
 - a) Final decision is rendered in the procedure;
 - b) The judge puts an end to the measures;
 - c) The period of its maximum duration expires.

1.4 Law No. 2/2007 "Educational Guardianship for Young Offenders"

1.4.1 Article 1 (Purpose and Scope)

1. This law establishes the education and guardianship regime for young offenders.
2. This law is applicable to young offenders who are 12 to 16 years of age when they commit a convicted crime or a misdemeanor in the Macao Special Administrative Region.
3. This law does not apply to young offenders who should receive mental health care as prescribed by Decree-Law No. 31/99/M of July 12, despite of the facts mentioned in the preceding paragraph.

1.4.2 Article 3 (Purpose of Educational Guardianship Measures)

The educational guardianship measures aim to:

1. Educate young people to respect the law and the basic rules of social coexistence;
2. Enable young people to integrate into the community life in an appropriate and responsible way.

1.4.3 Article 4 (Principle of legality)

1. There are eight kinds of educational guardianship measures:
 - (1) Police warning;
 - (2) Judicial admonition;
 - (3) Reconciliation with the victim;
 - (4) Imposition of rules of conduct;
 - (5) Service orders;
 - (6) Educational monitoring;
 - (7) Placement in a temporary residence unit;
 - (8) Internment.
2. Without excluding the application of the provisions of paragraph 2 of Article 23 and paragraph 4 of Article 24, no more than one educational guardianship measure will be applied to the same fact of the same young offender.
3. The educational guardianship measure referred to in paragraph 1 (1) is non-judicial, while the others are.
4. Among judicial intervention measures, those provided in paragraphs 1 (2) to 1 (7) are non-internment measures, and that in paragraph 1 (8) is.

1.4.4 Article 42 (Initiation of the procedure)

1. The procedure is initiated by judges' order, or upon the claim of the Public Prosecutions Office, or by verbal or written denunciation from any person.
2. The Public Prosecutions Office which has been informed of the relevant facts is obliged to make the claim referred to in the preceding paragraph.
3. The following entities are obliged to make the denunciation:
 - (1) Criminal police bodies informed of relevant facts;
 - (2) Public administration staff who have been informed of relevant facts when performing their duties and because of their functions.

4. The denunciation or the conveyance of the denunciation made by a criminal police body shall be accompanied by all the information that can be obtained about the youngster's previous behaviours, and his social, family and educational situation."

1.5 "Civil Code" (On Interdiction and Quasi-Interdiction)

1.5.1 Interdiction

Article 122 (Persons subject to interdiction)

1. Anyone insane, deaf-dumb or blind who is incapable of caring for himself/herself or his/her property can be declared as an interdicted person.
2. Interdictions are applicable to adults or emancipated minors. However, in the case of non-emancipated minors, interdictions may come in effect on the day they turn into adult, and claim can be made within the year preceding adulthood.

Article 123 (Ability of the interdicted person and the interdiction regime)

Without excluding the provisions of the following articles, the interdicted person is treated as a minor. Therefore, the provisions that minors are incapable of and which require a supplement to parental rights are applicable with some necessary adaptations.

Article 124 (Legitimacy)

1. The interdiction may be initiated by the spouse or a *de facto* partner of the person subject to interdiction, by his or her guardian or curator, by any successive relative or by the Public Prosecutions Office.

2. If the person subject to interdiction is under parental right, only his/her parents who exercise that right and the Public Prosecutions Office are entitled to initiate the interdiction."

Article 125 (Provisional Measures)

1. In case the postponement of certain actions may cause loss to the person subject to interdiction, a provisional guardian may be appointed at any time during the procedure to take those actions, with the authorization of the court.
2. Provisional interdiction may also be enacted if there is an urgent need to take measures regarding the personal and property matters of the person subject to interdiction.

Article 126 (Person in charge of guardianship)

1. Guardianship is granted in the following order:
 - a) The spouse of the interdicted person, unless they are *de facto* separated by the interdicted person's fault or if the spouse is legally incapable for other causes;
 - b) The person designated by the parents or the parent who exercises parental right, in a testament or authentic or authenticated document;
 - c) The parents of the interdicted person;
 - d) Any of the adult children of the interdicted person that the court designates in the interests of the interdicted person;
 - e) A person who has a *de facto* marriage relationship with the interdicted person.

2. When it is not possible or when there are ponderous reasons, it is not advisable to grant the guardianship under the terms of the previous Article, being to the court to appoint the guardian, after hearing the family council.

Article 128 (**Special Obligations of the Guardians**)

The guardian must take special care of the health of the interdicted person, and for this purpose he can transfer the property of the interdicted person. When necessary, the guardian has to obtain judicial authorization first.

Article 134 (**Withdrawal of interdiction**)

Once the cause of the interdiction ceases, the withdrawal of the interdiction can be initiated by the interdicted person himself/herself or the persons mentioned in paragraph 1 of Article 124.

1.5.2 Quasi-Interdiction

Article 135 (**Persons restricted by quasi-interdiction**)

Anyone who suffers from insanity, deaf-dumb or blindness, but not so severe as to be classified as an interdicted person, or anyone incapable of caring for his/her property due to habitual lavishness or ill-treatment of alcohol/ narcotics can be declared as a quasi-interdicted person.

Article 136 (**Relief for quasi-interdiction**)

1. The quasi-interdicted persons are assisted by a curator, whose authorization is required for disposing of property of the living quasi-interdicted person and all actions listed in a written judgment due to specific circumstances.
2. The curator's authorization may be replaced by that of the court.

Article 137 (Management of the property of the quasi-interdicted person)

1. The management of the property of the quasi-interdicted person may be handed over by the court, in whole or in part, to the curator.
2. In this case, the family council shall be established and one member shall be designated as the supervisor to the curator to perform the functions of the supervisor to the guardian under the guardianship.
3. The curator must give an account of his administration.

Article 138 (Withdrawal of quasi-interdiction)

For quasi-interdiction that is due to the habitual lavishness or ill-treatment of alcohol /narcotics, its withdrawal will not be granted unless a minimum period of proof of the person's rehabilitation has passed and considered appropriate according to the relevant laws and regulations.

1.6 "Code of Civil Procedure" (Title II - Interdiction and Quasi-interdiction,

Book V - Special procedures)

Article 846 (Initial petition)

Article 847 (Disclosure of litigation)

Article 848 (Summons)

Article 849 (Representation of the defendant)

Article 850 (Pleadings)

Article 851 (Preliminary proof)

Article 852 (Interrogation)

Article 853 (Appraisal)

Article 854 (Steps after interrogation and appraisal)

Article 855 (Provisional measures)

Article 856 (Content of the judgment)

Article 857 (Ordinary appeal)

Article 858 (Steps after the confirmation of judgment)

Article 859 (Continuation of litigation after the defendant's death)

Article 860 (Withdrawal of Interdiction or Quasi-interdiction)

1.7 Relevant Provisions of "Criminal Code"

1.7.1 Crimes in the Criminal Code with which the crime of domestic violence can combine include:

Chapter One, Title I (Crimes Against the Person), Special Part, Book II, "Criminal Code": (Crime against life)

Article 128 (Homicide)

Article 129 (Aggravated homicide)

Article 130 (Privileged Homicide)

Article 131 (Infanticide)

Article 132 (Homicide at the request of the victim)

Article 134 (Manslaughter)

Article 135 (Discarding or Abandonment)

Chapter Three, Title I (Crimes Against the Person), Special Part, Book II, "Penal Code": (Crimes against physical integrity)

Article 137 (Ordinary offense to physical integrity)

Article 138 (Serious offense to physical integrity)

Article 139 (Aggravated consequential offense)

Article 140 (Aggravated offense to physical integrity)

Article 141 (Privileged offense to physical integrity)

Article 142 (Negligent Offense to physical integrity)

Article 146 (Ill-treatment or overload of minors, incapacitated persons or spouses)

Chapter Four, Title I (Crimes Against the Person), Book II, Special Part,

"Criminal Code": (Crime against personal freedom)

Article 147 (Threat)

Article 148 (Coercion)

Article 149 (Serious coercion)

Article 152 (Deprivation of personal freedom)

Article 153 (Slavery)

Article 153-A (Human trafficking)

Article 154 (Abduction)

Chapter Five, Title I (Crimes Against the Person), Book II, Special Part,

"Criminal Code": (Crimes against sexual freedom) Article 157 (Rape)

Article 158 (Sexual coercion)

Article 159 (Sexual ill-treatment of person unable to resist)

Article 160 (Sexual ill-treatment of institutionalized person)

Article 161 (Sexual fraud)

Article 162 (Artificial procreation without consent)

Article 163 (Prostitution)

Article 164 (Aggravated crime of prostitution)

Article 165 (Exhibitionist acts)

Article 166 (Sexual ill-treatment of children)

Article 167 (Sexual ill-treatment of students and dependents)

Article 168 (Adultery of minors)

Article 169 (Sexual acts with minors)

Article 170 (Procurer of minors)

Article 173 (Inhibition of parental right)

1.7.2 Crimes possibly committed among family members:

Chapter Six, Title I (Crimes against the person), Special Part, Book II,

"Criminal Code": (Crimes against Fame)

Article 174 (Defamation)

Article 175 (Insult)

Article 176 (Equivalent)

Article 177 (Publicity and slander)

Chapter Two, Title II (Crimes against the property), Special Part, Book II,

"Criminal Code": (Crimes against the proprietorship)

Article 197 (Theft)

Article 198 (Aggravated theft)

Article 199 (Ill-treatment of trust)

Article 209 (Usurpation of immovable property)

Article 210 (Change of mark)

Chapter Three, Title II (Crimes against the property), Special Part, Book II,

"Criminal Code": (Crimes against the property in general)

Article 211 (Fraud)

Chapter One, Title IV (Crimes against life in society), Special Part, Book II,
"Criminal Code": (Crimes against the family)

Article 239 (Bigamy)

Article 241 (Abduction of minors)

Article 242 (Violation of maintenance obligations)

1.8 "Code of Criminal Procedure"

In accordance with the provisions of the Code of Criminal Procedure, the judge may order the application of coercive measures to the person who practices domestic violence. The relevant provisions include:

Article 181 (Recording of identity and residence)

Article 182 (Security deposit)

Article 183 (Obligation of periodical report)

Article 184 (Prohibition of departure and contact)

Article 185 (Suspension of duties, profession or rights)

Article 186 (Preventive detention)

Article 199 (Maximum duration of preventive detention)

Article 200 (Suspension of the term of preventive detention)

Article 221 (Exclusion of enforceability)

Article 225 (Mandatory denunciation)

Article 240 (Detention in case of non-current criminals)

Article 253 (Declaration for future memo)

Article 263 (Provisional suspension of proceedings)

Article 264 (Duration and effects of the suspension)

Chapter II Understanding Domestic Violence Cases

2.1 Legal Basis

According to the paragraph 1 of Article 4 (Domestic Violence) of Chapter I of "Law on Preventing and Combating Domestic Violence", "Domestic violence refers to any physical, psychological or sexual ill-treatment in a family or equivalent relationship."

According to Article 5 (Responsible Entity) of Chapter II of the "Law on Preventing and Combating Domestic Violence", the Social Welfare Bureau (hereinafter referred to as "IAS") is the public entity responsible for coordinating preventive actions against domestic violence, for classifying risk level and for executing the general protection measures provided for in this law.

According to Article 12 (Scope of Intervention), Section 1 of Chapter IV of "Law on Preventing and Combating Domestic Violence", the intervention of IAS and of other public entities in situations of domestic violence or in risk situations shall take place regardless of the criminal qualification of the pertaining acts.

2.2 The scope of protection of the "Law on Preventing and Combating Domestic Violence"

The scope of protection of the "Law on Preventing and Combating Domestic Violence" (including kinship or equivalent) is as follows:

- (1) Spouses, lineal relatives by blood or marriage, adopters and the adopted person;
- (2) Relatives by blood or marriage up to fourth degree of relationship when there is cohabitation;
- (3) Persons who live in an analogous situation to that of spouses
- (4) Ex-spouses;
- (5) Persons who have common descendants in the first degree;

- (6) Relationships of guardianship (interdicted person) or curatorship (quasi-interdicted person);
- (7) The situations of care or custody of minors, incapacitated or particularly vulnerable persons due to age, pregnancy, illness or physical or mental disability, not covered in the previous subparagraphs, whenever there is cohabitation.

2.3 Definition of "domestic violence" and the attitude of practitioners

The definition or concept of "domestic violence" addressed in the Guide (Excluding Chapter I - Legal Basis) is not given from a legal point of view. Rather, it serves as a common standard for staff from different public and private entities when dealing with suspected domestic violence cases/ domestic violence cases. On this basis, crisis intervention, support services and welfare plan are conducted to protect the rights and well-being of victims of domestic violence and their family members.

Acts of domestic violence refer to actions or absence of actions (in the context of a family or equivalent relationships) that cause harm or risk to the physical/ psychological health of family members.

Acts of domestic violence are acts of offense committed by a perpetrator (individual or group) that take advantage of the difference of power or status (such as age, social status, ability and knowledge etc.) between him/her and the victim, so as to put the victim in a situation of vulnerability and potential harm.

The staff of IAS, other public and private entities, conduct the identification and assessment of the acts of domestic violence based on their professional knowledge and the standards of society.

The contents of discussions and the decisions made in the meetings held by staff of IAS and public and private entities for suspected domestic violence cases are not linked to the legal charges against the perpetrator.

2.4 Category of cases

2.4.1 Domestic violence against children

Domestic violence against children refers to actions or absence of actions by the perpetrator that cause harm or risk to the physical/ psychological health of minors under the age of 18 (excluding those married between the ages of 16 and 18) who live with him/her and are subject to his/her care in a filial or guardian relationship (including adoption).

Therefore, these cases occur not only between parents and children or between guardians and children in their care, but also between entrusted caregivers and children living with them, regardless of the existence of family ties between them.

Acts of violence / ill-treatment against children are classified as follows:

- (1) Physical violence: Physical violence is a physical injury or physical suffering to the child, where there is a definite knowledge, or a reasonable suspicion that the injury or suffering has been inflicted non-accidentally. The form of violence can be slapping, hair-pulling, beating with a whip/hanger/leather belt or similar objects, punching, kicking, hitting with a stick, hitting the head against the wall, burning/scalding, assaulting with sharp objects, suffocation, etc. Other forms of physical violence may include: deliberate poisoning, tying, "Munchausen's Syndrome by Proxy"² or "shaken baby syndrome"³, etc. These acts may cause no apparent

²"Munchausen's Syndrome by Proxy" occurs when a parent or guardian falsifies the child's medical history, or alters the results of laboratory tests, or even induces an illness or injury to the child, causing the child to receive unnecessary or even harmful treatment or to be hospitalized. (Source: Zumwalt R.E. & Kirsch C.S., "Pathology of Fatal Child Ill-treatment and Neglect" in R.E. Hefler & R.S. Kempe (Eds.), The Battered Child (4th ed.), pp. 247-285, Chicago: University of Chicago Press, 1987.)

³"Shaken Baby Syndrome (SBS)" - For a baby, the neck muscles are still weak for the heavy head. When the baby's head is shaken violently, the fragile brain moves within the skull and the shocks can cause damage to brain tissues.

physical injuries to the child, but may cause bruises, cuts, broken bones, internal injuries, disfigurement, disablement and even death;

- (2) Sexual ill-treatment: Sexual ill-treatment refers to sexual activities involving children under the age of 14 who are unable to give informed consent⁴, or inducing or compelling children aged 14 to 18 to engage in sexual activities. Acts of sexual ill-treatment include including direct sexual ill-treatment (such as touching the child's genitals, having sex with the child, etc.) and indirect sexual ill-treatment (such as forcing the child to watch pornographic videos, produce child pornographic materials, etc.)
- (3) Psychological ill-treatment: Psychological ill-treatment is the repeated pattern of behaviour and attitudes towards a child or an extreme incident that endangers or impairs the child's emotional or intellectual development. For example, ignoring, being detached, apathetic, spurning, terrorizing, isolating a child; denying emotional responsiveness; conveying negative messages to a child (that he / she is worthless, flawed, unwanted or unloved); encouraging the child to adopt deviant or anti-social behaviors. Such acts of psychological ill-treatment have immediate or long-term impact on the behavioral, cognitive, affective, or physical functioning of the child.

This syndrome can happen when an emotionally altered or exasperated caregiver violently shakes the baby. The most common sequelae are brain damage, cerebral palsy, blindness, learning and behavioral disorders, epilepsy, motor paralysis and even death. (Source: Family Health Service, Department of Health, Government of Hong Kong Special Administrative Region http://www.fhs.gov.hk/tc_chi/health_info/class_life/child/child_bfm_parenting_p3.html)

⁴ Paragraph 4 of Article 37(Consent) of Chapter II of Criminal Code: For the consent to be effective, persons giving consent must be at least 14 years old, and are capable of comprehending the meaning and scope of the consent.

- (4) Improper care: Improper care refers to severely or repeatedly ignoring a child's basic needs and endangers or impairs the child's health and safety.

Improper care may include one or more of the following:

- (1.1) Physical: Failure to provide necessary food, clothing or shelter; failure to prevent physical injury or suffering; failure to take into account the child's age and ability, and not providing appropriate supervision or leaving the child unattended at home, so that the child's health and safety are endangered or impaired.
- (1.2) Medical: Failure to provide necessary medical treatment so that the child's health and safety is endangered or impaired.
- (1.3) Educational: Deprivation of the right to education.

2.4.2 Domestic violence against intimate partners

It refers to violence/ill-treatment that occur between intimate partners, cohabiting or not (including married/ separated / divorced spouses, cohabiting / separated spouses of *de facto* marriage, cohabiting partners/ separated partners with common children). The perpetrator exercise a pattern of control and intimidation that may be physical, psychological, economic, or sexual in nature.

Acts of violence / ill-treatment against intimate partners are classified as follows:

- (1) Physical violence: A physical injury or physical suffering to the spouse, where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally. The form of violence can be slapping, hair-pulling, biting, punching, kicking, beating with a stick, hitting the head against the wall, strangling the neck, burning, scalding, throwing acid, assaulting with sharps, etc. Other forms include: Forcing

alcohol and / or drug use, binding etc. These acts may cause no apparent physical injuries, but may cause bruises, cuts, broken bones, internal injuries, disfigurement, disablement and even death;

- (2) Sexual ill-treatment: coercing or attempting to coerce any sexual contact or behaviour with an intimate partner. It includes rape, all forms of sexual assault, or involuntary sexual acts, etc.;
- (3) Psychological ill-treatment: repeated acts or an extreme incident that endanger or impair the victim's emotional or psychological health. These acts include continuous insult, humiliation, threat, restriction of the victim's freedom by means such as isolation and confinement, denial of access to economic resources so that the victim is deprived of basic necessities; stalking, or threatening to hurt the victim's children or family members, etc. Such acts may cause immediate or long-term behavioral, affective, or psychological harm.

2.4.3 Domestic Violence against Elders and Incapacitated Persons

It refers to actions or absence actions that endanger or impairs the well-being or safety of the elder (aged 65 or over) or incapacitated persons. Such cases occur between lineal relatives by blood or marriage, adopters and adoptees, cohabiting relatives by blood or marriage within fourth degree of relationship. The victims also include elders or incapacitated persons living with the perpetrators.

Cases of violence against the elderly do not include cases involving elderly couples, *de facto* partners, cohabiting elderly partners/separated elderly partners with common children (these cases should be considered as domestic violence against intimate partners).

Acts of violence / ill-treatment against the elder and incapacitated persons are

classified as follows:

- (1) Physical violence: A physical injury or physical suffering to the elder or incapacitated person, where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally. The form of violence can be slapping, hair-pulling, biting, punching, kicking, beating with a stick, hitting the head against the wall, strangling the neck, burning, scalding, throwing acid, assaulting with sharp objects, etc. Other forms include: Forcing alcohol and / or drug use, or any dangerous or harmful use of restraint clothing, etc. There may be no apparent physical injuries to the elderly or incapacitated persons, or there may be bruises, cuts, broken bones, internal injuries, disfigurement, disablement and even death;
- (2) Sexual ill-treatment: Forcing or attempting to force the elder to engage in any sexual contact or behaviour without his/her consent; forcing or attempting to force the incapacitated person (including interdicted person and quasi-interdicted person) who cannot give consent⁵, to engage in sexual activities, including direct sexual ill-treatment (such as touching the victim's genitals, having sex with the victim, etc.) and indirect sexual ill-treatment (such as showing his or her genitals to the victim etc.)
- (3) Psychological ill-treatment: The repeated pattern of behaviour and attitudes towards the elder or incapacitated person or an extreme incident that endangers or impairs the elder or incapacitated person's emotional or psychological health. For example, ignoring, being detached, apathetic, spurning, terrorizing, isolating them; denying emotional responsiveness;

⁵ The interdicted persons and quasi-interdicted persons (due to mental disorders) cannot give consent. However, when they are quasi-interdicted due to a cause other than psychic anomaly, for example, prodigality, then they may be able to give their consent.

conveying negative messages to them (that they are worthless, flawed, unwanted or unloved); restricting their area or freedom of activity by isolation or confinement etc.; denial of access to economic resources so that the victim is deprived of the satisfaction of basic necessities; threatening to hurt the victims' pets or destroy their possession. Such acts may cause immediate or long-term impairment to the victims' behavioral, cognitive, affective, psychological, or even physical functioning.

(4) Improper care: A severe or repeated pattern of ignoring the elders or incapacitated persons' basic necessities, so that their health and safety are endangered or impaired. Improper care may include one or two of the following:

- Physical: Failure to provide necessary food, clothing or shelter; failure to provide appropriate supervision / care; failure to prevent physical injury or suffering; failure to consider the elders' or incapacitated persons' ability of self-care and provide appropriate care, so that their health and safety are endangered or impaired.
- Medical: Failure to provide necessary health and/or nursing care, including failure to follow doctor's instructions to provide medications and medical equipment, so that the victims' health and safety are endangered or impaired

2.4.4 Domestic violence between family members⁶

The violence/ill-treatment occurs between family members, including:

⁶ The cases that are not suitable to be classified as domestic violence case against children, spouses, the elderly or incapacitated persons can be considered as cases of violence among family members.

- (1) Violence/ ill-treatment between lineal relatives by blood (including adopters and adopted) or marriage (for example, parent-in-laws and son/daughter-in-law, minor/adult children and non-elder parents), whether cohabiting or not ⁷;
- (2) Violence/ ill-treatment between relatives by blood or marriage up to fourth degree of relationship (such as siblings, aunts, uncles, cousins) when there is cohabitation;
- (3) Persons who are vulnerable due to pregnancy, illness, physical or mental disability, and need the care or protection from the perpetrator, when there is cohabitation.

In cases of violence between family members, the perpetrator mainly threatens or hurts the victim by using physical or other forms of violence. After the violence, one or both parties may suffer from physical or psychological impairment. Common forms of physical violence include slapping, pulling/pushing, beating/kicking, using sharp objects to attack, etc.

⁷ Refers to domestic violence conducted by minors under the age of 16, who will be divided into two age groups: (1) Offenders under the age of 12, to whom Decree-Law No.65/99/M (Social Protection for Minors in Judicial Limits) applies and protection measures will be taken; (2) Offenders between the age of 12 and 16, to whom Law 2/2007 (Educational Guardianship for Young Offenders) applies and educational guardianship measures will be taken.

Chapter III Purpose, Beliefs and Guidelines for Good Practice

3.1 Purpose

The purpose of the Guide is to provide guidelines for cooperation among public and private entities, thus safeguarding the best interests and well-being of victims of domestic violence, hereinafter referred to as victims, and their families. The Guide can serve as a reference for staff in the areas of social service, education, and law enforcement, as well as for other practitioners who have close contact with the victims. The Guide recognizes that the key to effective action on domestic violence cases is sincere multidisciplinary and inter-sectoral collaboration and mutual trust.

3.2 Beliefs

Everyone has the right to survival, freedom and security, as well as the acquisition of basic necessities. Everyone, including victims of domestic violence and their family members, has the right to be protected against harm and exploitation regardless of their:

- race, language or religion;
- political or immigration status;
- gender;
- age;
- health condition or ability;
- quality of behaviour.

The safety, needs, welfare and rights of the domestic violence victims and their family members should always come first when working with them.

3.3 Guidelines for Good Practice

As a citizen, the victim of domestic violence enjoys the right to be protected in society.

In order to prevent the recurrence of domestic violence, the following good practice is to be adopted by the staff of public and private entities (hereinafter referred to as "staff") when working with victims of suspected domestic violence cases (hereinafter referred to as "victims"):

3.3.1 Timely assistance

- Encourage victims and their family members to seek help early;
- Give priority to ensure the immediate safety of the victim and vulnerable family members (e.g. the minor children, elders);
- Report suspected domestic violence cases to the Reporting Hotline for Domestic Violence Cases of Social Welfare Bureau as soon as possible.

3.3.2 Professional attitude in dealing with the victim

- The victim must be taken seriously and trusted, and the intuition of suspecting that the victim is in immediate danger or potential danger should never be ignored;
- Regardless of the victim's personal status or behaviour, he/she should be treated with an open, approachable and non-judgmental attitude. Furthermore, victims' differences in the victims' race and culture should be respected;
- The victim or the perpetrator should never be blamed for the incident;
- Be patient and tolerant in listening to the victim's experience, and provide comfort whenever necessary; encourage him/her to actively give the required information;
- Reassure the victim that he/she is not alone or helpless, so as to strengthen his/her confidence in facing difficulties;
- Pay attention to your own safety when you encounter violent and aggressive perpetrators; stay calm and neutral and do not speak provocatively;

- The interview and treatment records of the victims must be filed and kept properly because they may be used in subsequent judicial procedures.

3.3.3 Confidentiality

3.3.3.1 Basic principles

- Confidentiality is crucial and must be respected and kept during service delivery, including handling personal data on all information relating to individual cases;
- Respect the victim's right to privacy. The interview, examination or consultation with the victim should be conducted in an environment conducive to confidentiality and dignity;
- (Note: If the staff is not a medical professional, he/she must obtain the consent of the victim or his/ her parents/guardian, taking into account factors such as age, sex, the injured part, etc., before deciding on the suitability of examining the physical injuries of the victim. When dealing with suspected cases of sexual ill-treatment, the staff must act with caution, and should not take reckless actions to examine the victim's body.)
- In the case of interdepartmental cooperation, the need of sharing information and prevention of family tragedies must be balanced with the principles of confidentiality.

3.3.3.2 Obligation of Professional Secrecy

- The staff of any public or private entity who obtain information of domestic violence cases during the performance of their duties shall be bound by professional secrecy, even after termination of their functions; (See Paragraph 1 of Article 9 (Professional Secrecy) of Law No. 2/2016 (Law on Preventing and Combating Domestic Violence), and Paragraph 1 of Article 18 (Professional Secrecy) of Law No. 8/2005 "Personal Data Protection Law").

- Officers, service personnel or technicians who act as consultants for the public authority shall be subject to the same obligation of professional secrecy. "See paragraph 2 of Article 18 (professional secrecy) of Law No. 8/2005 "Personal Data Protection Law".

3.3.3.3 Processing of personal data

- (3.1) According to Article 8 of the Law on "Preventing and Combating Domestic Violence" (Processing of personal data), "The IAS may present, exchange, confirm and use personal data in any way, including the sharing of data with other public or private entities with relevant data for the purposes of this law. ";
- (3.2) It is necessary to ensure that any operation of processing personal data complies with the relevant provisions of the Personal Data Protection Law.

3.3.3.4 Exceptions

In case a citizen disclosing a suspected domestic violence case requires to keep it confidential, the staff must explain to him/her that it cannot be promised, considering the protection of the victim's best interests. (See Article 6 "Duty to Report" of Law No. 2/2016 "Law on Preventing and Combating Domestic Violence" and Article 6 "Conditions for the legitimacy of data processing" of Law No. 8/2005 "Personal Data Protection Law"). In addition, staff of the Public Administration can also explain to the informant about the duty of denunciation in the Code of Criminal Procedure.

The aforementioned articles of the Personal Data Protection Law are listed in Appendix 1.

Chapter IV How to Identify Domestic Violence Cases

4.1 Principle

When dealing with suspected domestic violence cases, the staff of any public or private entity, hereinafter referred to as "staff", should pay attention to indicative signs (indicators) shown in the possible victims, including "physical indicators", "emotional/behavioural indicators" and "environmental indicators". In general, the "physical indicators" are easily noticeable. The other two indicators may appear as an isolated sign or as multiple occurrences. For this reason, staffs are required to have sensitivity to identify a domestic violence case from subtle signs or clues.

Since it is not possible to list all indicators, this Chapter only presents the most common indicators to identify domestic violence cases. The staff should note the fact that these indicators may not sufficiently identify a case of domestic violence. Once the indicators are detected, the staff should carefully consider the age and vulnerability of the possible victim. In the case of detecting an isolated signal or multiple signals, staff should be alert and comprehensively assess the possibility of violence. Furthermore, staff should investigate in a conscientious way to ascertain whether any incident of domestic violence has occurred.

4.2 Indicators of possible domestic violence against children

4.2.1 Physical violence (children)

4.2.1.1 Physical Indicators

(1.1) Bruises and Welts

Should be interpreted with reference to various factors, including the developmental stage (e.g. whether the child is able to walk), number, size and distribution of the bruises/welts, and whether they form a

specific pattern that suggests direct impact with an object, whipping, punching, kicking, and / or pulling;

Note the bruises/welts that are unlikely to be accidental, e.g. extensive bruises, bruises on unusual body parts (for example bruises around the genitalia) and multiple bruises/welts formed at different times;

Note that bite marks will appear in the shape of an oral teeth arrangement.

(1.2) Lacerations and Abrasions

Should be interpreted with reference to various factors, including developmental stage (e.g. whether the child is able to walk), number, size and distribution of the lacerations and abrasion, and whether they form a specific pattern that suggests direct attack and/or pulling with an object.

Lacerations over the hands, arms or feet may cause serious consequences (for example: those that damage the underlying tendons may be potentially crippling), so the cause of the injury should be examined carefully;

Note that lacerations to the superior labial frenulum (the piece of midline tissue that connects the inside of the upper lip to the upper gum) may be indicative of forced feeding.

(1.3) Burns and Scalds

Differentiate between the burns/ scalds that are inflicted accidentally or non-accidentally;

Some inflicted burns may assume the shape or pattern of burning objects, e.g., a heated plate or lighted cigarette;

"Glove and/or stocking" distribution is indicative of immersing a limb

in scalding water.

(1.4) Fractures

Should be interpreted individually based on case circumstances. The location of the injury and situation of fracture should be carefully examined to infer whether it was accidental or non-accidental; In the case of the fracture of a child's femur, a very strong bone, the cause is generally not accidental.

(1.5) Internal Organs Injury

Should be interpreted individually based on case circumstances to judge whether the injury is accidental;

Brain/head injuries may be caused by direct impact or shaking.

The "Shaken Baby Syndrome"⁸ is the most common cause of disability or death of an infant due to cerebral hemorrhage. In medical terms, violent shaking will cause cerebral hemorrhaging of the baby's brain. Therefore, it is considered a non-accidental injury;

Perforation of internal organs may lead to abdominal pain and vomiting. The child may have been seriously wounded or even die without any visible signs of injuries. Hence, a high degree of discernment is required in the detection of the child's abdominal injury.

(1.6) Others

⁸ "Shaken Baby Syndrome (SBS)" - For a baby, the neck muscles are still weak to support the heavy head. When the baby's head is shaken violently, the fragile brain moves within the skull and the shocks can cause damage to brain tissue.

This syndrome can happen when an emotionally altered or exasperated caregiver violently shakes the baby. The most common sequelae are brain damage, cerebral palsy, blindness, learning and behavioral disorders, epilepsy, motor paralysis and even death. (Source: Family Health Service, Department of Health, Government of Hong Kong Special Administrative Region http://www.fhs.gov.hk/tc_chi/health_info/class_life/child/child_bfm_parenting_p3.html)

Fabricated or induced illnesses, including "Munchausen's Syndrome by Proxy"⁹force the child to receive unnecessary or harmful medical treatments or many hospitalizations;

Deliberate poisoning;

Hair loss by pulling or burning;

Induced drowning accidents.

4.2.1.2 Emotional / Behavioural Indicators

- During most of the day, the child feels unhappy, frustrated or depressed;
- Difficulty in falling or staying asleep, waking up early in the morning;
- Eating disorders, significant weight loss or gain, and often feeling unwell;
- Loss of interest in things he/she liked before;
- Feeling uncomfortable or anxious when talking about the cause of an injury.

4.2.2 Sexual ill-treatment (children)

4.2.2.1 Physical Indicators

- Complaints of pain on urination;
- Complaints of pain, swelling or itching in the genital area;
- Torn, stained or bloody underclothing

⁹ "Munchausen's Syndrome by Proxy" - Occurs when a parent or guardian falsifies the child's medical history, or alters the results of laboratory tests, or even induces an illness or injury to the child to force him/her to receive unnecessary or even harmful treatment or to be hospitalized. (Reference: Zumwalt R.E. & Kirsch C.S., "Pathology of Fatal Child Ill-treatment and Neglect" in R.E. Hefler& R.S. Kempe (Eds.), The Battered Child (4th ed.), pp. 247-285, Chicago: University of Chicago Press, 1987.)

- Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat;
- Vaginal / penile discharge;
- Sexually transmitted disease;
- Adolescent pregnancy.

4.2.2.2 Emotional / Behavioural Indicators

- Appetite disturbance;
- Sleep disturbance;
- Unwilling to participate in physical activities;
- Poor peer relationship;
- Marked deterioration in academic performance;
- Language involving sexual knowledge or behaviour that is abnormally advanced for the respective age of the child
- Excessive reaction to being touched;
- Intensive dislike of being left somewhere or with someone alone
- Excessive masturbation;
- Sexual ill-treatment/ molestation to young children;
- Emotional/ behavioral problems (e.g. anorexia nervosa/ bulimia, obesity, deliberate self-harm, suicide, running away from home, promiscuity, drug ill-treatment, etc.)

4.2.3 Psychological ill-treatment (children)

4.2.3.1 Physical Indicators

- Delayed development and/or speech impediment

4.2.3.2 Emotional / Behavioural Indicators (child)

- Sleep disturbance;
- Appetite disturbance;
- Bedwetting;
- No eye contact with others and responding to questions in monosyllables or refusing to answer questions;
- Learning disorder or marked deterioration in academic performance;
- Disruptive behaviours or behavioral problems (e.g. truancy, running away from home, fighting)
- Anorexia nervosa or bulimia
- Deliberate self-harm, suicidal thoughts/attempts.

4.2.3.3 Behavioral indicators (parent/caregivers)

- Rejection/Denial to the child;
- Constant scolding and belittling;
- Humiliating criticism;
- Ignoring, being detached, indifferent to the child;
- Threatening by words or with sharp objects;
- Isolating, confining or separating the child in a forcing way;
- Encouraging the child to adopt deviant or anti-social behavior;
- Bizarre punishments (such as memorizing maps or dictionaries, doing push-up, etc.).

4.2.4 Improper care (children)

4.2.4.1 Physical indicators

- Persistently dirty / shoddy;
- Severe rash or skin disorder;
- Malnutrition, under-weight;

- Delayed development;
- Unattended physical and health problems or unmet medical / dental needs;
- Habitual absence from school or deprivation of schooling.

4.2.4.2 Emotional / Behavioural Indicators

- Persistent complaints of hunger or rummaging for food, wolfing down food, begging for/ stealing food;
- Complaints of inadequate care, supervision or nurturing;
- Assuming housework inappropriate to the child's age, and responsibilities of caring for younger siblings/families;
- Being made to work excessive hours / beyond physical ability;
- Inadequately supervised when engaged in dangerous activities;
- Poor peer relationship;
- No eye contact with others and responding to questions in monosyllables or refusing to answer questions;
- Reluctant to return home, running away from home;
- Addiction;
- Delinquency.

4.2.4.3 Environmental indicators

- Spoiled food found at home or insufficient food;
- Poor living environment (for example: lots of garbage, excreta, dirt, etc.);
- Young children inadequately supervised for long periods of time or being left alone at home;
- Young children left in care of inappropriate carer (e.g. seriously ill elders, people with addiction, children, etc.).

4.3 Indicators of possible domestic violence against elders or incapacitated persons

4.3.1 Physical violence (elders/ incapacitated persons)

4.3.1.1 Physical indicators

(1.1) Bruises

- Should be interpreted with reference to various factors, including the health status and mobility of elders/ incapacitated person; number, size and distribution of the bruises, and whether they form a specific pattern that suggests direct impact with an object, punching, kicking and/or pulling.
- Bruises and unexplained injuries on various parts of the body (e.g., body trunk, hands, legs, etc.) do not appear to be caused by accidents;
- Bruises on the face that do not appear to be caused by accidents;
- Special attention should be paid to bruises that appear in groups or in the shapes of the objects, such as a stick, leather belt, wire hanger, hands or feet. In these cases, it will be evident that the injuries were not caused by accidents;
- Attention should also be paid to bruises that appear on various parts of the body and in different colors, which indicates that the injuries occurred at different periods of time or are at different stages of healing.

(1.2) Fractures

- Should be interpreted individually based on case circumstances. The location of the injury and situation of fracture should be carefully examined to infer whether it was accidental or non-accidental;
- Unexplained fractures detected during medical examinations is usually not accidental;

- Swollen or painful limbs due to fractures or dislocations is usually not accidental;
- Multiple fractures at different stages of healing are usually not accidental.

(1.3) Muscle laceration

- Should be interpreted with reference to various factors, including the health status and mobility of elders/ incapacitated person; number, size and distribution of the laceration, and whether they form a specific pattern that suggests direct attack with an object, and/or pulling;
- Laceration of the superior labial frenulum (the piece of tissue that connects the upper lip to the upper gum in the middle) may be indicative of forced feeding;
- Pay attention to unexplained lacerations;
- Pay attention to multiple scars of muscle lacerations at different stages of healing.

(1.4) Internal organs injury

- Should be interpreted individually based on case circumstances to judge whether the injury is accidental;
- Pay attention to unexplained visceral rupture;
- Pay attention to unexplained edema or blood clot in the brain.

(1.5) Burns / Scalds

- Differentiate between unintentional and intentional burns/scalds.
- Some inflicted burns may assume the shape or pattern of the burning objects, e.g. cigars / cigarettes / candles, etc.;
- Take note of scalds in the mouth and esophagus of the elders who need to be fed, possibly caused by intake of very hot food;

- "Glove and/or stocking" distribution is indicative of immersing a limb in scalding water.
- Attention should be paid to other burns/scalds on any part of the body that is likely to be caused non-accidentally.

4.3.1.2 Emotional / Behavioural Indicators

- Unwilling to accept medical examination;
- Delay in receiving required medical services in case of injuries;
- Seeking medical care from different doctors in an unusual way and falsely report the causes of the injury;
- Refusal to disclose relevant information, offering unreasonable descriptions or making contradictory statements;
- Repeatedly attribute the injury to an accident or his/her own carelessness;
- Suicidal attempts.

4.3.2 Sexual ill-treatment (elders/ incapacitated person)

4.3.2.1 Physical indicators

- Bruises on the chest / genitalia;
- Unexplained urinary tract infection;
- Unexplained sexually transmitted disease;
- Torn, stained or bloody underclothing;
- Unexplained bleeding in external genitalia, vaginal or anal area etc.;

4.3.2.2 Emotional / Behavioural Indicators

- Significant changes in sexual attitudes / sexual behavior;
- Excessive masturbation;

- Tend to be very scared in the presence of the suspected perpetrator.

4.3.3 Emotional ill-treatment (elders/ incapacitated person)

4.3.3.1 Physical indicators

- Stress related symptoms, such as headache, stomachache, rash, etc.;

4.3.3.2 Emotional / Behavioural Indicators

- Sleeping disorder, e.g. nightmare, night terror, fear of darkness, etc.:
- Eating disorder (e.g. appetite disturbance or bulimia);
- Frequent panic or anxiety;
- Avoiding contact with others;
- Emotional swings, hysteria;
- Showing fear of caretaker;
- Depressive mood, suicidal tendencies, suicide attempts.

4.3.3.3 Environmental indicators

- Isolated at home, and being deprived of equipment to contact the outside world (for example, no telephone or radio etc.);
- The relationship between the caretaker and the elder / incapacitated person is clearly distant or persistently poor.

4.3.4 Improper care (elders/ incapacitated persons)

4.3.4.1 Physical indicators

- Frequent dirtiness;
- Malnutrition;
- Frequent diseases;
- Persistent bedsores;

- Dehydration;
- Marked weight loss or extreme thinness.

4.3.4.2 Emotional / Behavioural Indicators

- Wandering frequently or for long periods of time, without any company;
- Obvious irregular eating patterns being ignored;
- Obvious lack of appetite being ignored.

4.3.4.3 Environmental indicators

- Being left alone at home or in the streets/ parks/ shopping centers for long periods of time without any company;
- Dirty environment at home;
- House stuffed with mess, blocking passages;
- Insufficient food and basic necessities;
- Insufficient safety measures or devices (e.g. handrails) at home;
- Insufficient basic facilities at home (e.g. light, drinking water, bedding, etc.).

4.4 Possible characteristics of the victims in domestic violence against intimate partners

4.4.1 Low Self-esteem and Lack of Self-confidence

Under the perpetrator's repeated verbal ill-treatment and blaming, the victim may gradually accept the negative appraisal and the belief that he / she has to rely on the perpetrator to survive. With time, self-esteem and self-confidence of the victim may be eroded.

4.4.2 Self-blaming and Guilt Feelings

The victim may take the blame meted out by the perpetrator or others that he / she is responsible for initiating the violence of the perpetrator and failing to avoid the conflict by doing better or keeping silent. Furthermore, if the problem lingers, the victim may also develop a strong feeling of guilt for tolerating the situation and not leaving the domestic violence environment.

4.4.3 Mixed Feelings of Love and Hate

Most spouses have mixed feelings of love and hate towards the perpetrators. In the cycle of the domestic violence, the perpetrator may also express the regret and promise to behave after each abusive act, which will further confuse the victim who tends to rationalize his/her forgiving the perpetrator time after time.

4.4.4 Isolation

The perpetrator often uses certain "techniques" to isolate or control his/her victim:

- (1) Social isolation by prohibiting / restricting the victim from relating with others;
- (2) Financial deprivation by not allowing the victim to work.

Through these forms of social and financial control, the victim become totally dependent on the perpetrator. The victim is isolated and under his/her control.

4.4.5 Difficulty in Parenting

Parenting capability of the victim would likely be affected by the possible

impacts of domestic violence, such as social isolation, limited resources, low self-esteem and lack of self-confidence.

The victim may also have difficulty gaining respect from the children and building up a normal parent-child relationship if the perpetrator keeps portraying the victim as an unfit and powerless parent, and as the cause of the children's problems and family conflict.

Furthermore, frustration or the chance of being trapped in competition for the children's loyalty may also lead to parenting difficulties.

4.4.6 Influence of Traditional Gender-role Concept

Traditionally, women are raised to be nurturing and non-confrontational, with her success being measured by her being a wife and a mother. Socialized as a subordinate of the husband and having the responsibility to keep the family intact, the battered woman may perceive herself as having no choice but to put up with the abusive husband.

4.4.7 Distorted Perception of Domestic Violence

Childhood experience of domestic violence, e.g., as a witness of violence behaviours between parents or as a victim of child ill-treatment may distort the victim's perception that the violence he / she is suffering from is normal.

4.4.8 Suicidal and Homicide Tendency

Having experienced repeated domestic violence, the victim may develop a feeling of hopelessness and manifest suicidal tendencies. In extreme cases, the victim may seek revenge leading to homicide or family tragedy.

4.4.9 Battered Women's Syndrome

People living under prolonged violence may suffer from the Battered Women's Syndrome (feelings of powerless and helplessness, believing that he/she will never escape from the perpetrator's clutches. And even if he/she escaped, he/she will not have sufficient self-confidence to start a new life independently). Haunted and stressed by the fear of her safety and other problems (e.g. the loss of the children's custody) if she leaves the abusive relationship, the victim may gradually build up a feeling of helplessness and exhibit a syndrome of hyperarousal (e.g. fear, stress, depressive mood and horror, etc.).

4.5 Possible characteristics of the perpetrator in domestic violence against intimate partners

4.5.1 Jealousy

The perpetrator always confuses love with jealousy and control. Saying that his / her jealousy is a sign of love, the perpetrator accuses the spouse of spending time with his / her family or friends, and may call the spouse frequently or even refuses to let him / her work.

4.5.2 Controlling Behaviour

To have the victim totally / solely depend on him / her, and fear of him/ her getting support from others, the perpetrator may manipulate and control the victim's finances, time, social life, and work, and even cut off all resources from the victim.

4.5.3 Blame Others for Causing the Violence

The perpetrator tends to justify and shift the responsibility for his / her violence to others, like work stress, children's naughtiness or the wrongdoings of the victim. The perpetrator may also try to minimize the seriousness of his / her violence, putting all the blame on the victim for annoying and provoking him / her e.g., by making fuss of trivial things.

4.5.4 Poor Stress Management

Most perpetrators are impulsive and unable to manage their temper properly. Under stress, the perpetrator would easily be enraged and displace his / her anger onto his / her family members using verbal ill-treatment or violent acts.

4.5.5 Hyper-sensitive to Criticism

Being too self-centred, some perpetrators are very sensitive to criticism for fear of losing face. The perpetrator is prone to becoming agitated easily and even exhibits violent acts when facing challenges or disagreement.

4.5.6 Rigid Concept of Gender Roles

Preoccupied with the gender stereotyping of men's superiority over women, some male perpetrators regard themselves as the centre of the family who women have to obey and serve. To show themselves as the only legitimate parenting authority, perpetrators degrade and demean the spouse (mothers) in front of the children, such as by verbal threats or calling them as stupid.

4.5.7 Use of Force in Sex

Having little concern of the spouse's feelings and putting his / her own needs

first, the perpetrator may demand sex when the spouse is sleeping or even sick, and use force to make the spouse comply.

4.5.8 Childhood Experience / Witnesses of Domestic Violence

Being exposed to domestic violence in childhood may affect the social and psychological development of a child. A distorted view on the use of violence to satisfy one's own needs, and the learned gender roles associated with violence and experience / witnessing of domestic violence and victimization may lead to a vicious cycle of violence in the next generation.

4.5.9 Lack of Empathy

Most perpetrators lack empathy, which makes them difficult to understand the hurt of the violence and the sufferings of the victims and their children.

4.6 Impact and possible reactions of the child witnessing domestic violence

4.6.1 Physical indicators

- Stress related symptoms, such as headaches, stomachaches, rashes, etc.;

4.6.2 Emotional / Behavioural Indicators

- Sleeping disorder, e.g. nightmare, night terror, fear of darkness, etc.;
- Eating disorder (e.g. appetite disturbance or bulimia);
- Prone to lose temper or have other emotional problems;
- Mistrust of others and excessive attachment to a family member;
- Passive, unsocial, with no interest in social activities;
- Aggressive tendency or behaviors at home and at school;
- Emotional and behavioral problems at school, such as: lack of interest

in activities, difficulty concentrating in class, fights with classmates, intentionally trying to attract the attention of others, truancy and sudden regression in academic performance;

- Reluctant to return home or even running away from home.

4.6.3 Low Self-esteem

- Children raised in an environment with domestic violence and without affection usually have a poor sense of belonging to the family and hence low self-esteem.
- In the case of domestic violence between spouses, parents are so affected by their poor relationship that they are unable to give their children positive regard and support, which is important for the development of a sense of self-worth. The perpetrator's degrading and abusive treatment towards the spouse and even the children may distort the children's self-image, leading them to develop low self-esteem.

4.6.4 Post-traumatic Stress Disorder (PTSD)

Children living in an environment with domestic violence, (especially those who have witnessed violent acts), are at risk of suffering from PTSD. The trauma symptoms include depression, withdrawal (e.g. lack of interest in social activities), fear and sleeping disorders (e.g. nightmare, night terror, fear of darkness), etc.

4.6.5 Confused Feelings towards Parents

After receiving the message of domestic violence, children will interpret,

predict and assess their and the others' risk or role in causing the violence.

Depending on their age and relationship with their parents, the children will most likely side with the one being battered and be angry with the perpetrator. However, confused by the conflicting messages from their parents and taking the perpetrator's blame on the victim, some children, especially the older ones, may consider the one being battered also being responsible for the conflict, or they become angry with both parents for the repeated family violence.

4.6.6 Blame for the Violence

Thinking in a more egocentric way and taking the blame from the abusive parent (father or mother), young children may relate the parental conflict and violence to something they did wrong, such as their naughtiness or unsatisfactory school performance, and feel guilty for causing the violence.

4.6.7 Aggressiveness or Submissiveness

Children learn from their experiences. Hearing and seeing unequal gender role behaviours from their parents, such as men usually being in charge and women being legitimate targets for ill-treatment, boys may learn to be more impulsive, violent and aggressive, and girls more submissive and anxious in interpersonal relationships. This in turn may also increase the risk of domestic violence in the next generation.

4.6.8 School Problems

Violence at home may disturb and embarrass the children and affect their academic performance. Without proper parental guidance and support for the

development of appropriate self-control and social skills, they may have difficulty in complying with school rules and getting along with people. The chance of dropping out from school may also be greater.

4.6.9 Anti-social Behaviour or Maladaptive Coping Behaviour

Unable to grow up in a safe and supportive environment and without consistent and positive role-modeling from their parents, most children exposed to domestic violence exhibit problem behaviour of one form or another.

Learning from the distorted message of using violence and threats to get what one wants, children may normalize violence as an appropriate and acceptable way to gain control. Consequently, they may have difficulty in establishing healthy interpersonal relationships, exhibiting anti-social behaviour and maladaptive coping behaviours (such as drug ill-treatment instead).

Chapter V Procedures for Reporting Suspected Domestic Violence Cases

5.1 Legal Basis

Article 6 (Duty to Report) of Law No. 2/2016 "Law on Preventing and Combating Domestic Violence" provides that: " Public entities and their workers in the exercise of their respective functions, as well as private entities which provide medical and nursing services, care services for children, elderly and persons with disabilities, or which are engaged in teaching, social services or counseling activities, and their workers in the exercise of the corresponding activity, must report, immediately, to the IAS situations of domestic violence which they suspect or which come to their knowledge, without prejudice to the obligation to report them, provided for in the Criminal Procedure Code”.

5.2 Units to which the reporting procedures apply

- (1) Labour Affairs Bureau
- (2) Judiciary Police
- (3) Public Security Police
- (4) Health Bureau
- (5) Education and Youth Affairs Bureau
- (6) Housing Bureau
- (7) Any private entity that provides medical and nursing services, childcare, support for the elderly and disabled, or engages in teaching, social services, or counseling.

5.3 Staff codes for good cooperation

All staff, whether in public or private entities, hereinafter referred to as staff, must immediately report to IAS’s Reporting Hotline for Domestic Violence Cases when they

are aware of suspected domestic violence cases. The social worker/ psychological counselor on duty can then carry out a timely initial assessment, and activate the mechanism of crisis intervention and follow-up.

The suspected domestic violence cases must be handled in accordance with the following procedures:

- (1) The data of each suspected domestic violence case must be taken seriously, regardless of the source and time of occurrence. If there are reasons to believe that the victim and his/her family members are injured, the staff should be alert and intervene accordingly, even if details of the case are not yet fully known;
- (2) Give priority to the immediate safety of the victim and the vulnerable family members (e.g. minors, elders);
- (3) The victim should not be required, where unnecessary, to repeatedly describe the domestic violence to different parties or on different occasions;
- (4) In case any victim, or the family member who disclose the suspected domestic violence case, requires confidentiality, the staff must explain to the informant that it cannot be promised, considering the victim's best interests. In addition, if the staff belongs to Public Administration, he/she can also inform the informant about the duty of denunciation in the Code of Criminal Procedure;
- (5) The victim's family members or any other citizen reporting the case may request for confidentiality of their identity. The staff must guarantee them that their identity and personal data will not be disclosed to any third party, unless it must be used to defend the safety of the victim or the family members, used during the judicial process, or when reporting to the IAS.

5.4 Case Identification and Handling Procedures

Suspected domestic violence cases must be handled in accordance with the "Flowchart on Reporting Suspected Domestic Violence Cases by Public and Private Entities" (Appendix 2-A). The specific procedures are as follows:

5.4.1 Collecting Information

When the staff is aware of suspected domestic violence cases, he/she must refer to the items contained in the "Report Form for Suspected Domestic Violence Cases", hereinafter referred to as "Report Form" (Appendix 3), to proceed with the data collection with the victim and the informant (the victim's family members or any citizen), and complete the Report Form with the data collected. The information to be filled in the Report Form is as follows:

- (1) Personal information of the victim/people living with the victim;
- (2) Category of case (e.g. domestic violence against children, domestic violence against intimate partners, domestic violence against elders, etc.);
- (3) Types of violence/ ill-treatment inflicted (including physical violence, sexual ill-treatment, psychological ill-treatment, improper care, etc.);
- (4) Brief account of the violent incident;
- (5) Remarks (such as emergency services needed, whether the victim/perpetrator agrees to receive social work service/ follow-up, any other people in the family who needs assistance, etc.)

5.4.2 Initial case identification

Based on the observation and the data collected in the first phase, the staff should identify the following aspects:

- (1) Are there reasons to believe that the victim and his/her family members were injured by acts of domestic violence?
- (2) Whether the victim and the family members are in immediate danger;
- (3) Whether the victim and the family members need urgent medical services;
- (4) Are there reasons to believe that the victim and his/her family members will be injured again by acts of domestic violence;
- (5) Is the victim willing to report the suspected domestic violence to the police (Pay attention to the duty to report as provided in the Code of Criminal Procedure);
- (6) Is immediate support from social workers necessary to keep the victim and the family members safe? (e.g. arranging shelter for the victim and the family members, emotional support, etc.)

5.4.3 Supportive Services for Victims of Domestic Violence

During the treatment of suspected domestic violence cases, the staff must deliver to the victim the "Zero Tolerance of Domestic Violence" leaflet (Appendix 4), which contains the means for seeking help, the general protective measures of the "Law on Preventing and Combating Domestic Violence", police protection measures, supportive services, the maximum penalty resulting from acts of domestic violence, etc.

5.4.4 Calling the police and immediate medical services

After the initial case identification, if the staff believes that there is an urgent need to provide medical assistance to the victim and the family members, he/she should try his/her best to encourage them to undergo medical consultations / treatment. In addition, the staff must seek to know whether the victim and the family have

reported to the Police or not. If necessary, he/she must assist them to contact the police. Regarding cooperation with the police, please refer to Item 6.3 of Chapter VI (The staff must comply with the duty of denunciation stipulated in the Code of Criminal Procedure.)

5.4.5 Reporting Procedures

5.4.5.1 General Cases

Refers to cases in which the immediate safety of the victim and/or the family members is not at stake, or if the victim or the family members are not in any of the risk situations described in Item 5.4.6. After completing the procedures referred to in Item 5.4.1 to 5.4.4, the staff must complete the "Report Form" and send it by fax to Reporting Hotline for Domestic Violence Cases, and then call to confirm receipt of the Form.

5.4.5.2 Urgent Cases

Refers to cases in which the immediate safety of the victim and/or the family members is at stake, or if the victim or the family members are in any of the risk situations described in Item 5.4.6. The staff must first call the Reporting Hotline for Domestic Violence Cases, in order to inform the social worker/ psychological counselor on duty about the risk situation and the respective needs. The staff must provide important data such as name, sex, age, telephone number and address, so that the social worker / psychological counselor on duty can immediately follow up the case. Subsequently, the staff must send the "Report Form" by fax to the Reporting Hotline for Domestic Violence Cases, and then call to confirm receipt of the Form.

5.4.6 Situation of Risk

If the staff encounters any of the following situations, the case may be considered at risk:

- (1) A child is seriously injured; violent acts with serious means or consequences; suspected child sexual ill-treatment; parents, caregivers or guardians are very unwilling to cooperate;
- (2) Escalation of violence. For example, in the last month, the domestic violence has intensified, which may lead to the victim and/or other family members being seriously injured;
- (3) Highly aggressive perpetrator who use lethal weapons or exercised deadly attacks on the victim and / or other family members (the case is not identified only by whether the victim was seriously injured or not, but also the means and severity of the violent act);
- (4) The perpetrator threatens to commit suicide after killing the victim and / or other family members; or
- (5) The victim shows a tendency towards suicide / homicide, etc.

5.4.7 Crisis intervention

After receiving the "Report Form" or verbal report, the social worker/ psychological counselor on duty of the Reporting Hotline for Domestic Violence Cases must immediately activate the assessment procedures and advise the staff as quickly as possible about crisis intervention and follow-up arrangements.

5.4.7.1 Cases that do not require immediate intervention

If it is confirmed that both the victim and the family members do not need respective crisis intervention or supportive services, and that these

are not known cases of any family service units, the IAS will, on the first working day following the day receiving the report, categorize the case (determine whether it is a suspected domestic violence case), undergo risk assessment and case redirecting.

5.4.7.2 Cases that require immediate intervention

If it is confirmed that the victim and / or family members need immediate crisis intervention or support services, the IAS will appoint the social worker / counselor on duty to provide the services during office hours. When not office hours, the social worker/ psychological counselor of the 24-hr Emergency Social Services will provide the service. The social worker / psychological counselor on duty will analyze and determine the real needs of the case in order to provide crisis intervention and supportive services, such as medical assistance, shelter services, emotional support, etc.

After collecting and integrating the data, the IAS will hold a meeting on suspected cases of domestic violence (see point 6.4.2 (3)) to classify the nature of the case and assess the risk. Once the case is confirmed, it will be forwarded to the appropriate service unit for follow-up.

5.5 The Role of Integrated Family and Community Service Centers

5.5.1 Intake for Suspected Domestic Violence Cases

- (1) Phone calls: When the Integrated Family and Community Service Center, hereinafter referred to as “Center”, receives a call about a suspected domestic violence case that is not yet known to any family service unit, and the case is not at high risk as mentioned in Item 5.4.6, the Center's

social worker/ psychological counselor may invite the informant and / or the victim for an interview at the Center in order to obtain more detailed information about the case. If the informant or the victim agrees to have an interview, the case will be dealt with according to the procedures set out in the following paragraph (2) "Walk-in". In case the informant or the victim is unwilling to have an interview and is unwilling to provide more information, the Center's social worker/ psychological counselor should do his/her best to obtain his/her contact and personal data, in order to avoid overlooking a case that needs services. In addition, after the initial case identification, report the data of the respective case through the Reporting Hotline for Domestic Violence Cases as quickly as possible, according to the guidelines stipulated in Item 5.4 above;

- (2) Walk-in: If the informant and/ or the victim of the suspected domestic violence case goes to the Center to seek help, the social worker/ psychological counselor on duty must follow the guidelines given in Item 5.4 above and proceed with data collection as well as process the initial assessment;
- (3) If there is insufficient indication or evidence of a suspected domestic violence case, the Center should proceed to collect more information for assessment to confirm the case nature and to conduct a crisis intervention or follow-up when necessary.
- (4) If the case is considered to be a suspected domestic violence case after the verification procedure is carried out by the outreach service or other investigative parties, it is necessary to report it through the Reporting Hotline for Domestic Violence Cases. When there is no evidence of

domestic violence, but rather a case that needs welfare service (for example, marriage counseling, childcare, etc.), it will be followed up by the Center upon the consent of the client.

- (5) If the IAS calls a meeting to discuss the nature of the case (whether or not it is a domestic violence case), the welfare plan or other issues, the social worker at the Center must attend the respective meeting and participate in the follow-up work.

5.5.2 Known cases

If domestic violence occurs in a known case of the Center, the social worker/psychological counselor should refer to the procedures mentioned in Item 6.2.2 of Chapter VI. Assessment of the relevant situation and a more in-depth social investigation will be carried out. He/she should also address the urgent welfare needs (such as medical assistance, report to the Police, accommodation, emotional support, etc.) of the victim and the family members concerned and also report to the Reporting Hotline for Domestic Violence Cases as soon as possible. If it is an urgent and high-risk case, the IAS must carry out crisis intervention and provide the respective support. If the case involves risk indicators mentioned in Item 5.4.6 and requires interdepartmental cooperation or a social report must be submitted to the Public Prosecutions Office, the case will be referred to IAS.

5.6 Shelters

- 5.6.1 If the shelters come across a suspected domestic violence case (e.g. through their hotline), the social worker/psychological counselor on duty must follow the guidelines stipulated in Items 5.3 to 5.5, and carry out an initial assessment according to the existing procedures of the service unit. When it

is considered to be a suspected domestic violence case, it must be reported through the Reporting Hotline for Domestic Violence Cases.

5.6.2 If the victim admitted is new to the shelter and not a known case of any family service unit, the shelter's social worker/ psychological counselor must report the case to the IAS by calling the Reporting Hotline for Domestic Violence Cases, and encourage the victim to receive services from the IAS or a family service unit, in order to avoid overlooking a case that needs services.

5.6.3 If the victim of a suspected domestic violence case calling the shelter refuses to be admitted, the social worker/psychological counselor on duty should report the case to the Reporting Hotline for Domestic Violence or call the Hotline to consult how to handle the situation. The social worker/psychological counselor of the Hotline will make an assessment, carry out due crisis intervention and support services, including an outreach service, reporting to the Police, and provision of medical services, etc.

5.6.4 If the victim admitted by the shelter is already a known case of a family service unit, the shelter's social worker/ psychological counselor must report the case to the Reporting Hotline for Domestic Violence Cases as well as the family service unit on the day following the victim's admission. During the victim's stay in the shelter, the shelter's social worker/ psychological counselor must follow the shelter's guidelines and keep close communication and cooperation with the family service unit responsible for the case.

5.7 Child Protection Agencies

5.7.1 When a child protection agency comes across a suspected domestic violence case (e.g. through their hotline or center activities), the social worker/ psychological counselor on duty must follow the guidelines stipulated in Items 5.3 to 5.5, and carry out an initial assessment according to the existing procedures of the agency. When it is considered as a suspected domestic violence case, the social worker/ psychological counselor must report it to the Hotline for Domestic Violence Cases and discuss the strategies for crisis intervention.

5.7.2 If there is insufficient evidence of domestic violence, the child protection agency should proceed to collect more information for assessment to confirm the case nature and to conduct appropriate crisis intervention or follow-up (please refer to the handling notes stated in Item 5.5.1).

5.7.3 If the child protection agency knows that the suspected case is a known case of a family service unit, it must report the case and call the Hotline for Domestic Violence Cases during office hours and communicate simultaneously with the family service unit, in order to provide the worker responsible for the case with information for his/her follow up work.

Chapter VI Case Intake and Follow-up by IAS

6.1 Legal Basis

According to paragraph 1 of Article 13 (Risk Situation) of Law on Preventing and Combating Domestic Violence, the IAS shall classify the risk level and follow up the case in accordance with its authority, upon the request of persons at risk of domestic violence, or when informed by public and private entities specified in article 6 or the association specified in the paragraph 3 of the article 10. IAS may request other relevant entities to cooperate and follow up if necessary.

According to Article 16 (General protection measures) of Law on Preventing and Combating Domestic Violence, "1. The following protection and assistance measures may be made available to victims of domestic violence, or to persons at risk, individually or cumulatively, according to their specific needs: 1) Temporary shelter in social services facilities; 2) Emergency financial assistance, pursuant to the law; 3) Access to emergency legal aid; 4) Free access to healthcare provided by public healthcare institutions, pursuant to Decree-Law No. 24/86/M, of 15 March, with necessary adaptations, for the treatment of injuries resulting from domestic violence; 5) Assistance in access to education or employment; 6) Individual and family counseling; 7) Provision of legal information and counseling services; 8) Other protection and assistance measures necessary for safeguarding their safety and well-being. "

2. Protective and supportive measures can be provided by the IAS, or by other public or private entities at the request of the IAS. The IAS shall continuously monitor the implementation of those measures, and can request the respective entities to submit a report or data. "

6.2 Case intake and crisis intervention by IAS

The Social Welfare Bureau¹⁰, hereinafter referred to as ‘IAS’, is the entity responsible for assessing the risk level and classifying the violent acts of the suspected domestic violence cases. Thus, through close cooperation with the staff of the Reporting Hotline for Domestic Violence Cases, IAS personnel will make professional judgments on the risk level and refer the cases to appropriate service units accordingly.

If any of the risk indicators mentioned in Item 5.4.6 is present and requires interdepartmental cooperation, or a social report must be submitted to the Public Prosecutions Office, the IAS will provide an appropriate crisis intervention and supportive services, even if the case is known to a family service unit.

6.2.1 Case Intake

For suspected domestic violence cases that approach IAS by telephone or in person, the IAS caseworker¹¹ on duty will conduct an initial assessment, and then activate the procedures for handling the case. The procedures shall be consistent with the guidelines mentioned in Items 5.3 and 5.4 of Chapter V.

After activating the procedures for handling the case and confirming that any of the risk situations mentioned in Item 5.4.6 of Chapter V is involved, the IAS caseworker will provide and coordinate the provision of a series of urgent support services, including escorting the victim of the suspected domestic violence case, hereinafter referred to as ‘the victim’, and the family members concerned to the hospital for medical examinations and treatment, placement in a shelter, providing

¹⁰ The Family Service Division and the Social Assistance Division of the IAS are responsible for receiving and following up suspected domestic violence cases.

¹¹ Caseworker refers to social workers/ psychological counselors.

emotional support, assisting the application for legal aid, providing financial assistance and other services, etc.

6.2.2 Data Collection and Case Assessment

6.2.2.1 When assessing the risk faced by the victim and family members, as well as their welfare needs, the caseworker must do his/her best to collect the following data:

- (1.1) Personal data of victims and their family members;
- (1.2) The current physical / mental health status of the victim and family members (any disability or special needs);
- (1.3) The relationship between the perpetrator and the victim, the type of violence/ill-treatment, the form and frequency of violence/ill-treatment, and risk factors that contributed to the violence;
- (1.4) Current situation of the victim, family relationship, living conditions, support network, etc.;
- (1.5) Whether the family members are in immediate or potential danger.

6.2.2.2 After collecting the data, the caseworker has to assess the following:

- (2.1) Whether the victim needs to receive a physical examination or medical services immediately to deal with the physical, psychological, and mental harm caused by the domestic violence.
- (2.2) The immediate or potential risk of violence/ill-treatment (possibility of recurrence of violence/ill-treatment);
- (2.3) Whether the victim has decided to continue to live with the perpetrator or to temporarily move away;
 - (2.3.1) If the victim still lives with the perpetrator, the caseworker

should assess the safety of the victim and the family members concerned, in order to confirm whether they are properly cared for and protected.

(2.3.2) If the victim decides to temporarily move out of the residence or no longer live with the perpetrator, the caseworker must inquire where the victim and the family members choose to stay temporarily (for example, a shelter, a relative's or friend's residence, etc.). The caseworker must also assess the victim's safety at the temporary residence and his/her subsequent living arrangements, in order to confirm whether he/she is properly cared for and protected.

(2.4) Is the victim willing to report the suspected domestic violence incident to the police?

If the caseworker believes that the perpetrator has committed certain crimes, the victim should be encouraged or advised to report to the police. However, if the victim insists on not reporting to the police, the caseworker must explore the reasons behind that decision and try to discuss with the victim to find out the best strategy to deal with the situation. The caseworker must also abide by the duty of denunciation and report to the relevant authorities¹² accordingly to the Code of Criminal Procedure.

(2.5) Does the victim want the courts to impose coercive measures on the perpetrator according to the "Law on Preventing and Combating Domestic Violence", so as to stop further acts of violence/ill-treatment?

¹² Relevant authorities refer to courts, Public Prosecutions Office, or police agencies.

If the caseworker believes that coercive measures are necessary, the victim should be encouraged or advised to make the claim at a Police Station or the Public Prosecutions Office. However, if the victim insists on not submitting the respective request, the case staff must investigate the reasons for their unwillingness, and he/she must try to negotiate with the victim in search of the best strategy to deal with the situation.

- (2.6) Is it appropriate for the caseworker to contact the perpetrator or his/her family and friends?

The caseworker must make an assessment by considering the seriousness of the violent act performed by the perpetrator, the perpetrator's psychological dependence on the victim, and whether the perpetrator will stalk the victim. If it is believed to be appropriate to get in touch with the perpetrator or with his/her family and friends, it is necessary to consider the appropriate time and place for the contact.

6.2.3 Crisis Intervention

After conducting the above-mentioned assessment, the caseworker must conduct the following tasks of crisis intervention:

- (1) According to the needs of victims and the family members, arrange medical services, temporary accommodation services, emotional support, financial assistance and other services;
- (2) If the victims decides to continue to live with the perpetrator, develop a safety plan that will ensure that they are properly cared for and protected;

- (3) If the victims decide to move out or stop living with the perpetrator, arrange for him/her to stay in a shelter or other residence and develop a safety plan to ensure their safety.
- (4) The victims must be advised to inform the perpetrator of the decision of temporary leaving the residence in a way that can stabilize the perpetrator's emotion. For example, leaving a note at home or calling the perpetrator to explain that they are temporarily moving out to allow rooms for both parties to calm down, and that the victims and the children/family members will stay in a safe place. In addition, the caseworker must try his/her best to appease the perpetrator's emotions and tell him/her that there is no need to worry too much. However, the address of their temporary residence should never be revealed to the perpetrator in any way;
- (5) If necessary, contact the perpetrators or their relatives and friends in order to provide an appropriate crisis intervention and follow-up services.

6.2.4 Waiver of consent

In cases of domestic violence against children/elders/incapacitated persons, with the perpetrator being the parent or guardian who does not allow the caseworker to provide services to the victim (e.g. temporary accommodation), the caseworker need to conduct the assessment on the risk level of the domestic violence faced by the victim and the other respective factors. If it is impossible for the minor under 16 years old or the elder/incapacitated person to obtain consent from the parent/guardian or the actual caregiver, or only the perpetrator can give the consent, the consent can be waived according to Article 14 (Consent) of Chapter IV of the "Law on Preventing and Combating Domestic Violence". Appropriate protection and supportive services can be provided to the victim. If the victim is

institutionalized under the condition of waived consent, the caseworker must notify the Public Prosecutions Office as soon as possible. The case can then be handled according to the "Social Protection of Minors in Judicial Limits" contained in the Decree-Law No. 65/99/M, ensuring the safety of the victim.

6.3 Cooperation with the Judiciary Police and the Public Security Police Force

6.3.1 Paragraph 1 of article 17 (Police protection measures) of the "Law on Preventing and Combating Domestic Violence" provides that: "1. In handling domestic violence cases, police entities must timely adopt the necessary and adequate protection measures to safeguard the physical safety and well-being of the victim, or of the person at risk, and of his/her cohabiting family members, including to accompany him/her/them to:

- 1) The medical institution;
- 2) The place where the incident occurred, the domicile or another place, for the removal of belongings;
- 3) The social services facilities.

2. The police entities may also adopt protection measures referred in the previous paragraph upon request of the victim, the person at risk or the IAS. "

6.3.2 When the victim and/or the family members are in the situation in Item 6.3.6, the IAS can coordinate with the personnel of the Judiciary Police or the Public Security Police Force listed on "Emergency Contact Persons", and conduct a joint operation. In any joint operation, it is necessary to put the safety of the victims and/or their minor children first, and there must be a detailed intervention plan to prevent further harm or suffering to the victims and/or their minor children, and to protect them from being disturbed by the perpetrators.

6.3.3 The reasons for making a joint operation are as follows:

- (1) The IAS assumes by law the responsibility of classifying the risk level of

suspected domestic violence cases;

- (2) The police assumes by law the responsibility for investigating all suspected domestic violence cases that have been reported, and should take the necessary protective measures in a timely manner to ensure the safety and well-being of the victim, or the person at risk, and the family members who live together;
- (3) The caseworker of the IAS and the officers of Judiciary Police or the Public Security Police Force use their different professional techniques respectively to provide the victim and/or the family members with the maximum support and protection.

6.3.4 When carrying out any joint operation, the caseworker and the police officers must collaborate with and support each other. Before the operation, negotiations and deployment must be carried out, formulating the strategies of each party, in order to ensure the "welfare principle" is implanted during the operation, without affecting the law enforcement by the Police (for example, collection of evidence on suspected domestic violence incidents, arrest action, etc.)

6.3.5 Joint operations generally consist of the following stages:

- (1) Stage I - Initial discussion
- (2) Stage II – Strategy formulation
- (3) Stage III - Intervention
- (4) Stage IV - Discussion of the risk situation of the case and making decisions on follow-up strategies.

6.3.6 Intervention of Police

When handling the suspected domestic violence case or conducting a joint operation with the IAS, the Police should take the following actions/protective measures to ensure the safety of the victim, or the person at risk, and the family members who live together:

- (1) After contact and assessment, if the caseworker is convinced that the victim is in a risk situation and needs immediate support, he/she should resort to the mechanisms referred to in Items 6.3.1 and 6.3.2 for conducting a joint operation with the police. The police will send an officer to the scene of the suspected domestic violence and maintain contact with the IAS to discuss appropriate follow-up actions (e.g. joint home visits);
- (2) When the victim and/or the family members need to return to the place where the domestic violence has occurred, such as a residence, the caseworker must assess the relevant risk. If necessary, together with police officers, he or she must escort the victim and/or the family members to the above-mentioned locations to retrieve their personal items, such as ID cards, bank passbooks, medicines, textbooks, clothing, etc. (Before the action, the caseworker and/or the police officers must advise the victim and/or the family members about the relevant arrangements);
- (3) When the victim and/or his family members need any medical service and/or medical examination as part of the judicial procedures, the caseworker and the police must escort them to the Centro Hospitalar Conde de São Januário, depending on the situation of the victim and/or the family members, or upon their request. The caseworker should

explain to the police officer on duty the cooperation strategies between both parties, in order to prevent the perpetrator from harassing or harming the victim and/or the family members.

- (4) When the victim and/or the family members are in need of a shelter or emergency residential service, the caseworker must assess the relevant risk. If necessary, together with police officers, he/she must escort the victim and/or the family members to the shelter or other social service facility, to ensure their safety and to avoid disturbance from the perpetrator.

(The police officers must also keep the address of shelter confidential, and cannot reveal it to the perpetrator or any member of the public.)

6.3.7 Arrangements for interview with minors

When a minor under the age of 12 is a victim and/or an important witness of a criminal case, the following strategies must be considered before arranging an interview with the minor:

6.3.7.1 Timing of the Interview

Once it becomes clear that domestic violence or a criminal offence may have been committed, in principle all allegations should be investigated without delay. However, for suspected sexual ill-treatment cases, a premature interview may not be in the minor's best interests. Therefore, when dealing with a suspected case of sexual ill-treatment, the police must follow the mechanisms in Items 6.3.1 and 6.3.2 and carry out a joint operation with the IAS to discuss appropriate strategies and to ensure the best interests of the minor.

6.3.7.2 Considerations before the interview:

- (2.1) the minor's age, gender, intelligence, and communication ability;
- (2.2) the minor's physical needs, time schedule (such as class time, bedtime, etc.);
- (2.3) the minor's ability to recall; the minor's concept of date/ time, person, place, occurrence of the incident;
- (2.4) legal factor: whether the Public Prosecutions Office and the court will accept the statement of the minor, etc.

6.3.7.3 The principle of arranging an urgent interview with minors:

- (3.1) the deferment of an interview with the minor may expose the minor to serious risk;
- (3.2) the alleged perpetrator has been detained by the Police;
- (3.3) urgent collection of medical or forensic evidence is required because of the nature and recent commission of the offence (for example, in a sexual ill-treatment case, semen of the perpetrator is still on the minor's body).

6.3.8 Criminal investigation of perpetrators by Police

The police are solely responsible for the criminal investigation of the perpetrator and carrying out appropriate actions of law enforcement (for example, detention in case of non-current criminals). If necessary, the police can consult the IAS about the family background, the records of the suspected domestic violence, the most recent situation of that family, risk factors, etc. (Note: The caseworker of the IAS who provided the above-mentioned information may be called to court in subsequent legal proceedings.)

6.3.9 Co-operation between the Police and the IAS in investigations and proceedings

In the following situation, the police should keep contact with the IAS in order to exchange information including:

- (1) When the investigation of the case is completed, the police must inform the IAS, by telephone or by letter, about the type of the case and the respective follow-up (e.g., whether or not the perpetrator will be charged or subject to preventive detention). In the meantime, the IAS must report to the police the most recent family situation, as well as any new risk factors that may have emerged;
- (2) In case the victim needs to testify in court, the police must inform the IAS, by telephone or by letter, about the litigation and court procedures, so that the caseworker can provide an emotional support service, as well as designating a suitable person to accompany the victim;
- (3) When the outcome of the trial is known or the case has been suspended, the police must inform the IAS, by telephone or by letter, about the respective decision or the situation of the perpetrator, so that the caseworker can provide the necessary service to the victim.

6.4 Comprehensive of case assessment and case classification

6.4.1 The sources of suspected domestic violence cases of the IAS are as follows:

- (1) Cases that directly seek help from the IAS (i.e., calling or going to the IAS as mentioned in 6.2.1);
- (2) Cases first known through the Reporting Hotline for Domestic Violence Cases (cases that are not known by any family service unit). After an initial case

analysis, outreaching service and the crisis intervention, the IAS will make an assessment and then conduct respective follow-up actions or redirect the case;

- (3) Known cases referred by the Integrated Family and Community Service Centers or NGOs because risk situations mentioned in Item 5.4.6 of Chapter V are involved, interdepartmental cooperation is required or a social report to be submitted to the Public Prosecutions Office is required. (See Items 5.4.5 and 5.5.2).

6.4.2 After completing the initial case analysis and crisis intervention (handling the immediate safety and welfare needs of the victim and the family members), the caseworker must proceed to a comprehensive case assessment, case classification (whether it is a case of domestic violence) and identification of risk factors for cases stated in Item 6.4.1, and then develop an appropriate welfare plan. The specific work of the casework is as follows:

6.4.2.1 Collecting information

- (1.1) Collecting information from the victim. The personal information of the family members, housing conditions, the family's economic conditions, the family background, the relationship among family members, the risk factors leading to the violent act, the frequency of violence/ill-treatment and their severity (whether the situation has escalated over the last month), the victim's ability to cope with violent acts/ill-treatment, as well as the willingness to participate in the welfare plan;
- (1.2) Collecting information from the perpetrators and/ or their relatives and friends. Depending on the situation, the caseworker must learn about various aspects of the case with the perpetrator and/or his/her family and friends (the information collected is similar to that of the victim).

It is especially important to learn about the attitude of the perpetrator towards the violence/ill-treatment;

(1.3) Collecting information from the staff of public and private entities where necessary.

6.4.2.2 Use of assessment tools

After completing data collection, the caseworker must use different assessment tools (Appendix 6-10) to assess the risk level of the case and the severity of the violence/ill-treatment. According to Heilbrun K. et.al (2010)¹³, each type of domestic violence assessment tool has its limit in terms of reliability and validity, and so prediction of the risk of the domestic violence cannot be a hundred percent accurate. Therefore, when using the assessment tools contained in the appendix of this guide or other assessment tools, the caseworker should be alert and sensitively assess their reliability and validity. To this end, he/she should draw on his/her work experience and professional analysis to adjust the prediction of risk of domestic violence, and collaborate and communicate closely with his/ her supervisor, in order to minimize the chance of making mistakes.

6.4.2.3 Case classification (Suspected Domestic Violence Case Conference or Multi-disciplinary Case Conference)

After the completion of the in-depth social investigation and the case assessment, the IAS will convene a "Suspected Domestic Violence Case Conference" to determine whether it is a domestic violence case as well as

¹³ Heilbrun K., Yasuhara K., Shah S. (2010), Violence Risk Assessment Tools: Overview and Critical Analysis. In Otto R.K. and Douglas K.S. (Ed.) Handbook of violence risk assessment (pp.1-14), New York : Routledge.

the risk level of domestic violence. The convener of the conference will be a representative of the IAS. The members of the conference include the responsible caseworker and two to three experienced caseworkers. If necessary, the IAS will invite staff from public or private entities who have handled the case. If it is considered a domestic violence case, the severity of risk faced by the victim and the family members, as well as the welfare plan, will be discussed. If it is a complicated case endowed with high risk of domestic violence, or interdepartmental cooperation is involved, the IAS will convene a "Multi-disciplinary Case Conference", inviting staff from other public and private entities to participate in the meeting (for more details, see Chapter VII - "Multi-disciplinary Case Conference"). The severity of the risk of domestic violence and a complete and appropriate welfare plan will be discussed.

6.4.2.4 Division of work between the IAS and NGOs after the confirmation of a domestic violence case.

Once it has been confirmed in the Suspected Domestic Violence Cases Conference and Multi-disciplinary Case Conference that the risk situations stated in Item 5.4.6 of Chapter V are presented, the respective follow-up will be the responsibility of the IAS. If the case is of low to medium risk, the IAS can refer the new case to the Integrated Family and Community Service Center (hereafter called “Center”) after the discussion and negotiation at the aforementioned meeting. As for the known cases of the Center, if they are confirmed in the "Suspected Domestic Violence Cases Conference" as being cases with low to medium risk, and if it is considered appropriate after discussion and negotiation, it will still be followed up by the Center.

6.5 Planning and Implementation of the Welfare Plan

After confirming that it is a domestic violence case, the caseworker must formulate the welfare plan and the treatment plan for the victim, the perpetrator and the family members. In addition, depending on the actual needs of the case, the victim and the family members should be provided with different types of supportive services so as to strengthen the victim's community support network and rebuild his/her life.

In addition to providing personal or family counseling, taking into account the situations of the victim, the perpetrator and the family members, the caseworker must also refer them to other public and private entities to receive adequate services. The services include clinical psychotherapy, shelter, accommodation and care for minors, financial assistance, legal advice, educational support and employment, etc. That will reduce the harm that may be caused to the victim and prevent the recurrence of the domestic violence, as well as to support families affected by the domestic violence to regain a healthy family life as soon as possible.

With reference to the case management model, the caseworker must coordinate with other public or private entities to provide appropriate services to the victim, such as those mentioned above, the aim being to reduce the victim's stress in repeating the domestic violence experience in different agencies.

When dealing with the domestic violence case, the caseworker must not only pay attention to the welfare needs of the victim and the family members, but also the welfare needs and treatment plan for the perpetrator, especially when the victim decides to continue to live with the perpetrator. The Department of Social Reintegration (DRS) under the IAS has begun to establish a treatment program for the perpetrator. If a DRS social worker/psychological counselor is providing the counseling or other treatment plan to the perpetrator, the caseworker must keep close contact with the DRS social

worker/psychological counselor to understand how the service is proceeding so as to effectively deal with domestic violence issues and prevent the perpetrator from committing the violence/ill-treatment again.

During the course of follow-up, the caseworker must regularly review the case and carry out continuous assessment. The caseworker must monitor the relationship among the victim, the perpetrator and the family members, as well as the progress of the welfare plan. If necessary, the caseworker should call a meeting or a "Multi-disciplinary Case Conference" to review the case, and keep close contact with the public and private entities involved in the case.

6.6 Filling in the registration form of the Central Registration System

After a case is confirmed as a case of domestic violence at the "Suspected Domestic Violence Cases Conference" or the "Multi-disciplinary Case Conference", the unit primarily responsible for case follow-up must complete the registration form of the Central Registration System on Domestic Violence Cases within one month for the purposes of statistics and analysis. The said form must be sealed and delivered to the Department of Family and Community Services. "Registration form of the Central Registration System on Domestic Violence Cases" has to be written on the envelope.

Chapter VII Multi-disciplinary Case Conference

7.1 Legal Basis

According to paragraph 2 of article 5 (Responsible entity) of the Law on Preventing and Combating Domestic Violence, "Other public or private entities shall be obliged to cooperate whenever the IAS so requests, in compliance with the provisions of this law, without prejudice to their respective rights and legitimate interests. ";

According to paragraph 1 of Article 13 (Risk Situations) of the Law on Preventing and Combating Domestic Violence, the IAS shall classify the risk level and follow up the case in accordance with its authority, upon the request of persons at risk of domestic violence, or when informed by public and private entities specified in article 6 or the association specified in the paragraph 3 of the article 10. IAS may request other relevant entities to cooperate and follow up if necessary.

According to paragraph 5 of Article 16 (General protection measures) of the Law on Preventing and Combating Domestic Violence, "The IAS shall carry out an ongoing follow up of the execution of the protection and assistance measures referred in paragraph 1, being able to request the public and private entities involved in their execution to submit reports or data."

7.2 Objectives and Contents of a Multi-disciplinary Case Conference

7.2.1 Objectives

The "Multi-disciplinary Case Conference" (hereinafter referred to as "the Conference") offers a platform that allows staff from different departments/agencies (public and private entities) who are responsible for handling suspected domestic violence cases, to share information about the safety, protective and supportive measures, and welfare plan for the victim, and to exchange views about the risk factors that lead to violence or ill-treatment, as well as to determine whether it is a domestic violence case.

In addition, the Conference may be called after the case has been followed up,

focusing on the victim's safety and well-being. Also, a family-oriented assessment of whether the risk factors still exist, and a review of the implementation of protective and supportive measures will be made.

7.2.2 Content of Multi-disciplinary Case Conference for Suspected Domestic Violence Cases

The items to be discussed at the Conference include the following:

- (1) Types of violence/ ill-treatment inflicted in domestic violence cases;
- (2) Risk factors that contribute to violence/ ill-treatment;
- (3) Severity of the risk to victims and family members concerned;
- (4) Protective and supportive measures and welfare plans for victims and family members concerned;
- (5) Welfare needs and welfare plan of the perpetrators;
- (6) Division of work and collaboration in case handling.

7.2.3 Contents of multi-disciplinary case conference held after case follow-up

The items to be discussed at the Conference include the following:

- (1) Whether or not the risk factors contributing to domestic violence still exist;
- (2) The implementation of protective and supportive measures;
- (3) Progress of the counseling services/ treatment plan of the perpetrators;
- (4) Welfare needs and welfare plans of the victims, perpetrators and family members concerned;
- (5) Division of work and collaboration in case handling.

7.3 Convener and members of multi-disciplinary case conference

7.3.1 Convener

The representative of the IAS serves as the convener.

7.3.2 Members

- (2.1) Staff members of public and private entities involved in handling the suspected/domestic violence case;
- (2.2) Staff members of public or private entities who do not participate directly in the intervention of the suspected domestic violence case, but can provide important information or opinions for the formulation of the welfare plan;
- (2.3) The victim, the perpetrator and other family members (depending on the situation, the Convener may invite them to attend all or part of the Conference without considering them as members of the Conference).

7.4 Agenda of multi-disciplinary case conference

7.4.1 The convener introduces significant events;

7.4.2 Information sharing:

- (2.1) Report by the caseworker;
- (2.2) Report by the medical doctor;
- (2.3) Report by the medical social worker;
- (2.4) Report by the police officer;
- (2.5) Report by the principal/teacher/student counselor;
- (2.6) Report by the chief/ social worker of the institution.

(The above-mentioned items are subject to adaptations depending on the specific situation of each case.)

7.4.3 Discussion and issues to address;

7.4.3.1 Multi-disciplinary Case Conference for Suspected Domestic

Violence Cases:

- (3.1.1) Types of violence / ill-treatment in domestic violence cases;
- (3.1.2) Risk factors that contribute to violence / ill-treatment;
- (3.1.3) Severity of the risk to victims and family members concerned;
- (3.1.4) Protective and supportive measures and welfare plan for the victims and family members concerned;
- (3.1.5) Welfare needs and welfare plan of the perpetrators;
- (3.1.6) Division of work and collaboration in case handling.

7.4.3.2 Multi-disciplinary case conference held after case follow-up

- (3.2.1) Whether or not the risk factors contributing to domestic violence still exist;
- (3.2.2) Implementation of protective and supportive measures;
- (3.2.3) Progress of counseling services/ treatment plan of the perpetrators;
- (3.2.4) Welfare needs and welfare plans of the victims, perpetrators and family members concerned;
- (3.2.5) Division of work and collaboration in case handling.

7.4.4 Any other business.

7.5 Role and responsibilities of the Convener

- (1) Selecting the date and venue of the Conference;
- (2) Deciding the list of members of the Conference and sending out invitations;
- (3) Assessing whether it is appropriate to invite the victim, the perpetrator or their family members to attend the Conference; assessing whether they will attend in full or part of the Conference. After making relevant arrangements, the Convener should invite the members of the Conference to make comments;
- (4) Before the Conference, the family social investigation report/ case follow-

up report must be delivered to the members of the Conference in a confidential manner;

(5) Depending on circumstances, invite the victim, the perpetrator, the family members, relatives or other professionals, and do the respective preparatory work;

(6) Appointing appropriate personnel to prepare the minutes of the Conference;

(7) When chairing the Conference, remind members to take full account of different risk situations and the victim's will when formulating protective and supportive measures, as well as the respective welfare plans, so that effective measures can be identified to ensure the well-being of the victim and the family.

7.6 Points to note for inviting the victim, the perpetrator, and other family members to attend the Multi-disciplinary Case Conference

(1) The Conference gives priority to the victim's welfare and rights. The victim, the perpetrator and/or members of their family are invited to the Conference in order to increase their knowledge of the risk factors that give rise to acts of violence/ill-treatment. They are also invited to participate in the formulation of the welfare plan and are encouraged to present their opinions. In addition, this Conference also allows its members to learn about the attitudes of the victim, the perpetrator and the family members towards the welfare plan;

(2) When dealing with cases of violence against minors and the perpetrator is not the victim's parent, the minor and/or his/her parents may be invited to attend all or part of the Conference. Likewise, in cases of violence against the elders/incapacitated persons, when the perpetrator is not their family member, then the family member may be invited to all or part of the Conference;

- (3) The Convener must listen to the opinions of the caseworker and all members of the Conference before deciding whether or not to invite the victim, the perpetrator or the family members;
- (4) When necessary, after obtaining the consent of the victim, the family members and the members of the Conference, the Convener can invite family members and friends and other professionals who have significant knowledge of the victim and who can help formulate the welfare plan;
- (5) Depending on the circumstances, the victim, the perpetrator and/or the family members may be invited to be present in:
- (5.1) the entire Conference; or
 - (5.2) the part of the Conference regarding discussion of the welfare plan; or
 - (5.3) the part of the Conference when the members already have a proposal or a consensus on the welfare plan.¹⁴
- (6) After careful consideration and integration of the opinions presented by the members, the Convener can invite the perpetrator to attend the Conference, especially the part after a proposal or a consensus on the welfare plan is reached;
- (7) The Convener and members should carefully consider whether to invite the victim and the perpetrator to the Conference. During the Conference, the perpetrator should not be given any opportunity to influence or disturb the victim directly or indirectly, such as exerting pressure to make the victim change or withdraw his/her statement on the violent incident;
- (8) In the event that the perpetrator is present, the Convener must remind all

¹⁴ Under normal circumstances, this arrangement of attending the Conference is the most commonly used and most effective.

members that the perpetrator's confession of the crime made during the meeting may constitute evidence in any future trial hearing. All participants in the Conference may serve as witnesses should there be any charges laid against the suspected perpetrator.

7.7 Points to note when arranging for the victim, the perpetrator, and/or other family members to attend the Multi-disciplinary Case Conference

- (1) Before the Conference, the Convener must notify all meeting members, the victim, the perpetrator or the family members about the arrangements for attending the Conference;
- (2) Should any members of the Conference consider the presence of the victim, the perpetrator or the family members to be inappropriate, he/she may discuss the matter with the Convener before the Conference is held, or propose to the Convener that the victim, the perpetrator or the family members leave the Conference at a certain time and provide them with a comfortable and undisturbed place to rest so that the Conference can continue smoothly;
- (3) If the members of the Conference need to discuss a matter with each other, it is up to the Convener to decide whether to ask the victim, the perpetrator or the family members to temporarily leave the Conference. If such leave is necessary, the Convener must explain his/her decision to them and, subsequently, brief them about the outcome of the discussion during their absence;
- (4) If the victim and the perpetrator are asked to temporarily leave the Conference, the Convener must arrange separate rooms/areas for the victim and the perpetrator to rest, thus preventing the perpetrator from having the

opportunity to disturb the victim directly or indirectly, or even exercise pressure on the victim and make him/her change or withdraw the statement about the domestic violence incident;

- (5) If the perpetrator or the family members cannot be present at the Conference, or the Convener and/or the members consider the perpetrator's presence to be inappropriate, the caseworker and/or the members of the Conference have a responsibility to express such an opinion at the Conference. The caseworker also has the responsibility of informing the perpetrator or the family members that if it is impossible for them to attend the Conference, they will be able to present their opinions and requests in writing to the members of the Conference.