

CONFIDENTIAL

Data Input Form
Central Information System on
Spouse / Cohabitant Battering Cases and Sexual Violence Cases
(for victims of Spouse / Cohabitant Battering aged 16 or above and
victims of Sexual Violence aged 18 or above)

Guidelines for completing this data input form:

1. This form is to be completed when a spouse / cohabitant battering or sexual violence incident is reported for the first time to the agency in the same year (i.e. January to December of the year). The same victim with perpetrator in same relationship despite of repeated incidents happened in the same year will only be registered once in the year. Separate reporting is required only if the victim was abused by perpetrator in different relationship during the year.
2. In the “Perpetrator’s relationship with the victim” column, “cohabitant” refers to parties who live together in the same household, no matter whether for a continued long period of time or not, in an intimate relationship. They maintain or have maintained a lasting intimate relationship which is more than just brief encounter.
3. For the victims of Sexual Violence Cases under 18, report should be made to the concerned units for suspected child maltreatment in accordance with existing procedures and register at the “Child Protection Registry” by using the “Child Protection Registry Data Input Form”.
4. The information collected by this form will only be used for policy study and statistical purpose.
5. The agency is to group the completed data input forms into batch and forward them to “Central Information System on Spouse / Cohabitant Battering Cases and Sexual Violence Cases” under the Family and Child Welfare Branch, Social Welfare Department, 7/F Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong” on or before 15th of the following month.
6. Please provide information as requested as much as possible and put a ‘√’ in the box corresponding to the appropriate answer.

Part (A) : General Information

1. Month/Year of data input: _____ / _____
2. Contact person : _____
3. Tel. no. : _____
4. Reporting unit: _____
5. Reporting agency:
 Social Welfare Department* Legal Aid Department
 Non-governmental organization Hong Kong Police Force
 Hospital Authority Department of Health
 Others (please specify) _____

* For SWD units, please register the “Central Information System on Spouse / Cohabitant Battering Cases and Sexual Violence Cases” via Client Information System.

11. Any following situation identified (May ✓ more than one type of situation):

- Alcoholism Drug abuse Unsustainable indebtedness Psychiatric illness Indulgence in Gambling Unknown

Part (E) - Type of Battering

(For Spouse / Cohabitant Battering Cases only. May ✓ more than one type of violence.)

Examples / Situations

- Physical violence (Punching, slapping, throwing acid, using weapon and setting fire etc.)
 Sexual violence (Being forced to be involved in sex or undesirable sexual acts etc.)
 Psychological abuse (Please select suitable breakdown(s) below.)
 Repeated verbal abuse / spurning
 Deprivation of personal freedom or basic needs
 Unreasonable accusation of unfaithfulness
 Use of threatening words / manner
 Keep tracing the whereabouts / harassing the others
 Others (please specify) _____

Part (F) : Type of Sexual Violence Incident

(For Sexual Violence Cases and Spouse / Cohabitant Battering Cases involving sexual violence. May ✓ more than one type of incident.)

- Rape Indecent assault Forced masturbation
 Forced oral sex Unlawful buggery Others (pls specify) _____

Part (G) : Details of Case (If multiple incidents are involved, please fill in the information of the latest one.)

1. Date of incident: _____ / _____ / _____ (DD MM YY) Unknown

2. Time of incident:

- 0000 – 0559 hours 0600 – 1159 hours 1200 – 1759 hours 1800–2359 hours Unknown

3. District of incident (according to District Council districts):

- | | | | |
|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Central/Western | <input type="checkbox"/> Islands | <input type="checkbox"/> Wan Chai | <input type="checkbox"/> Eastern |
| <input type="checkbox"/> Southern | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Sham Shui Po |
| <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Sai Kung | <input type="checkbox"/> Sha Tin |
| <input type="checkbox"/> Tai Po | <input type="checkbox"/> North | <input type="checkbox"/> Yuen Long | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Outside HK | <input type="checkbox"/> Unknown |

- With the victim's consent, referral made to:
- SWD
 - NGO
- (May ✓ more than one)
- Without the victim's consent, referral made to SWD
- Referral not required

SWD 2023