

Submission¹ to
The pre-session working group of the CEDAW Committee

In respect of
The 3rd Report of Hong Kong, China²
To be considered at the 59th Session

From
Association Concerning Sexual Violence Against Women, and
Rainlily

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¹ Please post our submission on the CEDAW website for public information purposes.

² The 3rd Report of HKSAR forms part of the combined 7th and 8th Report of China under the Convention

Sexual Violence Against Women in Hong Kong: Urge for the Set-up of a Real “One-Stop” Rape Crisis Centre

By the Association Concerning Sexual Violence Against Women and the Rainlily³

Concluding Comments of the Committee given at the 36th Session

1. In the previous Concluding Comments of the Committee given at the 36th Session held in 7-25 August 2006, the Committee (at paragraph 36) urges the HK Government:
 - (1) “to strengthen its efforts in combating all forms of violence against women, including domestic violence”
 - (2) “to enhance women’s access to justice, including by ensuring an effective response to complaints and carrying out more proactive investigations of complaints”
 - (3) “to improve gender-sensitive training for judicial and law enforcement officials and health and social workers on violence against women”
2. **In particular, “the Committee encourages the Government to re-establish the Hong Kong rape crisis centre so as to ensure that victims of sexual violence receive specific attention and counselling in full anonymity.”**
3. The Committee recommends that the Government “allocate sufficient resources to combat all forms of violence against women, including domestic violence” and “to provide details about budget allocation in its next periodic report”.

Initial Responses to the 3rd Report of Hong Kong, China⁴

4. In the HK Government’s 3rd Report, the major part in response to the above Concluding Comments can be found under Article 5 with the sub-heading “Protection of women against violence”⁵. The followings are our responses to the Government’s said report:
 - (1) In paras. 5.22-5.24, in response to the Committee’s request on ‘budget allocation’ as referred to above, the Government provided the amount of resources allocated in handling domestic violence only, without providing any information, figures or details about the ‘budget allocation’ in combating sexual violence against women.
 - (2) In para.5.40, in response to the Committee’s request to enhance women’s access to justice, the Government mentioned that its Department of Justice issued “The Statement on the Treatment of Victims and Witnesses” in September 2009 (“the Statement”) to assist domestic violence victims to undergo judicial proceedings. In fact, the Statement mainly caters for children and other vulnerable witnesses/victims **without specifying the vulnerability of sexual violence victims in giving evidence in court proceedings. Further, apart from this, nothing in report has mentioned about how the Government has enhanced sexual violence female victims’ access to justice.**

³ <http://www.rainlily.org.hk>

⁴ The 3rd Report of HKSAR forms part of the combined 7th and 8th Report of China under the Convention

⁵ Please refer to paragraph 5.16 on page 28 to paragraph 5.70 on page 39. Also, paragraph 11.13 on page 52 on “Sexual harassment” under Article 11 (equality in employment) and paragraph 15.5 on page 91 under Article 15 (equality in law).

- (3) In para.5.48, in response to the Committee's request to re-establish the rape crisis centre, the Government mentioned that it funded a new crisis centre in 2007. **However, that CEASE crisis centre is indeed a "Multi-purpose Crisis Intervention Centre" which is not a hospital-based model nor does it provide an "one-stop" supply for all the services needed by female victims of sexual violence.**
- (4) Also in para.5.48, the Government mentioned about our organization (Rainlily) that we have continued our operation as a crisis centre with funding support from the Community Chest. **In fact, we have only received time limited support from the Community Chest. The funding will be ended in the March of 2014.** Besides, we have to put much effort to raise funds from the public to top up the staff because the Community Chest gave us 70% of the total expenditure every year. **The funding uncertainty greatly affects the sustainability of our services.**
- (5) In para.5.49, the Government mentioned that the Police have set up the Vulnerable Witness Interviewing Suites to provide "one-stop" facilities to child/mentally incapacitated sexual violence victims for conducting video-recorded interview and forensic examination. **However, the existing interviewing suites are used for video-recoded interview only but seldom used for forensic examination. The international standard of "one-stop" service which is stipulated in the World Health Organisation (WHO) is not matched.**
- (6) In para.5.59, the Government mentioned that SWD has managed central information systems to monitor the trends of newly reported sexual violence cases. **However, owing to the different criteria of calculation between the Police and the SWD statistics on sexual assault cases, the data is not comprehensive and accurate.** For example, the Police use the number of sexual assault incidents to count the service statistics, whereas the SWD use the headcount, therefore the total number of sexual violence cases of Police are greater than that of the SWD. **In addition, the Hong Kong Government had not conducted any household survey on sexual violence during these five years. Therefore it is difficult to collect data on the nature of sexual violence, the seriousness of the issue and the problems of under-reporting.**
- (7) In paras.5.62-5.70, in response to the Committee's request to improve gender-sensitive training for different professionals, the Government mentioned in para.5.67 that staffs in the Forensic Pathology Service of the Department of Health are taught the new service model for handling adult sexual violence cases. **In fact, many victims shared that they are extremely stressful and embarrassed during forensic examination because there is lack of female forensic doctors and the way examination is conducted lacks gender-sensitivity.** Although the Government said that they had annual meeting with departments to discuss sexual violence cases, the meetings were not opened and RainLily had never been invited these meeting to reflect the difficulties of victims during forensic examination.
- (8) In para.5.68, the Government mentioned that the A&E of public hospitals have developed guidelines for healthcare staff on the management of victims of sexual violence and the victim is treated in a safe, confidential and protected manner. **In fact, the Government fails to provide sufficient facilities to support the operations of these guidelines.** According to

Hung⁶ (2011), the medical professional also commented that the A&E of public hospitals is undesirable for rape crisis intervention.

- (9) Apart from the above, the Government mentioned nothing as to the improvement of gender-sensitive training for different professionals in the handling of sexual violence victims.**

List of Issues / Questions for the HK Government

5. On the topic of ‘Sexual Violence against Women’, we suggest the following questions for the HK Government in consideration of its 3rd Report:
- (1) Please provide the relevant figures and data which can show or demonstrate the resources (both financial and human resources) allocated to combat sexual violence against women, in particular the details about budget allocation.**
 - (2) Please provide the number of gender sensitivity trainings to the judicial and law enforcement officers (including judges, prosecutors and Police) regarding sexual violence.**
 - (3) Please illustrate the protective measures (such as special passage and screen protection) given to victims of sexual violence within the legal system to prevent second traumatization of victims.**
 - (4) Please provide the respective numbers of cases of CEASE crisis centre in receiving hotline services, accommodation, and outreaching services broken down by gender, type of referring agents and case nature, including sexual violence, domestic violence, elder abuse and other crisis. In addition, how does the effectiveness of the CEASE service in term of sense of security and confidentiality, and degree in privacy and empowerment.**
 - (5) Please provide the details of actual resources and facilities designated in each public hospital to implement the guidelines for healthcare workers referred to in para.5.68 of the Government’s 3rd Report so as to ensure a safe and confidential environment. Please also provide reasons why RainLily counsellors were not included or named as case managers of sexual violence in the said guidelines.**
 - (6) Please provide what resources have been granted to RainLily in terms of policy, finance, and the provision of venue in order to support and recognize the work and contribution of Rainlily.**

⁶ Hung S.L. (2011). *A Research Report on help seeking experiences of sexual violence victims in Hong Kong: Community Responses and Second Victimization*. Hong Kong: Association Concerning Sexual Violence Against Women & Department of Social Work, Hong Kong Baptist University.

Chapter 1: Discrimination against Women - Sexual Violence

Articles 1, 2 and 3

1. According to the General Recommendation 19, para.6, ‘discrimination’ includes gender-based violence that is, directed against a woman because she is a woman or that affects women disproportionately. Sexual violence refers to any sexual act; attempt to obtain a sexual act without consent, unwanted sexual comments or advances directed against a person by coercion. It brings fear, humiliation and physical and psychological harm to the victim. Sexual violence is a consequence of power inequalities between men and women. Most of the victims are women and perpetrators are men. According to the General recommendation 19, para.10, state parties have “a comprehensive obligation to eliminate discrimination in all its forms”
2. In Hong Kong, victims of rape and sexual assault are mainly women. From the database provided by the Social Welfare Department (SWD)⁷ in 2013, 99% of victims are female. Around 40% of female victims come from lower-economic class.
3. Sexual violence causes great harm to women and affect women’s social life and freedom seriously. Female victims are more likely to suffer from depression, anxiety, psychosomatic symptoms, eating problems, and sexual dysfunctions. Some victims experience psychological problems as long as 15 years after the assault. Effects of violence may also be fatal as a result of intentional homicide, severe injury or suicide. Women who experienced sexual assault in childhood or adulthood are more likely to attempt or commit suicide than other women.
4. Studies show that women who have been physically or sexually assaulted require health services more than other women, thus increasing the general costs of health care in the society. The health care costs of women who were raped or assaulted were 2.5 times higher than the costs of other women. In Hong Kong, RainLily found that the 70% of the female victims suffered from depression, 13% of them attended the psychiatric ward, 47% had self-harm behavior, 25% had suicidal ideation and 20% had attempted suicide after the sexual assault incidents.⁸
5. However, the Government has not adopted a comprehensive obligation to combat sexual violence. In HK, the Labour and Welfare Bureau (LWB) is the highest coordinating institution in the Government of formulating and implementing policy about sexual violence. However, the LWB is not powerful enough to lead government departments to combat sexual violence. In the LWB, the team who is responsible to formulate and implement measures to combat sexual violence lacks financial and human resources. According to the LWB, the annual budget for provision of supporting services (like hotlines, shelters, crisis intervention services) for domestic and sexual violence is HK\$10.8 million (refer to LWB 619).⁹ **Since there is no breakdown of this figure made available to the public, it is difficult to assess whether the Government has allocated sufficient resources to combat, among others, sexual violence against women as recommended by the Committee at the 36th Session.**¹⁰ In fact, counseling and support groups for sexual violence

⁷ SWD(2013), *Statistics on Child Abuse, Spouse/ Cohabitant Battering and Sexual Violence Cases*, <http://www.swd.gov.hk/vs/english/stat.html> (accessed Jan 23, 2014)

⁸ Cheung, Fanny M., Ng, Wai-ching(2005), *Rainlily Build-in Study Report 2001-2003*. Hong Kong: Association Concerning Sexual Violence Against Women, The Gender Research Centre at the Chinese University of Hong Kong.

⁹ LC Paper No. LWB(WW)619, Secretary for Labour and Welfare response to question by Hon. LEUNG Kwok-hung on the expenditure for handling sexual violence cases.

¹⁰ Please refer para. 36 of the Concluding Comments of the Committee.

victims are few and usually underfunded. Even in the current 3rd Report, the Government still failed to provide details about budget allocation in respect of sexual violence against women despite the same was recommended by the Committee at the 36th Session.¹¹

6. **In the premises, we hereby ask the HK Government to provide to the Committee relevant figures and data which can show or demonstrate the resources (both financial and human resources) allocated to combat sexual violence against women, in particular the details about budget allocation in this regard.**

Articles 5 and 15

7. According to General recommendation 19, para.11, “Traditional attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence or coercion...**Such prejudices and practices may justify gender-based violence as a form of protection or control of women.**” Sexual violence is not so much a mean to satisfy sexual needs but to gain power or maintain dominance. Sexual violence also limits women’s ability to move about and lead them to seek for men’s protection. Women who are economically dependent find it difficult to leave their husbands when abused.
8. In Hong Kong, the prevalence of rape myths has reinforced discrimination against women who encounter sexual violence. Some of them may even be blamed for their predicament. Recently, the Secretary for Security, T.K. LAI, being the head of the Security Bureau of Hong Kong, put the blame on rape victims. LAI said, “Some of these (rape) cases also involved the victims being raped after drinking quite a lot of alcohol. So I would appeal that young ladies should not drink too much.”¹² Obviously, such saying reflects that Lai lacks a gender perspective in understanding the issue of sexual violence against women and apparently, his view reflects how inadequate the Government is in providing gender-sensitivity training to the professionals and government officials specifically and in educating the general public accordingly.
9. In Hong Kong, reported rape and indecent assault cases have increased over the years. According to Hong Kong Police Force, there were 1086 reported rape and indecent assault cases in 2002.¹³ In 2012, there were 1616 reported cases.¹⁴ The increase is 48.8% over ten years. According to a statistics of the Police, every 5.4 hours there is a sexual violence case taken place. In fact, according to the hotlines survey recently carried out by the Rainlily, there is significant under-reporting in sexual violence cases. According to the survey, from April 2011 to March 2013, about 87% of the victims did not report their cases to the Police. Among these victims, 22.2% did not want to be further troubled by the incident and its related matters¹⁵, 17.8% feared of being blamed by others¹⁶, and 16.7% felt ashamed to report the case because they were shameful about the incident. The shamefulness and self-blame attitude make them very hesitate to talk about the incident. Further, sexual nature of the incident makes it more difficult and embarrassing for them to talk about it in front of others.

¹¹ Please refer to para.36 of the Concluding Comments of the Committee and paras.5.22-5.24 of the 3rd Report of HK

¹² Please refer to the news reporting in South China Morning Post on 14th May 2013.

¹³ Hong Kong Police Force (2003). *Hong Kong Police Review 2002*. Appendices 5.

¹⁴ Hong Kong Police Force (2013). *Hong Kong Police Review 2012*. Appendices 8.

¹⁵ When they were asked to explain what that means, they said they are worried about the process of statement-taking by the Police and giving evidence in court as they are unfamiliar with the legal proceedings. They are also fear of being known by the public, queried and misjudged by the police and defence lawyers and the long duration of the entire process.

¹⁶ The victims were blamed by their family members, friends and employers who then discouraged them to report.

10. In Hong Kong, being a Chinese society, people tend to think that “the greater the intimacy, the less likely people are to judge an instance of forced sexual intercourse as rape”. Such biased thinking tends to blame the victims for, eg sending wrong message to the abuser, especially when the female victims are raped by their intimate partner. Obviously, such thinking treats the victims unfairly and tends to justify such terrible sexual crimes. These biased public perceptions of stranger rapes and marital rapes also affect the way the professionals respond in handling different victims of stranger and acquaintance rapes. So, victims of acquaintance rape are 11 times more likely than others to be clinically depressed and 6 times more likely to experience social phobia. Most importantly, it will increase and enhance the victim’s feeling of guiltiness that further deters them from disclosing and reporting the incidents. As a result, the under-reporting rates are much higher in marital or date rapes.
11. Another reason that contributes to the problem of substantial under-reporting in cases of sexual violence against women is that victims of sexual violence are known to be easily subject to “second trauma” or “secondary victimization” in the process of reporting the case and giving evidence in court. In Hong Kong, however, little has been done to address this issue. For example, from time to time victims of sexual violence encounter the following discouraging or upsetting experience with the Police: they were not encouraged to report by the police officers, their account of the incident was strongly questioned by the police officers, they had to repeat giving an account of the incident to different police officers, male officers were present in the statement taking process, it took a long time to finish the statement taking process, their identity was revealed to others including family members by the police without the victim’s knowledge or consent, insufficient privacy protection, they were not informed of the progress their case, etc.
12. According to Article 15(1), women and men should have equal status before the law, and state parties should “take all legal and other measures that are necessary to provide effective protection of women against gender-based violence”.¹⁷ Hence, the Committee at the 36th Session urges the HK Government “to enhance women’s access to justice, including by ensuring an effective response to complaints and carrying out more proactive investigations of complaints, and to improve gender-sensitivity training for judicial and law enforcement officials and health and social workers on violence against women”.¹⁸
13. However, currently, the supporting services to the victims of sexual violence in Hong Kong are very fragmented and also lack of gender perspective. The victims have been always treated as ordinary victims who suffer from any kinds of violence. Their discriminatory experiences incurred by gender-based biases have not been addressed to properly. The specific needs of the sexual violence female victims, such as an accessible, fixed, secure, clean and private place for getting various support services, adequate measures for preventing second trauma and multi-disciplinary support with high gender-sensitivity, have not properly and sufficiently taken care of.
14. Although the Government mentioned in the 3rd Report (at para.5.40) that its Department of Justice issued “The Statement on the Treatment of Victims and Witnesses” in September 2009 (“the Statement”) to assist domestic violence victims to undergo judicial proceedings, the Statement mainly caters for children and other vulnerable witnesses/victims **without specifying the**

¹⁷ See General Recommendation 19, para.24(t).

¹⁸ See para.36 of the Concluding Comments of the Committee

vulnerability of sexual violence victims in giving evidence in court proceedings. Further, apart from this, nothing in report has mentioned about how the Government has enhanced sexual violence female victims' access to justice.

15. **We hereby therefore ask the Government to inform the Committee how and to what extent the existing prosecution policy has given adequate support and protection to the victims of sexual violence within the legal system. In particular, what has been done to ensure that the integrity and dignity of the victims are respected during the process of prosecution. Also, what kinds of and how many gender-sensitivity trainings have been given to the judicial and law enforcement officials and health and social workers on sexual violence against women.**
16. All in all, the HK Government simply fails to meet the international standard set by the World Health Organization (WHO) to provide a comprehensive and women friendly one-stop services to the victims of sexual violence . This indeed echoes with the Concluding Comments of the Committee at 36th Session that the Government is encouraged to “re-establish the Hong Kong rape crisis centres so as **to ensure that victims of sexual violence receive specific attention and counseling in full anonymity**”.¹⁹ More details are set out under Chapter 2.

Chapter 2: ‘One-stop’ Rape Crisis Centre

Articles 5 and 15

17. As mentioned above, the CEDAW Committee encourages the HK Government “to re-establish the Hong Kong rape crisis centre so as to ensure that victims of sexual violence receive specific attention and counselling in full anonymity”. We strongly agree with and welcome the Committee’s suggestions regarding the setting up of rape crisis centres, which should provide specific attention and counseling in full anonymity to the victims of sexual violence.
18. In fact, this is also WHO’s standard of the one-stop rape crisis centre for sexual violence victims. According to WHO’s guidelines for medico-legal care for victims of sexual violence,²⁰ health and welfare of victims of sexual violence are of foremost priority when running a rape crisis centre. “The ideal is that the medico-legal and the health services are provided simultaneously; that is to say, at the same time, in the same location and preferably by the same health practitioner”.
19. Hence, consultation is suggested to take place at one spot/site where there is high accessibility to the full range of services and facilities including laboratory and counseling services that the victims may need, for example, within a hospital or a clinic or somewhere there is immediate access to the medical expertise. Victims should be able to gain access to the service round the clock. The place where the service is provided should be safe, secure and of privacy. Apart from services, providing sufficient facilities and equipment with high quality is also important. It has been suggested that the following facilities should be included: an examination room, a separate room where the victims can talk or receive counseling services, a washroom with shower and toilet facilities, an interviewing room for statement taking by the police, and a reception area where accompanying friends and family members can stay.

¹⁹ Please refer to para.36 of the said Concluding Comments

²⁰ WHO (2003). Guidelines for Medico-Legal Care for Victims of Sexual Violence.

20. Accordingly, pursuant to WHO's guidelines, a qualified rape crisis centre should locate at a fixed and confidential place, which provides comprehensive services to female victims of sexual violence including counseling by social workers, statement taking by the police and forensic examination by the health workers and gives the victims a sense of security and privacy. These are the important elements for the recovery of sexual violence victims and to encourage them reporting the case.
21. As shown above, sexual violence against women is related to gender inequality. So, when we are talking about "specific attention" be given to sexual violence victims, the rape crisis centre is expected to have gender perspective and thus the services it provides should be "female-based" (as opposed to the "gender-free-client-based"). "Female-based" services concentrate on the specific needs of female victims who suffered from a gender-based sexual violence and discrimination, such as being blamed or feeling ashamed under various rape myths. A qualified rape crisis centre, therefore, should work on advocating for female victims' rights as well as providing crisis intervention tailored for the special needs of female sexual violence victims.
22. In para.5.48 of the 3rd Report of Hong Kong (and in response to the comments of the Committee as mentioned above), the Government stated that it has introduced "a new, comprehensive and one-stop service model involving multi-disciplinary assistance for victims of sexual violence in 2007, [namely a] new crisis intervention and support centre, the CEASE Crisis Centre". According to the Government, "services provided by the CEASE Crisis Centre include short-term accommodation for adult victims of sexual violence and individuals/families facing domestic violence or in crisis, a 24-hour hotline for the public, counseling services and immediate outreach/crisis intervention."
23. Indeed, according to our understanding, when a victim seeks help through the 24-hour hotline provided by the CEASE Crisis Centre (CEASE), the centre will assign a social worker as a case manager to approach the victims and explain the relevant procedures involved. Then, the case manager will accompany the victim to go through different procedures and treatments at different places. This way of out-reaching service may help to clear up the victim's confusions about different services and procedures. But it still fails to reduce the second traumatization that a female sexual violence victim usually has experienced in the entire process because the victim still needs to travel to different places where different departments locate and repeats the rape incident over and over to different officers and professionals.
24. Further, the current service model fails to provide sufficient privacy and confidentiality and thus the sense of security to the female victims. When the case manager accompanies the victim to go to hospitals or police stations, the victim still has to follow the same procedure with other patients or the general public at the hospitals or police stations. For example, victims will receive medical check-up merely behind a curtain like other patients without any anonymity. In the premises, with reference to the guidelines issued by the WHO, it is doubtful if the Government has really established a one-stop rape crisis centre through CEASE as claimed by itself in the 3rd Report.
25. Moreover, the 24-hour hotlines service provided by the CEASE Crisis Centre has been handling different kinds of cases, including sexual violence, domestic violence, elder abuse, other family crisis, and the general cases referred to by the SWD.²¹ It provides services for both gender and for victims suffering from family crisis or emotional distresses. It fails to provide specialized services

²¹ According to the document of Legislative Council (no. CB(3)256/08-09), among 187 cases with accommodation in the CEASE, there were 161 cases of domestic violence (including spouse abuse and elder abuse), 18 cases of sexual violence, and 8 cases of individual/family crisis which is not related to sexual violence.

with gender mainstreaming and perspective for female victims of sexual violence. It is actually an integrated services model funded by the Government and operated by an NGO.

26. The one-stop rape crisis units in New South Wales, Australia are based at local major hospitals. Victims of sexual violence are able to access all services at one location. It helps to build up a sense of security and confidentiality for the victims. As stated by its review in 2007²², the victims “will become familiar with the environment and unit staff leading to a decrease in isolation and a degree of empowerment” in this kind of one-stop service provision.
27. **We hereby ask the Government to provide the respective numbers of cases of CEASE crisis centre receiving hotline services, accommodation, and outreaching services broken down by gender, type of referring agents and case nature, including sexual violence, domestic violence, elder abuse and other crisis. In addition, how does the effectiveness of the CEASE service in term of sense of security and confidentiality, and degree of privacy and empowerment.**

In response to para.5.68 of the 3rd Report of HK

28. The Government stated that, “The Accident and Emergency Departments (A&E) of public hospitals have developed guidelines for healthcare staff on the management of victims of sexual violence and sexual assault, including the procedure and attitude for handling these cases, as well as the reporting and referral mechanism to ensure that the victim is treated in a safe, confidential and protected manner.” However, to our understanding, the Government fails to provide sufficient facilities as to support the operation of these guidelines. For examples, victims have to receive medical examination and give statement to the police in a cubicle which separated by a curtain located at the A&E of the hospitals. Some police officers will then report the case to their superior in the lobby area of the hospital. No fixed and secure place has been designated and provided for the victims of sexual violence with full anonymity under these guidelines. As regarding the referral mechanism, the guideline excluded RainLily counsellors as one of the designated case managers for victims of sexual violence.
29. **We hereby ask the Government to provide actual support – a separate room with full range of facilities in each hospital, so as to match with the guidelines regarding the crisis handling of victims and to follow the principles of anonymity, safety and privacy. The guideline should include RainLily crisis centre as a referral and counselling follow up for the victims as well.**

Chapter 3: Rainlily, the first One-stop Rape Crisis Centre in HK

30. According to the 2nd Report submitted by the HK Government in 2004, it stated that “The first Rape Crisis Centre, RainLily, is a three-year pilot project funded by the Hong Kong Jockey Club Charities Trust (HKJCT) since December 2000. It is operated by a non-governmental organization, the Association Concerning Sexual Violence Against Women, to serve women victims of sexual violence. It provides one-stop services including hotline, 24-hour outreaching, crisis intervention, therapeutic group, counseling, arrangement of medical examination, legal services, etc. The need

²² NSW Rape Crisis Centre, Cossins, Anne (2007). *A Best Practice Model for the Prosecution of Complaints of Sexual Assault*. Australia.

for the services will be reviewed by the end of the three-year period. (Paragraph 87).

31. In fact, when RainLily was set up in 2000, it was a one-stop multidisciplinary rape crisis centre located inside a local hospital. RainLily is located in a hospital because it ensures that victims received immediate medical and counseling support with nurses and social workers there. The Counselor will accompany the victim to stay at the crisis centre round the clock and support her to go through all legal and medical procedures. Over the last 13 years, RainLily has served over 2800 victims and their family members. It becomes synonymous with a place where victims of sexual violence can get the service and support that they want and need. The experience gained has enable the staff to recruit more volunteers and also to provide workshops and training for a cross spectrum of the community. It takes up an important role of helping victims to break the silence and contribute to alert the society on this serious crime and break the cycle of violence.
32. However, due to the lack of policy and financial support from the Government, Rainlily has encountered many difficulties and hurdles in the past several years in order to avoid its closure. Since RainLily has not been funded by the Government, it has to raise funds in the community to sustain its services. Besides, owing to the reconstruction works of the original hospital where the centre has located and, most importantly, the lack of policy support from the Government, RainLily has to move out twice from one hospital to another which unavoidably affects the quality of service it provides. At present, RainLily has managed to maintain one crisis centre in a hospital though with lots of limitations and restrictions and it has to raise private funds from time to time by itself.
33. Up till now, the Government still failed to set up qualified one-stop rape crisis centres in or attached to local public hospitals. The existing “Multi-purpose Crisis Intervention Centre” is not a hospital-based model and it fails to provide a truly “one-stop” supporting services to female sexual violence victims.
34. **We hereby ask the Government to provide to the Committee with the resources granted to RainLily in terms of policy, financial support, and the provision of venue.**

-End-