



性別研究中心
Gender Research Centre

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The Hon. Dr. Fernando Cheung
Chairman
Panel on Welfare Services
Legislative Council
Hong Kong SAR

Dear Dr. Cheung,

Service and Support to Victims of Sexual Violence

Thank you for your letter dated 2 November and your kind invitation for me to address your Panel on the issue of services and support to victims of sexual violence. Unfortunately, I cannot attend the meeting in person to give my views to the Panel due to a prior engagement.

I would like to write in my views from the perspective of a Professor of Psychology and Director of the Gender Research Centre at the Chinese University of Hong Kong, as well as a women's movement activist who has been concerned about the rights and welfare of women in Hong Kong for the past 30 years. In particular, I spearheaded the first War-on-Rape campaign here back in the late 1970s and have been concerned about the lack of coordinated services for survivors of sexual violence in Hong Kong until RainLily began its services in 2001.

The Gender Research Centre at the Chinese University of Hong Kong was commissioned by 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. As the Principle Investigator of the study, I would like to share the core findings on the study with the Panel for the consideration of service and support for future victims of sexual violence.

The RainLily service evaluation study covered three aspects: frontline professional training, clients of the crisis intervention service and feedback from professionals.

The evaluation on the training outcome was based on around 600 participants in 32 training sessions which lasted for more than two hours. Pre-and post training evaluation showed that training was 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, continuous training for more frontline workers is called for.

Assessment of clients of the crisis intervention service during the initial intake reveals that they generally suffered from severe psychological distress, including depression and anxiety at that time. They tended to feel guilty about the assault and coped with their distress in passive and avoidant ways. Many of them had contemplated as well as attempted suicide and other self-mutilating behaviors after the incident. Crisis intervention is important for them at this early stage. In particular, a one-stop crisis intervention service would reduce the re-traumatization effects resulting from repeating their reports to different frontline professionals. Results of the study showed that at the time of termination of the crisis intervention service, clients generally improved in their emotional state. Their distress symptoms have subsided to a lesser degree. They adopted a broader range of constructive coping methods. However, long-term counseling may still be necessary for the long-term recovery of some clients. These clients could be referred to other counselling and social services.


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.

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 who had worked with RainLily's staff. The respondents rated Rainlily's services very favorably and supported the effectiveness of the one-stop crisis intervention service.

Although RainLily may not reach all sexual violence victims, the effectiveness of its comprehensive service for survivors is self-evident. In large cities in other parts of the world, there is more than one such crisis intervention service centre available to women. Immediacy and accessibility are important criteria for rape crisis intervention services.

I strongly urge that a model of comprehensive service for victims of sexual violence be in place, which includes training of frontline professionals, one-stop crisis interventions services for survivors, as well as long-term counselling and support for both survivors and their families. There is a need for designated services catering to the specific needs of survivors, which cannot be replaced by a generic family service model.

Yours truly,



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