## 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 <u>only if the victim was abused by perpetrator in different relationship during the year</u>.
- 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 <u>maintain or have maintained a lasting intimate relationship which is</u> <u>more than just brief encounter</u>.
- 3. For the victims of Sexual Violence Cases under 18, report should be made to the concerned units for <u>suspected child maltreatment</u> 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 15<sup>th</sup> of the following month.
- 6. Please provide information as requested as much as possible and put a '  $\sqrt{}$  ' 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.

# Part (B) : Nature of Case

(Please classify the case nature in terms of perpetrator's relationship with the victim.)

<b>Spouse / Cohabitant Battering</b> (complete all parts) [For Perpetrator being the <b>spouse / cohabitant</b> of the victim ]	Sexual Violence (complete all parts <u>except Part E</u> ) [For Perpetrator <u>not related</u> to victim as spouse / cohabitant ]
Please select Perpetrator's relationship with the	Please select Perpetrator's relationship with the victim:
victim: Husband Wife Estranged husband/Ex-husband Estranged wife/Ex-wife Heterosexual cohabitant Same-sex cohabitant Heterosexual ex-cohabitant Same-sex ex-cohabitant	<ul> <li>Parent Child Sibling In-law</li> <li>Other relative (please specify)</li> <li>Heterosexual lover Same-sex lover</li> <li>Heterosexual ex-lover Same-sex ex-lover</li> <li>Friend</li> <li>Caregiver (Non-relative, e.g. domestic helper, agency staff etc.), please specify</li> <li>Employer/employee/colleague Teacher/tutor</li> <li>Stranger Others :</li></ul>
<u> </u>	
Part (C) : The Victim         1. HKIC No. / Identification document no. :         □ Holder of Two-way Permit :         □ Other types (please specify):         2. Gender:       3. Age:         5. Place of birth:       □ Hong Kong         6. No. of year of residence in HK:       □ Since birth         7. Habitual residential district at the time of incidential distri	
8. Does the victim belong to any of the below cate	egories of persons (May $$ more than one category):
Being assessed and confirmed to be a mentally in	capacitated person  Yes  No  Unknown
Persons with other types of disability (includir disabled, visually impaired and hearing impair	
9. Education level: 🗌 No formal Education 🗍 H	Primary Secondary University Unknown /tertiary
10.Having child(ren) below aged 12:	Xes (no. of child(ren):) Unknown

11.Occupation:	
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Business/factory or company proprietor/shop-keeper/stall owner
Professional/administrative/managerial work
Clerical/secretarial work
Service/technical work (e.g. restaurant worker, driver, watchman, sales, hawker, cook etc.)
□ Production work (e.g. factory hand, construction worker etc.)
Unemployed (i.e. person without a job but is available for work)
□ Homemaker
□ Student
□ Retired
□ Others(please specify)
Unknown
12. Monthly Personal □\$10,000 or □\$10,001 - □\$20,001- □Over □CSSA □ No income
Income: below \$20,000 \$30,000 \$30,000 Unknown
Part (D): The Perpetrator
(Please use separate form if the perpetrator varied in relationship to the victim)
1. Gender:2. Age:3. Ethnicity:
4. Place of birth: Hong Kong Mainland China Others: Unknown
5. No. of year of residence in HK: Since Birthyears Unknown
6. ID Type: HKID Two-way Permit Other types : Unknown
7. Habitual residential district at the time of incident (according to District Council districts):
□ Central/Western □ Islands □ Wan Chai □ Eastern
□ Southern □ Yau Tsim Mong □ Kowloon City □ Sham Shui Po
□ Wong Tai Sin □ Kwun Tong □ Sai Kung □ Sha Tin
$\Box Tai Po \qquad \Box North \qquad \Box Yuen Long \qquad \Box Tsuen Wan$
$\Box \text{ Kwai Tsing} \qquad \Box \text{ Tuen Mun} \qquad \Box \text{ Outside HK} \qquad \Box \text{ Unknown}$
8. Education level: $\Box$ No formal Education $\Box$ Primary $\Box$ Secondary $\Box$ University $\Box$ Unknown
/tertiary
9. Occupation:
<ul> <li>Business/factory or company proprietor/shop-keeper/stall owner</li> <li>Drofossional/administrativa/managerial work</li> </ul>
<ul> <li>Professional/administrative/managerial work</li> <li>Clerical/secretarial work</li> </ul>
Service/technical work (e.g. restaurant worker, driver, watchman, sales, hawker, cook etc.)
Production work (e.g. factory hand, construction worker etc.)
Unemployed (i.e. person without a job but is available for work)
Homemaker Student
Retired   Others (please specify)   Unknown
10. Monthly Personal Income: $\square$ \$10,000 or $\square$ \$10,001 - $\square$ \$20,001 - $\square$ Over $\square$ CSSA $\square$ No incomebelow\$20,000\$30,000\$30,000income

11. Any following situation identified (May  $\sqrt{}$  more than one type of situation):

□ Alcoholism	🗆 Drug	□Unsustainable	□ Psychiatric	$\Box$ Indulgence in $\Box$ Unknown
	abuse	indebtedness	illness	Gambling

# <u>Part (E) - Type of Battering</u> (For Spouse / Cohabitant Battering Cases only. May $\sqrt{more than one type of violence.}$ )

				Exa	mples /Situations		
	Physical violence	(Pune	ching, slapping, throw	ing a	cid, using weapon	and	setting fire etc.)
	Sexual violence	(Beir	ng forced to be involve	ed in	sex or undesirable	sexu	al acts etc.)
	Psychological abuse	(Plea	se select suitable brea	kdov	vn(s) below.)		
			Repeated verbal abuse	e /spi	urning		
			Deprivation of person	al fro	eedom or basic nee	ds	
			Unreasonable accusat	ion c	of unfaithfulness		
			Use of threatening wo	ords /	manner		
			Keep tracing the when	eabo	outs / harassing the	othe	rs
			Others (please specify	<i>v</i> )			
	(F): Type of Sexual Y			_			
	Sexual Violence Case $\sqrt{100}$ more than one type of		-	t Bat	ttering Cases invol	ving	sexual violence.
	Rape			1+	□ Forced mast	urho	tion
	Forced oral sex						
	Forced oral sex			gery	$\Box$ Others (pls s	speci	1y)
Part	(G): Details of Case (I	f multi	ple incidents are involv	ed, p	lease fill in the infor	matic	on of the latest one.)
1. D	ate of incident:		//(D	D M	M YY)		Unknown
2. Ti	me of incident:						
C	0000 - 0559 hours	0600 -	– 1159 hours 🛛 1200 –	1759	hours 1800-2359	) hou	rs 🛛 Unknown
2 D	· · · · · · · · · · · · · · · · · · ·	1'		,	<b>`</b>		
3. D	istrict of incident (according)	rding 1		_	·		
	Central/Western		Islands		Wan Chai		Eastern
	Southern		Yau Tsim Mong		Kowloon City		Sham Shui Po
	☐ Wong Tai Sin ☐ Tai Po		Kwun Tong North		Sai Kung Yuen Long		Sha Tin Tsuen Wan
	☐ Tai Po ☐ Kwai Tsing		Tuen Mun		Outside HK		Unknown
L					Outside IIK		UIIKIIUWII

4. L	location of incident:		
[	□ Victim's home □ Perpet □ Street □ Stairca	ase h	fictim's and perpetrator's ome (if victim and
[	-	l, hospital etc.) $\Box$ E	erpetrator live together) Intertainment establishment e.g. karaoke, bar etc.)
			Inknown
5. V	Veapon used (including any object):		
	□ Yes □ No	Unknown	
6. Ir	njury on victim:		
	□ Yes □ No	Unknown	
7. R	Reporting to the Police:		
	□ Yes		🗆 No 🛛 Unknown
	(When was the incident reported to	the Police?	
	$\Box$ On the same day		
	$\Box$ <u>day(s)</u> / <u>month(s)</u> after the	e occurrence of the incident	t)
Part	t (H): Service needs arising from the pr	esent incident	
			Sometions which the victime is
		Services which the victim has already accepted (May √ more than one type	willing to accept referrals / arrangements
		has already accepted	<sup>1</sup> willing to accept referrals /
	1. Refuge	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Refuge</li> <li>Medical</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	e	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	2. Medical	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling,</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling, 24-hour crisis intervention)</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling, 24-hour crisis intervention)</li> <li>Counselling</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling, 24-hour crisis intervention)</li> <li>Counselling</li> <li>Financial assistance</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
Part	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling, 24-hour crisis intervention)</li> <li>Counselling</li> <li>Financial assistance</li> <li>Legal aid</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling, 24-hour crisis intervention)</li> <li>Counselling</li> <li>Financial assistance</li> <li>Legal aid</li> <li>Others, please specify</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of
	<ol> <li>Medical</li> <li>Police intervention</li> <li>Child care</li> <li>Accommodation</li> <li>Crisis Centre (including counselling, 24-hour crisis intervention)</li> <li>Counselling</li> <li>Financial assistance</li> <li>Legal aid</li> <li>Others, please specify</li> </ol>	has already accepted (May $$ more than one type	willing to accept referrals / arrangements (May √ more than one type of

Referral of victim of Spouse / Cohabitant Battering Cases to SWD/NGO for follow-up services:

With the victim's consent, referral made to:SWD

□ NGO

(May  $\sqrt{\text{more than one}}$ )

SWD 2023

□ Without the victim's consent, referral made to SWD  $\Box$  Referral not required