

The Association Concerning Sexual Violence Against Women

Rainlily Build-in Study Report

2001-2003

**Gender Research Centre
The Chinese University of Hong Kong**

Rainlily Build-in Study Report (2001-2003)

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Results of the Rainlily Built-in Study (2001-2003)

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Executive Summary of Service Outcome

The Gender Research Centre at the Chinese University of Hong Kong was commissioned by the Association Concerning Sexual Violence Against Women in 2001 to conduct a built-in study for Rainlily to assess its services and clients from 2001 to 2003. The evaluation covered three aspects.

1. Frontline Professional Training

Rainlily conducted workshops to train frontline service providers on understanding about sexual violence, the needs of and attitudes towards survivors of sexual violence. The evaluation on training outcome is based on 32 training sessions which lasted for more than two hours. Pre- and post-training evaluation showed that training was generally effective in changing participants' attitudes and understanding towards sexual violence. As the quality of aftercare services for victims is highly related to providers' attitudes towards sexual violence and sexual violence victims, more training for frontline workers is called for.

2. Clients of the Crisis Intervention Service

Rainlily offers a one-stop crisis intervention service for survivors of sexual violence, including counseling, medical service, legal service and escort service. Assessment of clients during the intake reveals that they generally suffered from severe psychological distress at that time. They tended to feel guilty about the assault and coped with their distress in passive and avoidant ways. Crisis intervention is important for them at this early stage. At the time of termination, clients generally had less distress symptoms and adopted more constructive coping methods. They were also generally satisfied with the one-stop crisis-intervention and most of them would recommend the service to other people in need. However, long-term counseling may still be necessary for the long-term recovery of some clients. One should also note that the sample sizes at the intervention and post-intervention stages are quite different, which limited the pre- and post-intervention comparison. In addition, given individual differences within the sample, one should be cautious in making generalizations.

3. Feedback from Professionals

Using a semi-structured questionnaire, 46 respondents from various professions who had made contacts with Rainlily were interviewed. The professionals included social workers, educators, medical professionals and police. The respondents rated Rainlily's services very favorably and supported the effectiveness of the one-stop crisis intervention service.

Research Background

The Association Concerning Sexual Violence Against Women was established on 8 March, 1997. Through our continuing efforts and concern, we hope that the government and public will address issues of female sexual assault, so that female victims could make their voices heard in a supporting environment and live with self-esteem and self-dignity. The Association received a 3-year grant from the Hong Kong Jockey Club Charities Trust in November 2000 to set up the first crisis centre in Hong Kong to provide service for survivors of sexual violence--Rainlily. The Gender Research Centre of The Chinese University of Hong Kong was commissioned by the Association Concerning Sexual Violence Against Women to conduct a built-in study for Rainlily to assess its clients and the outcome of its services. Prof. Fanny M. Cheung, Director of the Gender Research Centre, is the principal investigator of this study.

The study covered two major areas of Rainlily's services: Evaluation and feedback on the training of relevant frontline service providers; and assessment of the needs of and evaluation and feedback on the services for survivors of sexual violence. The crisis intervention services began in December 2000.

This report covers the outcome of the services performed from March 2001 till the end of 2003. The first part reports the outcome of the professional training in terms of the participants' attitudes on sexual assault before and after the training as well as their satisfaction with the training. The second part reports the assessment of Rainlily's clients in terms of their psychological adjustment at different phases of their experience with the sexual assault incident and the crisis intervention. At termination, clients also indicated their satisfaction with the services they received from Rainlily. The views of related professionals who have made different contacts with Rainlily on the services based on a structured interview is reported in the third part.

Training

Rainlily counsellors conducted 54 professional training sessions for frontline service providers, including social workers, medical staff, educators, and volunteers from 2001 to 2003. The evaluation on training outcome is based on 32 training sessions which lasted for more than two hours. During each training session, the participants filled out two questionnaires before and after the training. The changes in the scores on these questionnaires may be attributed to the effect of the training.

In the following tables, only those participants for whom the pre- and post-training questionnaires could be matched were included in the analyses.

1. General Attribution of Rape Responsibility Scenarios

We designed eight scenarios describing different rape situations. The total percentage of responsibility assigned to each scenario should add up to 100%. The participants assigned a percentage of responsibility to each party, including the victim, the perpetrator, other people, the environment, chance, and others (see Appendix). Those participants for whom the assigned total percentage was not equal to 100 were excluded in the analyses.

There are 595 participants who completed the pre- and post-training questionnaire. Table 1.1 shows the average percentage of assigned responsibility of sexual assault incidents for each party in each scenario, as well as the average percentage across all eight scenarios.

Results show that after training, participants generally allocated more responsibility to the perpetrator and less responsibility to the victim as well as other factors.

Rape of any woman, irrespective of her background and circumstance, is not justifiable and should not be condoned. However, participants tended to attribute more responsibility to the victim in certain scenarios, such as the use of drug and alcohol by the victims, attending a rave party, or being a sex worker or a seductive woman. These biases were generally reduced after the training programs.

Table 1.1 Overall results for the General Attribution of Rape Responsibility Scenarios. Average Number of Cases = 595

	Situations											
	Go to boyfriend's home willingly and then get raped in his house.			A sex worker complains of being raped.			Young girl raped by a gang of friends at rave party			Young lady get raped when coming home late at night.		
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff
Victim	21.5	16.6	4.9***	23.1	16.6	6.5***	24.1	17.4	6.7***	14.1	10.9	3.2***
Perpetrator	60.9	69.9	-9.0***	60.9	70.7	-9.8***	53.7	66.6	-12.9***	67.5	74.2	-6.7***
Other people	1.7	0.8	0.9***	1.7	0.8	0.9***	5.0	2.6	2.4***	1.0	0.8	0.2
Environment	9.2	7.3	1.9***	7.5	6.5	1.0*	10.6	8.3	2.3***	10.8	8.6	2.2***
Chance	5.9	4.6	1.3***	5.9	4.6	1.3***	5.6	4.5	1.1***	5.8	4.7	1.1**
Other	0.8	0.8	0.0	0.9	0.9	0.0	1.0	0.6	0.4**	0.8	0.8	0.0

	Situations														
	Victim has taken an excessive amount of drug and alcohol.			Filipino maid with contract problem complains of being raped by her employer.			A seductive woman complains of being raped by an acquaintance.			A mischievous student complains of being sexually assaulted by her teacher.			Overall		
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff
Victim	30.3	19.1	11.2***	11.5	9.8	1.7**	23.9	15.4	8.5***	12.0	8.7	3.3***	20.3	14.4	5.9***
Perpetrator	54.0	68.4	-14.4***	71.1	77.2	-6.1***	61.7	73.1	-11.4***	74.5	80.5	-5.9***	62.3	72.1	-9.8***
Other people	1.3	1.0	0.3*	1.7	0.8	0.9***	1.4	0.9	0.5*	1.5	0.9	0.6**	2.0	1.1	0.9**
Environment	6.2	5.2	1.0*	8.1	6.3	1.8***	5.6	4.8	0.8*	5.7	4.5	1.2**	8.1	6.6	1.5***
Chance	6.9	5.6	1.3**	6.2	4.6	1.6***	6.2	4.8	1.4***	4.7	4.1	0.6*	6.0	4.8	1.2***
Other	1.2	0.7	0.5**	1.4	1.2	0.2	1.2	1.0	0.2	1.6	1.3	0.3	1.1	1.0	0.1

Pre = average pre-training score

Post = average post-training score

Diff = average difference between pre- & post-training score for each individual

*p < .05; ** p < .01; *** p < .001

We further analyzed the results based on the major occupational groups among and the gender of the participants. The four occupational groups with matched pre- and post-training data were teachers or personnel in the school sector, social workers, university students, and nursing/medical personnel.

We compared the overall scores of the four occupational groups, particularly those pertaining to the victim and the perpetrator. Social workers have the lowest attribution to victim and the highest attribution to perpetrator both before and after training. School and medical personnel have relatively higher attribution to victim and relatively lower attribution to perpetrator both before and after training. However, there are significant changes in attitudes for all groups after training as shown in Table 1.2.

Generally, there is little gender difference on the overall attributions to victim and perpetrator. Both male and female participants showed significant changes in their attributions after training.

Table 1.2 Summary for the General Attribution of Rape Responsibility Scenarios.

	Victim				
	N	Pre	Post	Mean Diff	Std. Deviation
School sector	160	26.4	20.6	5.8***	13.5
Social work	259	14.9	10.3	4.6***	7.9
University students	51	19.9	12.5	7.4***	7.6
Nursing-medical	51	27.4	19.4	8.0***	12.5
Male	111	20.7	15.4	5.3***	13.6
Female	437	19.9	13.7	6.2***	9.5
			>		

	Perpetrator				
	N	Pre	Post	Mean Diff	Std. Deviation
School sector	160	59.6	68.3	-8.7***	15.4
Social work	259	67.9	77.5	-9.6***	12.6
University students	51	62.5	71.7	-9.2***	13.1
Nursing-medical	51	51.5	64.3	-12.8***	14.8
Male	111	63.5	72.2	-8.7***	16.4
Female	437	61.9	72.4	-10.5***	13.5
			<		

Pre = average pre-training score

Post = average post-training score

Mean Diff = average difference between pre- & post-training score for each individual

Std. Deviation = distribution of training outcome (mean difference)

*** p < .001

2. Attitudes Towards Rape Victims Scale

The Attitudes Towards Rape Victims Scale (ARVS; Ward, 1988; Lee & Cheung, 1991) measures favorable and unfavorable attitudes towards rape victims with a focus on the existence of victim blame. It consists of 25 items about attitudes towards rape victims to which the participants were asked to indicate their agreement. Sample questions include “Any woman could be raped”, or “In most cases, women who are raped deserve it”. Higher scores denote more unfavorable attitudes towards rape victims.

Table 2 presents the scores on the ARVS before and after training for the matched groups of participants, including the overall group, for the four occupational groups, and for male and female respondents. Generally, attitudes towards rape victims improved significantly after training. There is occupational group difference on the attitudes towards rape victims; for instance, social workers on average have more favorable attitudes towards rape victims. Men generally have less favorable attitudes towards rape victims both before and after training.

Table 2. Attitudes Towards Rape Victims Scale

	N	Pre	Post	Mean Diff	Std. Deviation
Overall	592	24.4	19.8	4.6***	8.3
Occupation:					
School sector	164	29.8	26.7	3.2***	10.3
Social work	254	20.0	15.3	4.7***	6.7
University students	50	24.0	19.8	4.2***	7.6
Nursing-medical	53	30.2	22.7	7.5***	10.3
Gender:					
Male	112	27.9	25.1	2.9***	8.4
Female	435	23.1	17.9	5.2***	8.1

Pre = average pre-training score

Post = average post-training score

Mean Difference = average difference between pre- & post-training score for each individual

Std. Deviation = distribution of training outcome (mean difference)

*** $p < .001$

(Higher scores denoting more unfavorable attitudes towards victims.)

3. Participants' Evaluation on Training

The participants also completed an evaluation form at the end of the training workshops. Tables 3.1 to 3.3 report their levels of satisfaction with different aspects of the workshop.

Overall satisfaction with the training workshops was high, with around 80% of the participants indicating that they were satisfied or very satisfied. About three quarters of the participants would recommend the workshop to others, and would be interested in taking more workshops related to sexual violence.

Table 3.1. Evaluation—How satisfied are you with this workshop in general?

	Frequency	Percent	Valid Percent
1 Very Dissatisfied	8	1.4	1.4
2	19	3.3	3.3
3	79	13.7	13.7
4	344	59.7	59.8
5 Very Satisfied	125	21.7	21.7
Total of Valid Cases	575	99.8	100.0
Missing	1	0.2	-
Total Number	576	100.0	-

Table 3.2 Evaluation—Would you recommend this workshop to others?

	Frequency	Percent	Valid Percent
1 Definitely No	6	1.0	1.1
2	12	2.1	2.1
3	101	17.5	18.0
4	274	47.6	48.9
5 Definitely Yes	167	29.0	29.8
Total of Valid Cases	560	97.2	100.0
Missing	16	2.8	-
Total Number	576	100.0	-

Table 3.3 Evaluation—Would you be interested in taking more workshops related to sexual violence?

	Frequency	Percent	Valid Percent
1 Definitely No	4	0.7	0.7
2	26	4.5	4.7
3	114	19.8	20.5
4	267	46.4	47.9
5 Definitely Yes	146	25.3	26.2
Total of Valid Cases	557	96.7	100.0
Missing	19	3.3	-
Total Number	576	100.0	-

General Summary on Training Outcome

Results reported in this section indicate that in general, training of frontline workers was well received by the participants, and was effective in changing their understanding about sexual assault and attitudes towards rape victims. However, participants tended to blame victims in certain scenarios and men generally had less favorable attitudes towards rape victims. As attitudes towards rape and rape victims affect the quality of aftercare services for victims, more training for frontline workers is called for.

While the overall satisfaction with the training workshops was high, it is recommended that future workshops may strengthen the contents on skills enhancement and highlight the relevance of the training to the various professions.

Victims' data

All clients receiving the Rainlily services were interviewed about their assault information and history using a standard intake interview.

The victims were asked to complete a battery of questionnaires about their emotional and psychological adjustments during different phases: Time 1 – 1st Stage (T1S1) refers to the time of the first interview; Time 1 – 2nd Stage (T1S2) is within 2 weeks of the intake; Time 2 is at the time of the completion of the crisis intervention service; Time 3 is the follow-up 6 months after termination.

The questionnaires cover different aspects of psychological distress, rape attribution, perceived control, coping, and life changes. They provide information useful for the counseling process. Informed consent was obtained from the victims. Due to the voluntary nature of the participation, not all victims completed all the questionnaires.

1. Overall Descriptive Statistics of Cases

A total of 264 cases participated voluntarily in the data collection from March 2001 to December 2003. The following table shows the distribution of cases in different phases of the data collection:

Table 1. Number of victim cases (T1S1: Time 1 Stage 1; T1S2: Time 1 Stage 2; T2: Time 2; T3: Time 3)

Total	Number
T1S1	263
T1S2	181
T2	121
T3	10

2. Assault Information and History Interview (AIHI; Foa & Rothbaum, 1998)

The structured interview was adapted from the Assault Information and History Interview (AIHI; Foa & Rothbaum, 1998) with additional items related to gynecological problems. The interview documented the history of the assault and its aftermath. All descriptive data below are extracted from the intake interview.

Rainlily handled 367 sexual assault cases from 2001 to the end of 2003, of which 263 clients were willing to participate in a full set of assessment. As shown in Part 1 (Table 2.1.1 to 2.1.7), all these cases willing to participate in the full set assessment are female, with 94.3% being local residents. The victims who seek treatment at Rainlily are diverse in demographic background, with age ranging from 10 to 82 years. The mean age is 26 years. In terms of marital and family status, 75.3% are single, and 84.1% are living with their family members. 65.1% have received senior secondary education or above. 34.6% are full-time employees, and 44.5% are either students, retired or housewives.

Part 1: Basic Information

Table 2.1.1 Means and S.D. of victims' age

	N	Minimum	Maximum	Mean	Std. Deviation
Age	263	10.00	82.00	25.81	9.94

Table 2.1.2 Victims' marital status

	Frequency	Percent	Valid Percent
Single	198	75.0	75.3
Married	29	11.0	11.0
Cohabitated	6	2.3	2.3
Divorced / Separated	26	9.8	9.9
Widowed	4	1.5	1.5
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.1.3 Number of children born by victims

	Frequency	Percent	Valid Percent
0	217	82.2	82.8
1	28	10.6	10.7
2	14	5.3	5.3
3	2	0.8	0.8
4	1	0.4	0.4
Total of Valid Cases	262	99.2	100.0
Not Applicable	1	0.4	-
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.1.4 Residency of victims

	Frequency	Percent	Valid Percent
Local	248	93.9	94.3
Foreigner	15	5.7	5.7
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.1.5 Distribution of victims ' employment status

	Frequency	Percent	Valid Percent
Unemployed	36	13.6	13.7
Part-time	10	3.8	3.8
Full-time	91	34.5	34.6
Unable to work	9	3.4	3.4
Student/ Housewife/ Retired	117	44.3	44.5
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.1.6 Education level of victims

	Frequency	Percent	Valid Percent
Not yet graduated from Primary School	9	3.4	3.4
Graduated from Primary School	8	3.0	3.0
Form 1-3	75	28.4	28.5
Form 4-5	90	34.1	34.2
Form 6-7	22	8.3	8.4
College / University (Non-degree)	25	9.5	9.5
College / University (Degree)	30	11.4	11.4
Master / Doctor	4	1.5	1.5
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.1.7 With whom victims are living with

	Frequency	Valid Percent
Alone	34	12.9
Spouse / partner	34	12.9
Children	26	9.9
Parents	147	55.9
Grandparents	6	2.3
Relatives	63	24.0
Roommates	8	3.0

Multiple responses

Total Number of valid cases = 263

Part 2: Pre-assault Information

Table 2.2.1 to 2.2.6 show the pre-assault information on the sexual assault victims. Results show that the majority of them have already experienced different levels of violence before suffering from the current sexual assault, including 36.4% who have witnessed or heard about violence between family members in childhood, 27.5% who have been seriously beaten as a child by a parent or caretaker, 16.2% who have been attacked with the perceived intent to kill or seriously injured by someone (including family members or friends).

Besides, more than 20% victims have experienced sexual violence before the present assault incident: 24.5% had sexual contact before the age of 13; 23% have experienced someone using pressure, coercion, or nonphysical threats to force unwanted sexual contact since age 13; 13.6% have experienced someone using physical force or the threat of physical force to impose some types of unwanted sexual contact prior to current sexual assault.

Past experience of violence or abuse may affect victims in different ways. Some victims may develop a higher tolerance of violent behaviors and more blurred personal boundaries. They may even be panic in situations of violence and in turn, more easily fall into the trap of sexual violence. Sexual violence may also be a form of family violence. Women facing family violence are vulnerable to sexual abuse. In other words, living in a life of violence, females may be exposed to sexual violence at the same time.

The data may not be able to explain the direct, indirect or chain relationship between victims' past violence experience and the current incident of sexual abuse. However, the relationship among sexual violence, family violence, child abuse and child sexual abuse should be further explored. Such knowledge could assist in the prevention and early recognition of sexual violence, and in the provision of treatment for victims.

Table 2.2.1 Pre-assault Information—Has anyone, including family members or friends, ever attacked you with the intent to kill or seriously injure you?

	Frequency	Valid Percent
Yes	42	16.2
Total Valid Number	259	100.0

Table 2.2.2 Pre-assault Information—As a child, did you ever see or hear violence taking place between members of your family?

	Frequency	Valid Percent
Yes	94	36.4
Total Valid Number	258	100.0

Table 2.2.3 Pre-assault Information—Were you ever seriously beaten as a child by a parent or caretaker?

	Frequency	Valid Percent
Yes	71	27.5
Total Valid Number	258	100.0

Table 2.2.4 Pre-assault Information—Before you were 13, did anyone have sexual contact with you?

	Frequency	Valid Percent
Yes	63	24.5
Total Valid Number	257	100.0

Table 2.2.5 Pre-assault Information—Since age 13, has anyone ever used pressure, coercion, or nonphysical threats to make you have unwanted sexual contact with them?

	Frequency	Valid Percent
Yes	59	23.0
Total Valid Number	257	100.0

Table 2.2.6 Pre-assault Information—Has anyone ever used physical force or the threat of physical force to make you have some type of unwanted sexual contact with them?

	Frequency	Valid Percent
Yes	35	13.6
Total Valid Number	257	100.0

Part 3: Current Assault Information

Who was the assailant?

77.6% of the victims knew or had prior contact with the assailant of the current incident in daily their lives. In particular, 35.3% of the assailants were peers, 13.7% were intimate opposite-sex partners, 16.4% were family members, whereas only 22.4% of the assailants were strangers.

Table 2.3.1 Who was the assailant?

		Frequency	Valid Percent	Total Valid Percent
Community	Stranger	59	22.4	22.4
Peers	Met briefly	46	17.5	
	Coworker / Schoolmate	28	10.6	
	Friend	19	7.2	35.3
Close opposite sex	Date	4	1.5	
	Lover	6	2.3	
	Ex-lover	17	6.5	
	Ex-husband or estranged husband	5	1.9	
	Spouse	4	1.5	13.7
Family members	Brother, Father, Grandfather or other immediate relatives	31	11.8	
	Other relatives	12	4.6	16.4
Others	Professionals	4	1.5	
	Employers	7	2.7	
	Others	23	8.7	12.9

Multiple responses

Total Number of valid cases = 263

Table 2.3.2 The place where the assault occurred

	Frequency	Valid Percent
My residence	62	23.7
Assailant's residence	72	27.5
My and assailant's co-residence	6	2.3
Others' residence	6	2.3
Alley, street, stairway, terrace, clump, abandoned building or public facilities	46	17.6
Car or vehicle	9	3.4
Place for entertainment	12	4.6
Hotel	30	11.5
Office	23	8.8
Others	5	1.9

Multiple responses

Total Number of valid cases = 262

Assault Behaviors

Victims have experienced various forms of sexual violence, physical assault and insult during the current incident. Table 2.3.3 summarizes the response to a list of questions related to assault behaviors. The frequency refers to those victims who indicated they had suffered from that act. The percent is based on the number of valid cases of that question.

Table 2.3.3 Assault Behaviors

	Frequency (Yes)	Valid Percent
Vaginal intercourse	185	70.6
Oral intercourse	32	12.2
Anal intercourse	16	6.1
Other sexual act (Including "Inserted finger(s) into vagina")	123	46.9
Simple assault	66	25.1
Aggravated assault	10	3.8
Robbery	16	6.1
Inserted an object into vagina (Excluding "Inserted finger(s) into vagina")	11	4.2
Verbal insult	38	14.5
Video or photo recording	9	3.4

Assault Information

It may be commonly believed that the assailants commit sexual violence out of consciousness, and that the victims should have the ability to protect themselves. As shown in Tables 2.3.4 to 2.3.9, only 8% of the assailants were under the influence of drugs or alcohol. On the other hand, 27.1% of victims were under the influence of drugs or alcohol, while for 16.1% of the victims, other people were present at the time of the incident.

As to the use of force, assailants mainly restrained victims with their bodies (66.0%) or through other forms of restraints (12.2%). They also posed different threats, with 8.8% displayed or 2.3% implied they had a weapon, 7.2% held a weapon to victims' head or a knife to their throat, and 33.2% used verbal threats. Some victims suffered physical violence, including 13.4% who were beaten or kicked by the assailants, 7.2% were hit using objects, 5.7% were harmed in other ways and 8% were abducted by the assailants.

After the incident, only 32.3% of the victims could escape on their own, while the majority (60.1%) did not escape or were left by the assailants. 24.4% of the victims thought they would be killed or seriously injured. 15.6% were choked and 5% were injured by a weapon during the assault.

Table 2.3.4 Assault Information- Do you think the assailant was under the influence of drugs or alcohol?

	Frequency	Percent	Valid Percent
Yes	21	8.0	8.0
No	229	86.7	87.4
Do not know	12	4.5	4.6
Total of Valid Cases	262	99.2	100.0
Missing	2	0.8	-
Total Number	264	100.0	-

Table 2.3.5 Assault Information-Were you under the influence of drugs or alcohol at the time of the incident?

	Frequency	Percent	Valid Percent
Yes	71	26.9	27.1
No	191	72.3	72.9
Total of Valid Cases	262	99.2	100.0
Not Applicable	1	0.4	-
Missing	1	0.4	-
Total Number	264	100	-

Table 2.3.6 Assault Information- At the time of the incident, did you think you would be killed or seriously injured?

	Frequency	Percent	Valid Percent
Yes	64	24.2	24.4
No	198	75.0	75.6
Total of Valid Cases	262	99.2	100.0
Missing	2	0.8	-
Total Number	264	100.0	-

Table 2.3.7 Assault Information- Was anyone else with you?

	Frequency	Percent	Valid Percent
Yes	42	15.9	16.1
No	219	83.0	83.9
Total of Valid Cases	261	98.9	100.0
Missing	3	1.1	-
Total Number	264	100.0	-

Table 2.3.8 Assault Information- Restraint means

	Frequency (Yes)	Valid Percent
Display a weapon	23	8.8
Imply that he had a weapon but not show it	6	2.3
Verbally threaten	87	33.2
Restrain with his body	173	66.0
Restrain in any other way	32	12.2
Reassure in any way	54	20.5
Kick or Hit with his fist	35	13.4
Hit with an object	19	7.2
Hold a weapon to victims' head or a knife to their throat	19	7.2
Injured by the weapons	13	5.0
Choke or attempt to choke	41	15.6
Try to harm in any other way	15	5.7
Being abducted	21	8.0

The response to a list of questions related to restraint means is summarized. The frequency refers to those victims who indicated they had suffered from that act. The valid percent is based on the number of valid cases of that question.

Table 2.3.9 Assault Information- How to escape from the situation

	Frequency	Percent	Valid Percent
Didn't escape / assailant(s) left	158	59.8	60.1
Escaped on my own	85	32.2	32.3
Escaped with assistance	8	3.0	3.0
Rescued while unconscious	9	3.4	3.4
Unsure	3	1.1	1.1
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100	-

Part 4: Post-assault physical and mental health, and life changes

Among the clients we have served from March 2001 to the end of 2003, we noted that sexual violence caused serious harm and damage to the victims, resulting in great social costs to the community. The results from Table 2.4.1 to 2.4.8 indicate that sexual violence inflicts multiple damages on the victims' physical health, interpersonal relationship and mental health.

Physical Health

30.8% of the victims worried that they would become HIV-positive as a result of the assault, with 13.1% needing medical follow-up, 12.1% contracting other sexually transmitted diseases as a result of assault, and 8.3% getting pregnant. 10% were even physically harmed subsequently by the assailants after the assault incident.

Table 2.4.1 Post-assault threat - Has the assailant physically harmed you since the assault?

	Frequency	Percent	Valid Percent
Yes	26	9.8	10.0
No	234	88.6	90.0
Total of Valid Cases	260	98.5	100.0
Missing	4	1.5	-
Total Number	264	100.0	-

Table 2.4.2 Medical and Gynecological Problems Resulted from the Assault

	Frequency (Yes)	Valid Percent
Get pregnant	15	8.3
Terminate the pregnancy	13	86.7
Have a miscarriage because of the assault	0	0.0
Have arranged medical follow-up	34	13.1
HIV-positive as a result of the assault	0	0.0
Worried being HIV-positive as a result of the assault	80	30.8
Contract other sexually transmitted diseases	22	12.1
Pain or burning during urination	26	12.9
Genital lacerations	11	5.5
Pain and discomfort in vaginal area	42	21.0
Burning sensations in vaginal area	5	2.5
Itching in vaginal area	32	16.0
Abnormal or unusual bleeding in vaginal area	19	9.5
Pain or burning during elimination	3	6.4
Pain and discomfort in anal area	3	6.3
Burning sensations in anal area	0	0.0
Itching in rectal area	0	0.0

The response to a list of questions related to medical and gynecological problems is summarized. The frequency refers to those victims who indicated they had experienced that act. The valid percent is based on the number of valid cases of that question.

Deterioration in Interpersonal Relationship

In addition to the damage to their physical and mental health, victims suffered economical loss arising from the medical expenses. Trauma also caused deficits in their personal functioning, affected their work, studies and interpersonal relationship, resulting in divorce (6.2%), breaking up of intimate relationship (24.4%), changes in jobs (32.8%) or schools (8.5%), and relocation (35.5%) etc.

Table 2.4.3 Life Changes

	Frequency (Yes)	Valid Percent
Moved	92	35.5
Changed phone number	96	37.1
Divorced or separated	16	6.2
Broke up with a lover	63	24.4
Increased security	137	52.9
Carry a weapon	29	11.2
Changed job	85	32.8
Quit / transferred school	22	8.5

The response to a list of questions related to life change is summarized. The frequency refers to those victims who indicated they had experienced that act. The valid percent is based on the number of valid cases of that question.

Mental Health and Existential Problems

Sexual violence has strong negative impact on victims' emotional and psychological responses. After the assault, the overall mood of 71.1% of the victims was poor: 74.7% felt guilty, 90.4% felt ashamed, 46.1% developed repetitious behaviors (rituals, compulsive acts) which were perceived as a direct result of the assault and 12.9% have been hospitalized since the assault for a nervous condition.

A more lasting impact is the damage to the victims' life beliefs. The most serious effect is that the victims may feel hopeless about life: 47.1 % of the victims have undertaken self-mutilating behavior, 50.9% have thought that life was not worth living or thought seriously about suicide, 25.1% have made a careful suicide plan and 20.1% have actually made suicide attempt(s) since the incident.

Table 2.4.4 How has your overall mood been since the assault?

	Frequency	Percent	Valid Percent
Good	7	2.7	2.7
Fair	68	25.8	25.9
Poor	187	70.8	71.1
Refuse to answer	1	0.4	0.4
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.4.5 Do you feel that repetitious behaviors (rituals, compulsive acts) have come about as a direct result of the assault?

	Frequency	Percent	Valid Percent
No	141	53.4	53.6
Yes, somewhat;	58	22.0	22.1
Yes, very definitely	63	23.9	24.0
Refuse to answer	1	0.4	0.4
Total of Valid Cases	263	99.6	100.0
Missing	1	0.4	-
Total Number	264	100.0	-

Table 2.4.6 Do you feel guilty about the occurrence of the assault or about the way you behaved during it?

	Frequency	Percent	Valid Percent
No	65	24.6	24.9
Somewhat	41	15.5	15.7
Guilty	45	17.0	17.2
Very guilty	47	17.8	18.0
Feel guilty all the time	62	23.5	23.8
Refuse to answer	1	0.4	0.4
Total of Valid Cases	261	98.8	100.0
Missing	3	1.2	-
Total Number	264	100.0	-

Table 2.4.7 Do you feel ashamed about the assault?

	Frequency	Percent	Valid Percent
No	24	9.1	9.2
Somewhat	28	10.6	10.7
Ashamed	44	16.7	16.8
Very ashamed	70	26.5	26.7
Feel ashamed all the time	95	36.0	36.2
Refuse to answer	1	0.4	0.4
Total of Valid Cases	262	99.2	100.0
Missing	2	0.8	-
Total Number	264	100.0	-

Table 2.4.8 Mental health and Will to life

	No	Once	Twice	Three times	Four times or more	Refuse to answer
Self-mutilating behavior	138 (52.5%)	10	21	16	77	1 (0.4%)
Thought that life is not worth living, or thought seriously about suicide	127 (48.3%)	24	31	14	65	2 (0.8%)
Make a careful plan as to how would kill themselves	195 (74.1%)	22	16	4	24	2 (0.8%)
Suicide attempt	208 (79.1%)	27	12	5	9	2 (0.8%)
Seek psychiatric or psychological help as a result of the assault, other than attending crisis center	206 (78.3%)	25	6	3	22	1 (0.4%)
Been to the hospital for a nervous condition	228 (86.7%)	20	10	1	3	1 (0.4%)
Have legal, social, or employment problems because of alcohol or drug use	245 (93.2%)	4	6	3	4	1 (0.4%)

The response to a list of questions related to mental health and will to life is summarized. The frequency refers to those victims who indicated they had experienced that situation. The valid percent is based on the number of valid cases of that question.

Part 5: Victims' Coping

Victims usually felt embarrassed when dealing with the sexual assault incident. 89.5% of the victims had difficulty in confiding about the assault, of which 64.3% felt it was very difficult. 56.3% of the victims had confided the assault to no more than 3 persons; 78.3% did not seek psychiatric or psychological help other than attending the crisis center.

Table 2.5.1 How difficult has it been confiding about the assault?

	Frequency	Percent	Valid Percent
Not difficult	27	10.2	10.5
Moderately difficult	65	24.6	25.2
Very difficult	166	62.9	64.3
Total of Valid Cases	258	97.7	100.0
Missing	6	2.3	-
Total Number	264	100.0	-

Table 2.5.2 How many people have you confided in about the assault?

	Frequency	Percent	Valid Percent
0	21	8.0	8.1
1-3	124	47.0	48.2
4-6	84	31.8	32.7
7-9	18	6.8	7.0
10-20	10	3.8	3.9
Total of Valid Cases	257	97.3	100.0
Missing	7	2.7	-
Total Number	264	100.0	-

3. Posttraumatic Stress Disorder

Rape is a form of trauma that leads to negative psychological consequences. Posttraumatic stress disorder (PTSD) often develops in response to experiencing a terrifying event, which elicits intense and immediate fear, helplessness, horror, and distress. The immediate impact of the trauma of sexual assault on the victim was assessed in terms of the extent of PTSD. The 22-item measure of PTSD was translated into Chinese from the Revised Impact of Event Scale (IES-R; Marmar, Weiss, & Metzler, 1998) by Kitty Wu (2002). The Diagnostic Statistical Manual IV (DSM-IV) criteria of PTSD were used in this measure. The cut-off point of 2 was adopted from Wu's norms based on her Motor Vehicle Accident Study in Hong Kong. This questionnaire was administered only at the time of intake. As a different version of PTSD measure was used originally, only 200 clients completed the present measure. The score on each subscale was computed by averaging the total score obtained from the items of that subscale.

Table 3.1 presents the mean scores for the three PTSD subscales: Avoidance, Intrusion, and Hyperarousal. Tables 3.2 – 3.4 present the distribution of scores on these subscales, showing the percentage of respondents who scored equal to or above the cut-off point of 2.

Table 3.1 Means and S.D. for three different PTSD Time1 subscales

	N	Minimum	Maximum	Mean	Range	Std. Deviation
PTSD: Avoidance	199	0.00	3.88	2.13	0-4	0.76
PTSD: Intrusion	198	0.00	4.00	2.26	0-4	0.88
PTSD: Hyperarousal	200	0.00	4.00	2.30	0-4	0.90

According to the norm of Dr. Kitty Wu's Motor Vehicle Accident Study, scores equal to or above 2 are at risk.

Table 3.2 Frequency and percentage of PTSD: Avoidance

Score	Frequency	Percent	Valid Percent	Cumulative Percent
0.00-0.49	3	1.1	1.5	1.5
0.50-0.99	9	3.4	4.5	6.0
1.00-1.49	22	8.3	11.1	17.1
1.50-1.99	46	17.3	23.1	40.2
2.00-2.49	51	19.3	25.6	65.8
2.50-2.99	37	14.0	18.6	84.4
3.00-3.49	21	8.0	10.6	95.0
3.50-4.00	10	3.8	5.0	100.0
Total of Valid Cases	199	75.4	100.0	-
Missing	65	24.6	-	-
Total	264	100.0	-	-

Table 3.3 Frequency and percentage of PTSD: Intrusion

Score	Frequency	Percent	Valid Percent	Cumulative Percent
0.00-0.49	8	3.0	4.0	4.0
0.50-0.99	11	4.2	5.6	9.6
1.00-1.49	18	6.8	9.1	18.7
1.50-1.99	31	11.7	15.7	34.3
2.00-2.49	37	14.0	18.7	53.0
2.50-2.99	47	17.8	23.7	76.8
3.00-3.49	32	12.1	16.2	92.9
3.50-4.00	14	5.3	7.1	100.0
Total of Valid Cases	198	75.0	100.0	-
Missing	66	25.0	-	-
Total	264	100.0	-	-

Table 3.4 Frequency and percentage of PTSD: Hyperarousal

Score	Frequency	Percent	Valid Percent	Cumulative Percent
0.00-0.49	7	2.7	3.5	3.5
0.50-0.99	12	4.5	6.0	9.5
1.00-1.49	12	4.5	6.0	15.5
1.50-1.99	28	10.6	14.0	29.5
2.00-2.49	50	18.9	25.0	54.5
2.50-2.99	36	13.6	18.0	72.5
3.00-3.49	36	13.6	18.0	90.5
3.50-4.00	19	7.2	9.5	100.0
Total of Valid Cases	200	75.8	100.0	-
Missing	64	24.2	-	-
Total	264	100.0	-	-

At the time of intake, the group mean of the victims on the three PTSD subscales were all over 2. The majority of the clients were suffering from PTSD, with 59.8% scoring equal to or above the cut-off point of 2 on the Avoidance subscale, 65.7% on the Intrusion subscale, and 70.5% on the Hyperarousal subscale. The clients tended to avoid thinking about the incident or things that were associated with sexual assault. On the other hand, they could not control thoughts, nightmares and flashbacks related to the incident. They were easily aroused, irritated and frightened as a consequence. This indicates that the clients suffered from serious trauma from the sexual assault incident.

4. Psychological distress (based on CPAI – 2)

In addition to subjective reports of mental health problems obtained in the interview, the psychological distress of the victims was assessed using a standardized objective personality inventory. The Chinese Personality Assessment Inventory (Cheung, et al., 2001; 2003; 2004) is a comprehensive personality measure developed in the Chinese cultural context and has been standardized in large-scale representative norms in Hong Kong and China. For this study, five clinical scales from the CPAI-2 were selected to focus on the emotional distress of the victims. The Anxiety scale measures symptoms reflecting excessive worries, restlessness and nervousness. The Depression scale measures symptoms of melancholy, lethargy, and self-reproach. The Inferiority vs. Self-Acceptance scale measures the extent to which the person lacks self-confidence and emotional stability. The Physical Symptoms scale taps the psychosomatic symptoms associated with distress, including dizziness, headache, insomnia, and muscular cramps. The Somatization scale assesses insight into psychological problems and the extent an individual would express psychological distress through physical complaints.

The CPAI-2 scales were first completed within two weeks of intake (Time 1). The clients were asked to complete the same scales again at the end of the crisis intervention (Time 2). Only 180 victims completed the scales at Time 1, of which, 73 completed the same scales at Time 2.

Table 4.1 shows the results for the total group of 180 clients at Time 1. Tables 4.2 shows the results of the 73 clients at Time 2. Table 4.3 compares the Time 1 and Time 2 results of the 73 clients. There are about 20 items in the clinical scales. The mean score is converted to a percentile score using the Chinese normative sample as the norm. The percentile represents approximately the percentage of people in the normative sample who scored below the average score of the clients (percentage below). A higher percentile indicates that the clients were likely to have more psychological distress than most people in the normative sample.

Table 4.1 Means and S.D. for CPAI –2 Time 1 scores

	N	Minimum	Maximum	Mean	Range	Std. Deviation	Percentage below*
CPAI – Anxiety (pre)	180	0.00	21.00	12.02	0-21	5.39	90.9
CPAI – Depression (pre)	180	0.00	19.00	10.12	0-20	4.98	85.6
CPAI – Inferiority vs Self-acceptance (pre)	179	0.00	18.00	10.38	0-18	4.44	79.8
CPAI – Physical Symptoms (pre)	178	0.00	19.00	9.28	0-20	4.93	86.2
CPAI – Somatization (pre)	180	0.00	14.00	7.42	0-16	3.11	63.8

The *percentage below* is extrapolated from the mean score of the clients, representing approximately the percentage of respondents in the normative sample who scored below the mean score of the clients.

Table 4.2 Means and S.D. for CPAI-2 Time 2 scores

	N	Minimum	Maximum	Mean	Range	Std. Deviation	Percentage below*
CPAI – Anxiety (post)	73	0.00	21.00	8.77	0-21	5.62	80.7
CPAI – Depression (post)	73	0.00	17.00	7.08	0-20	4.53	75.0
CPAI – Inferiority vs Self-acceptance (post)	72	0.00	18.00	8.64	0-18	4.96	76.1
CPAI – Physical Symptoms (post)	73	0.00	19.00	7.04	0-20	4.79	68.6
CPAI – Somatization (post)	73	0.00	13.00	6.19	0-16	3.29	54.8

The *percentage below* is extrapolated from the mean score of the clients, representing approximately the percentage of respondents in the normative sample who scored below the mean score of the clients.

Table 4.3 T-test for CPAI-2 at Time 1 and Time 2 (Paired sample t-test)

	N		Mean			Std. Deviation			Percentage below	
	Pre	Post	Pre	Post	Diff	Pre	Post	Diff	Pre	Post
CPAI – Anxiety	73		12.53	8.77	3.77***	5.17	5.62	4.94	93.0	80.7
CPAI – Depression	73		10.35	7.08	3.28***	4.83	4.53	4.31	85.6	75.0
CPAI – Inferiority vs Self-acceptance	72		11.01	8.64	2.37***	4.66	4.96	3.36	83.5	76.1
CPAI – Physical Symptoms	72		9.11	6.97	2.14***	4.95	4.79	4.19	86.2	68.6
CPAI – Somatization	73		7.54	6.19	1.35***	3.01	3.29	2.85	75.0	54.8

Pre = data in Time 1

Post = data in Time 2

Diff = average difference between Time 1 & Time 2 scores for each individual

Std. Deviation = distribution of average scores

*** $p < .001$

The *percentage below* is extrapolated from the mean score of the clients, representing approximately the percentage of respondents in the normative sample who scored below the mean score of the clients.

Results from the CPAI-2 with the total group of 180 victims show that they were very anxious and depressed at the time of intake. They also suffered from many psychosomatic symptoms. Their self-esteem was very low at this point. However, there was no strong tendency to somatize or deny their psychological distress.

The paired comparison of the 73 clients before and after the crisis intervention shows that significant improvement was achieved at the end of the intervention, although the overall distress level was still higher than that of the general public.

5. Chinese Ways of Coping Questionnaire

We also examined how our clients coped with distress, using a coping measure developed for the Chinese context. The Chinese Ways of Coping Questionnaire (Chan, 1994) consists of 16 items that measure four coping strategies: Rational Problem-solving, Resigned Distancing, Seeking Support and Ventilation, and Passive Wishful Thinking. A total of 162 clients completed this questionnaire in Time 1 (Table 5.1), 69 in Time 2 (Table 5.2), of which 65 cases had matched Time 1 and Time 2 results (Table 5.3).

Table 5.1 Means and S.D. for Chinese Ways of Coping Questionnaire Time1 scores

	N	Minimum	Maximum	Mean	Range	Std. Deviation
Rational Problem-solving (pre)	162	0.00	3.00	1.60	0-3	0.64
Resigned distancing (pre)	162	0.00	3.00	1.49	0-3	0.61
Seeking support and ventilation (pre)	162	0.00	3.00	1.61	0-3	0.78
Passive wishful thinking (pre)	162	0.00	3.00	1.80	0-3	0.72

Table 5.2 Means and S.D. for Chinese Ways of Coping Questionnaire Time2 scores

	N	Minimum	Maximum	Mean	Range	Std. Deviation
Rational Problem-solving (post)	69	0.50	3.00	1.72	0-3	0.66
Resigned distancing (post)	69	0.25	2.50	1.42	0-3	0.54
Seeking support and ventilation (post)	69	0.50	3.00	1.74	0-3	0.74
Passive wishful thinking (post)	69	0.50	3.00	1.79	0-3	0.63

Table 5.3 T-test for Chinese Ways of Coping Questionnaire (Paired sample t-test)

	N		Mean			Std. Deviation		
	Pre	Post	Pre	Post	Change	Pre	Post	Change
Rational Problem-solving	65		1.55	1.71	-0.16	0.64	0.66	0.66
Resigned distancing	65		1.41	1.42	-0.02	0.58	0.56	0.55
Seeking support and ventilation	65		1.58	1.71	-0.13	0.76	0.73	0.65
Passive wishful thinking	65		1.73	1.80	-0.06	0.71	0.64	0.71

There was no significant difference between pre and post test.

Pre = data in Time 1

Post = data in Time 2

Diff = average difference between Time 1 & Time 2 scores for each individual

Std. Deviation = distribution of average scores

Results show that at the time of intake, the sexual assault victims tended to adopt passive wishful thinking as their primary way of coping with their trauma. They wished the situation would go away and imagined a better time or place. Their mean score on Passive Wishful Thinking (1.80) was much higher than that obtained by Chan (1994) on a sample of 657 secondary school teachers and students (Mean = 1.28). They were also likely to adopt rational problem solving such as making personal changes to solve problems, and to seek support and ventilate, such as seeking help from friends and relatives, to cope with their distress. Their scores on Resigned Distancing (Mean = 1.49) were also higher than that in Chan's sample (Mean = 1.10), reflecting some of the clients' tendency to try to forget the whole thing, to refuse to think too much, and to go on as if nothing had happened.

At the end of the crisis intervention, the clients were more likely to adopt rational problem solving, passive wishful thinking, and seek support and ventilate; while resorting to resigned distancing was still common. In addition, no significant difference was found between the Time 1 and Time 2 results for the 65 matched cases. The adoption of passive coping approaches imply that in the long-term recovery, some clients may still need longer term counseling in order to resolve their psychological trauma and build up their sense of self.

6. Clients' Evaluation on Overall Service

Rainlily clients were asked to complete an evaluation form on the crisis intervention service at the time of termination. The evaluation covers specific aspects of the services. Clients rated each aspect on a 5-point scale (from 1 = Not helpful at all / Strongly disagree at all to 5 = Very helpful / Strongly agree) for the first 20 items and a 7-point scale for the last item. They completed the form without any staff supervision. So far, 100 cases completed the evaluation forms.

Table 6.1 Evaluation—Instant counselling on emotions

	Frequency	Percent	Valid Percent
1 Not helpful at all	0	0.0	0.0
2	0	0.0	0.0
3	4	1.5	4.1
4	37	14.0	38.1
5 Very helpful	56	21.2	57.7
Total of Valid Cases	97	36.7	100.0
N/A / Do not know	3	1.1	-
Missing	164	62.1	-
Total Number	264	100.0	-

Table 6.2 Evaluation—Coordinate services with other related professionals in order to provide more comprehensive support

	Frequency	Percent	Valid Percent
1 Not helpful at all	0	0.0	0.0
2	1	0.4	1.1
3	10	3.8	11.0
4	29	11.0	31.9
5 Very helpful	51	19.3	56.0
Total of Valid Cases	91	34.5	100.0
N/A / Do not know	6	2.3	-
Missing	167	63.3	-
Total Number	264	100.0	-

Table 6.3 Evaluation—Counselling for victims and their associates

	Frequency	Percent	Valid Percent
1 Not helpful at all	0	0.0	0
2	0	0.0	0
3	4	1.5	4.2
4	35	13.3	36.8
5 Very helpful	56	21.2	58.9
Total of Valid Cases	95	36.0	100.0
N/A / Do not know	4	1.5	-
Missing	165	62.5	-
Total Number	264	100.0	-

Table 6.4 Evaluation—Instant medical care

	Frequency	Percent	Valid Percent
1 Not helpful at all	0	0.0	0.0
2	0	0.0	0.0
3	1	0.4	2.0
4	15	5.7	30.0
5 Very helpful	34	12.9	68.0
Total of Valid Cases	50	18.9	100.0
N/A / Do not know	44	16.7	-
Missing	170	64.4	-
Total Number	264	100.0	-

Table 6.5 Evaluation—Rainlily’s one-stop services save me from visiting different organizations and reduce the number of times I have to repeat the assault experience.

	Frequency	Percent	Valid Percent
1 Strongly Disagree	0	0.0	0.0
2	0	0.0	0.0
3	6	2.3	7.4
4	17	6.4	21.0
5 Strongly Agree	58	22.0	71.6
Total of Valid Cases	81	30.7	100.0
N/A / Do not know	18	6.8	-
Missing	165	62.5	-
Total Number	264	100.0	-

Table 6.6 Evaluation—If I know another female who has been suffered from sexual violence, I will ask her to seek help from Rainlily.

	Frequency	Percent	Valid Percent
1 Strongly Disagree	0	0.0	0.0
2	0	0.0	0.0
3	1	0.4	1.0
4	26	9.8	26.0
5 Strongly Agree	73	27.7	73.0
Total of Valid Cases	100	37.9	100.0
Missing	164	62.1	-
Total Number	264	100.0	-

Table 6.7 Evaluation—In conclusion, I am very satisfied with Rainlily one-stop crisis intervention services.

	Frequency	Percent	Valid Percent
1 Strongly Disagree	0	0.0	0.0
2	0	0.0	0.0
3	0	0.0	0.0
4	34	12.9	34.3
5 Strongly Agree	65	24.6	65.7
Total of Valid Cases	99	37.5	100.0
N/A / Do not know	1	0.4	-
Missing	164	62.1	-
Total Number	264	100.0	-

In general, clients rated Rainlily’s services very favorably. Their overall level of satisfaction was very high, with 65.7% strongly agreed and 34.3% agreed that they were very satisfied with Rainlily’s one-stop crisis intervention service. 73% of the clients strongly agreed and 26% agreed that they would recommend other sexual assault victims to seek help from Rainlily.

General Summary on Client Outcome

In general, survivors of sexual assault experienced severe psychological distress at the time of the intake. They tended to blame themselves for the assault. They adopted passive and avoidant ways in coping with their distress. Crisis intervention is an important service to help rape victims to deal with their trauma and to prevent serious mental health problems.

At the time of termination of the crisis intervention service, our clients generally improved in their emotional state. Their distress symptoms have subsided to a lesser degree. They have adopted a broader range of constructive coping methods. However, long-term counseling may still be necessary for the long-term recovery of some clients.

One should note that the sample sizes at the intervention and post-intervention stage are quite different, which limited the pre- and post-intervention comparison. In addition, given the individual differences among the victims, one should be cautious in making generalizations.

The overall satisfaction of the 100 clients who received the one-stop crisis-intervention services was very high. Most of them would recommend the service to other people.

Professionals Interview --- Overall Service Evaluation

Phone interviews were conducted with 46 professionals who had worked with Rainlily staffs. These interviewees were working in various fields including social services, education, medical services and police force. Both closed and open end questions were asked during the interviews to capture the professionals' opinions on overall service of Rainlily, with a focus on one-stop service. In general, respondents rated Rainlily's service very favorably. Tables 1 – 11 report the frequency and percentage of respondents of the relevant questions.

Table 1 Types of profession

	Frequency	Percent	Valid Percent
Social service	33	71.7	73.3
Education	1	2.2	2.2
Police	4	8.7	8.9
Medication	5	10.9	11.1
Others	2	4.3	4.4
Total of Valid Cases	45	97.8	100.0
Missing	1	2.2	-
Total Number	46	100.0	-

Table 2 Gender

	Frequency	Percent
Male	6	13.0
Female	40	87.0
Total Number	46	100.0

Table 3.1 Working relationship – Referring cases to Rainlily

	Frequency	Percent
Yes	29	63.0
No	17	37.0
Total Number	46	100.0

Table 3.2 Working relationship – Receiving referrals from Rainlily

	Frequency	Percent
Yes	11	23.9
No	35	76.1
Total Number	46	100.0

Table 3.3 Working relationship – Co-operating with Rainlily to handle the same case(s)

	Frequency	Percent
Yes	15	32.6
No	31	67.4
Total Number	46	100.0

Table 4.1 Where did you learn about Rainlily's services?

	Frequency	Valid Percent
Working Institutions	8	18.6
Other organizations	5	11.6
Newspaper	0	0.0
Promotion leaflets	17	39.5
Friends	3	7.0
Rainlily Talk	4	9.3
Other means	10	23.3

Multiple responses

Total number of respondents is 43

Table 4.2 Where did you learn about Rainlily's services? – Other organizations and other means

		Frequency	Percent
Other organizations	Family Planning Association of HK	1	6.7
	Hospital	1	6.7
	Social Service Department	3	20.0
	Other means		
	Approached by Rainlily	5	33.3
	Others	5	33.3
	Total	15	100.0

Table 5.1 What is the client's overall condition after making contact with Rainlily (compared to condition prior to contact)?

	Frequency	Percent	Valid Percent
Very poor	0	0.0	0.0
Poor	1	2.2	2.7
Average	10	21.7	27.0
Fair	21	45.7	56.8
Very good	5	10.9	13.5
Total of Valid Cases	37	80.4	100.0
Not Applicable	8	17.4	-
Missing	1	2.2	-
Total Number	46	100.0	-

Table 5.2 Client's overall condition after making contact with Rainlily – Reasons

		Frequency	Valid Percent
Positive Factors	Rainlily service	5	13.9
	Rainily social workers	15	41.7
	Clients' feedbacks	23	63.9
	Feedbacks of clients' families	1	2.8
Negative Factors	Inadequacy of Rainlily service	3	8.3
	Insufficient support from Rainlily social workers	3	8.3
	Insufficiency in co-operation between Rainlily and other organizations	3	8.3
	Clients' feedbacks	5	13.9
* Clients' own issues	5	-	

Multiple responses

Total number of respondents is 36 (Exclude those only talked about *)

Table 6.1 Do you have confidence in Rainlily social workers' performance in handling cases?

	Frequency	Percent	Valid Percent
Very worry	0	0.0	0.0
Slightly worry	2	4.3	4.4
Average	2	4.3	4.4
Some confidence	22	47.8	48.9
Complete confidence	19	41.3	42.2
Total of Valid Cases	45	97.8	100.0
Missing	1	2.2	-
Total Number	46	100.0	-

Table 6.2 Confidence in Rainlily social workers' performance – Reasons

		Frequency	Valid Percent	
Positive Factors	Rainlily service	2	4.7	
	Rainlily social worker	Professional / experienced	23	53.5
		Personal traits	10	23.3
		Case management / follow-up	20	46.5
		Co-operation with clients / other organizations	14	32.6
	Feedbacks from Clients / Clients' families	7	16.3	
Negative Factors	Insufficiency in co-operation with other organizations	2	4.7	
	Inadequacy in handling cases	3	7.0	

Multiple responses

Total number of respondents is 43.

Table 7.1 Have you ever handled this kind of cases through other channels other than Rainlily one-stop service?

	Frequency	Percent	Valid Percent
Yes	22	47.8	52.4
No	20	43.5	47.6
Total of Valid Cases	42	91.3	100.0
Missing	4	8.7	-
Total Number	46	100.0	-

Table 7.2 Why did you choose Rainlily one-stop services?

	Frequency	Valid Percent
Rainlily service is suitable	16	80.0
Rainlily social workers are professional	5	25.0
Inadequacy in self / working institutions	4	20.0
Unknown of other resources	1	5.0
Rejected by other agencies	1	5.0
* Cases referred by Rainlily / haven't chosen	10	-

Multiple responses

Total number of respondents is 20 (Exclude those only talked about *; 12 initial interviews without this item)

Table 8.1.1 How effective is the service in fulfilling clients' needs?

	Frequency	Percent	Valid Percent
1 Totally ineffective	0	0.0	0.0
2	0	0.0	0.0
3	1	2.2	2.4
4	0	0.0	0.0
5	3	6.5	7.3
6	2	4.3	4.9
6.5	3	6.5	7.3
7	12	26.1	29.3
8	15	32.6	36.6
9	3	6.5	7.3
10 Completely effective	2	4.3	4.9
Total of Valid Cases	41	89.1	100.0
Not Applicable	5	10.9	-
Total Number	46	100.0	-
Mean Rating	7.33	-	-

Table 8.1.2 Effectiveness in fulfilling clients' need – Reasons

		Frequency	Valid Percent
Positive Factors	Rainlily service	12	32.4
	Rainlily social workers	20	54.1
	Clients' feedback	6	16.2
Negative Factors	Inadequacy in Rainlily service	3	8.1
	Insufficient support from Rainlily social workers	6	16.2
	Clients' feedback	5	13.5
	Unsatisfactory relationship between worker and client	3	8.1
* Clients' own issues		2	-

Multiple responses

Total number of respondents is 37 (Exclude those only talked about *)

Table 8.2.1 How effective is the service in helping clients resolve their crises?

	Frequency	Percent	Valid Percent
1 Totally ineffective	0	0.0	0.0
2	0	0.0	0.0
3	0	0.0	0.0
4	2	4.3	5.1
5	2	4.3	5.1
6	4	8.7	10.3
6.5	1	2.2	2.6
7	9	19.6	23.1
8	15	32.6	38.5
9	5	10.9	12.8
10 Completely effective	1	2.2	2.6
Total of Valid Cases	39	84.8	100.0
Not Applicable	7	15.2	-
Total Number	46	100.0	-
Mean Rating	7.35	-	-

Table 8.2.2 Effectiveness in helping clients resolve their crises — Reasons

		Frequency	Valid Percent
Positive Factors	Rainlily service	4	13.8
	Rainlily social workers	17	58.6
	Clients' feedback	6	20.7
Negative Factors	Inadequacy in Rainlily service	2	6.9
	Insufficient help from Rainlily social worker	5	17.2
	Unsatisfactory relationship between worker and client	2	6.9
* Clients' own issues		1	-

Multiple responses

Total number of respondents is 29 (Exclude those only talked about *)

Table 8.3.1 How effective is the service in helping clients recover?

	Frequency	Percent	Valid Percent
1 Totally ineffective	0	0.0	0.0
2	0	0.0	0.0
3	1	2.2	3.0
4	1	2.2	3.0
5	3	6.5	9.1
6	5	10.9	15.2
6.5	1	2.2	3.0
7	10	21.7	30.3
8	10	21.7	30.3
9	1	2.2	3.0
10 Completely effective	1	2.2	3.0
Total of Valid Cases	33	71.7	100.0
Not Applicable	11	23.9	-
Missing	2	4.3	-
Total Number	46	100.0	-
Mean Rating	6.89	-	-

Table 8.3.2 Effectiveness in helping clients to recover—Reasons

		Frequency	Valid Percent
Positive Factors	Rainlily service	4	15.4
	Rainlily social workers	13	50.0
	Clients' feedback	5	19.2
Negative Factors	Inadequacy in Rainlily service	2	7.7
	Insufficient help from Rainlily worker	7	26.9
	Insufficient co-operation between Rainlily and other organizations	1	3.8
	Clients' feedback	4	15.4
* Clients' own issues		3	-

Multiple responses

Total number of respondents is 26 (Exclude those only talked about *)

Table 9 What are the benefits of Rainlily one-stop service?

	Frequency	Valid Percent	examples
Beneficial to frontline workers	14	32.6	Provide support and consultancy; decreases number of referrals
General benefits	21	48.8	Specialization: handle cases in a professional and intensive way; one-stop service is effective, quick and serves as another choice of service
Beneficial to clients / public	27	62.8	A place provides all the services, so clients do not need to seek help from various agencies; provide counseling; raise up public concern

Multiple responses

Total number of respondents is 43.

Table 10 What should Rainlily one-stop service be improved?

		Frequency	Valid Percent
Whole service	Expand service	17	48.6
	Increase promotion	14	40.0
	Increase resources / funding	3	8.6
	More education to other workers / clients	4	11.4
	Increase human resources	10	28.6
	Improve the co-operation / support with other workers / departments	11	31.4
Social workers	Improve service quality	2	5.7
	Improve the relationship between worker and client	3	8.6

Multiple responses

Total number of respondents is 35.

Table 11 What are the positive impacts of Rainlily general service on the support to clients?

		Frequency	Valid Percent
Direct impact	Emotional support	15	40.5
	Tangible support	10	27.0
	Others	19	51.4
Indirect Impact	To clients' carers	2	5.4
	To frontline workers	12	32.4
	Whole service in Rainlily	11	29.7
	Society	9	24.3

Multiple responses

Total number of respondents is 37.

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Appendix

Question Set 1: Training (General Attribution of Sexual Assault Responsibility Scenarios)

The following situations are encountered by many sexual assault victims.

To what extent do you think each of the following factors contributed to the cause of assault in each of the situation? Please give each factor a percentage of blame. Total percentage should be 100%.

<p>1. Go to boyfriend's home willingly and then get raped in his house.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>	<p>5. Victim has taken an excessive amount of drug and alcohol.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>
<p>2. A sex worker complains of being raped.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>	<p>6. Filipino maid with contract problem complains of being raped by her employer.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>
<p>3. Young girl raped by a gang of friends at rave party.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>	<p>7. A seductive woman complains of being raped by an acquaintance.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>
<p>4. Young lady get raped when coming home late at night.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>	<p>8. A mischievous student complains of being sexually assaulted by her teacher.</p> <p>Victim _____%</p> <p>Assailant _____%</p> <p>Other people _____%</p> <p>Environment _____%</p> <p>Chance _____%</p> <p>Other factor _____%</p> <p style="text-align: right;">100%</p>