

Appendices

DEFINITION OF KNOWN CASES OF WELFARE ORGANISATIONS

For the handling of child abuse cases, 'known' cases refer to the following categories of cases of the various service units.

(A) For Integrated Family Service Centres (IFSCs) / Family and Child Protective Services Units (FCPSUs) of SWD & IFSCs / Integrated Services Centres (ISCs) operated by NGO

1. Active cases of IFSCs / ISCs / FCPSUs¹.
2. Closed cases of IFSCs / ISCs which have been closed for 3 months or less irrespective of the family / client's current place of residence.
3. Closed cases of FCPSUs (child abuse and/or battered spouse cases and/ or child custody cases with supervision order) which have been closed for 3 months or less irrespective of the family / client's current place of residence.
4. Any intake case or outreaching case of IFSCs / ISCs / FCPSUs for which interview or visit has been conducted with the individual / family and recommendation to open file for follow-up action has been endorsed.
5. Any intake case or outreaching case of IFSCs / ISCs / FCPSUs for which interview or visit has been conducted with the individual / family and the recommendation other than putting away case has not yet been endorsed after one month since enquiry / intake, irrespective of whether the presenting problem(s) is/are related to suspected child abuse or whether case file has been opened or not.

(B) For other SWD Casework Units

6. Active cases of casework units, such as Probation Office / Adoption Unit / Medical Social Services Unit.
7. Cases that come to the attention of a Probation Officer during the course of social enquiry and still pending sentence.
8. Welfare referral cases which are currently under the concerned probation officer's investigation with required welfare reports before the B.U. date to Court.

¹ For court referral case, if it is not an active case of any other unit, that come to the attention of FCPSU during the course of child custody social enquiry in which court disposals have not been concluded and have not been put away, the FCPSU will conduct the social enquiry if suspected child abuse incident occurs.

9. Children who are residing at the reformatory school or receiving aftercare service from the Aftercare Officers of the reformatory school upon their discharge.
10. For medical social service (MSS), 'known' cases mean the active case of medical social services units in addition to one of the following conditions:
 - (a) medically intensive cases of MSS where the suspected abuser or abused child is their patient and is required to attend medical treatment at least once within 6 weeks, irrespective of patient's residential address; but medical social workers of child assessment centres would only handle patient's training and educational arrangement if patient's residential address is not within the same district as that of the child assessment centre;
 - (b) medically intensive cases of MSS where the abused child's family members living in the same household is/are their patient(s) attending medical treatment at least once within 6 weeks and the patient's residential address is within the same district of the MSS unit; or
 - (c) medically active cases of MSS where the abused child is their patient attending medical treatment at least once from 6 weeks to 6 months and the residential address is within the same district of the MSS unit.

(C) For NGO Units other than IFSCs / ISCs

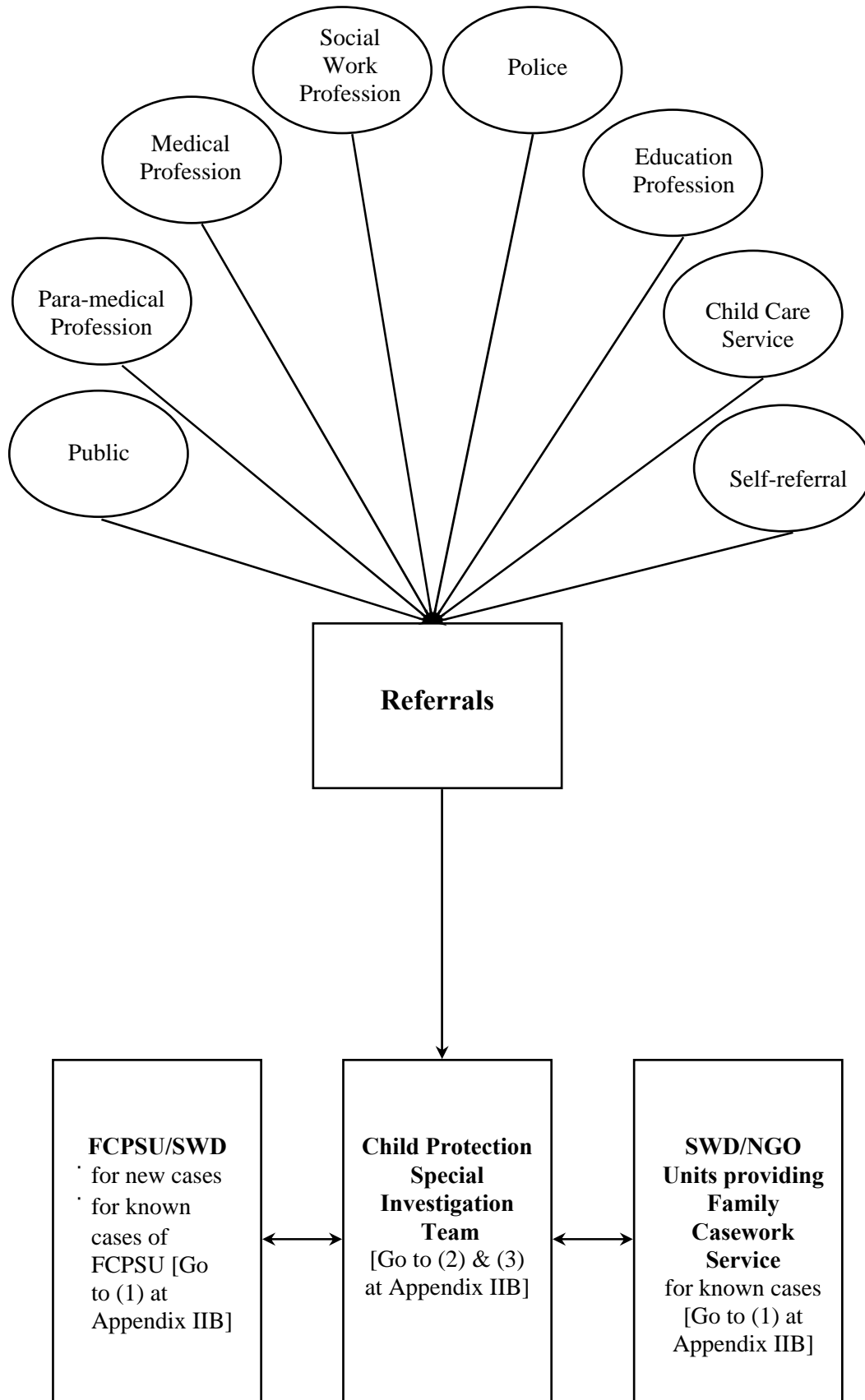
11. For the handling of child abuse cases, known cases of NGOs are defined as those active cases being handled by units with casework services which include the followings :
 - (a) Medical Social Services Units under Hospital Authority;
 - (b) Integrated Children and Youth Services Centres (ICYSCs);
 - (c) School Social Work Units (SSWUs) serving students in secondary schools;
 - (d) Student Guidance Personnel (SGP) serving students in primary schools²;
 - (e) District Youth Outreaching Social Work Teams (YOTs);
 - (f) Overnight Outreaching Service for Young Night Drifters (YND); and
 - (g) Community Support Service Scheme (CSSS)

For Cases Known to more than One Service Unit

² If the School Guidance Personnel (SGP) is a registered social worker and employed by an NGO, he/she may take up the role of case manager subject to mutual agreement of the school, NGO and SWD.

12. Where a case is an active case of more than one service unit, the service unit to which the case is first known should be responsible for conducting social enquiry and the case conference.
13. Where a case with more than one child victim within a family and the children victims are active cases of different service units, the service unit to which the case is first known is supposed to be responsible for conducting social enquiry and the case conference. The concerned parties should apply flexibility and discuss among themselves for the benefit of the child and his/her family.

**CHART ON REFERRALS OF
SUSPECTED CHILD SEXUAL ABUSE /
SERIOUS PHYSICAL ABUSE CASES**



**CHART ON PROCEDURES FOR HANDLING
SUSPECTED CHILD SEXUAL ABUSE /
SERIOUS PHYSICAL ABUSE CASES**

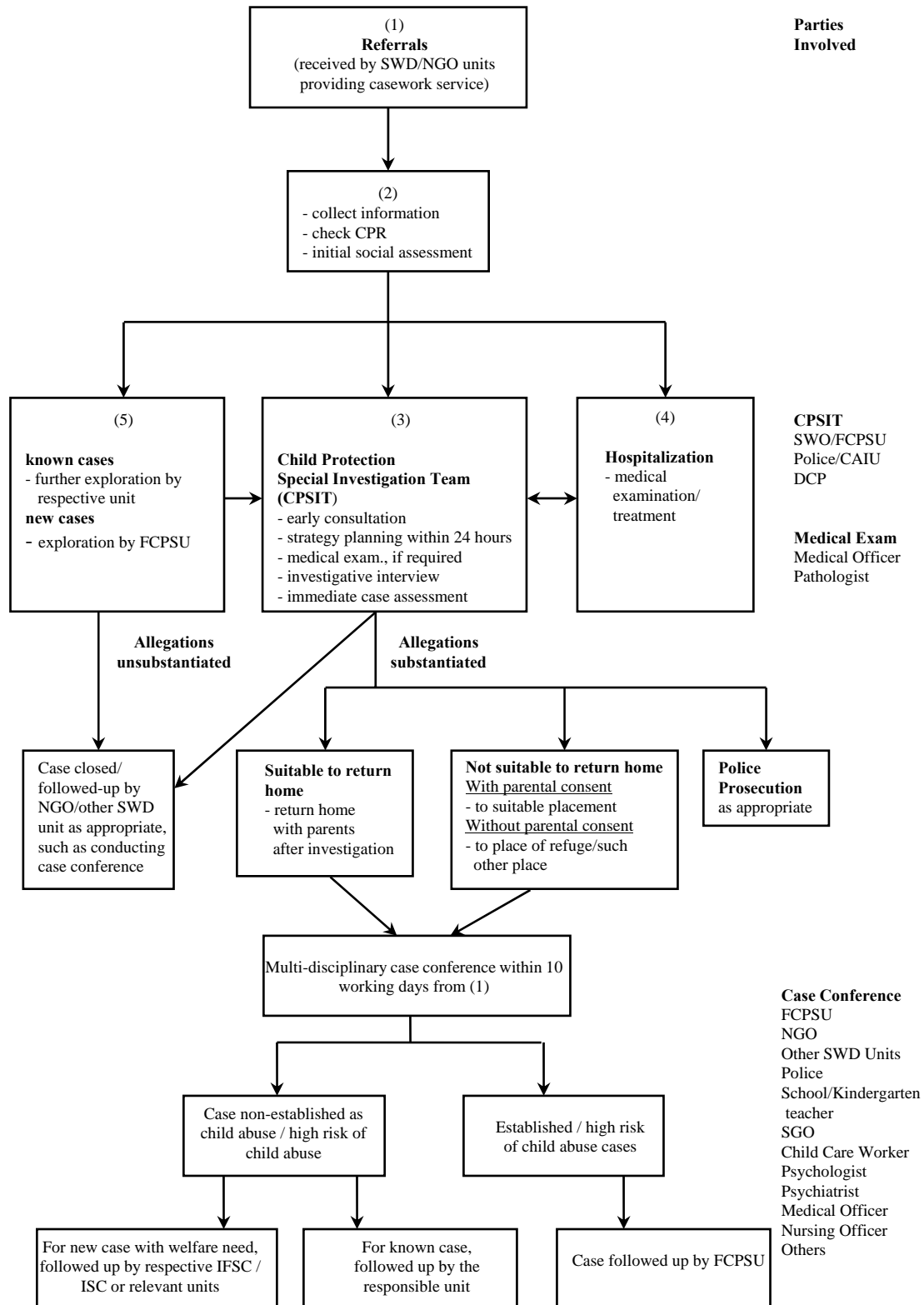


CHART ON REFERRALS OF OTHER FORMS OF SUSPECTED CHILD ABUSE CASES (OTHER THAN CHILD SEXUAL ABUSE AND SERIOUS PHYSICAL ABUSE CASES)

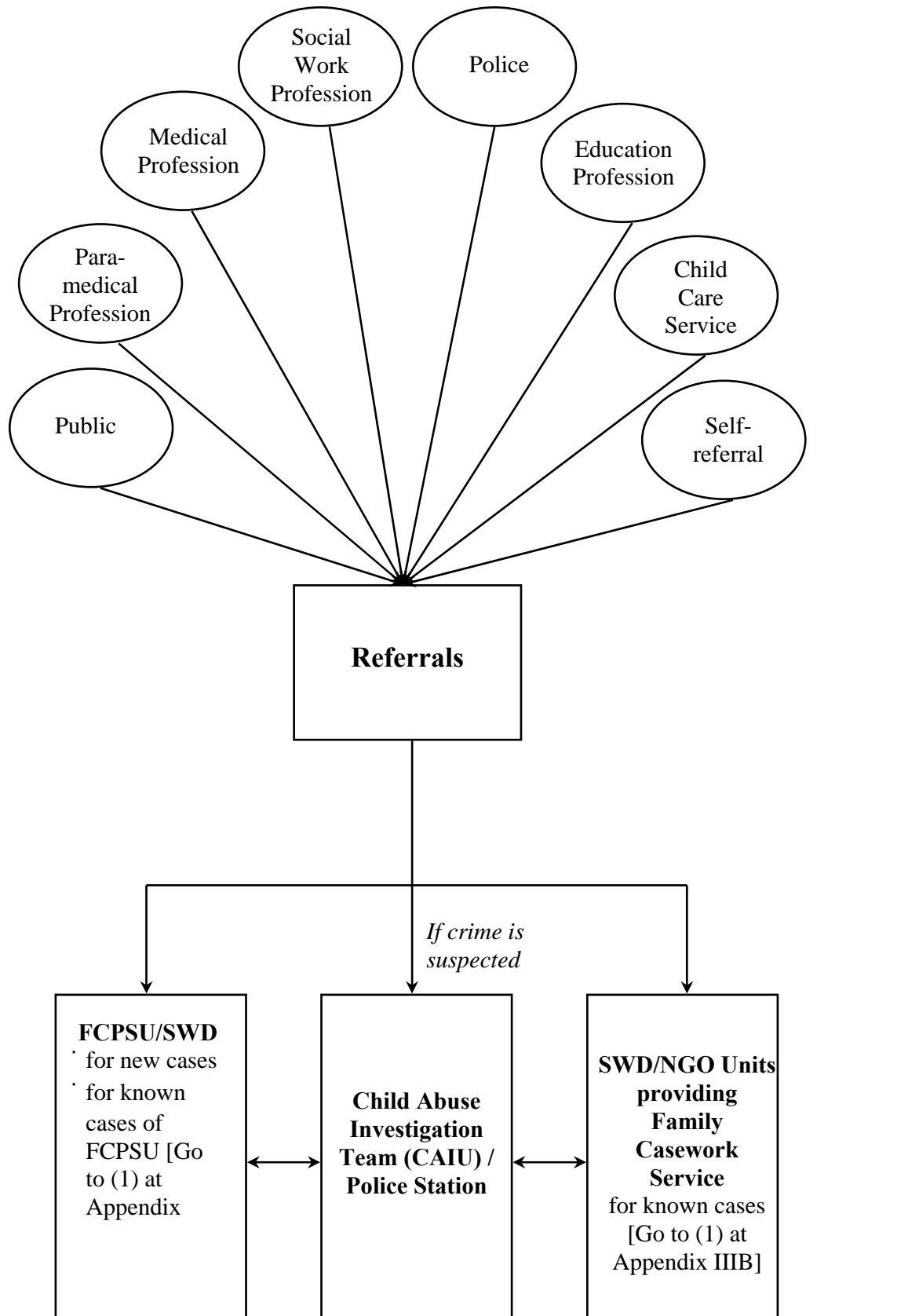
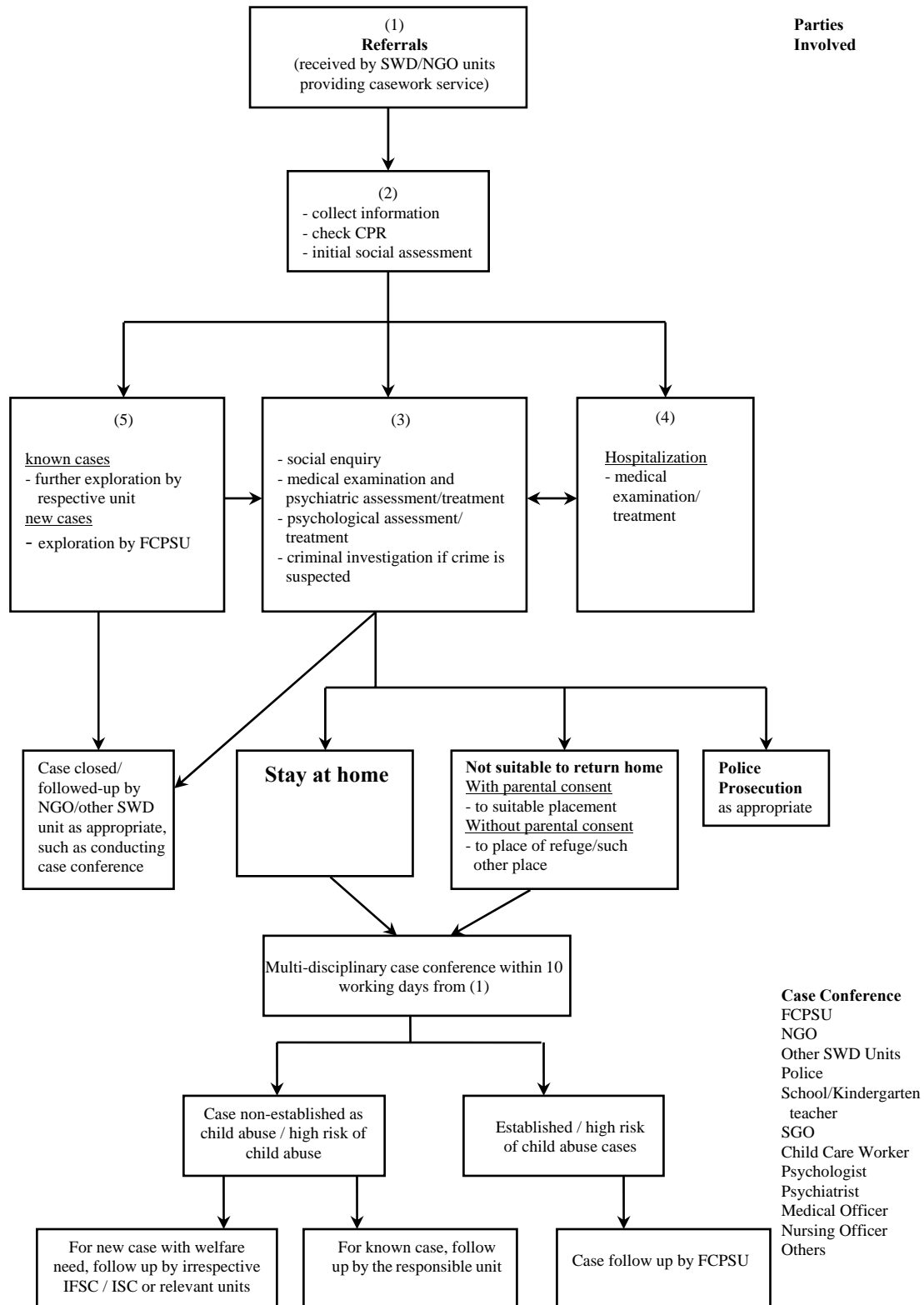


CHART ON PROCEDURES FOR HANDLING OTHER FORMS OF SUSPECTED CHILD ABUSE CASES (OTHER THAN CHILD SEXUAL ABUSE AND SERIOUS PHYSICAL ABUSE)



**GUIDE TO PEOPLE WORKING WITH
CHILDREN WHO DISCLOSE SEXUAL ABUSE**

If a child talks about something which indicates that sexual abuse may have taken place :

- (1) Listen to what the child says. Be comforting and sympathetic. Ensure that the child feels as little responsibility as possible. Tell the child that you are pleased with what he/she has told you and that this should help you to make them safe. (It can be valuable to have another adult present).
- (2) Do not make the child tell anyone else because he/she may have to be formally interviewed later. It is important to minimise the number of times information is repeated.
- (3) It is particularly important not to make any suggestions to the child regarding how the incident may have happened. Do not question the child except to clarify what they are saying. Do not stop a child who is freely recalling significant events.
- (4) Do not promise to keep the information secret. Make it clear to the child that you will have to refer the matter to the relevant professionals later on.
- (5) Write down exactly what the child says and what you have said in response. Sign and date what you have written.
- (6) Do not assume that the parent / carer is not part of the abuse. Report to the SWO/FCPSU or Police/CAIU who will advise you what steps they will take and what information, if any, you may give to the parents at this stage. If the child has to go home (e.g. at the end of the school day), inform SWO/FCPSU or Police/CAIU as soon as possible for him/her to be involved.
- (7) Bear in mind that if the parent / carer is said to be involved in abuse and knows that the child has told someone, threats or other pressures may be applied to prompt the child to retract.

**KEY TO MAKING REFERRALS TO
CHILD PROTECTION SPECIAL INVESTIGATION TEAM (CPSIT)
FOR CASES FALLING UNDER CHARTER OF CAIU**

I. The Law - Criminal Procedure Ordinance, Cap 221

Provisions have been made in the Criminal Procedure Ordinance for the admissibility of video-recorded evidence of vulnerable witnesses, including victims of child abuse and taken by the Child Protection Special Investigation Team, as evidence-in-chief in Court. "Child" means a person under the age of 14 years except that, in the case of an offence of sexual abuse, it means a person under the age of 17 years. In determining whether a person is a child for the purpose of this section, reference shall be made to his age at the time the video recording was made. The relevant legal provisions given in the ordinance are extracted as follows :

Section 79C(2) - Where in proceedings in respect of-

- (a) an offence of sexual abuse;
- (b) an offence of cruelty; or
- (c) an offence which involves an assault on, or injury or a threat of injury to, a person and the offence is triable -
 - (i) on indictment; or
 - (ii) either summarily or on indictment,

a video recording has been made of an interview between an adult and a child who is not a defendant and the interview relates to any matter in issue in the proceedings, the video recording may, with leave of the Court, be given in evidence.

Section 79C(4) - Where a video recording is tendered in evidence under this section, the Court shall grant leave to admit the recording unless -

- (a) it appears that the child or mentally handicapped person will not be available for cross-examination;
- (b) any rules of Court requiring disclosure of the circumstances in which the recording was made have not been complied with to the satisfaction of the Court; or
- (c) the Court is of the opinion, having regard to all the circumstances of the case, that in the interests of justice the recording ought not to be admitted,

and where the Court grants such leave it may, if it is of the opinion that in the interests of justice any part of the recording ought not to be admitted, direct that part shall be excluded.

Section 79C(6) - Where a video recording is admitted -

- (a) the child or mentally handicapped person shall be called by the party which tendered the recording in evidence;

- (b) the child or mentally handicapped person shall not be examined in chief, save with leave of the Court, on any matter which, in the opinion of the Court, has been dealt with in his recorded testimony.

Section 79C(7) - Where a video recording is given in evidence, any statement made by the child or mentally handicapped person which is disclosed by the recording shall be treated as if given by that witness in direct oral testimony and accordingly -

- (a) any such statement shall be admissible evidence of any fact of which such testimony from him would be admissible;
 - (b) no such statement shall be capable of corroborating any other evidence given by him,
- and in estimating the weight, if any, to be attached to such a statement, regard shall be had to all the circumstances from which any inference can reasonably be drawn as to its accuracy or otherwise.

II. Guidelines on Making Referrals

The following are some guidelines on when a suspected case of child sexual abuse should be reported to Child Protection Special Investigation Team (CPSIT) (see paragraph 10.6 of Chapter 10) and how much information is needed to justify making a referral.

As a rule of thumb, you should report the case to CPSIT when there is an alleged incident of suspected child sexual abuse made by a reasonably credible source. The source of information may include the alleged victim, a parent, a teacher, a concerned neighbour, etc.

- (1) To decide whether the source of information is reasonably credible, it may be necessary to ask a little more about the alleged incident by clarifying who the alleged victim (when victim is not the source of information) is, what happened and when it happened.
- (2) It is preferable but not a must that the alleged victim is prepared to make a disclosure. It is a task for the CPSIT. If the suspected victim is not ready to make a disclosure, he/she may be referred to a CP for assessment / treatment.
- (3) While you may need to clarify what happened, it is not necessary to probe into details of the incident. The guideline is so long you have gathered enough information to decide that it is an incident of sexual abuse, you should stop probing.
- (4) Never ask leading questions when you probe. You may ask in the following manner: “You said your uncle touched you. What do you mean?”, “You looked so worried when you told me your father slept in

your bed. Would you like to tell me more?”, “You said your grandfather peeped at you when you were in the bathroom. Anything else happened?” or “You behaved in a strange manner during the sex education class. Is there anything that is bothering you?”

- (5) It is necessary to ask about the approximate time of occurrence when an alleged sexual abuse incident is disclosed. Obviously, if it happened recently, it should have greater weight on your decision. If it concerns an event of some years ago or longer, you may need to ask more : e.g. how much detail can still be recalled, whether the perpetrator is still at large and identifiable, whether the victim is still at risk, etc.?
- (6) While probing an alleged child sexual abuse incident, bear in mind whether a criminal act has been committed. By common sense, a sexual crime such as rape, indecent assault, incest, etc. is quite clearly understood but there is behaviour which may be sexual abuse but not criminal in nature, for example, peeping a daughter at bath, walking around naked or watching pornographic films in the presence of children. You are not required to determine whether the act is criminal or not when deciding whether to report to CPSIT. While prosecution may be part of their work, child protection is also a main responsibility of CPSIT. Even if CPSIT will not follow up on a case, a social worker from the Integrated Family Service Centre / Integrated Services Centre may be assigned if it is deemed necessary at a multi-disciplinary case conference.
- (7) If you are a medical personnel and discover physical evidence indicative of sexual abuse, for example, semen in a girl’s underpants, venereal disease or pregnancy in an underage girl, you may decide to report the case to CPSIT without further probing.
- (8) When you are not sure whether to report a case to CPSIT, you may always consult them on the phone.

III. Causes for Concern - Examples of Case Situations*

In most circumstances, disclosures in child sexual abuse cases begin with a vague or non-specific complaint. In considering the course of action to be taken to protect a child, it is important to assess the case situations brought to light by a disclosure.

- (1) Situations that may warrant immediate attention of CPSIT
 - (a) Any disclosure by a child to an agency, or through an individual, that he/she has been subjected to an incident or incidents of sexual abuse, such as :

*Note - The case situations are by no means exhaustive.

- “my daddy fondled my breast/private part” or “indecently assaulted me”;
 - “Uncle Robert made me suck his dick” or “raped me”;
 - “so-and-so put his finger into my pussy and it hurts” or “he took my panties off when we were playing a game”;
 - a student reported to the school social worker that Mary (13-year-old) was spanked on her bare bottom by her father as a form of punishment.
- (b) Any individual making a report to an agency claiming that he/she has witnessed an incident or incidents of child sexual abuse (may include the perpetrator).
- (c) Presence of physical evidence of sexual abuse in children, such as venereal disease, pregnancy, swelling, bleeding of sexual organ, etc.
- (d) Child exhibiting sexualized behaviour including excessive masturbation, sexual accosting of older people or having sexual knowledge beyond what would be expected for his/her developmental stage, etc. Situations such as :
- a 6-year-old girl drew a picture of a man with an erected penis;
 - a 5-year-old boy took off the panties of his playmate to play games of a sexual nature;
 - a 5-year-old girl invited the older boys in the play group to touch her genitalia;
 - a 6-year-old boy told his friends that his uncle got a long “dick” that can squirt.

(2) Situations that may warrant consultation with CPSIT

- (a) Any disclosure by a child to an agency, or through an individual, about an incident or incidents that may or may not arouse suspicion that sexual abuse might have occurred, such as :
- a 13-year-old girl reported that “daddy slept in my bed last night”;
 - an 8-year-old girl said, “my private tutor kissed me after the lesson”;
 - a 10-year-old girl stated, “I saw daddy playing games with auntie”;
 - a 12-year-old girl disclosed to her classmate that her brother watched dirty movies at home;
 - a 11-year-old girl reported that her step-father peeps her at bath.
- (b) A child reporting a “story” or an incident or incidents of sexual abuse that happened to another child without revealing the identity of the alleged victim(s), such as :
- “I know someone who was indecently assaulted by her father”;
 - a teenage girl wrote a story describing an incident or incidents of sexual abuse but claiming it to be fictitious;
 - a child seemed to get interested in the subject of sexual abuse and asked a lot of questions about it but without saying why.

- (c) A report of suspected sexual abuse making to an agency by a person other than the alleged victim but the nature of the allegation is vague and non-specific, such as :
- a neighbour reported that the mother of the family living next door had deserted home, leaving behind the father and a teenage daughter. The informant suspected that something was going on between the father and the daughter;
 - a domestic helper reported that her male employer took his 8-year-old daughter inside the toilet and stayed there for over half an hour. She suspected the father might have done something “bad” to the girl;
 - in a couple who have separated, the mother who has custody over their 2-year-old daughter complained that her husband molested the child during access but without any supporting evidence.
- (d) A child exhibiting unusual reaction to preventive programmes on sexual abuse, such as:
- a 8-year-old girl appeared distressed after watching a preventive programme on sexual abuse.
- (3) Situations that may warrant further exploration before referring to CPSIT and, whenever necessary, CPSIT may be consulted
- (a) A child making a vague or non-specific complaint about somebody done something wrong to him/her without specifying what it is. Situations such as :
- “My brother did something awful to me” or “I was upset by what my brother did to me”;
 - “Uncle Robert did something wrong to me when he took me out” or “Uncle Robert asked me not to tell anyone what he did to me”;
 - “Something terrible happened to me” or “I worried about something that happened to me”.
- (b) A child showing disturbed behaviour such as :
- appetite disturbance;
 - poor peer relationship;
 - unwilling to participate in physical activities - reluctance to dress for gym;
 - marked change in academic performance;
 - sleep disturbance;
 - psychosomatic stress related behaviour;
 - excessive reaction to being touched;
 - intense dislike for being left somewhere or with someone;
 - behaviour disturbance including anorexia nervosa, obesity, self-mutilation, run away, suicide, promiscuity, drug abuse, etc.

**INFORMATION SHEET ON
CHILD PROTECTION REGISTRY (CPR)
(保護兒童資料系統)**

1. INTRODUCTION

Through the joint efforts of the Social Welfare Department, the Non-governmental Organisations (NGOs) and the Hong Kong Council of Social Service, a computerized record system for maintaining the Child Protection Registry has been devised, which carries functions of case registration, case-checking as well as facilitating statistical research under the administration of the Family and Child Welfare Branch of SWD. This information paper sets out the details regarding the operation, supervision and review of the system.

2. PURPOSE

The main objectives of the CPR are :

- i) to facilitate better communication among government departments and NGOs which handle child abuse cases and are registered users of the information service, through an easy checking mechanism to ascertain whether a case is a known case of any department / organisation;
- ii) to collect and compile statistical information on the abused children and their abusers in all known, suspected and/or at risk cases of child abuse for the purpose of ascertaining the magnitude of the problem, including identification of the general profile and characteristics of child abuse;
- iii) to monitor the regular updating and review of significant data to ensure accuracy of the statistical information as far as possible; and
- iv) to facilitate the planning and development of services which prevent child abuse, including the planning of public education programmes to prevent child abuse.

3. REPORTING AGENCIES

All SWD & NGO service units providing casework service including Integrated Family Service Centres, Integrated Service Centres, Family and Child Protective Services Units, medical social services units, probation offices, school social work units, outreaching social work units, Integrated Children and Youth Services Centres, etc. are invited to report child abuse cases and children found at risk to the CPR.

4. REGISTRATION

4.1 Registration of Service Units as Users of the CPR

4.1.1 Officers-in-charge / Supervisors / Social Work Officer (SWO) of service units from both SWD and NGOs providing casework service (list of such service units detailed in paragraph 3 above), senior medical officers / medical officers-in-charge, as well as designated police officer of the Child Abuse Investigation Units (CAIUs) of the Hong Kong Police Force handling child abuse cases can register as ‘users’ of the CPR to gain access to the checking system. They should forward the particulars of the office and the authorized officers to the CPR by completing the Record Form for Access at Annex 1 to Appendix VI. Whenever there are changes, updating will be required.

4.1.2 If there is only one registered service unit within the organisation, one caseworker (in addition to the officer-in-charge / supervisor) can be named at the time of registration so that he/she may be authorized to make enquiries in the absence of the officer-in-charge / supervisor.

4.2 Registration of Cases

The Officer-in-charge / Supervisor / Social Work Officer (SWO) of a social work unit providing casework service (list of such service units detailed in paragraph 3 above) should send the data input form on the child and the abuser / suspected abuser / potential abuser (Annex 2 to Appendix VI) to the CPR (address at paragraph 10) for registration. Child abuse cases are classified into 4 categories :

- i) Category (a)
A child who has been abused as established at a multi-disciplinary case conference or immediate case assessment by CPSIT.
- ii) Category (b)
A child currently at risk of abuse e.g. where the case has been considered by a multi-disciplinary case conference but abuse was not established and was identified as at risk of abuse; or a child who has been abused as determined by a social worker and his/her supervisor without multi-disciplinary case conference or immediate case assessment by CPSIT.
- iii) Category (c)
A child potentially at risk of abuse by virtue of his/her family background
- iv) Category (d)
A suspected victim of child abuse - where enquiries and investigations into the case are continuing or where such investigations have proved to be inconclusive to date

5. ACCESS TO CASE CHECKING SYSTEM

- 5.1 Telephone enquiries by registered users of the CPR may be made to the CPR (Tel. No. : 2892 5182) for case checking purpose during office hours from Monday to Friday.
- 5.2 A “call back” system is used to check the authenticity of the enquiry.
- 5.3 The staff of the CPR will ask for the registered user’s name, office, telephone number and user code apart from the personal particulars of the child-in-question which include the name, sex, age, residential address and identification information (such as HKIC or HKBC if available) of the child. The staff of the CPR will then check whether the caller is a registered or non-registered user and whether the child-in-question is registered in the CPR.
- 5.4 If the caller is a registered user and a case is not known to the CPR, staff of the CPR will so inform the caller. If the caller is a registered user and the child is registered in the CPR, the information given by the staff of the CPR will be restricted to confirmation that :
 - i) the child is registered;
 - ii) whether it is an active or closed case; and
 - iii) the name and telephone number of the officer-in-charge / supervisor of the service unit handling / last handled the case.
- 5.5 If the registered user of a unit is not available, but there is urgency to check a case from the CPR, the assistance of another registered user of the same organisation / department may be enlisted.
- 5.6 For data protection, no information can be released to caller who is a non-registered user.
- 5.7 Records regarding the enquiries will be kept by staff of the CPR.

6. OPERATION OF THE CPR

6.1 Case Checking

The staff of the CPR will monitor the ‘call in’ and ‘call back’ system for case checking. In addition, it will deal with simple enquiries on procedures and practices regarding registration of children and agencies but it will not handle enquiries concerning the handling of child abuse cases and policy matters which are outside the purview of CPR. (The subject officers of the Family and Child Welfare Branch at SWD HQs should be consulted on policy matters and the Family and Child Protective Services Units on the handling of child abuse cases if necessary).

6.2 Quarterly & Annual Statistics

Apart from keeping record of the reported cases and providing easy checking for service units from SWD / NGOs, senior medical officers / medical officers-in-charge and police officers of CAIUs, the CPR also issues, on quarterly and annual basis, statistical reports to indicate the general profile of the child abuse cases as reported from various professionals and registered in the CPR.

6.3 Operational Procedures

To gain access to CPR's service and to ensure that accurate and relevant records are kept at the CPR to reflect a realistic picture of the problem of child abuse in Hong Kong, reporting units should take note of the following procedures :

Registration

6.3.1 Staff of service units from SWD/NGOs, police officers of CAIUs, and senior medical officers/medical officers-in-charge dealing with child abuse cases who wish to be registered as users of the CPR are required to send in the completed Record Form for Access to the Child Protection Registry at Annex 1 to Appendix VI.

6.3.2 Units of both SWD and NGOs providing casework service dealing with child abuse cases should send the completed data input form at Annex 2 to Appendix VI for the registration of children to CPR (address at paragraph 10) in **sealed envelope** and marked "**Confidential**" as soon as possible, following the case conference (if one has been held), or immediately after the social investigation if no case conference is anticipated, or immediately after the child is identified to be at risk of abuse. The unit handling the case at the time of the abuse or while identified to be at risk of abuse should register the case. The follow up unit should undertake the updating after the case has been transferred in.

6.3.3 To confirm the registration of cases and users, the CPR will send a completed return slip back to the reporting unit concerned.

Updating Information

6.3.4 There are two types of information requiring updating. One concerns information resulting from changes in the case, e.g. change of residential address, change of guardian, change of case status from "potential victim" to "suspected victim" or "victim" of child abuse, etc., which cannot be foreseen at the time of registration and must rely on the efforts of the reporting unit to report the changes. There are also 'anticipated' changes as a result of the follow up actions after the case has been registered, e.g. if a case conference was reported to have been held, the information should be updated on whether the child has been made a subject of a Care or

Protection Order and for how long, has institutional care been obtained and where, whether the abuser has been prosecuted and what is the court's disposal, etc.

- 6.3.5 The unit handling the case should complete the Case Updating Form to report changes of case information (Annex 3A to Appendix VI) and return it to the CPR in **sealed envelope** and marked "**confidential**". If the case is transferred to another service unit/organisation and/or social worker for follow-up, the follow-up social worker should complete the Reporting Transfer Form (Annex 3B to Appendix V). If a case has subsequently changed from "potential victim" to "suspected victim" or "victim of child abuse", a new set of Data Input Form (Annex 2 to Appendix VI) should be completed to update the case status i.e. changes from Cat. (c) to other categories. Besides, a new Data Input Form (Annex 2 to Appendix VI) should be completed if there is a new child abuse incident identified. Updating of Cat. (d) cases should be sent in after the case conference has been held or case decision has been made.
- 6.3.6 The accuracy and effectiveness of the CPR depends very much on the prompt updating of information by the service units concerned.
- 6.3.7 To streamline the practice of updating information, the standard forms at Annex 3A & 3B to Appendix VI should be used (except for reporting changes in case status and a new child abuse incident when Annex 3A to Appendix VI should be used).

De-registration

- 6.3.8 The De-registration Form at Annex 4 to Appendix VI should be used for de-registration of cases.
- 6.3.9 All de-registered cases will be separately stored in a closed data file permanently but with identifying data on the child be removed when the child reaches the age of 18. The retention of the data is for the purpose of child protection and statistical research.

7. SECURITY TO ENSURE NO LEAKAGE OF INFORMATION

- 7.1 The clerical staff operating the registration, and the "call in" and "call back" systems of the CPR will be given limited access to the information stored in the computer. The information which is permitted on the computer screen is restricted to the name, sex and age of the child-in-question plus the name of the supervisor, office, address and telephone number of the handling unit and the case file number.
- 7.2 The personal data of registered cases are being protected by appropriate safeguards (such as passwords known only to the authorized officers) against unauthorized access, alteration, disclosure or destruction. Besides, this

computerized information system follows a number of basic data protection principles and guidelines issued for compliance by government departments.

- 7.3 Since the major functions of the CPR are to facilitate case-checking among registered users and to compile aggregate data on clientele profiles for statistical research, any individual's personal data should not be disclosed.
- 7.4 As for the Data Input Form, the Case Updating Form and the Reporting Transfer Form, they are all confidential documents which will be kept in safe custody before they are properly destroyed after the data have been coded and recorded.
- 7.5 It is important that all participating agencies / service units should put all data input forms and related documents in **sealed envelopes marked "confidential"** and address them to the CPR direct.

8. COMMENCEMENT OF OPERATION OF THE COMPUTERIZED CPR

The SWD Family and Child Welfare Branch have assumed full responsibility in implementing the computerized CPR since 1 July 1994.

9. REVIEW OF THE OPERATION OF THE CPR

The operation of the CPR and other ad hoc operational difficulties will be reviewed and sorted out in consultation with the NGOs or among the parties concerned as need arises.

10. ADDRESS AND TELEPHONE NUMBER OF CPR

Child Protection Registry,
Family and Child Welfare Branch,
Social Welfare Department,
7/F, Wu Chung House,
213 Queen's Road East,
Wanchai,
Hong Kong.
(Tel. No. : 2892 5182)

11. LIMITATIONS OF CPR

With its computerized database, the Child Protection Registry will be able to provide a comprehensive set of statistical information on the child abuse cases in Hong Kong and an easy checking mechanism on the known / suspected / at risk cases of child abuse of the Social Welfare Department and the Non-governmental Organisations. However, the system is basically reactive and limitations to the system include the following :

- 11.1 The CPR records only cases reported to the CPR by the service units listed in paragraph 3.

- 11.2 Statistical information generated by the CPR will be confined to those contained in the data input form sent in by the service units concerned.
- 11.3 Case checking could only be made by using the name and particulars of the child-in-question. Case checking by using the particulars of the abuser/suspected abuser will not be possible because the name of the abusers / suspected abusers will not be recorded by the CPR.

Child Protection Registry
Family and Child Welfare Branch
December 2007

CONFIDENTIAL
CHILD PROTECTION REGISTRY
RECORD FORM FOR ACCESS
***(Initial Registration / Reporting Changes)**

Participating Unit

1. Name of Department / Organisation: _____

2. Name of Unit: _____

3. Office Address: _____

4. Telephone No.: _____

5. Name of Applicant of the Unit: _____

6. Designation / Post: _____

7. Name of a Caseworker Authorized to Gain Access to CPR
(Applicable to those NGOs having one registered unit only): _____

8. Reporting Changes (Please specify which of the above items or other information is changed): _____

Specify which of the above items (e.g. item 4, 5, 6):

Other Changes: _____

Signature of Applicant: _____

Date: _____

**CONFIDENTIAL
CHILD PROTECTION REGISTRY
DATA INPUT FORM**

Guidelines for completing the data-input form

1. Please complete one form for each case. If there are more than one child / abuser in the case, please provide information on these persons by filling out a separate form for each individual, using *Part B* for child and *Part C* for abuser.
2. Please provide the information as requested or tick (✓) the box corresponding to the appropriate answer. Please ensure that the ticks are confined to the given boxes to facilitate data input.
3. Unless specified, please tick one choice only in each item.
4. Please send in your completed data input form in **sealed envelope** and marked **“Confidential”** to Child Protection Registry at the following address as soon as possible following the case conference (if one has been held), or immediately after the social investigation (if no case conference is anticipated), or immediately after the child is identified to be at risk of abuse.

Child Protection Registry
Family and Child Welfare Branch
Social Welfare Department
7/F, Wu Chung House
213 Queen's Road East
Wanchai
Hong Kong

Part A - General Information

For CPR coding only

- A1. Case file no.: _____
- A2. Name of reporting organization: _____

- A3. Name of unit: _____

- A4. Office address: _____

- A5. Telephone no.: _____
- A6. Type of service, e.g. school social work

□□□□□-□□

□□□

A7. Whether the abuse is self-disclosed or identified by other (i.e. the person who *first* identified the case and made a report for follow-up service)?

- (1) self-disclosed (*Tick **one only** and go to item A8*)
 - (111) by child himself/herself
 - (112) by abuser(s)
- (2) identified by (*Tick **one only** and go to item A9*)
 - (211) parent(s) or family member(s) (i.e. members within the nuclear family) of the child victim
 - (212) parent(s) or family member(s) (i.e. members within the nuclear family) of the abuser (if different from that of the child victim)
 - (213) other child victim(s) of the abuse incident
 - (214) social worker
 - (215) medical professional
 - (216) clinical psychologist/psychiatrist
 - (217) police
 - (218) school personnel (including kindergarten, nursery, child care centre, creche)
 - (219) caregiver (other than parent or family member)
 - (220) relative
 - (221) classmate / friend / neighbour
 - (222) public / mass media
 - (223) other government department
 - (224) others, please specify _____

A8. To whom the abuse was disclosed to? (*Tick **one only***)

- (1) parent(s) or family member(s) (i.e. members within the nuclear family) of the child victim
- (2) parent(s) or family member(s) (i.e. members within the nuclear family) of the abuser (if different from that of the child victim)
- (3) other child victim(s) of the abuse incident
- (4) social worker
- (5) medical professional
- (6) clinical psychologist/psychiatrist
- (7) police
- (8) school personnel (including kindergarten, nursery, child care centre, creche)
- (9) caregiver (other than parent or family member)
- (10) relative
- (11) classmate / friend / neighbour
- (12) public / mass media
- (13) other government department
- (14) hotlines
- (15) others, please specify _____

A9. Has this case ever been registered with the CPR?

(Tick as appropriate)

- (0) No
- (1) Yes

Number of times of registration

(To be filled in by CPR)

Part B - Information on Abused Child / Child-at-risk

(Note: Use separate form of Part B for each child)

CPR No.

(To be assigned by CPR)

B1. CPR No. (If known)

(Not applicable for new cases)

B2. Name in English (surname first): _____

B3. Name in Chinese: _____

B4. Document of identity (*✓ Tick as appropriate*)

(1) Hong Kong Identity Card (HKIC No.: _____)

(2) Hong Kong Birth Certificate (HKBC No.: _____)

(3) Passport (Passport No.: _____)

(4) Entry Permit (Permit No.: _____)

(5) Others, please specify _____

B5. Date of birth: // (DD/MM/YYYY)

B6. Approximate age: (Fill in if Date of Birth unknown, leave blank otherwise)

B7. Sex: Male Female

B8. In HK since birth? Yes

No, please give the year of arrival in HK

B9. Case nature: (*Tick one only*)

(1) Cat.(a) A child who has been abused as established at a multi-disciplinary case conference or immediate case assessment by CPSIT.

(2) Cat.(b) A child currently at risk of abuse e.g. where the case has been considered by a multi-disciplinary case conference but abuse was not established and was identified as at risk of abuse; or a child who has been abused as determined by a social worker and his / her supervisor without multi-disciplinary case conference or immediate case assessment by CPSIT.

(3) Cat.(c) A child potentially at risk of abuse by virtue of his / her family background.

(4) Cat.(d) A suspected victim of child abuse - where enquires and investigations into the case are continuing or where such investigations have provided to be inconclusive to date.

B10. No. of case conference(s) held: (*not applicable for Cat.(c) and Cat.(d) cases in item B9.*)

B11. No. of case conference(s) held with family participation: (*not applicable for Cat.(c) and Cat.(d) cases in item B9.*)

B12. Relationship of family member(s) who participated in the case conference(s) [*please "✓" as appropriate*]:

Number of case conference(s) participated*

(1) Father full partial

(2) Mother full partial

(3) Brother full partial

(4) Sister full partial

(5) Grandfather full partial

(6) Grandmother full partial

(7) Step-father (including mother's boy-friend / cohabitant) full partial

(8) Step-mother (including father's girl-friend / cohabitant) full partial

(9) Other relatives, please specify _____ full partial

(* Please fill in the number of case conference participated in the by referring to item B.11, e.g. if the no. in item B.11 is 2 and the two case conferences were participated by the father in full, "2" should be marked in the besides "full".)

- B13. Did the child victim participate in the case conference(s) ? Number of case conference(s) participated*
- Yes full partial
- No

(* Please fill in the number of case conference(s) participated in the by referring to item B.11, e.g. if the no. in item B.11 is 2 and the two case conferences were participated by the father in full, "2" should be marked in the besides "full".)

- B14. Location where abuse incident happened
(Please state full address. For children classified under Cat.(c) at item B9, please give the usual place of residence.)

District Code

(To be filled in by CPR)

- Unknown

- B15. Residential address of parent(s) / guardian(s) / caregiver(s) with whom the child used to live if different from above

District Code

(To be filled in by CPR)

- B16. Type of housing of residential address of item B15.

- (1) Public housing estate
- (2) Interim housing
- (3) Home Ownership Scheme
- (4) Tenant Purchase Scheme
- (5) Private housing (rented)
- (6) Private housing (self-owned)
- (7) Staff quarters
- (8) Squatters / cottages / huts (rented)
- (9) Squatters / cottages / huts (self-owned)
- (10) Residential home for children
- (11) Others, please specify _____

- B17. The child's abode at the time of the abuse and his/her current abode

At the time of abuse Current abode

- | | | |
|---|--------------------------|--------------------------|
| (1) Living with both parents | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Living with father and step-mother / father's cohabitant | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Living with mother and step-father / mother's cohabitant | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Living with father | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Living with mother | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Living with grandparent(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Living with relative(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) Living with childminder | <input type="checkbox"/> | <input type="checkbox"/> |
| (9) Living in small group home / foster home | <input type="checkbox"/> | <input type="checkbox"/> |
| (10) Living in residential institution / children's home / hostel | <input type="checkbox"/> | <input type="checkbox"/> |
| (11) Living in boarding school | <input type="checkbox"/> | <input type="checkbox"/> |
| (12) Living in hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| (13) Others, please specify: | <input type="checkbox"/> | <input type="checkbox"/> |

B18. Whether the child is a subject of statutory supervision?

(i) At the time of abuse (or at the time when report is made for Cat. (c) cases at item B9)

(0) No

Yes, statutory supervision under the legal provisions of: -

(1) Protection of Children and Juveniles Ordinance

(2) Juvenile Offenders Ordinance

(3) Guardianship of Minors Ordinance

(4) Matrimonial Causes Ordinance

(5) High Court Ordinance

(6) Others, please specify _____

Duration of supervision in number of months (if specified in the order): months.

(ii) After the abuse incident and as a result of the abuse (or after report made for Cat. (c) cases at item B9)

(0) No

Yes

(1) Director of Social Welfare is appointed legal guardian of the child under S.34(1)(a) of Cap.213.

(2) Child has been committed to the care of any person, whether a relative or not, who is willing to undertake the care of him, or of any institution which is so willing under S.34(1)(b) of Cap.213.

(3) Parent or guardian of child has been ordered to enter into recognizance to exercise proper care and guardianship under S.34 (1)(c) of Cap. 213.

(4) Child has been placed under supervision of a person appointed for the purpose by the Court for a duration of months but not exceeding 3 years under S.34 (1)(d) of Cap. 213. *(please state duration of the supervision order)*

(5) Pending application or court decision

B19. Type of abuse (Please refer to definitions stated in the Guide to the Identification of Child Abuse)

(please select only one choice for type of abuse but may choose more than one sub-item under the specific type of abuse)

(1) *Physical abuse*

(11) Battering & non-accidental use of force (beating, kicking, banging against objects, shaking baby syndrome etc.)

(12) Non-accidental injury by poison, acid & fire, etc.

(13) Munchausen's Syndrome by Proxy

(2) *Neglect*

(21) Inadequate physical care (food, clothing, shelter, etc.)

(22) Inadequate health care

(23) Deprivation of education / schooling

(24) Forcing a child to undertake duties inappropriate to his/her physical strength or age

(25) Leaving a child habitually unattended

(3) *Sexual abuse*

(31) Incest

(32) Sexual intercourse with relatives, other than parents / siblings

(33) Sexual intercourse with non-relatives

(34) Other forms of sexual activity (fondling, mutual masturbation, etc.)

(4) *Psychological abuse*

(41) Persistent / severe verbal abuse

(42) Persistent resentment and rejection / indifference

(43) Persistent modelling, encouragement and permission of maladaptive behaviours

(5) *Multiple abuse*

(when assessment by one major type is not possible, specify by a combination of major categories)

(51) Physical abuse

(52) Neglect

(53) Sexual abuse

(54) Psychological abuse

(6) *Not applicable (for Cat (c) cases at item B9)*

B20. Contributing factors of abuse

(Select at most 3 factors from each subgroup if the subgroup is appropriate.)

Subgroup 1 Factors relating to abused child / child-at-risk

- (0) *This subgroup is not applicable*
- (1) School performance problem
- (2) Behaviour problem
- (3) Emotional / psychological problem
- (4) Mental illness / retardation including slow learning or developmental delay
- (5) Illness / physical disability
- (6) Unwanted child / pregnancy
- (7) Long period of separation from parents in early infancy
(i.e. separation for one year or over before the age of 5)
- (8) Others, please specify _____

Subgroup 2 Factors relating to abuser / suspected abuser

(Please refer to subgroup 4 “Factors relating to parent(s)” if the parent(s) is/are not the abuser(s) in this case)

- (0) *This subgroup is not applicable*
- (1) Superstitious belief
- (2) Marital problem
- (3) In-law relationship problem
- (4) Emotional / psychological problem
- (5) Mental illness / retardation including slow learning or developmental delay
- (6) Illness/ Physical disability
- (7) Immaturity / extreme self-centredness
- (8) Incompetence in child rearing / lack of parenting skills
- (9) High expectation on child-in-question
- (10) Undesirable hobbies (e.g. gambling, indulgence in alcohol, substance abuse etc.)
- (11) Others, please specify _____

Subgroup 3 Factors relating to environmental or social circumstances

- (0) *This subgroup is not applicable*
- (1) Financial difficulty / unemployment
- (2) Housing problem
- (3) Family crisis/stresses not coped with by abuser/suspected abuser/potential abuser
- (4) Lack of support system (e.g. spouse, grandparents, relatives, friends, etc.)
- (5) Lack of community resources (e.g. day care centre, creche, tutorial class, etc.)
- (6) Others, please specify _____

Subgroup 4 Factors relating to parent(s)/carer(s) (parent includes step parent and adoptive parent)

Applicable only for cases where the parents(s)/carer(s) is/are not abuser

- (0) *This subgroup is not applicable*
- (1) Superstitious belief
- (2) Marital problem
- (3) In-law relationship problem
- (4) Emotional / psychological problem
- (5) Mental illness / retardation including slow learning or developmental delay
- (6) Illness/ Physical disability
- (7) Immaturity / extreme self-centredness
- (8) Incompetence in child rearing / lack of parenting skills
- (9) High expectation on child-in-question
- (10) Undesirable hobbies (e.g. gambling, indulgence in alcohol, substance abuse etc.)
- (11) Others, please specify _____

Not applicable (for Cat (c) cases at item B9)

B21. Type of family

- (1) Nuclear family with both parents
- (2) Nuclear family with one parent
- (3) Extended family with both parents
- (4) Extended family with one parent
- (5) Extended family with absence of parent(s)
- (6) Others, please specify _____

Relationship with abuser (To be filled in by CPR)

Abuser Ref. No.

Relationship

Part C - Information on abuser / suspected abuser / potential abuser

(Note: Use separate Part C for each abuser / suspected abuser / potential abuser.)

C1. Year of birth: Unknown

Abuser Ref. No.

C2. Sex: Male Female Unknown

(To be assigned by CPR)

C3. In HK since birth? (1) Yes

(2) No, please give the year of arrival at HK.

(3) Unknown

C4. Relationship with child-in-question

**Name of
child-in-question**

Relationship of abuser
(Please fill in the number according
to codes given below)

CPR No.
(To be filled by CPR)

Code of relationship with child-in-question

- (1) Father
- (2) Mother
- (3) Brother
- (4) Sister
- (5) Grandfather
- (6) Grandmother
- (7) Step-father (including mother's boy-friend / cohabitant)
- (8) Step-mother (including father's girl-friend / cohabitant)
- (9) Step-brother
- (10) Step-sister
- (11) Relative
- (12) Family friend / friend
- (13) Foster parent
- (14) House parent/staff of residential home
- (15) Childminder
- (16) Domestic helper
- (17) Co-tenant / neighbour
- (18) Teacher
- (19) Tutor / coach
- (20) Unrelated person
- (21) Unidentified person
- (22) Others, please specify _____

C5. Residential address of abuser / suspected abuser / potential abuser at the time of abuse *(Please fill in name of street, estate and district only. If information is not available, please fill in "unknown")*.

To be filled in by CPR

C6. Whether same residential address as child-in-question at time of abuse

Name of child-in-question	Whether same residential address as child-in-question	CPR No. (To be filled by CPR)
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C7. Marital Status

- (1) Single
- (2) Married
- (3) Cohabited
- (4) Separated / Divorced
- (5) Widowed
- (6) Unknown

C8. Highest educational level attained

- (1) No schooling / below primary
- (2) Primary (P.1 - P.6)
- (3) Lower secondary (F.1 - F.3)
- (4) Upper secondary (F.4 - F.5) or equivalent (craft level of technical/vocational courses at upper secondary level)
- (5) Matriculation (F.6 - F.7) or equivalent (technician level)
- (6) Tertiary
- (7) Unknown

C9. Occupation

- (1) Business / factory or company proprietor
- (2) Professional / administrative / managerial work
- (3) Clerical / Secretarial work
- (4) Sales / Shop-keeper / stall owner / hawker
- (5) Service / technical work (e.g. restaurant waiter, hair-dresser, driver, etc.)
- (6) Production work (e.g. factory hand, construction worker, cook, etc.)
- (7) Unemployed
- (8) Homemaker
- (9) Student
- (10) Retired
- (11) Unknown
- (12) Others, please specify _____

C10. Has the abuser / suspected abuser been abused in childhood?

- Yes No Not revealed Unknown

C11. Does the abuser / suspected abuser have previous conviction(s)?

- (0) No
- Yes
 - (1) Similar nature
 - (2) Other offence
- (9) Unknown

C12. i) Has the case been reported to the Police? If yes, please provide the Police Report No. in the space below.

- (0) No (1) Yes, Police Report No. of the case is _____

ii) Any prosecution contemplated or made as a result of the incident of abuse?

- (1) Not yet known pending police investigation
 (2) No prosecution contemplated or made
 (3) Yes, prosecution was made but court's disposal not yet known
 Yes, prosecution was made and the court's disposal is:
(*can ✓ tick more than one*)
- (4) Fined
 (5) Bound over
 (6) Probation for _____ months
 (7) Imprisonment for _____ months suspended for _____ months
 (8) Imprisonment for _____ months
 (9) Offence not established
 (10) Others, please specify _____

C13. In addition to information provided in this registration, please provide information, as far as possible, on other child(ren) who has/have been abused by this abuser and/or would be/have already been registered in the CPR.

Name	CPR No. *	(For Document of Identity Number)
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

* If CPR No. is not available, please try to provide the document of identity number, e.g. HKIC, HKBC, of the child in the space provided as far as possible.

Part D - Information on additional form(s)

Additional form(s) for abused child / child-at-risk / abuser / suspected abuser / potential abuser

Have you attached additional forms for registration of new child abuse case?

- (0) No
- Yes
 - Abused child / child-at-risk [indicate the number of
 - Abuser / suspected abuser / potential abuser additional form(s) attached]

Reporting Officer / Social Worker

Name: _____ Tel No.: _____
Rank: _____
Post: _____ Signature: _____
Date: _____

Countersigning Officer / Supervisor

Name: _____ Tel No.: _____
Rank: _____
Signature: _____
Date: _____

To be completed by CPR staff

Date of entry to CPR: _____
Name of Officer: _____
Signature: _____

CONFIDENTIAL
CHILD PROTECTION REGISTRY
CASE UPDATING FORM

- Note** 1. This form is used for updating of case information. **For reporting change of handling service unit and/or caseworker, please use CPR Form IIIB.**
2. A new data input form (CPR Form II) should be completed when a "potential victim" is changed to a "child abuse victim". Besides, a new data input form (CPR Form II) might be used if there are lots of items to be updated as a result of a new child abuse incident identified.

1. CPR No.:
2. Name of child in English: _____
in Chinese: _____

3. Document of identity: (*✓ Tick as appropriate*)
- (1) Hong Kong Identity Card (HKIC No.: _____)
 - (2) Hong Kong Birth Certificate (HKBC No.: _____)
 - (3) Passport (Passport No.: _____)
 - (4) Entry Permit (Permit No.: _____)
 - (5) Others, please specify _____

4. Date of birth: / (DD/MM/YYYY)

5. Updating on case information
(For items (1) to (5) below, please complete only those where changes have occurred)

- (1) The **residential address** of the child's parent(s)/guardian(s)/ caregiver(s) with whom the child used to live:
- _____
- _____
- _____

District code

(To be filled in by CPR)

- Type of housing:** (*✓ Tick as appropriate*)
- (1) Public housing estate
 - (2) Temporary housing area
 - (3) Home Ownership Scheme
 - (4) Tenant Purchase Scheme
 - (5) Private housing (rented)
 - (6) Private housing (self-owned)
 - (7) Staff quarters
 - (8) Squatters / cottages / huts (rented)
 - (9) Squatters / cottages / huts (self-owned)
 - (10) Residential home for children
 - (11) Others, please specify _____

(2) Whether the child has become a **subject of statutory supervision** after the abuse incident and as a result of the abuse (or after report made for Cat.(c) cases at item B9 of CPR Form II)

- (0) No
- Yes, please state result (can ✓ tick more than one item)
 - (1) Director of Social Welfare is appointed legal guardian of the child under S.34(1)(a) of Cap. 213.
 - (2) Child has been committed to the care of any person whether a relative or not, who is willing to undertake the care of him, or of any institution which is so willing under S.34(1)(b) of Cap. 213.
 - (3) Parents or guardians of the child has been ordered to enter into recognizance to exercise proper care and guardianship under S.34(1)(c) of Cap. 213.
 - (4) Child has been placed under supervision of a person appointed for the purpose by the Court for a duration of months under S.34 (1)(d) of Cap. 213.
(please state duration of the supervision order)

(3) **Present abode** of child-in-question: (✓ Tick as appropriate)

- (1) Living with both parents
- (2) Living with father and step-mother / father's cohabitant
- (3) Living with mother and step-father / mother's cohabitant
- (4) Living with father
- (5) Living with mother
- (6) Living with grandparent(s)
- (7) Living with relative(s)
- (8) Living with childminder
- (9) Living in small group home / foster home
- (10) Living in residential institution / children's home / hostel
- (11) Living in boarding school
- (12) Living in hospital
- (13) Others, please specify: _____

(4) Whether the **abuser(s)** has / have been **prosecuted** for the act of abuse (please fill in the same sequence of abusers as reported in the data input form)

Abuser Ref. No. at CPR <small>(to be completed by CPR)</small>	Relationship of abuser to child- in-question	Whether prosecuted <small>(✓ tick as appropriate)</small>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> (0) No <input type="checkbox"/> Yes: the court disposal is (✓ Can tick more than one) <ul style="list-style-type: none"> <input type="checkbox"/> (1) Fined <input type="checkbox"/> (2) Bound over <input type="checkbox"/> (3) Probation for _____ months <input type="checkbox"/> (4) Imprisonment for _____ months suspended for _____ months <input type="checkbox"/> (5) Imprisonment for _____ months <input type="checkbox"/> (6) Offence not established <input type="checkbox"/> (7) Others (specify) _____

Abuser Ref. No. at CPR (to be completed by CPR)

Relationship of abuser to child-in-question _____

Whether prosecuted (✓ tick as appropriate)

(0) No

Yes: the court disposal is (✓ Can tick more than one)

(1) Fined

(2) Bound over

(3) Probation for _____ months

(4) Imprisonment for _____ months suspended for _____ months

(5) Imprisonment for _____ months

(6) Offence not established

(7) Others (specify) _____

Abuser Ref. No. at CPR (to be completed by CPR)

Relationship of abuser to child-in-question _____

Whether prosecuted (✓ tick as appropriate)

(0) No

Yes: the court disposal is (✓ Can tick more than one)

(1) Fined

(2) Bound over

(3) Probation for _____ months

(4) Imprisonment for _____ months suspended for _____ months

(5) Imprisonment for _____ months

(6) Offence not established

(7) Others (specify) _____

Abuser Ref. No. at CPR (to be completed by CPR)

Relationship of abuser to child-in-question _____

Whether prosecuted (✓ tick as appropriate)

(0) No

Yes: the court disposal is (✓ Can tick more than one)

(1) Fined

(2) Bound over

(3) Probation for _____ months

(4) Imprisonment for _____ months suspended for _____ months

(5) Imprisonment for _____ months

(6) Offence not established

(7) Others (specify) _____

<p>Abuser Ref. No. at CPR (to be completed by CPR)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Relationship of abuser to child- <u>in-question</u></p> <p>_____</p>	<p><u>Whether prosecuted</u> (✓ tick as appropriate)</p> <p><input type="checkbox"/> (0) No</p> <p><input type="checkbox"/> <u>Yes</u>: the court disposal is (✓ Can tick more than one)</p> <p><input type="checkbox"/> (1) Fined</p> <p><input type="checkbox"/> (2) Bound over</p> <p><input type="checkbox"/> (3) Probation for _____ months</p> <p><input type="checkbox"/> (4) Imprisonment for _____ months suspended for _____ months</p> <p><input type="checkbox"/> (5) Imprisonment for _____ months</p> <p><input type="checkbox"/> (6) Offence not established</p> <p><input type="checkbox"/> (7) Others (specify) _____</p>
--	---	--

(5) **Other** changes not mentioned above: (please specify)

Reporting Unit (Department / organization): _____

Signature: _____

Name: _____

Post: _____

Rank: _____

Tel No.: _____

Date: _____

Countersigned by: _____

Name: _____

Post: Officer-in-charge / Supervisor

Tel No.: _____

Date: _____

**CONFIDENTIAL
CHILD PROTECTION REGISTRY
REPORTING TRANSFER FORM**

- Note** 1. This form is used for reporting of change of handling service unit and/or caseworker. **For updating of case information, please use CPR Form IIIA.**
2. The follow-up caseworker is required to complete this form and provide a copy of this completed form to the transfer-out caseworker.

1. CPR No.:

2. Name of child in English: _____
in Chinese: _____

3. Document of identity (*Tick as appropriate*)

(1) Hong Kong Identity Card (HKIC No.: _____)

(2) Hong Kong Birth Certificate (HKBC No.: _____)

(3) Passport (Passport No.: _____)

(4) Entry Permit (Permit No.: _____)

(5) Others, please specify _____

4. Date of birth: / (DD/MM/YYYY)

5. Particulars of new handling service units and caseworker

Name of responsible caseworker: _____

Post and rank of the caseworker: _____

Name of organization: _____

Name of office/unit: _____

Office address: _____

Telephone number: _____

Type of service e.g. school social work: _____

Follow-up office's file reference of the case: _____

Signature: _____

Countersigned by: _____

Name: _____

Name: _____

Post: _____

Post: Officer-in-charge / Supervisor

Rank: _____

Tel No.: _____

Tel No.: _____

Date: _____

Date: _____

If same as item 5 above, only sign and fill in date in this column.

**CONFIDENTIAL
CHILD PROTECTION REGISTRY
DE-REGISTRATION / EXTENSION OF REGISTRATION**

Child Ref No. at CPR (as assigned by CPR at initial registration)

Name of child

in English _____

in Chinese _____

Date of birth _____

Residential address of parent(s)/guardian(s)/caregiver(s) with whom the child used to live

Report to SWD Child Protection Registry (✓ Tick as appropriate)

Case should continue to remain in the register

Case can be deregistered

Reasons for deregistration: (✓ tick only one item)

- (1) No further risk of abuse identified
- (2) Child reached age of 18
- (3) Migration of child / child leaving Hong Kong
- (4) Death of child
- (5) Lost trace of child
- (6) Client declined/refused further service
- (7) Others, please specify _____

Signature: _____

Name: _____

Post: Officer-in-charge / Supervisor / SWO(FCPSU)

Unit (Department / Organization): _____

Tel. No.: _____

Date: _____

**LIST OF SOCIAL WORK OFFICERS OF
FAMILY AND CHILD PROTECTIVE SERVICES UNITS (SWO/FCPSU)
AND
SWD SENIOR CLINICAL PSYCHOLOGIST (SCP)
(as at April 2009)**

CAIU Region	Service Boundary	Contact Person SWO/FCPSU	Office Tel No	Mobile Phone No.
Hong Kong Island	Central, Western, Southern, Outlying Islands (excluding Lantau Island and Peng Chau)	Intake Worker / SWO/FCPSU(CW/S/I)	2835 2733	9460 4013
	Eastern, Wanchai, Causeway Bay, Quarry Bay, North Point, Siu Sai Wan, Chai Wan	Intake Worker / SWO/FCPSU(E/W)	2231 5859	9610 4825
Kowloon East	Wong Tai Sin, Tsz Wan Shan, Sai Kung, Tseung Kwan O, Lok Fu, San Po Kong, Choi Hung	Intake Worker / SWO/FCPSU(WTS/SK)	3188 3569	9309 5460
	Kwun Tong, Ngau Tau Kok, Sau Mau Ping, Lam Tin, Yau Tong, Lei Yue Mun, Shun Lee	Intake Worker / SWO/FCPSU(KT)	2707 7680	9460 8434
Kowloon West	Kowloon City, Tsim Sha Tsui, Mongkok, Yaumatei	Intake Worker / SWO/FCPSU(KC/YTM)	3583 3254	6293 1181
	Shamshuipo, Shek Kip Mei, Cheung Sha Wan, Mei Foo	Intake Worker / SWO/FCPSU(SSP)	2247 5373	9461 8537
New Territories (North)	Sheung Shui, Fanling, Ta Kwu Ling, Sha Tau Kok, Tai Po, Border	Intake Worker / SWO/FCPSU(TP/N)	2158 6696	9462 3010
	Siu Lam, Tuen Mun	Intake Worker / SWO/FCPSU(TM)	2618 5710	9460 4046
	Yuen Long, Tin Shui Wai, Hung Shui Kiu, Lau Fau Shan	Intake Worker / SWO/FCPSU(YL)	2445 4224	9036 3417

CAIU Region	Service Boundary	Contact Person SWO/FCPSU	Office Tel No	Mobile Phone No.
New Territories (South)	Shatin, Ma On Shan	Intake Worker / SWO/FCPSU(ST)	2158 6680	9460 5390
	Tsuen Wan, Kwai Chung, Tsing Yi	Intake Worker / SWO/FCPSU(TW/KwT)	2940 7350	9387 2010
	Lantau Island (including Tung Chung), Peng Chau Name of Supervising Officer	Intake Worker / SWO/FCPSU(CW/S/I)	2231 5858	9460 4013
Senior Social Work Officers / FCPSUs	SSWO/ FCPSU(CW/S/I)		2835 2722	-
	SSWO/ (E/W)		2231 5899	-
	SSWO / FCPSU(KT)		2707 7682	-
	SSWO / FCPSU(WTS/SK)		3586 3500	-
	SSWO / FCPSU(SSP)		2247 5438	-
	SSWO / FCPSU(KC/YTM)		3583 3235	-
	SSWO / FCPSU(ST)		2158 6660	-
	SSWO / FCPSU(TP/N)		2158 6695	-
	SSWO / FCPSU(TM)		2618 5571	-
	SSWO / FCPSU(TW/KwT)		2940 7351	-
SSWO / FCPSU(YL)		2445 3043	-	
SCPs	SCP1		2707 7664	-
	SCP2		3183 9428	-
	SCP3		2967 4119	-
	SCP4		2940 7023	-
	SCP5		2940 7037	

☎ List of Police Duty Controllers

<u>Region</u>	Name/Post	Office Tel. No.	Fax No.
Hong Kong Island	Duty Controller/ Superintendent, Regional Command and Control Centre (RCCC)	3472 7000	-
	OC CAIU HKI	2860 7815 2860 7814	2860 7813
Kowloon	Duty Controller/ Superintendent, Regional Command and Control Centre (RCCC)	3472 7400	-
	OC CAIU KE	2767 1451 2767 1466	2752 7334
	OC CAIU KW	2761 2340 2761 2241	2760 0775
New Territories	Duty Controller/ Superintendent, Regional Command and Control Centre (RCCC)	3472 7200	-
	OC CAIU NTN	3661 3373 3661 3370	2664 0668
	OC CAIU NTS	3661 1134 3661 1231	2200 4669

(Confidential)

Report Form for Reporting Suspected Child Abuse Cases to Police

(to be completed by Informant and / or sent together with the Written Dated Notes (Appendix X))

A. INFORMANT

Name : _____ Rank/Post : _____

Name of Agency : _____ Unit : _____

Address : _____

Tel. No.: _____

—

B. VICTIM

Name : _____ Sex : _____ Date of Birth : _____

Home Address : _____

Present Location : _____ Tel. No.: _____

School : _____ Class : _____

Any Disability or Special Needs of the Child : _____

—

C. PARENTS/CARER

Name : _____ Name : _____

H.K.I.D. No.: _____ H.K.I.D. No.: _____

Sex/Age : _____ Sex/Age : _____

Relationship : _____ Relationship : _____

Address : _____ Address : _____

—

Tel. No.: _____ Tel. No.: _____
(Home / Mobile) (Home/ Mobile)

D. SIBLINGS

1. _____ 2. _____
(Name, Sex/Age)
3. _____ 4. _____
5. _____ 6. _____

E. INCIDENT INFORMATION

1. Date and Time of Incident: _____
2. Location of Incident : _____
3. Type of Abuse : Physical Sexual Psychological Neglect Other
(Tick one or more)
4. Narrative Description : _____

5. How the Informant is aware of the Information : _____

6. Any Known History of Similar Incident for victim : _____

7. Name/H.K.I.D. No. of Suspected Abuser : _____

8. Relationship of Suspected Abuser with victim : _____
9. Name of Other Witness(es) : _____

10. Other Agency/Government Departments Involved : _____

11. Result of Child Protection Registry Check : _____
(If there are more than one incident, please use a separate sheet to provide the information.)

Signature : _____

Name : _____

Agency / Department : _____

Unit : _____

Tel.No. : _____

Date : _____

(Confidential)

Written Dated Notes

(This form is to be forwarded with
the Report Form (Appendix IX) in making a report to Police)

1. File Reference : _____
2. Name of the Child : _____
3. Sex/Age of the Child : _____
4. Family Members in brief : _____
5. Nature of Abuse : Physical Sexual Psychological
 Neglect Other
6. Information Collected :

Date/Time	Details

Signature : _____
Name : _____
Agency/Department : _____
Unit : _____
Tel. No. : _____

(This Document may be submitted to Court as legal evidence)

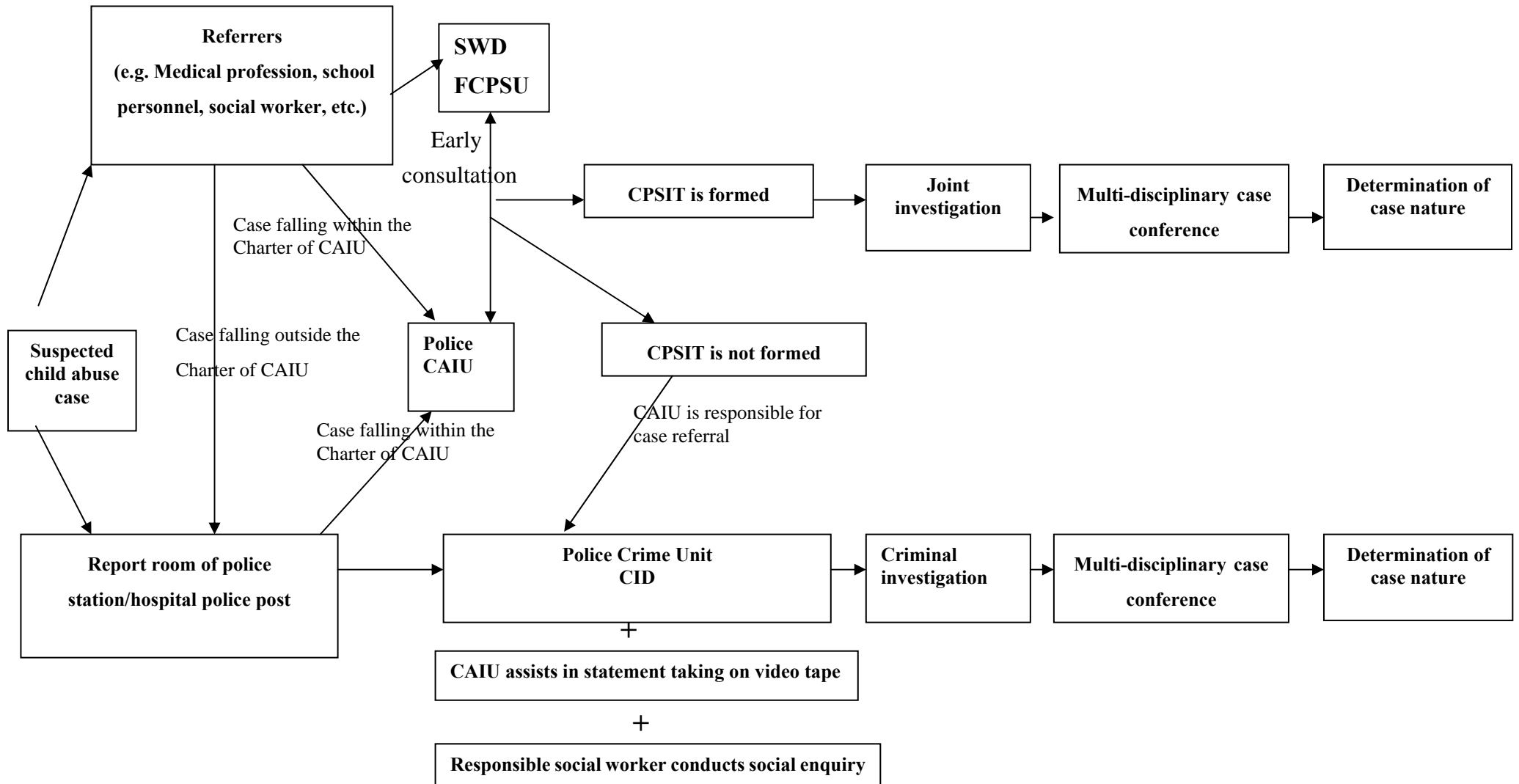
**☎ LIST OF DESIGNATED PAEDIATRIC DEPARTMENT WITHIN HOSPITAL
AUTHORITY HOSPITALS**

Hospital	Fax	Medical Coordinator(s) on Child Abuse	Telephone
Hong Kong East Cluster			
1. Pamela Youde Nethersole Eastern Hospital	2904 5371	Dr Y M MA Dr K W MO Dr S M TAI	2595 6111
Hong Kong West Cluster			
2. Queen Mary Hospital	2855 1523	Dr Anita TSANG Dr Ada YUNG	2855 4485 / 2855 3111 2855 3111
Kowloon Central Cluster			
3. Queen Elizabeth Hospital	2384 5204	Dr Winnie TSE Dr LEE Shuk-han Dr Betty BUT Dr Winnie CHAN Dr WU Shun-ping	2958 8887 / 2958 6741 2958 8887 / 2958 6741 2958 8887 / 2958 6741 2958 8887 / 2958 6741 2958 8887 / 2958 6741
Kowloon East Cluster			
4. Tseung Kwan O Hospital	2174 9956	Dr WONG Hiu-lei Lilian Dr. KU Wai Hung Dr. HUEN Kwai-fun On-call Senior Medical Officer	2208 0111 2208 0111 2208 0111
5. United Christian Hospital	3513 5557	Dr Patrick CHEUNG Dr Linda HO	3513 4000 3513 4000
Kowloon West Cluster			
6. Caritas Medical Centre	2744 9205	Dr YU Chak-man Dr LAM Ping Dr HUI Wai-han	3408 7979 3408 7911 3408 7911

Hospital	Fax	Medical Coordinator(s) on Child Abuse	Telephone
7. Kwong Wah Hospital	2781 5261	Dr HO Che-shun Dr CHERK Wan-wah, Sharon Dr KWOK Ka-li	3517 5238 / 3517 5055 2332 2311 / 3517 8811 2332 2311 / 3517 7812
8. Princess Margaret Hospital	2990 3483	Dr LEE Lai-ping Dr TONG Pak Chiu	2990 1111 2990 1111
9. Yan Chai Hospital		On-call Senior Medical Officer	2417 8383
New Territories East Cluster			
10. Alice Ho Miu Ling Nethersole Hospital	2664 3706	Dr YAU Fai-to Dr TONG Chi-tak	2689 2251 / 2689 2286 2689 3544 / 2689 3546 / 2689 2000
11. Prince of Wales Hospital	2636 0020	Dr CHUI Kit-Man Kitty Dr LEUNG Wing-kwan, Alex	2632 2211 Page 1413 2632 2211 Page 1833
New Territories West Cluster			
12. Tuen Mun Hospital	2456 9111	Dr SO Kwan-tong Dr Rever LI Dr LI Po-siu, Samantha	2468 5392 / 2468 5111 2468 6034 / 2468 5111 2468 5111

In case the Medical Coordinator(s) cannot be contacted, please contact the second call Medical Officer on duty except hospitals listing “On-call Senior Medical Officer” as the contact.

FLOW CHART ON PROCEDURES FOR HANDLING SUSPECTED CHILD ABUSE CASES



**(Confidential)
Record of Strategy Planning**

Reference No.:

Objectives of Interview (if appropriate)

- .. Disclosure case - to obtain a truthful account of what has happened from the child.
- .. Non-Disclosure case - to ascertain whether the child has been abused.

Child's Name :

Age :

Date and Time of Meeting : Between _____ hrs. and _____ hrs. on

Location of Meeting :

Persons Present and Agencies Represented :

Family Background (Significant Family History - other than information contained in the Referral Form/Written Dated Notes) :

Relevant Information about the Child :

Child's First Language : *Chinese/English/Putonghua/Others : _____

Can the child read? *YES/NO At what level? _____

Any Disabilities (e.g. Mental handicap; physical disabilities, speech or hearing impediments, learning difficulties, etc.)

Is the child known to *Psychological Services of SWD/HA/NGO/Dept. of Health?

*YES/NO

If YES, give name of CP and any relevant information obtained :

Behaviour Pattern :

Emotional State :
Knowledge of Sex :
Medical/Forensic Examination Has *medical/forensic examination taken place? *YES/NO If YES, Name of Doctor : Date and Location of Examination : Findings:

Prior to Interview : Format of Interview Recommended : *Video Recording/Written Statement State Reason :
If video recording is recommended, the proposed interviewer :
Proposed Monitor :
Any Props Required :
Any other person to be present in the interview room/monitor room : Interview Room : Monitor Room :

Remarks :

Signatures of Persons Present at Meeting :
--

THIS DOCUMENT MUST BE INCLUDED IN THE CASE FILE

* Delete whichever inapplicable.

SUMMARY OF THE PHASED APPROACH
(Extracted from **Memorandum of Good Practice**)

	Purpose	Approach	To be avoided	Additional Comments
Phase I Rapport	<ul style="list-style-type: none"> - To settle the child and relieve anxiety. - To supplement interview's knowledge of child. - To explain reason for interview. - To admonish child to speak the truth. 	<ul style="list-style-type: none"> - Any topic which relaxes the child. - Play must be needed. 	<ul style="list-style-type: none"> - Any mention of the alleged offence. - Staring at or touching child at any time. 	This phase may needed to be repeated at several points in the interview. <i>Never</i> start without it.
Phase II Free Narrative Account	To enable child to give an account in own words	<ul style="list-style-type: none"> - Provide opportunities to talk about alleged offence at child's pace. - Use a form of 'active listening'. 	<ul style="list-style-type: none"> - Questions directed to events not mentioned by child. - Speaking as soon as child appears to stop. 	Be patient. If nothing related to alleged offence is mentioned, consider moving to Phase IV.
Phase III Questioning	To find out more about alleged offence.	Questions graduating from general to more specific.	<ul style="list-style-type: none"> - Interrupting the child even to clarify language. - Repeating a question too soon. - Using difficult grammar/ sentence construction. - Asking more than one question at a time. 	Consider at each stage of questioning whether it is in the interests of child and justice to proceed further.
<i>Stage A</i> Open-ended questions	Enable child to provide more information without pressure.	Use focused but non-leading questions.		
<i>Stage B</i> Specific yet non-leading questions	<ul style="list-style-type: none"> - To extend and clarify information. - To remind child of purpose of interview. 	<ul style="list-style-type: none"> - Use specific questions which may inevitably refer to disputed facts. - Probe factual and linguistic inconsistencies gently. 	Questions which require a "yes" or "no" answer or allow only one of a possible two responses.	
<i>Stage C</i> Closed questions	To encourage reticent child to speak.	Questions which allow a limited number of responses.		Consult with other interviewer before questioning further.
<i>Stage D</i> Leading questions	To encourage reticent child to speak.	Questions can be used which imply answer or assume disputed facts.	Questions which invariably require same answer.	<ul style="list-style-type: none"> - Avoid all directly leading questions. - Revert to 'neutral' mode as soon as possible, and in all cases in which an answer seems evidentially relevant.
Phase IV Closing the interview	To ensure child has understood interview and is not distressed.	<ul style="list-style-type: none"> - Go over relevant evident in child's language. - Revert to rapport topics. - Thank child and allow child to ask questions. 	Summarising in adult language.	<ul style="list-style-type: none"> - Never stop without it. - Give child or accompanying adult contact name and number.

(Confidential)

IMMEDIATE CASE ASSESSMENT

1. **Reference No. :** _____ **Date of Intake :** _____

2. **Child's Particulars**

Child's Name : _____

Sex/Age : _____

Address : _____

3. **Investigation Interview**

Date and Time of Interview :

Format of Interview : Video-recorded _____ Statements _____

Persons Present : _____

Place of Interview : _____

4. **Persons Involved in Case Assessment**

Name Rank/Post Agency/Department

5. **Conclusion of Case Assessment**

Insufficient Information

Suspicion Established

Child Abuse Yes No

Nature of Abuse Physical Sexual Psychological

 Neglect Other

Reason : _____

Supporting Evidence :

Medical Report :

Clinical Psychological Report :

Video-recorded Interview Tape :

Supplementary Report:

6. **Action Plan Recommended**

- (a) Immediate Protection Plan for the Child : _____

- (b) Immediate Service to the Family : _____

- (c) Criminal Investigation on the Abuser/Perpetrator Recommended :

7. **Remarks :**

Signature : _____
Name : _____
Agency/Department : _____
Unit : _____
Date : _____

**GUIDANCE FOR PAEDIATRIC WARDS, A&E DEPARTMENT
AND STAFF INVOLVED WITH CHILD ABUSE**

1. Inform senior nurse.
2. Communicate with doctor admitting the abused child.
3. Check medical notes on what has been revealed to parents.
4. Record :-
 - Record as routine especially on emotional, behaviour and physical aspects.
 - Make careful note of all that is said to you by parents, caretakers.
 - For child sexual abuse cases:
 - DO NOT** examine the child on the area concerned.
 - DO NOT** let the child's clothes be taken home.
 - DO NOT** remove clothes when weighing, even if soiled.
5. Do not leave the child unattended at any time. The child must be accompanied by a member of the nursing staff.
6. Discuss with doctor on future observations and care needed.
7. Check if MSW or police is informed.
8. Confidentiality and dignity must be addressed at all times regarding the child and family.
9. Minimal questioning on the incident(s).
10. If the child is seen in the ward by the MSW or police, the child should be allowed to have a trusted member of the family or nurse with them.
11. Observe for any unusual behaviour and take note of what the child says. If there are any concerns or suspicions of any sort, report to Senior Nurse on duty who will then bring it to the attention of the medical staff.

Members of Ward Team

Nurses, Ward Managers
Ward Stewards
Physiotherapists
Occupational Therapists
Teachers
Play Therapists
Ward Attendants
Health Care Assistants

SUMMARY OF HANDLING PROCEDURES OF CHILD SEXUAL ABUSE CASES FOR MEDICAL OFFICERS

Initial encounter	Disclosure suspicion	High suspicion	Medium suspicion	Low suspicion
General practitioner				
Need immediate treatment	Consult MCCA or Refer hospital A&E or ward	Consult MCCA or Refer hospital A&E or ward	Consult MCCA or Refer hospital A&E or Ward	Consult MCCA or Refer hospital A&E or Ward
Immediate treatment not needed	Consult MCCA or Refer FCPSU or CAIU/hospital	Consult MCCA or Refer FCPSU or CAIU/hospital	Consult MCCA or FCPSU	Consult MCCA only

Always inform the most senior staff available immediately should there be any suspicion of sexual abuse, whom may in turn decide to consult the specialists on child abuse (MCCA).

AED

Need immediate treatment	Consult MCCA or Admit ward then consult MCCA and refer FCPSU or CAIU	Consult MCCA or Admit ward then consult MCCA/FCPSU or CAIU and refer FCPSU or CAIU	Consult MCCA or Admit ward then consult MCCA and refer FCPSU or CAIU if needed	Consult MCCA or FU after treatment Consult MCCA as needed
Immediate treatment not needed	Consult senior and MSW, MCCA and refer FCPSU or CAIU	Consult senior, MSW, MCCA and refer FCPSU or CAIU	Consult senior, MSW, MCCA and refer FCPSU or CAIU as needed	Consult senior, MSW, MCCA
		FU in 2 week and consult MCCA as needed	FU in 2 weeks and consult MCCA as needed	FU in 2 weeks and consult MCCA as needed

Initial encounter	Disclosure suspicion	High suspicion	Medium suspicion	Low suspicion
Specialist Out-Patient Clinic				
Need immediate treatment	Consult MCCA or Admit ward then Consult MCCA and Refer FCPSU or CAIU	Consult MCCA or Admit ward then Consult MCCA and Refer FCPSU or CAIU	Consult MCCA or Admit ward then Consult MCCA	Consult MCCA or Admit ward then Consult MCCA
Immediate treatment not needed	Consult MCCA, Inform MSW and Refer FCPSU or CAIU	Consult senior, MSW and MCCA Admit or FU in 2 weeks	Consult senior, MSW & MCCA FU in 2 weeks or admit	Consult senior, MSW & MCCA FU in 2 weeks
Hospital	Consult senior&/or MCCA Inform MSW Refer FCPSU or CAIU	Consult senior&/or MCCA Inform MSW Refer FCPSU or CAIU	Consult senior&/or MCCA Inform MSW Consult FCPSU or CAIU as needed	Consult senior&/or MCCA Inform MSW Consult FCPSU or CAIU as needed

- MCCA = Medical Coordinator on Child Abuse
AED = Accident and Emergency Department
FU = Follow-up
MSW = Medical Social Worker
FCPSU = Family and Child Protective Services Unit
CAIU = Child Abuse Investigation Unit

**INDEX OF DIRECT DISCLOSURE AND THREE LEVELS OF SUSPICIOUS
CHILD SEXUAL ABUSE CASES FOR MEDICAL OFFICERS**

1. Direct disclosure by the child
2. High :
 - Injuries to genital area which are not consistent with illness or accident.
 - Severe psychiatric disturbance, such as mutism, eating disorder, suicide, self-mutilation.
 - Repeated and frequent sexualized behaviour.
 - Marked frozen behaviour.
 - Worrying information from adults.
3. Medium : Combination of some recurrent medical symptoms e.g. unexplained vaginal soreness or bleeding, urinary tract infections, sleep disturbances, anorexia and behaviour in the child hinting at secrecy.
4. Low :
 - Isolated observation of sexualized behaviour.
 - Single physical symptom such as recurrent urinary tract infection, vaginal/penile discharge without manifestation of behavioural or emotional problems.
 - Description of somewhat eccentric patterns of family interaction.

Ref.: Camden Procedures in cases of suspected child sexual abuse

☎ LIST OF CHILD PSYCHIATRY TEAMS

	Child Psychiatry Teams	Corresponding Child Psychiatrists	Tel. No.
1.	Castle Peak Hospital (Tuen Mun Child Team)	Dr. A. CHAN	2454 5871
2.	Prince of Wales Hospital	Dr. Kelly LAI	2632 2942
3.	Queen Mary Hospital	Dr. T.P. HO	2855 3656
4.	Yaumatei Child Psychiatric Clinic	Dr. S.F. HUNG Dr. C.C. LEE	2384 9774 2384 9774
5.	United Christian Hospital	Dr. LAM Wai-chung	3513 4000

教育局辦事處地址及電話
LIST OF OFFICES OF EDUCATION BUREAU

港島區域教育服務處 Hong Kong Regional Education Office

香港灣仔皇后大道東183號合和中心53樓

53/F, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong

查詢 Enquiries 2863 4646

傳真 Fax 2865 0658

中西區學校發展組 Central & Western District School Development Section

查詢 Enquiries 2863 4678

傳真 Fax 2543 3051

南區學校發展組 Southern District School Development Section

查詢 Enquiries 2863 4664

傳真 Fax 2865 0491

灣仔區學校發展組 Wan Chai District School Development Section

查詢 Enquiries 2863 4626

傳真 Fax 2572 0800

離島區學校發展組 Islands District School Development Section

查詢 Enquiries 2863 4634

傳真 Fax 2865 1458

港島東區學校發展組 Hong Kong East District School Development Section

查詢 Enquiries 2863 4649

傳真 Fax 2865 1432

九龍區域教育服務處 Kowloon Regional Education Office

九龍塘沙福道19號教育局九龍塘教務服務中心東座平台至1樓

Podium-1/F, East Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon

查詢 Enquiries 3698 4108

傳真 Fax 2770 2012

九龍城區學校發展組 Kowloon City District School Development Section

查詢 Enquiries 3698 4141

傳真 Fax 2715 6249

西貢區學校發展組 Sai Kung District School Development Section

查詢 Enquiries 3698 4206

傳真 Fax 2783 0354

觀塘區學校發展組 Kwun Tong District School Development Section

查詢 Enquiries 3698 4178

傳真 Fax 2783 7521

深水埗區學校發展組 Sham Shui Po District School Development Section

查詢 Enquiries 3698 4196

傳真 Fax 2720 9699

黃大仙區學校發展組 Wong Tai Sin District School Development Section

查詢 Enquiries 3698 4219

傳真 Fax 2782 6043

油尖旺區學校發展組 Yau Tsim & Mong Kok District School Development Section

查詢 Enquiries 3698 4163

傳真 Fax 2781 0206

新界東區域教育服務處 New Territories East Regional Education Office

新界上水龍琛路39號上水廣場18樓及22樓

18/F & 22/F, Landmark North, 39 Lung Sum Avenue, Sheung Shui, New Territories

查詢 Enquiries 2639 4876

傳真 Fax 2672 0357

大埔區學校發展組 Tai Po District School Development Section

查詢 Enquiries 2639 4856

傳真 Fax 2672 3747

北區學校發展組 North District School Development Section

查詢 Enquiries 2639 4858

傳真 Fax 2676 0011

沙田區學校發展組 Sha Tin District School Development Section

查詢 Enquiries 2639 4857

傳真 Fax 2602 2214

新界西區域教育服務處

New Territories West Regional Education Office

新界荃灣青山公路荃灣段457號華懋荃灣廣場16樓、18樓及19樓

16/F, 18/F & 19/F, Chinachem Tsuen Wan Plaza, 457 Castle Peak Road, Tsuen Wan, New Territories

查詢 Enquiries 2437 7272

傳真 Fax 2416 2750

葵青區學校發展組 Kwai Chung & Tsing Yi District School Development Section

查詢 Enquiries 2437 5433

傳真 Fax 2480 3614

荃灣區學校發展組 Tsuen Wan District School Development Section

查詢 Enquiries 2437 5457

傳真 Fax 2498 1923

屯門區學校發展組 Tuen Mun District School Development Section

查詢 Enquiries 2437 5483

傳真 Fax 2416 5710

元朗區學校發展組 Yuen Long District School Development Section

查詢 Enquiries 2437 7217

傳真 Fax 2416 3240

學前服務聯合辦事處 Joint Office for Pre-primary Services

查詢 Enquiries 3107 2197

傳真 Fax 3107 2180

缺課個案專責小組 Non-attendance cases Team

查詢 Enquiries 3698 4389

傳真 Fax 2520 0073

WITNESS SUPPORT PROGRAMME FOR CHILD WITNESSES

Background

1. The Evidence Rules made under Section 79D of the Criminal Procedure Ordinance allow that where a child is a witness, with the permission of the Court, a Support Person may be present in the room from which the child is giving evidence over the live television link. **This is subject to the proviso that the person is not a witness in the case and has not been directly involved in the investigation of the case.**
2. The Social Welfare Department in co-operation with the Police has established a **Witness Support Programme** to provide Support Persons for child witnesses, in case of need.

Objective of the Programme and Role of the Support Person

3. The objective of the Programme is to help reduce the fear and anxiety of child witnesses when giving evidence in Court by providing a "Support Person" to accompany the witness during the trial. **The Support Person provides emotional support and practical help to the witness but will not provide any advice on the case or prejudice the trial process.**
4. The role of the Support Person is to accompany the witness in giving evidence in Court through the CCTV system and assist in the pre-trial preparation by accompanying the witness for a pre-trial familiarisation visit to Court. The pre-trial Court visit will be arranged by the Police and Court staff. The Support Person provides support to the witness throughout the process and help the witness feel comfortable during the trial. **Preparation of a child witness means familiarisation with the Court process in a way that does not prejudice the rights of the defendant. It does not involve discussing, rehearsing or practising the child's evidence.**

Provision of Service

5. A group of trained volunteers and Family Aides of the Social Welfare Department are available to be called upon as "Support Persons" for child witnesses.

Procedure

6. Requests for arrangement of Support Persons under the Witness Support Programme are made through the **Child Protection Policy Unit of Police** to the Contact Persons of Social Welfare Department. (For application procedures, Police Officers should refer to ACP Crime's directive at Annex D of (29) in CID/CPPU 194/1 pt 3 dated 24.12.96,

entitled 'Police Procedures for Vulnerable Witnesses Giving Evidence in Court').

Services Provided by Volunteers

7. Arrangement will be made for the volunteer assigned to the case to meet the child witness before the pre-trial Court visit. The volunteer will help the child witness build up confidence as a witness by giving practical and factual information about the trial process and the role as a witness in accordance with the Child Witness Pack. The volunteer will accompany the witness for the pre-trial Court visit and when giving evidence in Court. Volunteers are also ready for post-trial interview to round up the case if so preferred by the child.

Services Provided by Family Aides

8. In serving as a Support Person, arrangement will be made for the Family Aide assigned to the case to meet the child witness before the trial so that they may get to know each other. The Support Person will accompany the witness for the pre-trial visit to Court and when giving evidence in Court.

Code of Practice and Training

9. To ensure that Support Persons do not behave in any manner prejudicial to the trial process, they have undergone a training programme conducted by SWD, Police and Department of Justice and will adhere to an agreed Code of Practice.

Allegations of Coaching

10. In order to avoid allegations of coaching by the Defence, concerned parties should ensure that the Support Persons **are not** informed about details of the case: merely the nature of the alleged offences. They **must not** be shown any of the witness's statement(s) or transcripts of video taped statements. Where a video tape of the child's allegation is to be introduced in evidence-in-chief they **must not** accompany the child when he/she views the tape to refresh his/her memory prior to the trial.

When the service will be provided

11. Services of Support Persons should only be requested for child witnesses in circumstances where it is believed that the child will be traumatised by giving evidence. The child's family should be consulted first as they may wish to provide a close relative to support the child, **(provided that the relative is not involved in the investigation and will not be a witness in the case)**. The child's existing social worker (if he/she is under the care of SWD or other non-governmental organisation (NGO)) and the advising counsel of Department of Justice should also be consulted.

12. Considerations should be given to the child's age, the child's state of mind, the nature or severity of the offence and the level of family support. For cases of incest or sexual assault involving a member of the child's family, it should always be assumed that the family may have withdrawn their support from the child.

LIST OF DISTRICT POLICE STATIONS

	Report Room	Telephone	Facsimile
<i>Hong Kong Island</i>			
1	Central Division	2522 8882	2234 9871
2	Waterfront Division	2857 1555	2975 4392
3	Peak Sub-Division	2849 8748	2849 5652
4	Western Division	2546 0164	2858 9065
5	Aberdeen Division	2552 1766	2552 9216
6	Stanley Sub-Division	2813 1717	2813 6480
7	Wan Chai Division	2519 0076	2511 8731
8	Happy Valley Division	2234 0282	2575 8051
9	North Point Division	2563 6487	2562 5546
10	Chai Wan Division	2557 1878	2556 3406
<i>Kowloon East</i>			
11	Wong Tai Sin Division	2320 6871	2752 9405
12	Sai Kung Division	2792 1279	27915129
13	Kwun Tong Division	2727 0006	2348 0700
14	Tseung Kwan O Division	2704 0430	2706 1332
15	Sau Mau Ping Division	2341 8696	2790 7017
16	Ngau Tau Kok Division	2758 3033	2750 0642
<i>Kowloon West</i>			
17	Tsim Sha Tsui Division	2721 0137	2369 0793
18	Yau Ma Tei Division	2388 1141	2388 3994
19	Sham Shui Po Division	2386 7633	2708 8642
20	Cheung Sha Wan Division	2743 7862	2742 7046
21	Mong Kok District	2381 1052	2789 2123
22	Kowloon City Division	2711 6955	2762 9789
23	Hung Hom Division	2713 5880	2624 5367
<i>New Territories South</i>			
24	Kwai Chung Division	2418 9846	2427 3438
25	Tsing Yi Division	2431 9123	2449 0351
26	Tsuen Wan Division	2415 6003	2405 3687
27	Sha Tin Division	2691 2754	2601 2176
28	Tin Sum Division	2695 9728	2601 5841
29	Ma On Shan Division	2640 0109	2640 1904
30	Lantau North Division	2988 8520	2988 1822
31	Lantau South (Mui Wo) Division	2984 1660	2984 1408
32	Airport Police Station	2769 4802	2949 9835
<i>New Territories North</i>			
33	Tai Po Division	2667 2292	2144 1271
34	Sheung Shui Division	2675 6364	2676 7569
35	Tuen Mun Division	2463 1301	2464 8205
36	Castle Peak Division	2441 3933	2457 9507
37	Yuen Long Division	2476 5886	2477 5963
38	Tin Shui Wai Division	2448 1803	2446 6547
39	Pat Heung Division	2488 5337	2488 0328
40	Sha Tau Kok Division	2674 1469	2659 2339
41	Lok Ma Chau Division	2471 4889	2482 4808
42	Ta Kwu Ling Division	2674 4572	2659 8501
<i>Marine</i>			
43	Marine Harbour Division	2885 9385	2884 9242

	Report Room	Telephone	Facsimile
44	Marine East Division	2791 1050	2194 4542
45	Maine South Division	2553 9560	2553 7165
46	Marine West Division	2450 4887	2452 2759
47	Marine North Division	2603 4060	2602 7353
48	Cheung Chau Division	2981 1217	2986 9057
49	Lamma Island Police Post	2982 0251	2982 4601
50	Peng Chau Police Post	2983 0251	2983 1146

**☎ LIST OF FAMILY AND CHILD PROTECTIVE SERVICES UNITS /
INTEGRATED FAMILY SERVICE CENTRES / INTEGRATED SERVICES
CENTRES OF SOCIAL WELFARE DEPARTMENT (SWD) AND
NON-GOVERNMENTAL ORGANISATIONS (NGO)**

(as at April 2009)

(<http://www.swd.gov.hk/doc/family/list>;

http://www.swd.gov.hk/tc/index/site-aboutus/page_otherunits/)

SWD Departmental Hotline 2343 2255

Family and Child Protective Services Unit (FCPSU)

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| 1. FCPSU (Central Western,
Southern and Islands) | Room 2313, 23/F, Southorn Centre, 130
Hennessy Road, Wanchai, H.K. | 2835 2733 |
| 2. FCPSU (Eastern/Wanchai) | Room 229, 2/F, North Point Government
Offices, 333 Java Road, North Point, H.K. | 2231 5859 |
| 3. FCPSU (Sham Shui Po) | G/F, Cheung Sha Wan Community Centre,
55 Fat Tseung Street, Kowloon. | 2247 5373 |
| 4. FCPSU (Kowloon City/
Yau Tsim Mong) | Room 803, 8/F, Kowloon Government
Offices, 405 Nathan Road, Kowloon. | 3583 3254 |
| 5. FCPSU (Kwun Tong) | Room 502, Nan Fung Commercial Centre,
No. 19 Lam Lok Street, Kowloon Bay,
Kowloon. | 2707 7680
2707 7681 |
| 6. FCPSU (Wong Tai Sin/
Sai Kung) | Room 304, 3/F, Wong Tai Sin Community
Centre, 104 Ching Tak Street, Wong Tai
Sin, Kowloon. | 3188 3569 |
| 7. FCPSU (Sha Tin) | Room 716, 7/F, Shatin Government
Offices, 1 Sheung Wo Che Road, Shatin,
N.T. | 2158 6679
2158 6680 |
| 8. FCPSU (Tai Po/North) | Room 716, 7/F, Shatin Government
Offices, 1 Sheung Wo Che Road, Shatin,
N.T. | 2158 6696 |
| 9. FCPSU (Tsuen Wan/
Kwai Tsing) | 21/F, Tsuen Wan Government Offices, 38
Sai Lau Kok Road, Tsuen Wan, N.T. | 2940 7350
2940 7358 |

10.FCPSU (Tuen Mun)	4/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, N.T.	2618 5710 2618 5614
11.FCPSU (Yuen Long)	G/F, Wah Long House, Tin Wah Estate, Tin Shui Wai, Yuen Long, N.T.	2445 4224

Integrated Family Service Centre (IFSC) / Integrated Services Centre (ISC)

Central, Western, Southern and Islands District

1. Central and Islands Integrated Family Service Centre, SWD	4/F., Harbour Building, 38 Pier Road, Central, H.K.	2852 3137
2. High Street Integrated Family Service Centre, SWD	G/F, Sai Ying Pun Community Complex, 2 High Street, Sai Ying Pun, H.K.	2857 6867
3. Aberdeen Integrated Family Service Centre, SWD	Unit 2, G/F, Pik Long House, Shek Pai Wan Estate, Aberdeen, H.K.	2875 8685
*4. Caritas Integrated Family Service Centre – Aberdeen (Tin Wan/Pokfulam), Caritas – Hong Kong	1/F, 20-22 Tin Wan Street, Aberdeen, H.K.	2555 1993
*5. Grace and Joy Integrated Family Service Centre, Hong Kong Catholic Marriage Advisory Council	G/F, La Maison Du Nord, 12 North Street, Kennedy Town, H.K.	2810 1105
*6. The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre#	1/F, Carpark 1, Yat Tung Estate, Tung Chung, Lantau Island.	3140 6365
*7. Hong Kong Sheng Kung Hui – Tung Chung Integrated Services, Hong Kong Sheng Kung Hui Welfare Council#	2/F, Fu Tung Shopping Centre, Tung Chung, Lantau Island.	2525 1929

Eastern and Wan Chai District

8. Causeway Bay Integrated Family Service Centre, SWD	1/F & 2/F, Causeway Bay Community Centre, 7 Fook Yum Road, North Point, H.K.	2895 5159
9. Quarry Bay Integrated Family Service Centre, SWD	2/F & 3/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, H.K.	2562 4783

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| 10. Chai Wan (West) Integrated Family Service Centre, SWD | Level 4, Government Offices, (Chai Wan MTR), New Jade Garden, 233 Chai Wan Road, Chai Wan, H.K. | 2569 3855 |
| 11. Chai Wan (East) Integrated Family Service Centre, SWD | 3/F, Chai Wan Municipal Services Building, 338 Chai Wan Road, Chai Wan, H.K. | 2556 1839 |
| *12. Hong Kong Eastern Centre North Point Integrated Family Service Centre, Hong Kong Family Welfare Society | Upper G/F, Healthy Village, Phase II, King's Road, North Point, H.K. | 2832 9700 |
| *13. Caritas Integrated Family Service Centre – Shau Kei Wan, Caritas – Hong Kong | 2/F, Aldrich Bay Integrated Services Building, 15 Aldrich Bay Road, Shau Kei Wan, H.K. | 2896 0302 |
| *14. St. James' Settlement Wanchai Integrated Family Service Centre | 4/F, 85 Stone Nullah Lane, Wanchai, H.K. | 2835 4342 |

Kowloon City and Yau Tsim Mong District

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| 15. Kowloon City Integrated Family Service Centre, SWD | Unit 3, 2/F, Chung Hwa Plaza, 5B-5F Ma Hang Chung Road, To Kwa Wan, Kowloon. | 2760 1347 |
| 16. To Kwa Wan Integrated Family Service Centre, SWD | Room 903, 9/F, To Kwa Wan Government Offices, 165 Ma Tau Wai Road, To Kwa Wan, Kowloon. | 2363 8567 |
| 17. Yau Ma Tei Integrated Family Service Centre, SWD | 2/F, Henry G Leong Yau Ma Tei Community Centre, 60 Public Square Street, Yaumatei, Kowloon. | 2388 2527 |
| *18. Hung Hom Integrated Family Service Centre, Hong Kong Children and Youth Services | Upper G/F, Hung Fai House, Hung Hom Estate, Hung Hom, Kowloon. | 2761 1106 |
| *19. Mongkok Integrated Family Service Centre, Yang Memorial Methodist Social Service | G/F, Central Commercial Tower, 736, Nathan Road, Mongkok, Kowloon | 2171 4001 |
| *20. Family Networks: Yau Tsim Integrated Family Service Centre, Hong Kong Christian | 2/F, 33 Granville Road, Tsim Sha Tsui, Kowloon. | 2731 6227 |

Service

Sham Shui Po District

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| 21. Cheung Sha Wan Integrated Family Service Centre, SWD | 2/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Sham Shui Po, Kowloon. | 2360 1364 |
| 22. Shek Kip Mei Integrated Family Service Centre, SWD | 2/F & 3/F, Tai Hang Tung Community Centre, 17 Tong Yam Street, Shek Kip Mei, Kowloon. | 2777 3015 |
| *23. West Kowloon Centre Shamshuipo (West) Integrated Family Service Centre, Hong Kong Family Welfare Society | G/F, Lai Tak House, Lai On Estate, Sham Shui Po, Kowloon. | 2720 5131 |
| *24. Sham Shui Po (South) Integrated Family Service Centre, International Social Service Hong Kong Branch | G/F, High Block, Nam Cheong Community Centre, Nam Cheong Estate, Sham Shui Po, Kowloon | 2386 6967 |

Kwun Tong District

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| 25. Kai Ping Integrated Family Service Centre, SWD | Unit G22-G41, Kai Yue House, Kai Yip Estate, Kowloon Bay, Kowloon. | 2340 8471 |
| 26. Sau Po Integrated Family Service Centre, SWD | Unit 121-126, G/F, Sau Ming House, Sau Mau Ping (1) Estate, Kwun Tong, Kowloon. | 2775 3578 |
| 27. Lam Tin Integrated Family Service Centre, SWD | 2/F, Sceneway Plaza, 1-17 Sceneway Road, Lam Tin, Kowloon. | 2717 9247 |
| 28. Kwun Tong Integrated Family Service Centre, SWD | 3/F, Podium Level, Sheung Yuet House, Upper Ngau Tau Kok Estate, Kwun Tong, Kowloon. | 2389 0466 |
| *29. Family Energizer (Integrated Family Service), Christian Family Service Centre | 9/F, 3 Tsui Ping Road, Kwun Tong, Kowloon. | 2318 0028 |
| *30. Kwun Tong Centre Shun Lee Integrated Family Service Centre, Hong Kong Family Welfare Society | 4/F, Shun Lee Estate Community Centre, 2 Shun Chi Street, Shun Lee Estate, Kwun Tong, Kowloon. | 2342 2291 |

Wong Tai Sin and Sai Kung District

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| 31. Wong Tai Sin Integrated Family Service Centre, SWD | Room 204, 2/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon. | 2327 4973 |
| 32. Tsz Wan Shan Integrated Family Service Centre, SWD | 1 Lung Fung Street, Wong Tai Sin, Kowloon. | 2326 7575
2322 5619 |
| 33. Sai Kung Integrated Family Service Centre, SWD | 5/F & 6/F, Sai Kung Government Offices Building, 34 Chan Man Street, Sai Kung, Kowloon. | 2791 0692 |
| 34. Tseung Kwan O (East) Integrated Family Service Centre, SWD | G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon. | 2701 5703 |
| 35. Tseung Kwan O (North) Integrated Family Service Centre, SWD | G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon. | 2701 9495 |
| *36. Tseung Kwan O Centre Tseung Kwan O (South) Integrated Family Service Centre, Hong Kong Family Welfare Society | Unit 2, Podium 1, Choi Ming Shopping Centre, Kin Ming Estate, Tseung Kwan O, Kowloon. | 2177 4321 |
| *37. Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West), Caritas – Hong Kong | G/F, 10-16 Wing Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon. | 2383 3377 |

Tsuen Wan/Kwai Tsing District

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| 38. Tsuen Wan (West) Integrated Family Service Centre, SWD | 2/F, Princess Alexandra Community Centre, 60 Tai Ho Road, Tsuen Wan, N.T. | 2439 5429 |
| 39. Kwai Chung (East) Integrated Family Service Centre, SWD | 5/F., Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung, N.T. | 2428 0967
2428 0969 |
| 40. Kwai Chung (West) Integrated Family Service Centre, SWD | 7/F., Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung, N.T. | 2421 4281 |
| 41. Tsing Yi (North) Integrated Family Service Centre, SWD | Room 123, G/F, Wing A, On Kong House, Cheung On Estate, Tsing Yi, N.T. | 2435 3938 |

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| 42. | Tsing Yi (South) Integrated Family Service Centre, SWD | G/F, Wing A, Hong Mei House, Cheung Hong Estate, Tsing Yi, N.T. | 2435 0852 |
| *43. | Caritas Integrated Family Service Centre – Tsuen Wan (East), Caritas – Hong Kong | G/F, Block A, Shek To House, Shek Wai Kok Estate, Tsuen Wan, N.T. | 2402 4669 |
| *44. | Kwai Chung Centre Kwai Chung (South) Integrated Family Service Centre, Hong Kong Family Welfare Society | Unit 106, G/F, Kwai Yan House, Kwai Fong Estate, Kwai Chung, N.T. | 2426 9621 |

Tuen Mun District

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| 45. | Tuen Mun (South) Integrated Family Service Centre, SWD | No.1-7 & 9-16, G/F, Wu Pik House, Wu King Estate, Tuen Mun, N.T. | 2450 4386 |
| 46. | Tuen Mun (East) Integrated Family Service Centre, SWD | 2-3/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, N.T. | 2451 8530 |
| 47. | Tuen Mun (West) Integrated Family Service Centre, SWD | Room 201, 2/F, Tai Hing Government Offices, 16 Tsun Wen Road, Tuen Mun, N.T. | 2467 4757 |
| *48. | Caritas Integrated Family Service Centre - Tuen Mun, Caritas – Hong Kong | No. 1-5, G/F, Leung Chun House, Leung King Estate Tuen Mun, N.T. | 2466 8622 |

Shatin District

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| 49. | Shatin (North) Integrated Family Service Centre, SWD | Units 405-416, Hau Wo House, Wo Che Estate, Shatin, N.T. | 3168 2904 |
| 50. | Shatin (South) Integrated Family Service Centre, SWD | Room 831, 8/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, N.T. | 2158 6593 |
| 51. | Ma On Shan (North) Integrated Family Service Centre, SWD | Shops 18-22, G/F, Block C, Sunshine City, 22 On Shing Street, Ma On Shan, N.T. | 2691 6499 |
| 52. | Ma On Shan (South) Integrated Family Service Centre, SWD | 5/F, Heng On Estate Community Centre, Ma On Shan, N.T. | 3579 8653 |
| *53. | Caritas Dr & Mrs Olinto de Sousa Integrated Family Service Centre, Caritas – Hong Kong | Units 101-107, G/F., Block A, Herring Gull House, Sha Kok Estate, Shatin, N.T. | 2649 2977 |

Tai Po and North District

54.	Tai Po (South) Integrated Family Service Centre, SWD	4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po Market, Tai Po, N.T.	3183 9322
55.	Tai Po (North) Integrated Family Service Centre, SWD	5/F, Tai Po Government Offices Building, 1 Ting Kok Road, Tai Po, N.T.	2665 0286
56.	Sheung Shui Integrated Family Service Centre, SWD	4/F, North District Community Centre, 2 Lung Wan Street, Sheung Shui, N.T.	2673 1525
57.	Fanling Integrated Family Service Centre, SWD	2/F, North District Government Offices Building, 3 Pik Fung Road, Fanling, N.T.	2675 1614
*58.	Caritas Integrated Family Service Centre – Fanling, Caritas – Hong Kong	Shop 203, Wah Ming Shopping Centre, Wah Ming Estate, Fanling, New Territories	2669 2316

Yuen Long District

59.	Yuen Long (East) Integrated Family Service Centre, SWD	5/F & 12/F, Yuen Long Government Offices & Tai Kiu Market, 2 Kiu Lok Square, Yuen Long, N.T.	2475 2632
60.	Yuen Long (West) Integrated Family Service Centre, SWD	1/F & 2/F, Fu Hing Building, 224 Castle Peak Road, Yuen Long, N.T.	2470 2729 2470 2605
61.	Tin Shui Wai Integrated Family Service Centre, SWD	Shop 201C, 2/F, Phase 2, Kingswood Ginza, 18 Tin Yan Road, Tin Shui Wai, N.T.	2475 0525 2475 8746
*62.	Tin Shui Wai (North) Integrated Family Service Centre, International Social Service Hong Kong Branch	2-3/F, Ancillary Facilities Block, Tin Yuet Estate, Tin Shui Wai, N.T.	2446 1223
*63.	Caritas Integrated Family Service Centre – Tin Shui Wai, Caritas – Hong Kong	G/F, Shui Lung House, Tin Shui Estate, Tin Shui Wai, N.T.	2474 7312

* NGO unit

Integrated Services Centre