

Appendices

Identification of Intimate Partner Violence

Impacts of Intimate Partner Violence on Victims

1. Low Self-esteem and Lack of Self-confidence

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

2. Self-blaming and Guilt Feelings

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

3. Mixed Feelings of Love and Hate

Most victims have mixed feelings of love and hate towards the abusive partner. In the abusive cycle, the batterer may also express their regret and promise to behave after each abusive act which will further confuse the victims who tend to rationalize their forgiving the batterers time after time.

4. Isolation

Social isolation by prohibiting / restricting the victim from relating with others and financial deprivation by not allowing him / her to work are common forms of social and financial control by the batterer on the victim. It results in making the victim totally dependent on and under the control of the abusive partner.

5. Difficulty in Parenting

Parenting capability of the victim would likely be affected by the possible impacts of intimate partner violence, such as social isolation, limited resources, low self-esteem and lack of self-confidence. The victim would also have difficulty to gain the respect from the children and to build up a normal parent-child relationship if the batterer keeps portraying the victim as an unfit and powerless parent, and as the cause of children's problems and family conflict. Besides, frustration or the chance of being trapped in the competition for the children's loyalty may also lead to parenting difficulty.

6. Traditional Gender-role Concept

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

7. Distorted Perception of Intimate Partner Violence

Childhood experience of intimate partner violence as a witness of violence behaviours between parents or as a victim of child abuse may distort the victim's perception on violence that the violence he / she is suffering from is normal.

8. Suicidal and Homicide Tendency

Having experienced repeated intimate partner violence, the victim may develop a feeling of hopelessness and manifest suicidal tendency. In the extreme case, the victim may seek revenge leading to homicide or family tragedy.

9. Battered Women's Syndrome

People living under prolonged violence may suffer from Post-traumatic Stress Disorder (PTSD) (i.e. people exposed to a traumatic event will experience fear, stress, depressive mood and horror, etc.). Haunted and stressed by the fear of her safety and the loss of the children's custody if she leaves the abusive relationship, the victim may gradually build up a feeling of helplessness and exhibit syndrome of hyper arousal.

Impacts of Intimate Partner Violence on Children

1. Low Self-esteem

Children raised in an abusive environment without attachment and affection usually have low self-esteem. While the abusive parent's degradation of the other parent and even on the children may distort the children's view of self, the parents' preoccupation by their conflicting relationship may also disable them from giving the children positive regard and support which is important for the development of a sense of self-worth.

2. Post-traumatic Stress Disorder (PTSD)

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

3. Confused Feelings towards Parents

Children are not passive message receiver. They will interpret, predict and assess their and the others' risk or role in causing the violence. Depending on their age and relationship with their parents, they will most likely side with the one being battered by the batterer. However, confused by the conflicting messages from their parents and taking the batterer's blame on the victim, some children, especially the older ones, may consider the one being battered also being responsible for the conflict or are angry with both parents for the repeated family violence.

4. Blame for the Violence

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

5. Aggression vs. Submissiveness

In general, children learn from what they see and are told. Sharing the same unequal gender role as their parents that usually men are in charge and women are legitimate target for abuse, boys may learn to be more aggressive and violent while girls more submissive and anxious in interpersonal relationship. This in turn may also increase the risk of intimate partner violence in the next generation.

6. School Problems

Violence at home may disturb and embarrass the children and affect their academic performance. Without proper parental guidance and support for their development of appropriate self-control and social skills, they may have difficulty in complying with school rules. The chance of dropping out from school may also be greater.

7. Anti-social Behaviour (or Maladaptive Coping Behaviour)

Unable to grow up in a safe and supportive environment and without a consistent and positive role-modeling from their parents, most children exposed to intimate partner violence exhibit problem behaviour of one form or the other. Learning from the distorted message of using violence and threats to get what one wants, children may normalize violence as an appropriate and acceptable way to gain control. They may have difficulty in establishing healthy interpersonal relationship but exhibit anti-social behaviour and resort to maladaptive defenses, such as substance abuse.

Characteristics of Batterers

1. Jealousy

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

2. Controlling Behaviour

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

3. Blame Others for Causing the Violence

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

4. Poor in Anger and Stress Management

Most batterers are impulsive and unable to manage their temper properly. Under stress, he / she would easily be enraged and displace his / her anger onto his / her family members by verbal abuse or violent act.

5. Hyper-sensitive to Criticism

Being too self-centred, some batterers are very sensitive to criticism for fear of losing face. He / She is prone to lose his / her temper and get agitated easily when facing challenges or disagreement.

6. Rigid Concept of Gender Role

Preoccupied with the gender stereotyping of men's superiority over women, some male batterers regard themselves as the centre of the family that women have to obey and serve them. To show themselves as the only legitimate parenting authority, they degrade and demean the mothers in front of the children, such as by verbal threat or insulting them as stupid.

7. Use of Force in Sex

Having little concern on the partner's feelings and putting his / her own need first, the batterer may demand sex when the partner is sleeping or even sick, and use force to make the partner comply.

8. Childhood Experience of Intimate Partner Violence

Having exposed to intimate partner violence in childhood may affect the social and psychological development of a child. The distorted view on the use of violence to satisfy one's own needs and the learned gender roles associated with violence and victimization may lead to the vicious cycle of violence in next generation.

9. Lack of Empathy

A batterer's lack of empathy makes him / her difficult to understand the hurt of his / her violence and the sufferings of the victim and the children.

Reference:

*Baker, Linda L. and Cunningham, Alison J. (2004). **Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers.** Centre for Children & Families in the Justice System, London Family Court Clinic, Inc.*
*Baker, Linda L. and Cunningham, Alison, J. (2005). **Learning to Listen, Learning to Help: Understanding Woman Abuse and its Effects on Children.** Centre for Children & Families in the Justice System, London Family Court Clinic, Inc.*

Risk Factors on Child Abuse and Spouse Battering

Individual Factors	Relationship Factors	Family Factors	Societal Factors
<ul style="list-style-type: none"> ✧ Pregnancy ✧ Young age ✧ Stalking ✧ Childhood experience or witness parental violence ✧ Criminal history ✧ Face need ✧ Low self-esteem ✧ Suicidal ideation ✧ Violence approval ✧ Lack of support ✧ Stressful conditions ✧ Alcoholic and drug abuse ✧ Depression ✧ Poor anger management ✧ Low social desirability 	<ul style="list-style-type: none"> ✧ Spousal age difference ✧ Male domination ✧ Jealousy ✧ Relationship distress ✧ Negative attribution ✧ In-law conflict ✧ Extended family influence 	<ul style="list-style-type: none"> ✧ Unemployment ✧ Disability ✧ New arrival ✧ Chronic illness ✧ Low income/poverty (receiving CSSA) ✧ Indebtedness 	<ul style="list-style-type: none"> ✧ Violence approval (Social norms supportive of violence) ✧ Gender inequality (male dominance) ✧ Lack of social resources to render support

Source:

Chan, K.L.(2005). *Study on Child Abuse and Spouse Battering: Report on Findings of Household Survey*. [A Consultancy Study commissioned by the SWD of the HKSAR]. Hong Kong: Department of Social Work & Social Administration, the University of Hong Kong.

Assessment of Victim's Situation

Suggested Questions

The Circumstances

- ✧ How did the violence start?
- ✧ How were you hurt?
- ✧ Was a weapon involved? What kind?
- ✧ How severe was the violent act?

Previous Record of Violence

- ✧ Has this happened before?
- ✧ How often has this happened?
- ✧ When did it first happen?
- ✧ How badly have you been hurt in the past?
- ✧ What was the duration of each violent act?

Children at Risk

- ✧ How old are the children?
- ✧ Are they in danger?
- ✧ Have they been hurt or hit by your partner? How badly?
- ✧ Have they witnessed the battering? If yes, how frequent?
- ✧ Have they exhibited any emotional disturbance / behavioural problems lately?
- ✧ How do they relate to the batterer?

Coping Mechanism

- ✧ Have you ever told anyone about this before? If so, who?
- ✧ What have you done in the past to protect yourself and your child(ren), if any?
- ✧ What have you done in the past to get help? How useful was the help you have received?
- ✧ Have you ever called the Police?
- ✧ Did you report this incident to the Police? If not, why not?
- ✧ Have you tried to press charges this time or ever before?

The Batterer

- ✧ Does your partner have a criminal record?
- ✧ Does he / she abuse alcohol and / or drugs?
- ✧ Has he / she beaten up or hurt other people?
- ✧ Has he / she threatened to kill you?
- ✧ Has he / she tried to kill you? How?

Discharge Arrangement

- ✧ Are you afraid to go home?
- ✧ Where can you go?
- ✧ Have you ever called any departments / agencies for assistance?
- ✧ If yes, do you have a contact there? Who?
- ✧ Do you have any other worries / problems?
- ✧ Do you have anything to ask?

The above areas are listed for reference only and are not exhaustive.

**Introductory Remarks in Relation to
Personal Data (Privacy) Ordinance, Cap 486
by the Convenor of Multi-disciplinary Case Conference (MDCC)**

English version:

“In accordance with section 18(1) and Data Protection Principle 6 of the Personal Data (Privacy) Ordinance [“PD(P)O”], Cap 486, an individual, or a relevant person on behalf of an individual, may make a request to be informed by a data user whether the data user holds personal data of which the individual is the data subject; and / or if the data user holds such data, to be supplied by the data user with a copy of such data. Apart from the personal data tabled at the conference, the personal data you will provide verbally at this MDCC will be recorded in the minutes of MDCC. Hence, please clarify whether you would like to claim control over the use of the personal data you have provided / will provide at this MDCC in such a way as to prohibit any other data users from complying (whether in whole or in part) with a data access request made under section 18(1) and Data Protection Principle 6 of the PD(P)O. If you claim control over the use of the data you have provided / will provide to the meeting, all other data users concerned may rely on section 20(3)(d) of the PD(P)O to refuse to comply with a data access request made under section 18(1) and Data Protection Principle 6 of the Ordinance. If a data user rely on this section to refuse to comply with a data access request, in accordance with section 21(1)(c) of the PD(P)O, the data user should also inform the data requestor of the name and address of the other data user who has claimed control over the use of the data in order to enable the data requestor to approach him / her / them for the data.”

中文本：

根據香港法例第486章《個人資料(私隱)條例》(以下簡稱《條例》)第18(1)條及第6保障原則，任何個人或代表一名個人的有關人士可要求資料使用者告知他該使用者是否持有該名個人屬其資料當事人的個人資料；如該資料使用者持有該等資料，可要求該使用者提供一份該等資料的複本。除了在會議上派發的文件外，各位在會議中口頭提供有關當事人的資料，將會記錄在會議紀錄中。因此，請各位表明，你是否會控制你在會議中已/將提供的個人資料的使用，而控制的方式禁止會議中其他資料使用者依從(不論是完全依從或是部份依從)按《條例》第18(1)條及第6保障原則而提出的查閱資料要求。如你表明控制該些你在會議中已/將提供的個人資料的使用，則其他持有該些個人資料的資料使用者，可考慮根據《條例》第20(3)(d)條，拒絕依從按《條例》第18(1)條及第6保障原則而提出的查閱資料要求。如資料使用者根據這項條文去拒絕查閱資料要求，該資料使用者須按《條例》第21(1)(c)條，告知資料要求者控制該等資料使用的另一資料使用者的姓名(或名稱)及地址，以讓資料要求者向控制資料的使用者直接提出他查閱個人資料的要求。

CONFIDENTIAL

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

Guidelines for completing this data input form:

1. This form is to be completed when a spouse / cohabitant battering or sexual violence incident is reported for the first time to the agency in the same year (i.e. January to December of the year). Submission of separate form(s) is required if the same victim has been abused by different perpetrators during the year.
2. Please provide information as requested/put a ‘√’ in the box corresponding to the appropriate answer.
3. The agency is to group the completed data input forms into batch and forward them to “Central Information System on Spouse / Cohabitant Battering Cases and Sexual Violence Cases, Family and Child Welfare Branch, Social Welfare Department, 7/F Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong” on or before 15th of the following month.
4. This form will only be used for statistical purpose.
5. Victims of Sexual Violence under aged 18 should be reported to Child Protection Registry by using Child Protection Registry Data Input Form.
6. Please use separate form(s) if more than one perpetrator is identified.
7. In the “Perpetrator’s relationship with the victim” column, “cohabitant” refers to parties who live together in the same household, no matter whether for a continued long period of time or not, in an intimate relationship. They maintain or have maintained a lasting intimate relationship which is more than just brief encounter.

Part (A) - General Information

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

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

Part (B) - Nature of Case

(Please enter spouse / cohabitant battering or sexual violence case in terms of perpetrator's relationship with the victim.)

Spouse / Cohabitant Battering* Sexual Violence** (Perpetrator not related to victim as spouse / cohabitant. Please use separate form(s) if more than one perpetrator is identified.)

Perpetrator's relationship with the victim is as follows:

Perpetrator's relationship with the victim is as follows:

- | | | | | |
|---|---|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Parent | <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> In-law |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Other relative (please specify)_____ | | | |
| <input type="checkbox"/> Estranged husband/Ex-husband | <input type="checkbox"/> Heterosexual lover | <input type="checkbox"/> Same-sex lover | | |
| <input type="checkbox"/> Estranged wife/Ex-wife | <input type="checkbox"/> Heterosexual ex-lover | <input type="checkbox"/> Same-sex ex-lover | | |
| <input type="checkbox"/> Heterosexual cohabitant | <input type="checkbox"/> Friend | | | |
| <input type="checkbox"/> Same-sex cohabitant | <input type="checkbox"/> Caregiver (Non-relative, e.g.domestic helper, agency staff etc.), please specify _____ | | | |
| <input type="checkbox"/> Heterosexual ex-cohabitant | <input type="checkbox"/> Employer/employee/colleague | <input type="checkbox"/> Teacher/tutor | | |
| <input type="checkbox"/> Same-sex ex-cohabitant | <input type="checkbox"/> Stranger | <input type="checkbox"/> Others (please specify_____) | | |

* (For spouse / cohabitant battering case, please complete all parts.)

** (For sexual violence case, please complete all parts **except Part E.**)

Part (C) - The Victim

1. HKIC No.: _____ ()

/Identification document number: _____ Holder of Two-way Permit
 Other types (please specify) _____

2. Sex: _____ 3. Age: _____ 4. Ethnicity: _____

5. Place of birth: Hong Kong Mainland China Others

6. No. of year of residence in HK(if not born in HK): _____ years Unknown

7. Habitual residential district at the time of incident (according to District Council districts):

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

8. Does the victim belong to any of the below categories of persons (May √ more than one category):

- Being assessed and confirmed to be a mentally incapacitated person Yes No Unknown
- Persons with other types of disability (including physically disabled, visually impaired and hearing impaired) Yes No Unknown

9. Education level: No formal Education Primary Secondary University Unknown /tertiary

10. Having child(ren) below aged 12 Yes (no. of child(ren): _____) No Unknown

11. Occupation:

- Business/factory or company proprietor/shop-keeper/stall owner
- Professional/administrative/managerial work
- Clerical/secretarial work
- Service/technical work (e.g. restaurant worker, driver, watchman, sales, hawker, cook etc.)
- Production work (e.g. factory hand, construction worker etc.)
- Unemployed (i.e. person without a job but is available for work)
- Housewife
- Student
- Retired
- Others (please specify _____)

12. Monthly Personal Income: \$6,000 or below \$6,001 - \$8,000 \$8,001 - \$10,000 Over \$10,000 CSSA No income Unknown

Part (D) - The Perpetrator (No information on perpetrator (please fill in Part V directly.))

(Please use separate form(s) for each perpetrator if more than one perpetrator is identified.)

1. Sex: _____ 2. Age: _____ 3. Ethnicity: _____
4. Place of birth: Hong Kong Mainland China Others
5. No. of year of residence in HK (if not born in HK): _____ years unknown
6. ID Type HKID Two-way Permit Other types (please specify _____) Unknown
7. Habitual residential district at the time of incident (according to District Council districts):
- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Central/Western | <input type="checkbox"/> Islands | <input type="checkbox"/> Wanchai | <input type="checkbox"/> Eastern |
| <input type="checkbox"/> Southern | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Shamshuipo |
| <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Sai Kung | <input type="checkbox"/> Sha Tin |
| <input type="checkbox"/> Tai Po | <input type="checkbox"/> North | <input type="checkbox"/> Yuen Long | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Outside HK | |
8. Education level: No formal Education Primary Secondary University Unknown /tertiary

9. Occupation:

- Business/factory or company proprietor/shop-keeper/stall owner
- Professional/administrative/managerial work
- Clerical/secretarial work
- Service/technical work (e.g. restaurant worker, driver, watchman, sales, hawker, cook etc.)
- Production work (e.g. factory hand, construction worker etc.)
- Unemployed (i.e. person without a job but is available for work)
- Housewife Student
- Retired Others, please specify _____ Unknown

10. Monthly Personal Income: \$6,000 or below \$6,001 - \$8,000 \$8,001 - \$10,000 Over \$10,000 CSSA No income Unknown

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

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

Part (E) - Type of Battering

(For **spouse / cohabitant battering case only**. May \surd more than one type of battering.)

Examples / Situations

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

Part (F) - Type of Sexual Violence Incident

(For **sexual violence case and spouse / cohabitant battering case involving sexual abuse**. May \surd more than one type of incident.)

- Rape/unlawful sexual intercourse Indecent assault Forced masturbation
- Forced oral sex Unlawful buggery Others (please specify) _____

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

1. Date of incident: _____ / _____ / _____ (DD MM YY) Unknown
2. Time of incident:
- 0000 – 0559 hours 0600 – 1159 hours 1200 – 1759 hours 1800–2359 hours Unknown
3. District of incident (according to District Council districts):
- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Central/Western | <input type="checkbox"/> Islands | <input type="checkbox"/> Wanchai | <input type="checkbox"/> Eastern |
| <input type="checkbox"/> Southern | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Shamshuipo |
| <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Sai Kung | <input type="checkbox"/> Sha Tin |
| <input type="checkbox"/> Tai Po | <input type="checkbox"/> North | <input type="checkbox"/> Yuen Long | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Outside HK | <input type="checkbox"/> Unknown |
4. Location of incident:
- | | | |
|---|---|--|
| <input type="checkbox"/> Victim's home | <input type="checkbox"/> Perpetrator's home | <input type="checkbox"/> Victim's and perpetrator's home (if victim and perpetrator live together) |
| <input type="checkbox"/> Street | <input type="checkbox"/> Staircase | <input type="checkbox"/> Entertainment establishment (e.g. karaoke, bar etc.) |
| <input type="checkbox"/> Public transport | <input type="checkbox"/> Institution (e.g. hostel, school, hospital etc.) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Others(please specify) | _____ | |

5. Weapon used (including any object):

- Yes No Unknown

6. Injury on victim:

- Yes No Unknown

7. Reporting to the Police:

- Yes No Unknown

- (When was the incident reported to the Police? On the same day
 ___day/___month after the occurrence of the incident)

Part (H) – Service needs arising from the present incident

	Services which the victim has already accepted (May ✓ more than one type of service):	Services which the victim is willing to accept referrals / arrangements (May ✓ more than one type of service):
1. Refuge	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical	<input type="checkbox"/>	<input type="checkbox"/>
3. Police intervention	<input type="checkbox"/>	<input type="checkbox"/>
4. Child care	<input type="checkbox"/>	<input type="checkbox"/>
5. Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
6. Crisis Centre (including counselling, 24-hour crisis intervention)	<input type="checkbox"/>	<input type="checkbox"/>
7. Counselling	<input type="checkbox"/>	<input type="checkbox"/>
8. Financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
9. Legal aid	<input type="checkbox"/>	<input type="checkbox"/>
10. Others, please specify	<input type="checkbox"/>	<input type="checkbox"/>

Part (I) – For Police Only

1. General information:

District/Division: _____ RN/Other reference: _____

2. Services required:

Referral of victim of **spouse / cohabitant battering cases** to SWD/NGO for follow-up services:

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

Commissioner of Police <hr/> <i>Ref.</i> <u>in</u> <hr/> <i>Tel. No.</i> <hr/> <i>Fax. No.</i> <hr/> <i>Date</i> <hr/>	To Director of Social Welfare <hr/> (Attn.: SSWO of FCPSU) <hr/> (Unit) / Fax. No. (CW/S/I) 3107 0051 (E/W) 2164 1771 (KT) 2717 7453 (WTS/SK) 3421 2535 (KC/YTM) 3583 3137 (SSP) 2729 6613 (TW/KWT) 2940 6421 (TM) 2618 7976 (TP/N) 3104 1357 (ST) 2681 2557 (YL) 2445 9077
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Referral for Family and Child Protective Services

- Child Abuse** **Domestic Violence (Spouse / Cohabitant Battering)**

The following person has come to police attention of being in need of social services or assistance of your Department in a case of _____ (Case Nature) [Police Report No. : _____].

Name : _____ Sex / Age: _____
 Address : _____
 _____ Tel. No. : _____

- 2. The Background Information sheet is attached for your reference and follow up.
3. Consent form is / is not attached.
4. Please acknowledge receipt of this referral by signing and returning the Reply Slip to me within **seven working days** from the date of this referral. Should you require any further information, please contact the following officer

Name of Officer : _____
 Post / Telephone : _____

for (_____)
 Commissioner of Police

Acknowledgement of Receipt of Referral

Re : (Name of Subject) / (RN : _____)

I acknowledge receipt of the above referral. Please be informed that * the case is being handled by / has been referred to the officer as follows :-

Name of Officer : _____
 Unit of Department/ Agency : _____
 Telephone / E-mail : _____

- The person(s) referred has / have declined our services.
- (For DV only) The person(s) referred cannot be contacted within 7 days. Progress will be informed by the 2nd reply memo within one month.

for (_____)
 Director of Social Welfare

Background Information

Part A

(a) Particulars of the Subject/ Persons Living with the Subject : (please use the blank space provided at subsequent page if there is not enough space for inputting additional information)

Name & Sex	Relationship	HKID	Age	Workplace or School.	<i>Consent Given (Y/N)</i>
(1)					
Address/ Phone no.					
(2)					
Address/ Phone no.					

(b) Offence and Case Nature : (Police Report No. _____) _

(c) Brief fact of the incident : (please include the date, place, persons involved in the incident, and if weapon used and any injury)

(d) Officer-in-charge/ Duty Officer and Contact Number :

(e) Case Has Been/To Be Taken (can (✓) tick more than one box):

- The alleged offender was/will be charged*. (Please specify offence(s) _____)
- The alleged offender was/will be* bound over.
- The alleged offender was/will be* cautioned under the Police Superintendents' Discretion Scheme.
- Domestic Incident Notice (Pol. 1130a) was served.
- Investigation is still in progress.
- No further action will be taken.

- Reasons: Complainant did not wish to pursue and subsequently withdrew the complaint.
- Unruly child under 10
- Others.(please specify _____)

(f) Additional Information

- The subject person(s) is / are* currently admitted into Hospital / Shelter : _____.
- Domestic Violence: Persons / Children living with the complainant. (please specify number, relationship and age of the children _____)
- Elder Abuse : Name of relative and contact details _____)
- Other Information _____

Remark: Subject to compliance with the Personal Data (Privacy) Ordinance, the above personal data shall not be used for the purpose(s) other than provision of social welfare service (s) other than stated at the consent form without the prescribed consent of the data subject, and not to be retained longer than is necessary for the fulfilment of the purpose(s) for which the data are to be used.

For Referral with Consent, Pol. 1130b or Consent form must be faxed together with the completed referral memo to SWD.

*Delete as appropriate

PERSONAL DATA

Non-Consensual Referral for DV Cases Only

Part B (to be authorized by an officer at the rank of SP or above)

The personal data of _____ (name(s) of person(s)) _____ is herewith transferred to you as exempted under Section 58(2) of the Personal Data (Privacy) Ordinance, as read with Section 58(1), for the purpose(s) of the prevention of crime and/or the prevention, preclusion or the remedying (including punishing) of unlawful or seriously improper conduct, or dishonesty or malpractice, by persons, for the following reason(s):

(e.g. risk of further violence, need of the victim / alleged offender / child(ren), seriousness of injuries of the victim / child(ren), the alleged offender's propensity to violence, services or assistance SWD is able to offer etc.)

Authorizing Officer: _____
Name/Rank

Remark: Subject to compliance with the Personal Data (Privacy) Ordinance, the above personal data shall not be used for the purpose(s) other than provision of social welfare service (s) other than stated at the consent form without the prescribed consent of the data subject, and not to be retained longer than is necessary for the fulfilment of the purpose(s) for which the data are to be used.

Personal Data 個人資料

Consent Form for Referral

Police Report No. : _____

This serves to confirm that I give my consent for the police to make a referral to

Social Welfare Department / Non-governmental Organisations (NGOs);

Education Bureau;

Name of other Department/Agency: _____.

I hereby also authorise the Police to provide details of the case under reference and the below listed personal data to the above for further arrangement and application of the services / family conference*.

Name	Relationship	Proof of ID No.	Date of Birth
	Self		
	* My son / daughter		

Signature : _____
Name : _____
Date : _____
Witness : _____

* Delete as appropriate

Personal Data 個人資料

2nd REPLY MEMO (for Domestic Violence only)

(Reply within ONE month)

<i>From</i> Director of Social Welfare	<i>To</i> Commissioner of Police
<i>Ref.</i> _____ <i>in</i> _____	<i>(Attn.:</i> _____ <i>)</i>
<i>Tel. No.</i> _____	<i>Your Ref.</i> _____ <i>in</i> _____
<i>Fax. No.</i> _____	<i>dated</i> _____
<i>Date</i> _____	<i>Fax. No</i> _____

Referral for Family and Child Protective Services

Further to my previous acknowledgment of receipt of the referral of _____ [name of the person(s) referred] under your reference No.: _____ on _____ (date), I would like to inform you the progress:

- The case is being handled by _____ (name of social worker) who can be contacted by telephone no. _____.
- The person(s) referred has/have* been contacted. However, he /she / they* has / have declined our services.
- The person(s) referred cannot be contacted despite repeated attempts. No further action will be taken by this office.

2. If further discussion is required, please contact me or Mr /Miss / Mrs _____ of Family and Child Protective Services Unit (_____) at telephone number _____.

(_____)
for Director of Social Welfare

<u>To be completed by Police</u>	
Action by Police upon receiving the Reply Memo	other action as appropriate _____ CIS# updated on (date) _____ by _____.

* Delete as appropriate

CIS refers to Communal Information System of the Police

PERSONAL DATA
REPLY LETTER
(Reply within ONE month)

Appendix VIII

Our Ref.:
Your Ref.:
Tel. No. :
Fax. No.:

Name and Address
of Receiving Office

Date

Commissioner of Police
(Name and Address of
Referring Division)

Dear Sir/Madam,

Referral for Family and Child Protective Services

I refer to your referral of _____ (name of the person(s) referred)
under your reference no.: _____ on _____ (date).

- The case is being handled by _____ (name of social worker) who can be contacted by telephone no. _____.
- The person(s) referred has/have been contacted. However, he/she/they* has/have declined our services.
- The person(s) referred cannot be contacted despite repeated attempts. No further action will be taken by this office.

2. If further discussion is required, please contact me or _____ at _____.

()

(Name of Officer-in-charge)

Service Unit/Agency

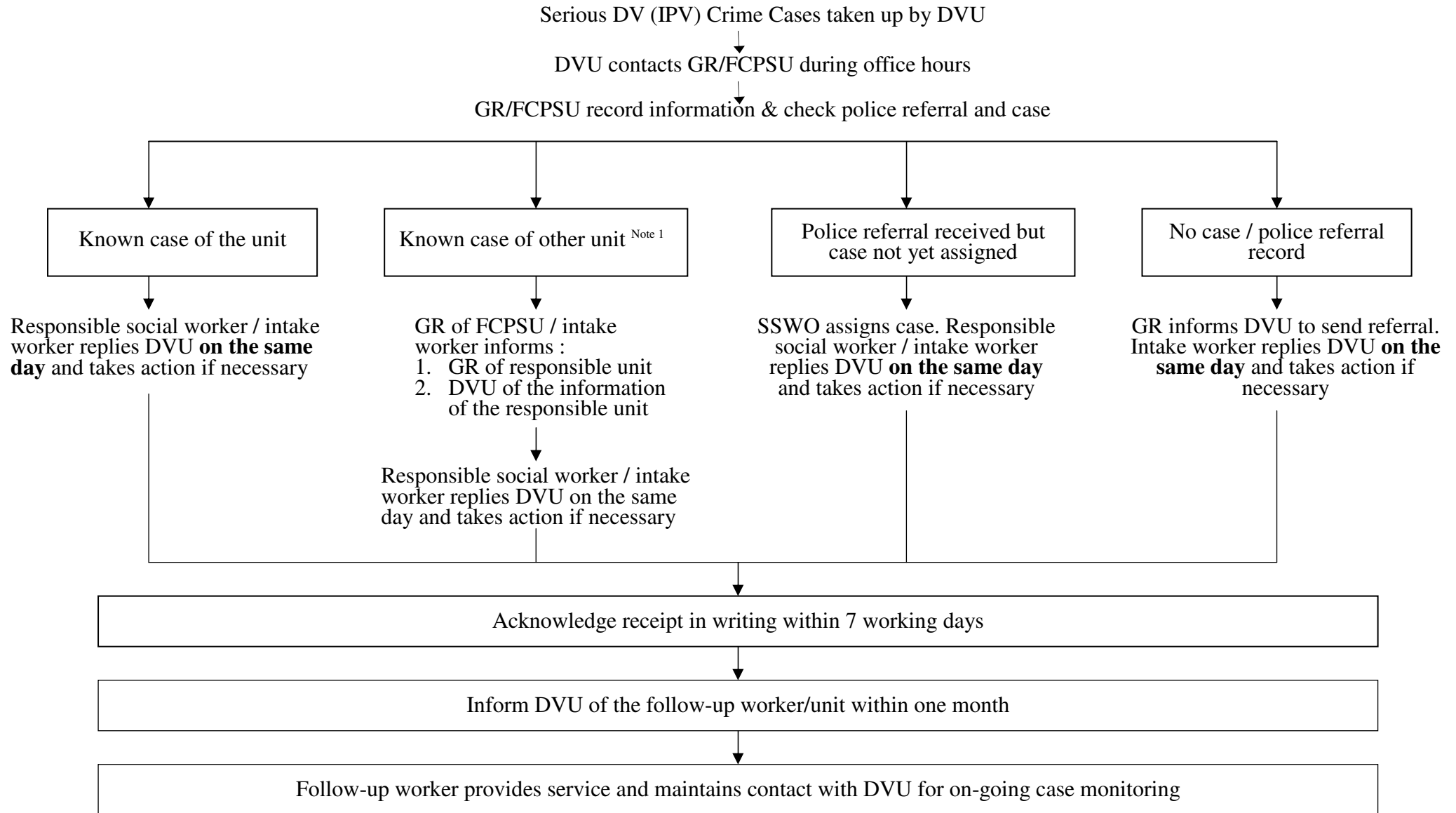
* Delete as appropriate

c.c. FCPSU () / SWD

Action by Police	action as appropriate _____.
upon receiving the Reply Memo	CIS [#] updated on (date) _____ by _____.

[#] CIS refers to Communal Information System of the Police

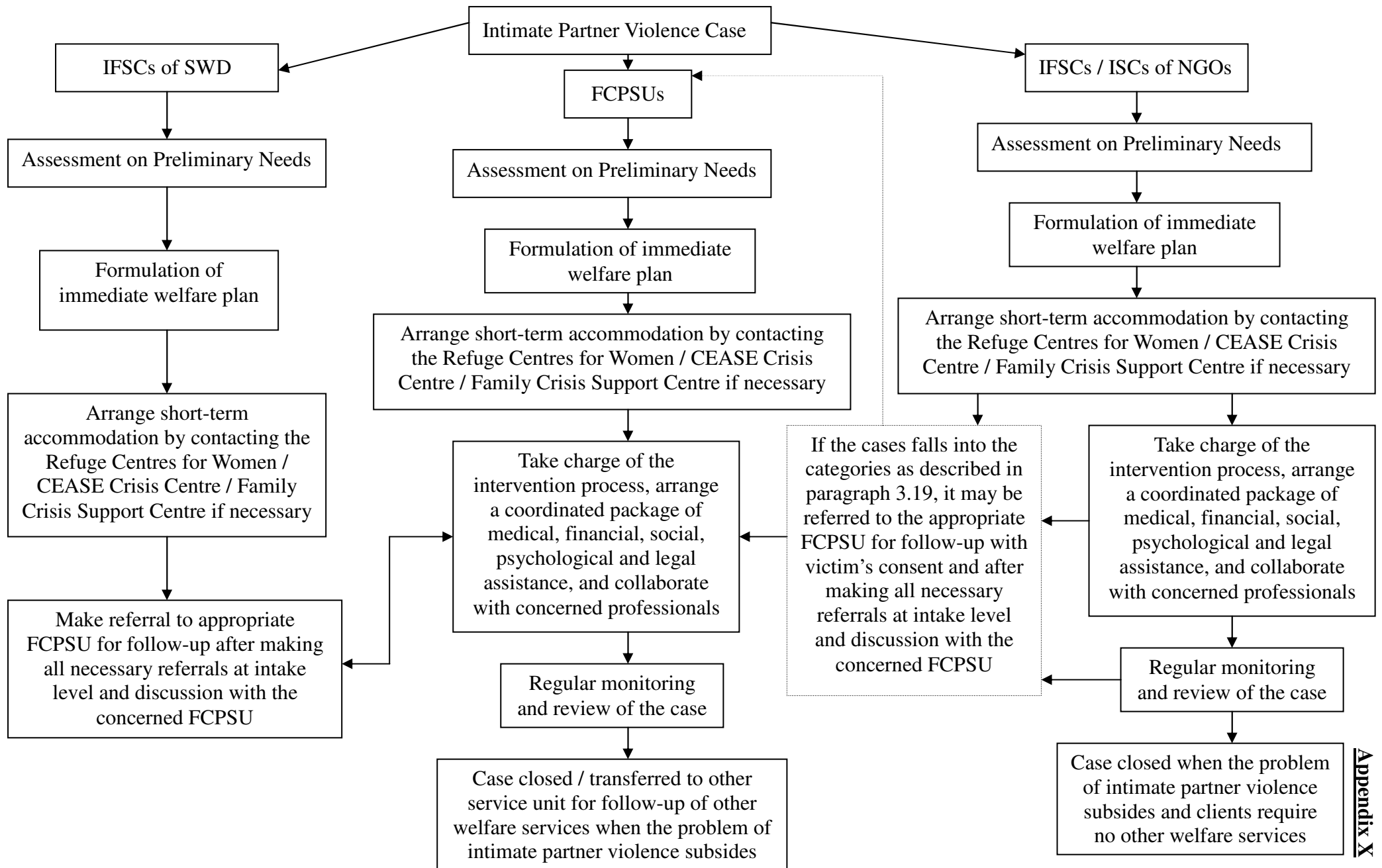
Flow Chart on Collaboration between Social Service Unit and Domestic Violence Unit (DVU) of Police



Note 1 : Known case of other unit includes active case of IFSC/MSSU/PO. For MSSU, it includes those cases requiring medical follow-up within 26 weeks at public hospitals / some specialist out-patient clinics where there are MSWs stationed, except community teams. However, MSW would not handle patient's problem that involves statutory duties (except statutory duties arising from Mental Health Ordinance) if patient's residential address is not within the same SWD district where the MSSU is located. [para2.5-2.18 of Manual of Procedures of MSS (February 2014) refers]

Remarks : Immediate action should always be taken if the situation warrants urgent intervention.

Workflow for Handling Intimate Partner Violence Cases (FCPSUs / IFSCs / ISCs)



Sample for Reference

File Ref.:
Tel. No.:

Referring Unit
(Name and Address)

Officer-in-charge
Receiving Unit
(Name and address)

Dear Sir/ Madam,

Date

Referral of Spouse / Cohabitant Battering Case

I refer to the telephone discussion between _____ and _____ of your unit on _____.

This is to refer _____ (Name), Female/Male*, Age _____, HKIC No. _____ of _____ (Address) Tel _____ to you for follow-up services.

(Please specify any special requirement of the service user on way(s) & time to contact him/her:_____)

The following information is provided for your reference:

(a) The above-named has been known to our unit since _____.

(b) Family Particulars:

Name	Relationship	Sex/Age
1.	Person being referred	
2.		
3.		

(c) Presenting Problems:

(d) Services Rendered:

(e) Remarks: (e.g. other related document(s) if available)

I shall be grateful for your necessary action. For enquiries, please contact _____, at tel. _____.

(_____)
(Name of Officer-in-charge, referring unit)

Sample for Reference

File Ref.:

Tel. No.:

Fax. No.:

Family and Child Protective Services Unit
(CW/S/I)/(E/W)/(KT)/(WTS/SK)/(KC/YTM)/
(SSP)/(TW/KwT)/(TM)/(TP/N)/(ST)/(YL)
(Address)

Officer-in-charge

Name of service unit

Name of agency/ organisation

Address

Date

Acknowledgement of Referral of Spouse / Cohabitant Battering Case

I acknowledge receipt of the referral of _____
_____ (name of the person(s) referred).

The case is being handled by _____ (name of
social worker) who can be contacted by telephone on _____ .

Case is rejected.

Reasons: _____

(_____)
for Director of Social Welfare

Considerations for Referral to Clinical Psychologists
(Specific to Domestic Violence Cases)

I. FOR ADULT VICTIMS

Instruction to caseworker: Below are some common psychological problems of adult victims and/or survivors of domestic violence. Use the suggested questions to find out whether or not they have the following psychopathology. If a client gives positive answers to the questions for the following psychological disorders, the caseworker may consider referring the client to a clinical psychologist for a more thorough assessment and if necessary, for treatment.

A. Posttraumatic Stress Disorder (PTSD)

Symptoms include: recurrent and intrusive recollection of the trauma, flashback episodes, traumatic dreams and nightmares, physiological and psychological distress, avoidance of reminders of the traumatic event, loss of pleasure, psychogenic amnesia, numbing, hyper arousal, disturbed concentration.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever seen or experienced domestic violence in which your life was actually in danger, or you thought your life was in danger? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. People who have experienced domestic violence sometimes have flashbacks where they relive the violent event, and they may even act or feel as though the event is happening again, even though it isn't. Has this happened to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you try to block out thoughts or feelings related to the domestic violence? Do you avoid talking about it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since the violent event or events, have you had problems sleeping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do reminders of the domestic violence make you tremble, break out into a sweat, have a racing heart or get you upset and frightened? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been bothered by symptoms in Question A.2-A.5 for more than one month? | <input type="checkbox"/> | <input type="checkbox"/> |

B. Major Depressive Disorder

Symptoms include: severely depressed mood, loss of interest or pleasure, significant weight loss or weight gain, sleep disturbances, restlessness or being slowed down, loss of energy, excessive guilt, feelings of worthlessness, inability to concentrate, suicidal thoughts or attempt.

	Yes	No
1. Have you been feeling unhappy, down or depressed most of the day, nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you lost interest in or do you get less pleasure from the things you used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have problems falling asleep, staying asleep, or waking up too early in the morning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you think about things from the past and feel guilty about them?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sometimes when a person feels down or depressed they might think about dying. Have you been having any thoughts like that?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel like you are worthless or a failure?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been bothered by symptoms in Question B.1-B.6 for the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>

**C. Crisis Cases for which caseworkers need support from clinical psychologists
e.g. suicidal, homicidal clients**

II. FOR BATTERERS

Treatment service for batterers aims at helping batterers to acknowledge their violence towards their partners, take responsibility for their behaviour, change their behavioural pattern and manage their relationship problems. Suitable clients include those batterers who may require intensive counselling in order to deal with their violent behaviour and other problems.

Motivation is understandably an important consideration in referring batterers for treatment service. For those less motivated clients, caseworkers may solicit the help of clinical psychologists in arranging their assessment and treatment.

III. CHILD AND ADOLESCENT VICTIMS

Researches consistently suggest that witnessing domestic violence affects children psychologically. Some children may have serious adjustment problems or even psychopathology after being exposed to violence at home for a long time. It is important to consider the developmental level of the child during assessment, as age will affect how the symptoms manifest themselves. To facilitate the caseworker to identify the child and adolescent victims who are in need of psychological intervention, some considerations are listed below. Please consider referring the client to a clinical psychologist if there are positive answers to the following questions.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the child repetitively play out the violent scene?
/ Does the adolescent feel that the violent event is recurring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the child or adolescent distressed by the intrusive sounds
or images which re-enact the trauma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the child or adolescent have nightmares or night terrors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the child or adolescent have any eating problems or
somatic complaints like stomach-ache or headache? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Particularly for pre-school child, does the child show regressive
behaviors like wanting to be fed or dressed, losing bowel or bladder
control frequently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the child anxiously attached to one person most of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the child or adolescent space out most of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the child or adolescent refuse to go to school or
play truancy frequently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the child or adolescent keep himself or herself in isolation,
or act out against others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the child or adolescent show restricted range of affect,
such as sadness or helplessness most of the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the child or adolescent have foreshortened future? For
example, he or she does not expect to live longer than a few
days or months. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the child inattentive to instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the child or adolescent very hypervigilant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the child or adolescent have exaggerated startled response? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the child or adolescent have difficulty falling asleep? | <input type="checkbox"/> | <input type="checkbox"/> |

(SAMPLE)

Consent Form for Referral for Counselling Service

(for Medical Social Services Unit)

*I, _____, I.D. No. _____, consent to be referred by the
_____ Hospital to the Social Welfare Department / Non-governmental
Organisation* _____ for counselling service.*

Signature: _____

Signature of witness: _____

Name of witness: _____

Post of witness: doctor/ nurse/ social worker*

Date: _____

* delete the inappropriate

(For medical personnel, please send this form together with the referring letter to the Medical Social Services Unit for arrangement of appropriate service)

M E M O

From	Oi/c, _____	MSSU	To	SSWO/FCPSU(CW/S/I)(E/W)(KT)(WTS/SK) (SSP)(KC/YTM)(TW/KwT)(ST)(TP/N)(TM) (YL)* _____
Ref.	_____ in _____		Attn.:	_____
Tel. No.	_____		Your Ref.	_____ in _____
Fax. No.	_____		Dated	_____ Fax. No. _____
Date	_____		Total Pages	_____

Referral of Spouse / Cohabitant Battering Case

This is to refer _____ (Name), Female/Male*, Age _____, HKIC No. _____ of _____ (Address) Tel _____ to you for _____.
(Please specify any special requirement of the customer on way(s) & time to contact him/her: _____)

2. The above-named attended Accident & Emergency Department of _____ Hospital on _____ (Date). He/She* was treated and discharged with no medical follow-up.

3. The following information is provided for your reference:

(a) ***Consent from Customer***

The above-named has given consent to be referred to social worker of SWD. A copy of the written consent is attached.*

The above-named was contacted over phone/ interviewed at hospital on _____ (Date). He/She* agreed to receive services from your unit.*

The above-named cannot be contacted within 2 working days. Standard letter has been sent to inform him/her* that the case will be taken up by your unit.

(b) ***Presenting Problems:*** _____

(c) ***Services Rendered:*** _____

(d) ***Remarks:*** (e.g. medical information if available)

(For item 3(b) to (d), please use separate sheet if required)

4. I shall be grateful for your necessary action. For enquiries, please contact _____, medical social worker at tel. _____.

(_____ Oi/c, _____ MSSU)

* delete whichever is inappropriate

Appendix XIV (C)

File Ref.:
Tel. No.:
Name and address
of the service recipient

(Name)
Medical Social Services Unit
(Address)

To: Officer-in-Charge of _____
(Name of service unit)

(Name of agency / organisation)

Referral of Spouse / Cohabitant Battering Case

This is to refer _____ (Name), Female/Male*, Age _____, HKIC No. _____ of _____ (Address) Tel _____ to you for _____.
(Please specify any special requirement of the customer on way(s) & time to contact him/her: _____)

The above-named attended Accident & Emergency Department of _____ Hospital on _____ (Date). He/She* was treated and discharged with no medical follow-up.

The following information is provided for your reference:

(a) ***Consent from Customer***

The above-named has given consent to be referred to social worker of SWD. A copy of the written consent is attached.*

The above-named was contacted over phone/ interviewed at hospital* on _____ (Date). He/She* agreed to receive services from your unit.

(b) ***Presenting Problems:*** _____

(c) ***Services Rendered:*** _____

(d) ***Remarks:*** (e.g. medical information if available)

(For item (b) to (d), please use separate sheet if required)

I shall be grateful for your necessary action. For enquiries, please contact _____, medical social worker at tel. _____.

(_____)
for Director of Social Welfare /
for Chief Executive of _____ Hospital*

* delete whichever is inappropriate

Appendix XIV (D)

File Ref.:
Tel. No.:
Name and address
of the service recipient

(Name)
Medical Social Services Unit
(Address)

Social Welfare Department / Hospital Authority
Medical Social Services Unit

Notification of Casework Follow-up Service

Mr/ Miss/ Ms/ Mrs _____,

You attended medical treatment at the Accident & Emergency Department of the _____ Hospital on _____(date). Given your consent to receive social work service, we have referred you to the following service unit on _____(date) for follow-up services according to your residential address:

Name of service unit: _____

Address: _____

Contact number: _____

If you have any enquiry, please contact me at _____ or the social worker of the above service unit.

Signature:

Name of Medical Social Worker: _____

Medical Social Services Unit: _____

Date: _____

Po Leung Kuk Refuge Centre for Women

To provide immediate support and protection for women and children in domestic violence

Target users

1. Single or married women who are facing domestic violence or in crisis.
2. Children below the age of 18 who are brought along by their mothers and in need of temporary shelter.
3. Young girls over the age of 13 who are abused or in family crisis.
4. Victims of abuse by employers or trafficking referred by Government authorities or the Court.

Services

1. 24-hour hotline service : to provide emotional support, information on community resources and intake for admission.
2. Temporary safe accommodation (usually 2 weeks and maximum period of stay to be extended to 3 months for exceptional cases).
3. Case and groupwork counseling : to redress disturbed emotions, rebuild self-confidence and enhance coping skills.
4. Supportive services : emergency assistance on daily necessities, homework tutoring, child care, mutual help group and other various activities.
5. Community education.

How to Apply

Call the hotline or via referral from the Social Welfare Department, hospitals, Non-Governmental organizations, and Government legal authorities.

Fee

Free accommodation. Residents shall be responsible for daily living expenses including meals.

Sunrise Court

Hotline : 81001155 Fax : 28908408

E-mail address : sunrisecourt@poleungkuk.org.hk

Correspondence address : Hennessy Road Post Office, P.O. Box 165

Wai On Home for Women

Hotline : 81001155 Fax : 27906369

E-mail address : waion@poleungkuk.org.hk

Correspondence address : Sai Kung Post Office, P.O. Box 165

Dawn Court

Hotline : 81001155 Fax : 22433018

E-mail address : dawncourt@poleungkuk.org.hk

Correspondence address : Sai Kung Post Office, P.O. Box 165

Harmony House Shelter for Women and Children

As a charitable social service organization committed to ending domestic violence, Harmony House established as the first shelter in Hong Kong in 1985 to serve battered women and their children. We have developed from a single shelter to a one-stop comprehensive service agency. Our services include community education on prevention of domestic violence, aftercare service for ex-residents, women empowerment, batterers intervention program, crisis intervention and counseling for children who have witnessed domestic violence. Besides, we share and exchange working experience with multi-disciplinary professionals via publication, regional exchange and various training programs.

Belief & Mission

- We believe that all human beings have the right to live with dignity and respect, and to be free from violence, abuse and coercion. Human rights should be preserved in our homes as well as in our society.
- We believe equality and mutual respect are fundamental principles for a healthy and harmonious family.
- We are dedicated to eliminating domestic violence, opposing the use of violence as the means of control, and helping victims of domestic violence resume dignity.
- We hope to build up a society with “Zero Tolerance to Domestic Violence” .

Objectives

- To provide a safe and immediate refuge for female victims of domestic violence and their children
- To offer 24-hour immediate support and referrals for families and intimate partners affected by domestic violence
- To empower abused women, and help them restore their dignity and establish harmonious relationship
- To protect and address the needs of children who have witnessed or been affected by domestic violence

Service Targets

- Abused women and their children (girls of all ages and boys who are under 12; discretion may be granted to boys who are 12 to 14 years old for admission upon request)
- Hong Kong permanent residents or those who have the legal right to stay in Hong Kong

* We serve all ethnic groups and people of different sexual orientations, religions, or other backgrounds.

Application for Admission

- Self-referral through our 24-hour Woman Hotline
- Referral by social workers or other professionals

Termination of Service

- Either the Shelter or women residents may initiate the termination of service

Scope of Service

1. Refuge Service

Charges

- Free residential service
- Residents are responsible for the expenses of their daily living
- The Shelter may offer food and basic necessities to residents in financial difficulties

Duration of Stay

- The period of stay is usually two weeks
- Under special circumstances, extension to a maximum of three months may be granted

Admission Criteria

- Women have to be able to take care of themselves as well as their children
- Admitted residents have to keep confidential the shelter address, location and appearance
- Admitted residents have to abide by Shelter rules and adapt to group living

* Individual assessments for approval of admission will be conducted by the Shelter.

2. Woman Hotline & Follow-up Service

24-hour Woman Hotline

We provide female victims of domestic violence with assessment, crisis intervention, emotional support, information on community resources, knowledge on safety and protection, and referrals. If necessary, admission to the Shelter can be arranged.

Hotline Follow-up Service

To provide emotional support and counselling for the callers who are affected by domestic violence.

3. Individual and Group Counselling

Crisis assessment, need assessment, casework counselling and therapeutic groups are provided to help abused women and their children to address their traumatic experience. Issues related to emotional management, impact of domestic violence, safety plans, marital, intimate, and parent-child relationships are addressed. Upon discharge from the Shelter, we also provide supportive services to them, and make referrals to community resources, including housing and legal aid.

4. Educational and Developmental Activities

Through a wide range of educational and developmental activities, residents are able to gradually build up their self esteem and establish their own social support network. Regular activities include legal information sessions, peer sharing groups, parent-child activities, tutorials for children, birthday parties, festival programs, weekly house meetings and educational talks.

5. Aftercare Service

Three-month aftercare service is provided for discharged women and children in order to facilitate them to link up with community resources and adjust to a new life. Services include telephone follow-up, face-to-face counselling, home visits, emotional support and referral to community resources.

6. Collaboration and Outreaching Service

In collaboration with other multi-disciplinary professionals, educational talks, groups and hotline follow-up services are provided to reach out to the abused women, children and youth. Low-income and at-risk families, ethnic minorities and new immigrants are our major target populations.

CHRISTIAN FAMILY SERVICE CENTRE

Serene Court

Mission

The Serene Court is the refuge for women of the Christian Family Service Centre. It provides refuge for battered women and their children so that they can be free from violence, regain dignity and confidence, and re-build healthy and happy life style.

Service Content

It provides 45 places for temporary accommodation. Maximum period of stay is 3 months. During the stay, the following services will be provided:

- Counseling,
- Women and children therapeutic groups, mutual help group,
- Children coaching classes, interest classes, talks and seminars, in-door/out-door recreational activities, referral service and etc.

Service Targets

- Women aged 18 or above suffering from physical, psychological or sexual abuse, and their children (boys aged 12 or above not included) can apply for admission.
- For girls under 18 having family problems, admission will also be considered.

Characteristics of our Refuge

- We have self-contained units. Basic facilities and utensils are provided. Other rooms for public use included: TV room, play corner, reading room and activity room. Hence, roommates can enjoy privacy and at the same time, can use other public rooms for sharing and support with others.

Entry and Exit of Service

- Women facing problems of family violence can call our 24-hour hotline for admission. Social workers, police and medical professionals can also make referrals for them. Our staff will make assessment at once and decide if admission can be arranged. But applicants must first agree to receive further counseling services.
- When the women and their children have arranged alternative accommodation, they can inform the staff and leave the refuge. Our service will then be terminated upon their discharge. (Three-day notice is recommended so as to ensure that discharge plan is feasible and safe)

24-hour Hotline : 2381 3311

Correspondence Address : 9/F, No.3, Tsui Ping Road, Kwun Tong, Kowloon.

4. Opening Hours

Round the clock service throughout the year is provided by registered social workers to persons in need.

6. Application for Services

Persons in need can call CEASE Crisis Centre 24-hour Hotline:

18281

Mutual agreement between service user and responsible social worker for case closing; service users can also request termination of service.

5. Fees

Free of charge

7. Termination of Services

8. Enquiries

Mail:

6/F, TWGHs Wong Fung Ling Memorial Building, 12 Po Yan Street, Sheung Wan, Hong Kong (Fwd. to CEASE Crisis Centre).

Fax:

2703 4111

E-mail:

ceasecrisis@tungwahcsd.org

Website:

<http://ceasecrisis.tungwahcsd.org>

CEASE Crisis Centre is funded by the Lotteries Fund.



The system setup of hotline service is sponsored by PCCW.

Publishing Date : Nov 2007(First Issue)

Printed copies : 1,500



**Tung Wah Group of Hospitals
CEASE Crisis Centre
Crisis Intervention and Support Services**



CEASE Crisis Centre

provides crisis intervention and support services which aim to serve victims of sexual violence and individuals / families encountering domestic violence or other family crises. Our comprehensive support services include 24-hour hotline service, outreaching service and short-term accommodation service.

2. Service Targets

- ✓ Victims of sexual violence
- ✓ Individuals or families encountering domestic violence, including victims of child abuse, spouse battering (including battered man), and elder abuse
- ✓ Individuals or families encountering other family crises who need a place for time-out or refuge

REGARDLESS of Age, Gender and Race

1. Service Objectives

- ✓ To help needy individuals and their families handle immediate crisis and disturbance for preventing deterioration of problems, and to link them to health care and / or social service units at an early outburst for providing effective and coordinated services.
- ✓ To assist and accompany victims of sexual violence to obtain appropriate medical, legal and counselling services, to protect victims from repeating their unpleasant experiences to minimize re-traumatization, and to enhance victims' resilience.

3. Service Scopes

✓ 24-hour Hotline

The Hotline is manned by registered social workers on a 24-hour basis. Immediate risk assessment and counselling service are provided to victims of sexual violence and individuals / families encountering domestic violence or other family crises.

✓ Outreaching Service

Immediate outreaching service for both victims of sexual violence and elder abuse is provided during non-office hours of Social Welfare Department.

✓ Short-term Accommodation Service*

Short-term accommodation, not exceeding 2 weeks, is provided to individuals or families who need a place for time-out or refuge. During the stay, appropriate services, such as counselling and group treatment, are provided to assist the service users to recover from trauma and enhance their problem-coping skills.

*A capacity of 80 places for short-term accommodation will be available in early 2008. Before 2008, persons in need will be referred to other agencies for temporary accommodation.

✓ Referral and Support Services

Referrals to Social Welfare Department, Hospital Authority, Police or other relevant organizations are made for individuals or families in need for obtaining appropriate protection and services.

明愛向晴軒-家庭危機支援中心
Caritas Family Crisis Support Centre



向晴熱線 18288

辦公室電話 Office Number
傳真號碼 Fax Number
網址 Website
電郵 Email

2383 2122
2383 2231
<http://fcsc.caritas.org.hk>
fcsc@cfsc.org.hk

目標 Aims

1. 提升服務使用者解決問題的能力；
To enhance the problem solving ability of service users.
2. 及早介入和轉介個案以避免危機惡化；
To provide early intervention and referral to avoid problem from deteriorating.
3. 提供一站式專業輔導服務及緩衝避靜服務。
To provide one-stop service through professional counseling and Time-out service.

服務對象 Target User

面對家庭危機或情緒受到困擾的人士，無分種族、性別及年齡。
People who are facing family crisis and emotional distress irrespective of ethnic, gender and age.

申請程序 Application Procedure

1. 由向晴熱線轉介；
Approach through crisis hotline (18288)；
2. 由社會福利機構轉介；
Referral from social welfare agencies；
3. 由公共機構轉介，如：警方或醫務人員等。
Referral from community organizations such as police and hospital.

退出服務 Service Withdrawal

1. 已達致共同協議之輔導目標；
Achievement of intervention goal based on mutual agreement upon admission.
2. 服務使用者要求退出服務。Self-Withdrawal.

Po Leung Kuk Tsui Lam Centre
Support Programme for Victims of Family Violence

The “Support Programme for Victims of Family Violence” aims to alleviate the feeling of fear and helplessness in victims who are facing case investigation, judicial process and sudden life changes through the provision of information, emotional support and companion services.

Address : Flat 102-107, G/F. Choi Lam House, Tsui Lam Estate, Tseung Kwan O

Enquiry : 28948896

Fax : 28948038

E-mail : victimsupport@poleungkuk.org.hk

Website : <http://victimsupport.poleungkuk.org.hk>

Target Groups:

Victims of spouse / cohabitant battering and child abuse and their family members referred by the following service units :

- Integrated Family Service Centres/Integrated Services Centres of the Social Welfare Department and NGOs.
- Family and Child Protective Services Units of the Social Welfare Department
- Medical Social Services Units of the Social Welfare Department and Hospital Authority
- Probation and Community Service Orders Offices of the Social Welfare Department
- Refuge Centres for Women
- Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre)

Service Area: Territory-wide

Service Hours:

- Opening Hours : Monday to Friday 9:00a.m.-6:00p.m.;
Saturday 9:00a.m.-1:00p.m. (except public holidays)
- Referral Service : Monday to Saturday 9:00a.m.-9:00p.m.(except public holidays)
- On-Site Support Service : Monday to Sunday 9:00a.m.-9:00p.m (including public holidays)

Service Types:

- Provide relevant legal information on criminal or civil proceedings and help victims understand their rights to make proper decisions.
- Accompany victims while they are involved in police investigation and relevant follow-ups.
- Accompany victims to attend court hearings and to handle other related legal proceedings.
- Arrange child care service during judicial process.
- Help victims to locate and receive relevant community services, including housing, financial

support, schooling, medical and child care, etc.

- Provide guidance and training on home safety and basic skills in personal care, care to family members and household management.
- Offer clinical psychology services to provide psychological assessment and prepare referrals for victims in need.
- Organize regular emotional support groups and mutual help groups.
- Provide child visitation service (referring service units do not include Refuge Centres for Women and Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre)).
- Organize regular volunteer training courses to build local support network and enhance the abilities of volunteers in providing services for the victims.

Fee:

Free of charge (Victims and their family members have to pay for their own travelling expenses)

(Revised 20.8.2012)

**List of Address, Hotlines / Telephone Numbers and Fax Numbers of
Relevant Government Departments / Organisations / Service Units Providing Services for
Victims of Spouse / Cohabitant Battering and their Family Members
(as at March 2014)**

**(Information on the services provided for victims of spouse/ cohabitant battering may be
found at website on "Support for Victims of Child Abuse, Spouse / Cohabitant Battering
and Sexual Violence" (<http://victimsupport.swd.gov.hk>))**

FAMILY AND CHILD PROTECTIVE SERVICES UNIT (FCPSU)

Name of Unit	Address	Telephone	Facsimile
FCPSU (Central Western, Southern and Islands)	Room 2313, 23/F, Southorn Centre, 130 Hennessy Road, Wanchai, H.K.	2835 2733	3107 0051
FCPSU (Eastern/Wanchai)	Room 229, 2/F, North Point Government Offices, 333 Java Road, North Point, Hong Kong.	2231 5859	2164 1771
FCPSU (Kwun Tong)	Room 502, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon.	2707 7680 2707 7681	2717 7453
FCPSU (Wong Tai Sin/Sai Kung)	3/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon.	3188 3569	3421 2535
FCPSU (Kowloon City/Yau Tsim Mong)	Room 803, 8/F, Kowloon Government Offices, 405 Nathan Road, Kowloon.	3583 3254	3583 3137
FCPSU (Sham Shui Po)	G/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Cheung Sha Wan, Kowloon.	2247 5373	2729 6613
FCPSU (Sha Tin)	Room 716, 7/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories.	2158 6679 2518 6680	2681 2557

Name of Unit	Address	Telephone	Facsimile
FCPSU (Tai Po/North)	4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po Market, N.T.	3183 9323	3104 1357
FCPSU (Tuen Mun)	4/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, N.T.	2618 5710 2618 5614	2618 7976
FCPSU (Tsuen Wan/ Kwai Tsing)	21/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, N.T.	2940 7350 2940 7358	2940 6421
FCPSU (Yuen Long)	G/F, Wah Yuet House, Tin Wah Estate, Tin Shui Wai, Yuen Long, N.T.	2445 4224	2445 9077

INTEGRATED FAMILY SERVICE CENTRE (IFSC) / INTEGRATED SERVICES CENTRE (ISC) OF SOCIAL WELFARE DEPARTMENT (SWD) / NON-GOVERNMENTAL ORGANISATIONS (NGOs)

Name of Unit	Address	Telephone	Facsimile
<u>Central Western, Southern and Islands District</u>			
Central and Islands Integrated Family Service Centre, SWD	4/F, Harbour Building, 38 Pier Road, Central, Hong Kong.	2852 3137	2541 4130
High Street Integrated Family Service Centre, SWD	G/F, Sai Ying Pun Community Complex, 2 High Street, Sai Ying Pun, H.K.	2857 6867	2858 1251
Aberdeen Integrated Family Service Centre, SWD	Unit 2, G/F, Pik Long House, Shek Pai Wan Estate, Aberdeen, H.K.	2875 8685	2875 5140
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	2336 9542

Name of Unit	Address	Telephone	Facsimile
Caritas Integrated Family Service Centre – Aberdeen (Tin Wan / Pokfulam), Caritas – Hong Kong	3/F & 5/F, Caritas Jockey Club Aberdeen Social Centre, 20 Tin Wan Street, Aberdeen, H.K.	2555 1993	2814 0674
The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre, The Neighbourhood Advice-Action Council	1/F, Carpark 1, Yat Tung Estate, Tung Chung, Lantau Island, N.T.	3141 7107	3141 7108
Hong Kong Sheng Kung Hui – Tung Chung Integrated Services, Hong Kong Sheng Kung Hui Welfare Council	Shop 201, 2/F, Fu Tung Shopping Centre, Tung Chung, Lantau Island, N.T.	2525 1929	2109 0068
<u>Eastern and Wan Chai District</u>			
Causeway Bay Integrated Family Service Centre, SWD	2/F, Causeway Bay Community Centre, 7 Fook Yum Road, North Point, H.K.	2895 5159	2895 5775
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	2562 4769
Chai Wan (West) Integrated Family Service Centre, SWD	Level 4, Government Office, New Jade Garden, 233 Chai Wan Road, Chai Wan, H.K.	2569 3855	2569 5377
Chai Wan (East) Integrated Family Service Centre, SWD	3/F, Chai Wan Municipal Services Building, 338 Chai Wan Road, Chai Wan, H.K.	2505 8733	2556 6424

Name of Unit	Address	Telephone	Facsimile
Hong Kong Eastern Centre North Point Integrated Family Service Centre, Hong Kong Family Welfare Society	Upper G/F, Healthy Village, Phase II, 668 King's Road, North Point, H.K.	2832 9700	2893 4133
Caritas Integrated Family Service Centre – Shau Kei Wan, Caritas – Hong Kong	2/F, Aldrich Bay Integrated Services Building, 15 Aldrich Bay Road, Shaukeiwan, H.K.	2896 0302	2505 5977
St. James' Settlement Wanchai Integrated Family Service Centre, St. James' Settlement	12/F, 85 Stone Nullah Lane, Wanchai, H.K.	2835 4342	2833 9940
<u>Kwun Tong District</u>			
Kai Ping Integrated Family Service Centre, SWD	Units G22-G41, G/F, Kai Yue House, Kai Yip Estate, Kowloon Bay, Kowloon.	3568 7037	2348 6430
Sau Po Integrated Family Service Centre, SWD	Units 121-126, G/F, Sau Ming House, Sau Mau Ping (I) Estate, Kwun Tong, Kowloon.	2775 3578	2775 8403
Lam Tin Integrated Family Service Centre, SWD	Shops 211B & 213, 2/F, Kwong Tin Shopping Centre, Kwong Tin Estate, Lam Tin, Kowloon.	2717 9247	2340 2773
Ngau Tau Kok Integrated Family Service Centre, SWD	3/F, Podium Level, Sheung Yuet House, Upper Ngau Tau Kok Estate, Kwun Tong, Kowloon.	2389 0466	2952 5600
Family Energizer (Integrated Family Service), Christian Family Service Centre	9/F, 3 Tsui Ping Road, Kwun Tong, Kowloon.	2318 0028	2753 6627

Name of Unit	Address	Telephone	Facsimile
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, Kowloon.	2342 2291	2357 4639
East Kowloon Centre Yau Tong Integrated Family Service Centre, Hong Kong Family Welfare Society	Shop G6, Upper Ground Floor, The Spectacle, 8 Cho Yuen Street, Yau Tong, Kowloon.	2775 2332	2775 2221
<u>Wong Tai Sin and Sai Kung District</u>			
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	2791 2085
Tseung Kwan O (East) Integrated Family Service Centre, SWD	G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon.	2701 7704	2704 3812
Tseung Kwan O (North) Integrated Family Service Centre, SWD	G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon.	2701 9495	2701 9977
Tsz Wan Shan Integrated Family Service Centre, SWD	1 Lung Fung Street, Wong Tai Sin, Kowloon.	2326 7575	2352 5108
Wong Tai Sin Integrated Family Service Centre, SWD	2/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon.	2327 4973	2351 1872
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	2177 1616

Name of Unit	Address	Telephone	Facsimile
Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West), Caritas – Hong Kong	1/F, Tung Tau Community Centre, 26 Lok Sin Road, Wong Tai Sin, Kowloon.	2383 3377	2383 2985
<u>Kowloon City and Yau Tsim Mong District</u>			
Kai Tak Integrated Family Service Centre, SWD	Unit 3, 2/F, Chung Hwa Plaza, 5B-5F, Ma Hang Chung Road, To Kwa Wan, Kowloon.	3996 7700	2624 7329
Ma Tau Wai Integrated Family Service Centre, SWD	Unit 3, 2/F, Chung Hwa Plaza, 5B-5F, Ma Hang Chung Road, To Kwa Wan, Kowloon.	2760 1659	2624 7329
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 8202	2333 7651
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	2332 5032
Hung Hom Integrated Family Service Centre, Hong Kong Children and Youth Services	G/F, Hung Fai House, Hung Hom Estate, Hung Hom, Kowloon.	2761 1106	2715 4033
Mongkok Integrated Family Service Centre, Yang Memorial Methodist Social Service	G/F, Central Commercial Tower, 736 Nathan Road, Mongkok, Kowloon.	2171 4001	2388 3062
Family Networks: Yau Tsim Integrated Family Service Centre, Hong Kong Christian Service	2/F, 33 Granville Road, Tsim Sha Tsui, Kowloon.	2731 6227	2724 3520

Name of Unit	Address	Telephone	Facsimile
<u>Sham Shui Po District</u>			
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	2304 3717
Tai Hang Tung Integrated Family Service Centre, SWD	2/F & 3/F, Tai Hang Tung Community Centre, 17 Tong Yam Street, Shek Kip Mei, Kowloon.	2777 3015	2784 0563
West Kowloon Centre Shamshuipo (West) Integrated Family Service Centre, Hong Kong Family Welfare Society	Unit 204, 2/F, Un Him House, Un Chau Estate, Sham Shui Po, Kowloon.	2720 5131	2725 6621
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	2386 3231
Family Ties Integrated Family Service Centre, Hong Kong Christian Service	Room 314, Podium Level, Wo Ping House, Lei Cheng Uk Estate, Sham Shui Po, Kowloon	3994 2828	3563 5430
<u>Shatin District</u>			
Shatin (North) Integrated Family Service Centre, SWD	Unit 403-416, Hau Wo House, Wo Che Estate, Shatin, N.T.	3168 2904	2607 1896
Shatin (South) Integrated Family Service Centre, SWD	Room 831, 8/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, N.T.	2158 6593	2684 9195
Ma On Shan (North) Integrated Family Service Centre, SWD	G/F, Yiu Yan House, Yiu On Estate, Ma On Shan, Shatin, N.T.	2691 6499	2688 6934

Name of Unit	Address	Telephone	Facsimile
Ma On Shan (South) Integrated Family Service Centre, SWD	5/F, Heng On Estate Community Centre, Heng On Estate, Ma On Shan, Shatin, N.T.	3579 8654	2684 9050
Caritas Dr & Mrs Olinto de Sousa Integrated Family Service Centre, Caritas – Hong Kong	Unit 101-107, G/F, Block A, Herring Gull House, Sha Kok Estate, Shatin, N.T.	2649 2977	2686 8740
<u>Tai Po and North District</u>			
Tai Po (South) Integrated Family Service Centre, SWD	4/F, Tai Po Community Centre, 2 Heung Sze Wui Street, Tai Po Market, Tai Po, N.T.	2657 8832	2638 4223
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	2664 8762
Sheung Shui Integrated Family Service Centre, SWD	4/F, North District Community Centre, 2 Lung Wan Street, Sheung Shui, N.T.	2673 1525	2679 3716
Fanling Integrated Family Service Centre, SWD	2/F, North District Government Offices Building, 3 Pik Fung Road, Fanling, N.T.	2675 1614	2682 9325
Caritas Integrated Family Service Centre – Fanling, Caritas – Hong Kong	Shop 203, Wah Ming Shopping Centre, Wah Ming Estate, Fanling, N.T.	2669 2316	2676 2273
<u>Yuen Long District</u>			
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.	2944 0401	2470 9179

Name of Unit	Address	Telephone	Facsimile
Yuen Long (Central) Integrated Family Service Centre, SWD	1/F & 2/F, Fu Hing Building, 224 Castle Peak Road, Yuen Long, N.T.	2470 2605	2470 5352
Tin Shui Wai Integrated Family Service Centre, SWD	Wings A & B, G/F, Yiu Tai House, Tin Yiu Estate, Tin Shui Wai, N.T.	2475 0525	2475 0986
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	2446 3313
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	2447 0665
Long Love Integrated Family Service Centre –Tung Wah Group of Hospitals	Long Ping Office: Shop No. 109, 1/F, Long Ping Commercial Centre, Long Ping Estate, 1 Long Ping Road, Yuen Long, New Territories	2476 3766	2476 3799
	Tai Tong Road Office: Office No. 8 & 9, 11/F, Kwong Wah Plaza, 11 Tai Tong Road, Yuen Long, New Territories	2476 2766	2476 2722
<u>Tsuen Wan and Kwai Tsing District</u>			
Tsuen Wan (West) Integrated Family Service Centre, SWD	2/F, Princess Alexandra Community Centre, 60 Tai Ho Road, Tsuen Wan, N.T.	2439 5429	2412 7334
Kwai Chung (East) Integrated Family Service Centre, SWD	Shop B, 2/F, Shek Lei Shopping Centre, Shek Lei (I) Estate, Kwai Chung, N.T.	2428 0967 2428 0969	2429 6743
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	2424 0767

Name of Unit	Address	Telephone	Facsimile
Tsing Yi (North) Integrated Family Service Centre, SWD	Room 123, G/F, On Kong House, Cheung On Estate, Tsing Yi, N.T.	2435 3938	2435 4765
Tsing Yi (South) Integrated Family Service Centre, SWD	G/F, Wing A, Hong Mei House, Cheung Hong Estate, Tsing Yi, N.T.	2435 0852	2434 7116
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	2492 3151
Kwai Chung Centre Kwai Chung (South) Integrated Family Service Centre – Hong Kong Family Welfare Society	No. 106, G/F, Kwai Yan House, Kwai Fong Estate, Kwai Chung, New Territories.	2426 9621	2422 1875
<u>Tuen Mun District</u>			
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	2457 7465
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	2441 8376
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	2469 3267
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	2462 6032

OTHER SUBVENTED AGENCIES / SERVICE UNITS PROVIDING COUNSELLING SERVICE

Name of Agency	Address / Website	Telephone	Facsimile
Against Child Abuse	(a) Room 107-108, G/F, Wai Yuen House, Chuk Yuen (North) Estate, Wong Tai Sin, Kowloon.	2755 1122	2752 8483
	(b) Room 407-409, Ting Cheung House, On Ting Estate, Tuen Mun, N.T.	2450 2244	2457 3782
Hong Kong Catholic Marriage Advisory Council-Kowloon Centre	M2, Tsui Cheung House, Tsui Ping Estate, Kwun Tong, Kowloon.	2336 0296	2336 9542
Rainlily	(Address kept confidential) (http://www.rapecrisiscentre.org.hk)	2375 5322	2392 2531

REFUGE CENTRES FOR WOMEN (Address kept confidential)

Name of Agency	Address / Website	Website	Telephone
Wai On Home for Women – Po Leung Kuk	(http://www.poleungkuk.org.hk)	8100 1155	2793 0223
Harmony House	(http://www.harmonyhousehk.org)	2522 0434	2336 5842
Serene Court – Christian Family Service Centre	(http://www.cfsc.org.hk)	2381 3311	2396 8109
Sunrise Court – Po Leung Kuk	(http://www.poleungkuk.org.hk)	8100 1155	2890 8408
Dawn Court – Po Leung Kuk	(http://www.poleungkuk.org.hk)	8100 1155	2243 3018

OTHER SHORT-TERM ACCOMMODATION SERVICES

Name of Agency	Address / Website	Telephone	Facsimile
CEASE Crisis Centre	(Address kept confidential) (http://ceasecrisis.tungwahcsd.org)	18281	2703 4111
Family Crisis Support Centre	50 Kwun Tong Road, Kowloon. (http://fcsc.caritas.org.hk)	18288	2383 2231

NON-GOVERNMENTAL ORGANISATION PROVIDING VICTIM SUPPORT PROGRAMME FOR VICTIMS OF FAMILY VIOLENCE

Name of Agency	Address / Website	Telephone	Facsimile
Po Leung Kuk Tsui Lam Centre	Flat 102-107, G/F, Choi Lam House, Tsui Lam Estate, Tseung Kwan O (http://www.poleungkuk.org.hk)	2894 8896	2894 8038

HOTLINE SERVICES

Name of Agency	Website	Telephone	Facsimile
SWD Hotline	(http://www.info.gov.hk/swd)	2343 2255	2763 5874
Wai On Home for Women – 24-hour Hotline	(http://www.poleungkuk.org.hk)	8100 1155	2793 0223
Harmony House 24-hour Hotline	(http://www.harmonyhousehk.org)	2522 0434	2336 5842
Serene Court – Christian Family Service Centre 24-hour Hotline	(http://www.cfsc.org.hk)	2381 3311	2396 8109
Sunrise Court – 24-hour Hotline	(http://www.poleungkuk.org.hk)	8100 1155	2890 8408
Dawn Court – 24-hour Hotline	(http://www.poleungkuk.org.hk)	8100 1155	2243 3018

Name of Agency	Website	Telephone	Facsimile
CEASE Crisis Centre 24-hour Hotline	(http://ceasecrisis.tungwahcsd.org)	18281	2703 4111
Family Crisis Support Centre 24-hour Hotline	(http://fcsc.caritas.org.hk)	18288	2383 2231
Mutual Aid – HKCSS Helpline	(http://1878668.socialnet.org.hk/)	1878668	2865 4916

HOTLINES FOR MEN

Name of Agency	Website	Telephone
Caritas-Man's Hotline	(http://family.caritas.org.hk/ser/hotline.html)	2649 1100
Harmony House - Third Path Man's Services	(http://www.harmonyhousehk.org/eng/serviceimage/service5_eng.htm)	2295 1386
Po Leung Kuk - Men's Hotline	(http://www.poleungkuk.org.hk)	2890 1830

TEMPORARY SHELTERS / URBAN HOSTELS FOR STREET SLEEPERS AND HOMELESS PERSONS

Name of Agency	Address / Website	Telephone
Caritas - Hong Kong	(http://www.caritas.org.hk)	
(a) Caritas – Hung Hom Hostel (male)	No. 1 Hung Ling Street, Hung Hom, Kowloon.	2362 7350
Street Sleepers' Shelter Society Trustees Incorporated		
(a) Shamshuipo Shelter (male and female)	15A Un Chau Street, 2/F to 4/F., Shamshuipo, Kowloon.	2386 4700
(b) Yaumatei Shelter (male)	345A, Shanghai Street, 1/F, Yaumatei, Kowloon.	2332 9640

Name of Agency	Address / Website	Telephone
(c) Wanchai Shelter (male and female)	1/F, 83 Kennedy Road, H.K.	2893 3390
Missionaries of Charity – Home of Love (male and female)	G/F., Cheong Chit House, Nam Cheong Estate, Shamshuipo, Kowloon.	2729 0884
The Salvation Army	(http://www.salvation.org.hk)	
(a) Yee On Hostel (male)	Unit 110-116, Hoi Fu House, Hoi Yu Court, Mongkok, Kowloon.	2708 9553
(b) Sunrise House (male and female)	No. 323, Shun Ning Road, Cheung Sha Wan, Kowloon.	2307 8001
Christian Concern for the Homeless Association	(http://www.homeless.com.hk)	
(a) Grace Hostel (male)	8/F, Sung Tak Building, 41 Wong Chuk Street, Shamshuipo, Kowloon.	2788 0670
(b) Home of Promise	No. 69 & 71, Portland Street, Yau Ma Tei, Kowloon.	2788 0670
(c) Home of Abundant Grace	2/F, Sung Tak Building, 41 Wong Chuk Street, Shamshuipo, Kowloon.	2788 0670
Neighbourhood Advice-Action Council	(http://www.naac.org.hk)	
(a) Jockey Club Lok Fu Hostel for Single Persons (male and female)	G/F, Lok Tsui House, Lok Fu Estate, Wong Tai Sin, Kowloon.	2336 6860
(b) High Street House (male and female)	6th Floor, Sai Ying Pun Community Complex, 2 High Street, Sai Ying Pun, H.K.	3427 9267

Name of Agency	Address / Website	Telephone
Pok Oi Hospital (http://www.pokoi.org.hk)		
Jockey Club Hostel for Single Persons (male)	Flat 106, 1/F, Sui Keung House, Siu Sai Wan Estate, Chai Wan, H.K.	2505 6139
St. James' Settlement (http://www.sjs.org.hk)		
Li Chit Street Single Persons Hostel (male)	1/F, 1 Li Chit Street, Wan Chai, H.K.	2865 7590
Yan Chai Hospital (http://www.yanchai.org.hk)		
Chan Fung Man Ling Urban Hostel (male and female)	G/F, Yan Chai Hospital, Multi-Social Service Complex 18 Yan Chai Street, Tsuen Wan.	2615 1708

OTHER RELEVANT NON-GOVERNMENTAL ORGANISATIONS / SERVICE UNITS

Name of Agency	Address / Website	Telephone	Facsimile
Harmony House – Crisis Intervention Team on Domestic Violence (CIT)	Tuen Mun Hospital Po Oi Hospital Tseung Kwan O Hospital United Christian Hospital	2959 3657 2959 3657 2310 0126 2310 0126	2304 7783
Harmony House – Community Education and Resource Centre	Wing B, G/F., On Wah House, Lok Wah (South) Estate, Kwun Tong, Kowloon.	2342 0072	2304 7783
HK Association for the Survivors of Women Abuse (Kwan Fook)	P.O. Box 88329, Sham Shui Po Post Office	2785 7745 Hotline: 3145 0600	2419 0631
Rainlily	P.O. Box 74120, Kowloon Central Post Office.	2392 2569 Hotline: 2375 5322	2392 2531

HOSPITAL AUTHORITY / DEPARTMENT OF HEALTH

Name of Agency	Address / Website	Telephone
Hospital Authority	(http://www.ha.org.hk)	
	One Stop Enquiry	2300 6555
	HA Infoline	2882 4866
Department of Health	(http://www.info.gov.hk/dh)	2961 8989
		2961 8991

HONG KONG POLICE FORCE (<http://www.info.gov.hk/police>)

Name of Agency	Telephone
Police Hotlines	
Emergency Hotline	999
Deaf and Dumb Faxline	992
Police Hotline	2527 7177

Report Rooms / Reporting Centre	Telephone	Facsimile
<u>Hong Kong Island Region</u>		
Central District	3661 1600	2234 9871
Central Service Centre	3661 1602	2543 9612
Peak Sub-Division	3661 1604	2849 5652
Western Division	3661 1618	2858 9065
Aberdeen Division	3661 1614	2552 9216
Stanley Sub-Division	3661 1616	2813 6480
Wan Chai Division	3661 1612	2511 8731
Happy Valley Division	3661 1610	2575 8051
North Point Division	3661 1608	2562 5546
Shau Kei Wan Reporting Centre	3661 1620	2234 9860
Chai Wan Division	3661 1606	2556 3406
<u>Kowloon East Region</u>		
Wong Tai Sin Division	3661 1632	2752 9405
Tze Wan Shan Reporting Centre	3661 1634	2351 9064
Ngau Tau Kok Division	3661 1626	2750 0642
Sai Kung Division	3661 1630	2791 5129
Kwun Tong Division	3661 1622	2709 3489

Report Rooms / Reporting Centre	Telephone	Facsimile
Tseung Kwan O Division	3661 1624	2706 1332
Sau Mau Ping Division	3661 1628	2790 7017
<u>Kowloon West Region</u>		
Tsim Sha Tsui Division	3661 1650	2369 0793
Yau Ma Tei Division	3661 1652	2388 3994
Sham Shui Po Division	3661 1646	2958 1430
Cheung Sha Wan Division	3661 1644	2742 7046
Shek Kip Mei Reporting Centre	3661 1648	2788 3830
Mong Kok District	3661 1642	2789 2123
Kowloon City Division	3661 1640	2762 9789
Hung Hom Division	3661 1638	2624 5367
<u>New Territories South</u>		
Kwai Chung Division	3661 1690	2427 3438
Tsing Yi Division	3661 1692	2449 0351
Tsuen Wan Division	3661 1708	2405 3687
Sha Tin Division	3661 1702	2601 2176
Tin Sum Division	3661 1706	2601 5841
Siu Lek Yuen Reporting Centre	3661 1704	2646 1458
Ma On Shan Division	3661 1700	2640 1904
Lantau North Division	3661 1694	2988 1822
Lantau South (Mui Wo) Division	3661 1696	2984 1538
Penny's Bay Police Post	3661 1698	2983 6530
Airport District	3661 1688	2949 9835
<u>New Territories North</u>		
Tai Po Division	3661 1674	2144 1271
Sheung Shui Division	3661 1672	2676 7569
Tuen Mun Division	3661 1670	2456 4105
Castle Peak Division	3661 1668	2457 9507
Yuen Long Division	3661 1680	2477 5963
Tin Shui Wai Division	3661 1678	2446 6547
Shenzhen Bay Port Reporting Centre	3661 1682	3549 6205
Pat Heung Division	3661 1676	2488 0328
Lo Wu Control Point	3661 1656	2673 8203
Sha Tau Kok Division	3661 1664	2659 2339
Lok Ma Chau Division	3661 1658	2482 4808

Report Rooms / Reporting Centre

	Telephone	Facsimile
Lok Ma Chau Spur Line Control Point	3661 1662	3404 6055
Lok Ma Chau Control Point	3661 1660	2674 7798
Ta Kwu Ling Division	3661 1666	2659 8501
Man Kam To Control Point	3661 1686	2652 5829

Marine

Marine East Division	3661 1718	2194 4542
Marine South Division	3661 1724	2553 7165
Marine West Division	3661 1726	2452 2759
Marine North Division	3661 1722	2602 7353
Marine Harbour Division	3661 1720	2884 9242
Cheung Chau Division	3661 1712	2986 9057
Lamma Island Police Post	3661 1714	2982 1824
Peng Chau Police Post	3661 1716	2983 1146

LEGAL AID DEPARTMENT

(<http://www.info.gov.hk/lad>)

2537 7677 2869 0655

HOUSING DEPARTMENT

(<http://www.housingauthority.gov.hk>)

2712 2712 2711 4111

Logo of HKPF	Domestic Violence Incident Notice	<div style="border: 1px solid black; padding: 2px;">Part One is to be given to the <u>complainee</u></div>
PERSONAL DATA		
Police Report No.: _____ Date : _____		
Formation: _____		
To: _____ (name of complainee)		
You are hereby notified that an allegation of _____ _____ (nature of case) has been made against you by _____ (name of complainant) / a complainant*		
The incident occurred at _____ _____ (location) on _____ (date).		
<p style="text-align: center;">Your attention is drawn to the undermentioned legislation, contravention of which may result in a term of imprisonment upon conviction:</p> <ul style="list-style-type: none">■ Offences Against the Person Ordinance, Chapter 212 of the Laws of Hong Kong■ Crimes Ordinance, Chapter 200 of the Laws of Hong Kong		
* Delete as appropriate		Pol. 1130a

Logo of HKPF	Domestic Violence Incident Notice	Part Two is to be given to the complainant
	PERSONAL DATA	
Police Report No.: _____ Date: _____		
Formation: _____		
A Domestic Incident Notice was served on Mr./Ms. _____		
_____ (name of complainee) at _____		
_____ (location) on _____ (date)		
by _____ (rank & UI No. of the serving officer) of		
_____ (Formation) with my consent*.		
Signature of complainant* _____		
Signature of issuing officer _____		
(If the complainee refused to accept Part One of the notice, the entire notice should be given to the complainant.)		
* Delete as appropriate		Pol. 1130a

Family Support Service Information Card

If you need information on family support service, please call:

Integrated Social Service	
Social Welfare Department – Family Help-line	2343 2255
Temporary Accommodation Service	
Tung Wah – CEASE Crisis Centre	18 281
Christian Family Service Centre – Serene Court	2381 3311
Po Leung Kuk – Sunrise Court	8100 1155
Po Leung Kuk – Wai On Home	8100 1155
Po Leung Kuk – Dawn Court	8100 1155
Harmony House – Refuge Centre for Women	2522 0434
Caritas, Hong Kong – Family Crisis Support Centre (for both men and women)	18 288
Emotional Support Service	
Caritas, Hong Kong – Crisis Hotline	18 288
Caritas, Hong Kong – Extra-marital Affairs Support Service	2537 7247
Hong Kong Council of Social Service – HKCSS Mutual Aid Hotline	1878 668
Legal Aid Service (Enquiry in respect of an injunction order, divorce proceedings and custody of children etc.)	
Hong Kong Office	2537 7677
Kowloon Office	2380 0117
Men’s Hotline	
Harmony House – Men’s Hotline	2295 1386
Po Leung Kuk – Men’s Hotline	2890 1830
Victim Support Programme for Victims of Family Violence	
Po Leung Kuk Tsui Lam Centre	2894 8896

If you and your spouse are going through separation/ divorce proceedings, and you both agree to resolve problems about your children, property and money through mediation, please call the following office for information on family mediation:

“Family Mediation Co-ordinator’s Office” 2180 8063

Information on the services provided by “Family Mediation Publications Website”, Hong Kong Judiciary is available at the following website: -
<http://mediation.judiciary.gov.hk/en/doc/FamilyMediation.pdf>

Consent for Referral

Police Report Number : _____

Nature of Case : _____

I/We* hereby give my/our* consent for the Police to make a referral to Social Welfare Department.# It will be most convenient to contact me/us at the following time:

Name : _____ Name : _____

Tel. No. : _____ Tel. No. : _____

a.m./p.m.* : _____ a.m./p.m.* : _____

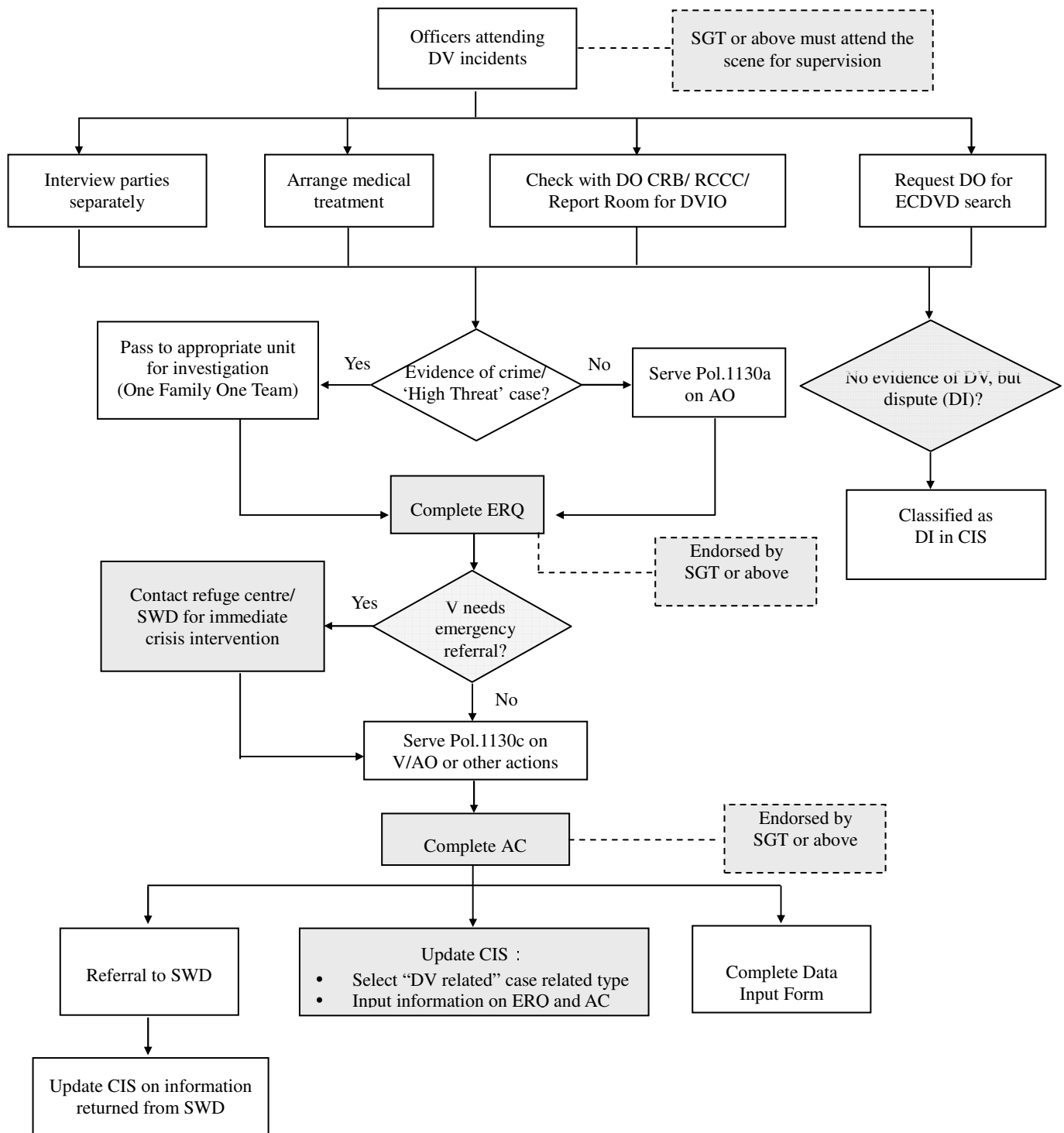
Signature : _____ Signature : _____

Date : _____ Date : _____

* delete as appropriate

include further referral to Non-governmental Organisations made by SWD.

Flowchart on Handling Domestic Violence Incident (Police)



Notes:

- AC - Action Checklist
- AO - Alleged Offender
- CIS - Communal Information System
- DI - Domestic Incident
- DO - Duty Officer
- DO CRB - Duty Officer, Criminal Records Bureau
- DV - Domestic Violence
- DVIO - Domestic Violence Injunction Order
- ECDVD - Enhanced Central Domestic Violence Database
- ERQ - Emergency Referral Questionnaire
- V - Victim
- RCCC - Regional Command and Control Centre
- SGT - Sergeant

**Guidelines on Urgent Applications of
Legal Aid by Victims of Intimate Partner Violence**

Application for Legal Aid

1. Intimate partners who wish to seek legal service in connection with their matrimonial problems may apply for legal aid. In case of any special urgency, they should consult the Legal Aid Department without delay. (Telephone Hotline : 2537 7677)

Eligibility

2. An intimate partner is eligible for legal aid if he / she satisfies the following conditions :
- (a) Total income and capital assets, after deduction of certain prescribed allowances, are within the limits permitted for legal aid.
 - (b) Reasonable claim to take legal proceedings in law.

Application Procedures

3. An intimate partner who wishes to apply for legal aid must attend either of the following offices in person :

Headquarters

24/F, Queensway Government Offices
66 Queensway
Hong Kong

Kowloon Branch Office

3/F, Mongkok Government Offices
30 Luen Wan Street
Mongkok
Kowloon

and, as far as possible, bring along the following documents:

- (a) Hong Kong Identity Card;
- (b) Marriage Certificate;

- (c) Birth Certificates of the children of the family;
- (d) Any income proof (e.g. tax returns, employer's certificate, salary payment slip, etc);
- (e) All bank passbooks and statements including any fixed deposit receipts;
- (f) All other relevant documents for assessment of both income and capital; and
- (g) The statement taken by the Police from the intimate partner or police report number, etc., if any.

Processing Procedures

4. After the applicant has filled in the application form for legal aid, for intimate partner violence cases, the Legal Aid Department will take immediate action as follows :

- (a) to conduct means test at once;
- (b) to take a brief statement of the material facts; and
- (c) to refer the application to duty officer immediately thereafter who will interview the applicant further, if necessary.

Legal aid will be granted as soon as practicable. In urgent cases, immediate arrangement will be made with the solicitor assigned to handle the case to interview the applicant and, as appropriate, apply for an injunction order.

URGENT APPLICATIONS - What You Need to Know

While everyone involved in court proceedings wants to see his/her case heard by the court as soon as it can, we are here concerned with applications that are so urgent that they are made to a judge without notice to the other party ("the Respondent"). The purpose of the application is to ask the court to grant an "injunction" order. There are limited circumstances under which the court will entertain an urgent application for an "injunction". The followings are some examples:

CHILD ABDUCTION

If there are reasonable grounds for believing that your children are about to be removed from Hong Kong by the Respondent or if they have been taken from you whilst you are the custodian parent without your consent, you can apply for an order to prevent their removal or for their return.

DOMESTIC VIOLENCE

If the Respondent has physically hurt you or behaved in an abusive manner, whether by words or acts that scared you or made you feel frightened, you may apply for an injunction order to stop the Respondent from using or threatening to use violence against or harass or intimidate you or your children in future. If you have suffered or are likely to suffer injury because of the Respondent's abusive behaviour, the court can attach a "power of arrest" to the injunction which empowers a police officer to arrest and bring the Respondent to court if he/she breaks the order.

Although an injunction order will deter the Respondent from abusing you, in the interest of your safety, the best and quickest means of getting immediate protection is to call the police by dialling 999 if the Respondent behaves violently towards you. You may also consider leaving your home to go to a safe place for a few days by staying with a relative. If you have nowhere to go, you can contact Harmony House at 2522 0434.

OUSTER/RE-ENTRY ORDERS

These are court orders requiring the

Respondent to leave or to allow the Applicant and/or the children to return to the matrimonial home. Before making such orders, the court will take into account the conduct of the parties, the impact of the order on the parties and other family members who reside with them, the respective needs, and financial resources of the parties, and all other relevant circumstances of the case.

PREVENTING THE SALE OF PROPERTY

If you have reasonable grounds to believe that the Respondent is about to sell the matrimonial home or other property without your agreement, you may apply to the court to stop him/her from doing so.

PROTECTING FAMILY ASSETS

If you have reasonable grounds to believe that the Respondent may dissipate or dispose of family assets before your claim for ancillary relief is dealt with by the court, you may seek an order freezing a bank account or ordering money to be paid into court so as to keep the family assets intact in the meantime.

URGENT ENQUIRIES

The above are just examples of some of the urgent applications you can make. If you have reasons for making an urgent application, you can attend the Legal Aid Department in person : Headquarters, 24/F., Queensway Government Offices, 66 Queensway, Hong Kong or Kowloon Branch Office, 3/F., Mongkok Government Offices, 30 Luen Wan Street, Mongkok, Kowloon, during office hours. 24-hour hotline is 2537 7677.

Relevant Ordinances

Offences	<u>Description</u>
<p>Power of District Court to Grant Injunction: spouses and former spouses</p> <p>S.3 of the Domestic and Cohabitation Relationships Violence Ordinance, Chapter 189</p>	<p>(1) On an application by a person the District Court, if it is satisfied that the applicant or a specified minor has been molested by the spouse or former spouse of the applicant and subject to section 6, may grant an injunction containing any or all of the following provisions –</p> <ul style="list-style-type: none">(a) a provision restraining the respondent from molesting the applicant;(b) a provision restraining the respondent from molesting any specified minor;(c) a provision prohibiting the respondent –<ul style="list-style-type: none">(i) (where the applicant has been molested by the respondent) from entering or remaining in –<ul style="list-style-type: none">(A) the residence of the applicant;(B) a specified part of the residence of the applicant; or(C) a specified area whether or not the residence of the applicant is in that area,whether or not the residence is the common residence or matrimonial home of the applicant and the respondent;(ii) (where the specified minor has been molested by the respondent) from entering or remaining in –<ul style="list-style-type: none">(A) the residence of the specified minor;(B) a specified part of the residence of the minor; or(C) a specified area whether or not the residence of the minor is in that area,whether or not the residence is the common residence of the minor and the respondent;(d) a provision requiring the respondent to permit –<ul style="list-style-type: none">(i) (where the applicant resides with the respondent) the applicant to enter and remain in the common residence or matrimonial home of the applicant and the respondent or in a specified part of such common residence or matrimonial home; or(ii) (where the specified minor resides with the respondent) the minor to enter and remain in the common residence of the

	<p align="center">minor and the respondent or in a specified part of such common residence, whether or not any other relief is being sought in the proceedings.</p> <p>(1A) A court may in an injunction containing a provision mentioned in subsection (1)(a) or (b) include a provision requiring the respondent to participate in any programme, approved by the Director of Social Welfare, that is aimed at changing the attitude and behaviour that lead to the granting of such injunction.</p> <p>(2) In exercising its power to grant an injunction containing a provision mentioned in subsection (1)(c) or (d) the District Court shall have regard to the conduct of the parties, both in relation to each other and otherwise, to their respective needs and financial resources, to the needs of any specified minor and to all the circumstances of the case.</p> <p><i>Note: “specified minor” means a minor –</i> <i>(a) who is a child (whether a natural child, adoptive child or step-child) of the applicant or respondent concerned; or</i> <i>(b) who is living with the applicant concerned.</i></p>
<p>Power of District Court to grant injunction: cohabitants and former cohabitants</p> <p>S.3B of the Domestic and Cohabitation Relationships Violence Ordinance, Chapter 189</p>	<p>(1) On an application by a party to a cohabitation relationship, the District Court, if it is satisfied that the applicant or a specified minor has been molested by the other party to the cohabitation relationship and subject to section 6, may grant an injunction containing any or all of the following provisions –</p> <p>(a) a provision restraining the respondent from molesting the applicant;</p> <p>(b) a provision restraining the respondent from molesting the specified minor;</p> <p>(c) a provision prohibiting the respondent –</p> <p>(i) (where the applicant has been molested by the respondent) from entering or remaining in –</p> <p>(A) the residence of the applicant;</p> <p>(B) a specified part of the residence of the applicant; or</p> <p>(C) a specified area whether or not the residence of the applicant is in that area, whether or not the residence is the common residence of the applicant and the respondent;</p> <p>(ii) (where the specified minor has been molested by the</p>

respondent) from entering or remaining in –

(A) the residence of the specified minor;

(B) a specified part of the residence of the minor; or

(C) a specified area whether or not the residence of the minor is in that area,

whether or not the residence is the common residence of the minor and the respondent;

(d) a provision requiring the respondent to permit –

(i) (where the applicant resides with the respondent) the applicant to enter and remain in the common residence of the applicant and the respondent or in a specified part of such common residence; or

(ii) (where the specified minor resides with the respondent) the minor to enter and remain in the common residence of the minor and the respondent or in a specified part of such common residence,

whether or not any other relief is being sought in the proceedings.

(2) In determining whether 2 persons (“the parties”) are in a cohabitation relationship, the court shall have regard to all the circumstances of the relationship including but not limited to any of the following factors that may be relevant in the particular case –

(a) whether the parties are living together in the same household;

(b) whether the parties share the tasks and duties of their daily lives;

(c) whether there is stability and permanence in the relationship;

(d) the arrangement of sharing of expenses or financial support, and the degree of financial dependence or interdependence, between the parties;

(e) whether there is a sexual relationship between the parties;

(f) whether the parties share the care and support of a specified minor;

(g) the parties’ reasons for living together, and the degree of mutual commitment to a shared life;

(h) whether the parties conduct themselves towards friends, relatives or other persons as parties to a cohabitation relationship, and whether the parties are so treated by their friends and relatives or other persons.

	<p>(3) A court may in an injunction containing a provision mentioned in subsection (1)(a) or (b) include a provision requiring the respondent to participate in any programme, approved by the Director of Social Welfare, that is aimed at changing the attitude and behaviour that have led to the granting of the injunction.</p> <p>(4) In exercising its power to grant an injunction containing a provision mentioned in subsection (1)(c) or (d), the District Court shall have regard to the conduct of the parties, both in relation to each other and otherwise, to their respective needs and financial resources, to the needs of any specified minor and to all the circumstances of the case.</p> <p><i>Notes:</i></p> <p>(1) <i>"cohabitation relationship" –</i></p> <p style="padding-left: 40px;">(a) <i>means a relationship between 2 persons (whether of the same sex or of the opposite sex) who live together as a couple in an intimate relationship; and</i></p> <p style="padding-left: 40px;">(b) <i>includes such a relationship that has come to an end.</i></p> <p>(2) <i>"party to a cohabitation relationship" does not include a person who is or was the spouse of the other party to that relationship.</i></p>
<p>Marital Rape</p> <p>S.117(1B) of the Crimes Ordinance, Chapter 200</p>	<p>For the avoidance of doubt, it is declared that for the purposes of sections 118, 119, 120 and 121 and without affecting the generality of any other provisions of Part XII of the Ordinance, “unlawful sexual intercourse” does not exclude sexual intercourse that a man has with his wife.</p>
<p>Rape</p> <p>S.118 of the Crimes Ordinance, Chapter 200</p>	<p>(1) A man who rapes a woman shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for life.</p> <p>(2) A man who induces a married woman to have sexual intercourse with him by impersonating her husband commits rape.</p> <p>(3) A man commits rape if-</p> <p style="padding-left: 40px;">(a) he has unlawful sexual intercourse with a woman who at the time of the intercourse does not consent to it; and</p>

	<p>(b) at that time he knows that she does not consent to the intercourse or he is reckless as to whether she consents to it.</p> <p>(4) It is hereby declared that if at a trial for a rape offence the jury has to consider whether a man believed that a woman was consenting to sexual intercourse, the presence or absence of reasonable grounds for such a belief is a matter to which the jury is to have regard, in conjunction with any other relevant matters, in considering whether he so believed.</p> <p>(5) In relation to such a trial as is mentioned in subsection (4) which is a trial in the District Court or a summary trial before a magistrate or in a juvenile court, references to the jury in that subsection shall be construed as references to the District Court, the magistrate or the juvenile court, as the case may be.</p>
<p>Non-consensual Buggery S.118A if the Crimes Ordinance, Chapter 200</p>	<p>A person who commits buggery with another person who at the time of the buggery does not consent to it shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for life.</p>
<p>Procurement by Threats S.119 of the Crimes Ordinance, Chapter 200</p>	<p>A person who procures another person, by threats or intimidation, to do an unlawful sexual act in Hong Kong or elsewhere shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 14 years.</p>
<p>Procurement by False Pretences S.120 of the Crimes Ordinance, Chapter 200</p>	<p>(1) A person who procures another person, by false pretences or false representations, to do an unlawful sexual act in Hong Kong or elsewhere shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 5 years.</p> <p>(2) For the purposes of subsection (1), "pretence" or "representation" includes a pretence or representation relating to the past, the present or the future and any pretence or representation as to the intention of the person using the pretence or representation or any other person.</p>
<p>Administering Drugs to Obtain or Facilitate Unlawful Sexual Act S.121 of the Crimes Ordinance, Chapter 200</p>	<p>A person who applies or administers to, or causes to be taken by, another person any drug, matter or thing with intent to stupefy or overpower that other person so as thereby to enable anyone to do an unlawful sexual act with that other person shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 14 years.</p>

<p>Indecent Assault</p> <p>S.122 of the Crimes Ordinance, Chapter 200</p>	<p>(1) Subject to subsection (3), a person who indecently assaults another person shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment for 10 years.</p> <p>(2) A person under the age of 16 cannot in law give any consent which would prevent an act being an assault for the purposes of this section.</p> <p>(3) A person is not, by virtue of subsection (2), guilty of indecently assaulting another person, if that person is, or believes on reasonable grounds that he or she is, married to that other person.</p> <p>(4) A woman who is a mentally incapacitated person cannot in law give any consent which would prevent an act being an assault for the purposes of this section, but a person is only to be treated as guilty of indecently assaulting a mentally incapacitated person by reason of that incapacity to consent, if that person knew or had reason to suspect her to be a mentally incapacitated person.</p>
<p>Wounding with Intent to do Grievous Bodily Harm</p> <p>S.17 of the Offences against the Person Ordinance, Chapter 212</p>	<p>Any person who-</p> <p>(a) unlawfully and maliciously, by any means whatsoever, wounds or causes any grievous bodily harm to any person; or</p> <p>(b) shoots at any person; or</p> <p>(c) by drawing a trigger or in any other manner, attempts to discharge any kind of loaded arms at any person,</p> <p>with intent in any of such cases to maim, disfigure, or disable any person, or to do some other grievous bodily harm to any person, or with intent to resist or prevent the lawful apprehension or detainer of any person, shall be guilty of an offence triable upon indictment, and shall be liable to imprisonment for life.</p>
<p>Wounding or Inflicting Grievous Bodily Harm</p> <p>S.19 of the Offences against the Person Ordinance, Chapter 212</p>	<p>Any person who unlawfully and maliciously wounds or inflicts any grievous bodily harm upon any other person, either with or without any weapon or instrument, shall be guilty of an offence triable upon indictment, and shall be liable to imprisonment for 3 years.</p>
<p>Assault Occasioning Actual Bodily Harm</p> <p>S.39 of the Offences against the Person Ordinance, Chapter 212</p>	<p>Any person who is convicted of an assault occasioning actual bodily harm shall be guilty of an offence triable upon indictment, and shall be liable to imprisonment for 3 years.</p>

<p>Common Assault</p> <p>S.40 of the Offences against the Person Ordinance, Chapter 212</p>	<p>Any person who is convicted of a common assault shall be guilty of an offence triable either summarily or upon indictment, and shall be liable to imprisonment for 1 year.</p>
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