An Overview and Evaluation of the Service Effectiveness of Po Leung Kuk's Tsui Lam Centre - Victim Support Programme for Victims of Family Violence

Prepared by

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This study is commissioned by the Po Leung Kuk.

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Executive Summary

1. A cohort study was used to evaluate the effectiveness of the Tsui Lam Centre -Victim Support Programme (VSP) in reducing family violence. Participants were recruited from the VSP, and a control group from the shelters run by Po Leung Kuk (PLK). Clients accessing the VSP receive a package of services including information, emotional support, and an escort service when involved in legal proceedings or facing sudden life changes. Those in the control group receive the standard package of care consisting of legal, housing, and financial advice, and referral to appropriate services.

2. Pre- and posttest assessments were conducted at the outset and completion of the intervention (six months after service delivery). Data collection from the control group was conducted at the same time as for the VSP.

3. Of the 80 female participants who were married, 32 were taking part in the VSP and 48 were in the control group. The analysis showed that significantly more participants from the VSP used adaptive coping strategies (active coping, use of instrumental support, and acceptance) and showed an increase in resilience compared with those in the control group after the intervention. More participants from the VSP also regarded themselves as being able to access tangible social support (that is, material aid from others).

4. The prevalence rates of psychological, sexual abuse and physical assault were significantly reduced for the VSP participants, who also reported feeling less fear towards their partners after the intervention. The analysis also demonstrated a significant decrease in the prevalence rates of different forms of partner abuse.

5. Significantly more participants from the VSP rated the services provided as helpful or extremely helpful, compared with those in the control group. The outcomes included an increased ability to protect themselves, a better understanding of community resources and services, more use of community resources and services, a reduction in fear and helplessness, the ability to return to normal life, and the ability to solve problems. These findings indicate that the services provided in the VSP were considered to be effective by this group of users.

6. All in all, the evaluation demonstrates that the VSP is effective in alleviating survivors' feelings of fear and helplessness. In addition, the program can also enhance their ability to protect themselves, to understand and use community resources and services, solve their problems, and resume their normal lives.

Chapter 1 | Introduction

1.1 Background

1.1.1 The Tsui Lam Centre, Po Leung Kuk (PLK) provides the Victim Support Programme (VSP) to survivors of family violence throughout the territories. The VSP aims to reduce clients' feeling of fear and helplessness by providing them a package of services including information, emotional support, and an escort service when undergoing legal proceedings or facing sudden life changes.[1]

1.1.2 The Tsui Lam Centre, Po Leung Kuk was commissioned to run the Victim Support Programme (VSP) to survivors of family violence by Social Welfare Department. The Centre was launched on 29 June 2010. The objectives of the VSP are:[2]

(1) To strengthen protection to survivors of family violence by providing information on and access to relevant legal proceedings and community resources;

(2) To help alleviate the feelings of fear and helplessness of survivors by providing emotional support and companionship as they go through the judicial process; and

(3) To empower survivors and promote mutual support to help them to resume normal life and functioning.

1.1.3 Survivors of spousal or cohabitant battering and child abuse and their family members are referred by all Social Welfare Department (SWD) units providing casework services, including Family and Child Protective Services Units (FCPSUs), Integrated Family Service Centres (IFSCs), Medical Social Services Units (MSSU), Probation and Community Service Orders Offices (this service unit is renamed since 20 March 2014, and so on). Referrals are also made by the IFSCs, Integrated Services Centres (ISCs), run by

1 http://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_VSPforVFV/

2 http://victimsupport.poleungkuk.org.hk/

non-governmental organizations (NGOs), and the police, in which the latter provides support to the child witnesses during the trial process. Refuge centres (since August 2012), CEASE Crisis Centre (since August 2012), HA MSSUs (since August 2012), Family Crisis Support Centre (since July 2013), can also make referrals to VSP accordingly. Self-referral to the legal support service, group and training program of VSP is available from July 2013.

1.1.4 More specifically, the services provided are as follows:

(1) To provide relevant legal information on criminal or civil proceedings and help survivors understand their rights in order to make good decisions;
(2) To accompany survivors while they are involved in police investigations and relevant follow-up actions;
(3) To accompany survivors to court hearings and to handle other related legal proceedings;
(4) To arrange child care during judicial processes;
(5) To help survivors to locate and access relevant community services including housing, financial support, schooling, medical, child care, and so on;
(6) To provide guidance and training on home safety and basic skills in personal care, caring for family members, and household management;
(7) To offer clinical psychological services for psychological assessment purposes, and refer survivors in need of further assistance;
(8) To organize regular emotional support and mutual help groups;
(9) To organize regular volunteer training courses to build a local support network and enhance volunteers' abilities to provide services to clients; and
(10) To provide child visitation service for parents who are separated or divorced due to family violence and have children aged under 18 (this service has launched since 20 August 2012).

1.1.5 Service features of the Centre include:

(1) Services are provided on district basis, social workers coordinate cases and interview victims in their local districts.
(2) Support services are performed by trained volunteers to demonstrate the spirit of a caring community.

(3) Risk assessment tools are employed to continuously conduct assessment for victims.
(4) Free consultation by lawyers on judicial process and personal rights and interests via phone, face-to-face interview or seminar.
(5) Court environment and procedures are introduced to victims through simulation.
(6) Transportation service is available for victims with special needs, e.g. walking difficulties or the elderly.
(7) Services can be provided to ethnic minority victims by support persons from the same race who can speak English or Cantonese.
(8) Home visits are conducted to assess home safety and daily caring skills of the victims so that suitable training and guidance could be provided.
(9) Community services database is set up to collect and renew community service information regularly, including aspects on financial, medical, housing, schooling and child care, etc.

1.1.6 In general, the service procedures of the VSP are as follows:

(1) Victims are referred by IFSCs / ISCs and FCPSU; and then
(2) Social worker from Tsui Lam Centre will visit the victim in his/her local district or contact him/her over the phone to conduct needs and risk assessment, propose service plan and implementation schedule; and then
(3) Before the start of the companion service, social worker from the Centre will liaise with the support person and the victim to get acquainted with each other and facilitate a mutual trust relationship; and then
(4) Regular reviews on service needs and outcome will be conducted to assess if service extension is needed. If not, the case will be closed and to be followed up by the respective referring social worker.
(5) Duration of service implementation is usually six months and the service is free of charge (except traveling expenses of service users and their family members).

1.1.7 The Centre conducts volunteer training courses regularly to introduce volunteers to various types of support services. The Basic Training consists of:

(1) Developing empathy, communication and crisis-handling skills,

(2) Overview on the current situation of family violence and needs of victims in Hong Kong,
(3) Community services information,
(4) Risk assessment tools and safety plan,
(5) Key points on home visiting and home safety.

And, the Advanced Training includes:

(1) Scope of relevant criminal laws and procedures,
(2) Scope of relevant civil laws and procedures,
(3) Child care skills,
(4) Understanding different types of emotional / mental disorders and skills of relating with patients,
(5) Understanding the culture and needs of ethnic minority.

1.1.8 The volunteer program of the Centre aims to promote the spirit of a caring community, bringing love and hope to victims in need. The duties of volunteers include:

(1) Accompany victims while they are involved in the police investigation and relevant follow-ups,
(2) Accompany victims when attending court hearings,
(3) Arrange child care for the victims during judicial process,
(4) Help victims to locate and receive relevant community services, including housing, financial support, schooling, medical and child care, etc.,
(5) Provide guidance and training on home safety and basic skills in personal care, care to family members and household management.

1.2 Objectives

1.2.1 The objectives of this study are as follows: –

(a) To examine the strengths and limitations of the VSP in alleviating survivors' feelings of fear and helplessness by providing information, emotional support, and companion services as they face case investigation, judicial processes, and sudden life changes;

(b) To examine the effectiveness of training courses provided to equip volunteers with the required knowledge and skills for service provision;

(c) To examine the effectiveness of the chosen service delivery modes in providing accessible services over the territory; and

(d) To suggest future developments for the VSP in terms of service delivery mode, content of volunteer training, promotion and publicity, and so on.

1.3 Research Team

1.3.1 The Study was carried out by the consultant team comprising Dr. Anna Wai-Man Choi (Principle Investigator), Dr. Edward K.L. Chan and Ms. Ruby Lo, from the Department of Social Work and Social Administration, The University of Hong Kong; Prof. Agnes Tiwari and Dr. Janet Yuen-ha Wong, both from the School of Nursing, The University of Hong Kong; and staff members of Policy 21 Limited.

Chapter 2 | Methodology

2.1 Method of data collection

2.1.1 Both qualitative and quantitative data were collected in this study by means of a survey and in-depth interviews from April 2012 to December 2013. Before conducting the survey, a literature review was carried out in order to gather relevant information from Hong Kong and other countries. The information collected through this review, and the data from the in-depth interviews, provided the basis for the design of the survey instrument.

2.1.2 A pilot survey was conducted to pretest the operation of the questionnaire survey, which was then enhanced based on the feedback received.

2.1.3 Eight in-depth interviews were carried out during the data collection period, with two research staff acting as facilitators. Information obtained from these interviews facilitated the design of the questionnaire, as mentioned above, and also permitted an insight into the views of participants.

2.2 Study instruments

2.2.1 A number of measurement scales were used in this study. More details about the various components of these questionnaires are presented in this section.

2.2.2 The survey included a set of demographic items in order to assess the profile of respondents in terms of their social and economic characteristics; social support; health status, help-seeking behaviors and service utilization; family characteristics such as new arrival members, single parenthood, remarriage or step-families, spousal age difference, family members with chronic illness, disability or mental illness; and family conditions such as being in receipt of social security, unemployment, low income, and poverty.

2.2.3 Spousal or intimate partner violence (IPV) was screened using the Chinese version of the Abuse Assessment Screen (C-AAS). The C-AAS addresses physical, psychological, and sexual abuse. The main difference between the original English-language AAS, which was developed for use with pregnant women (McFarlane, Parker, Soeken, & Bullock, 1992), and the C-AAS is that the latter addresses emotional and physical abuse separately, for both lifetime prevalence and the preceding six months, while the original measures the lifetime prevalence of psychological and physical abuse simultaneously. The C-AAS was specifically chosen as the screening tool in this study because (a) previous work by the research team indicates that psychological abuse is predominant in Chinese female victims of IPV (Leung et al., 2002; Tiwari et al., 2005); (b) the C-AAS consists of only five questions, all requiring yes or no answers, which makes it an efficient screening tool in this context; and (c) the C-AAS has been validated and demonstrates satisfactory accuracy with a Chinese population (Tiwari et al., 2007). Respondents who reported being physically or emotionally hurt by their intimate partners or being forced to engage in non-consensual sexual activities within the past year were considered as being abused for the purposes of this study.

2.2.4 For the measurement of child maltreatment, the Parent-Child Conflict Tactics Scales (CTSPC) (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) was used. This scale is based on conflict theory and covers the use of physical assault as well as other tactics (such as neglect) to deal with conflict, regardless of whether or not the child is injured. The CTSPC has seven

subscales; nonviolent discipline (four items), psychological aggression (five items), minor assault or corporal punishment (five items), severe assault or physical maltreatment (four items), very severe assault or severe physical maltreatment (four items), neglect (five items), and weekly discipline (four items). The prevalence rate is calculated as the percentage of participants reporting one or more of the acts covered in the scales including minor assault or corporal punishment, severe assault or physical maltreatment, very severe assault or severe physical maltreatment, or neglect.

2.2.5 The Short Form Health Survey (SF-12) was used to assess health-related quality of life (Ware, Snow, & Kosinski, 1993). It consists of 36 items, 1 of which measures health transition with the remaining 35 grouped under 8 scales: physical functioning (PF), role limitation due to physical health problems (role-physical or RP), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), role limitation due to emotional health problems (role-emotional; RE), and mental health (MH). These subscales can be aggregated into two scales, namely the Physical (PCS) and Mental Component Score (MCS). Higher scores indicate higher level of functioning. A Hong Kong Chinese version of the SF-36 shows good validity (Lam, Gandek, Ren, & Chan, 1998) and satisfactory reliability (α ranging from 0.65 to 0.83) (Lam, Lauder, Lam & Gandek, 1999). An attempt was made in this study to further simplify the SF-36 by selecting those items and dimensions most relevant to domestic violence. Based on this simplified version, a single utility index was derived by asking a sample of respondents to rank their preference for different health states (Brazier, et al., 1998).

2.2.6 The Beck Depression Inventory version II (BDI-II) is a self-report instrument for the assessment of symptoms which correspond to the criteria for diagnosing depressive disorders (Beck, Steer, & Brown, 1996). It consists of 21 groups of statements, with the respondent being asked to choose 1 statement in each group that best describes her during the previous fortnight. The BDI-II has been translated into Chinese and demonstrates satisfactory validity and reliability (α ranging from .86 to .87) (Leung, 2001).

2.2.7 The Brief COPE (Carver, 1997) is a 28-item scale to measure strategies for coping with stalking victimization. It assesses the different coping strategies a person may have in response to a specific situation. It is made up of 14 subscales (each comprising 2 items); self-distraction, active coping, denial,

substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. Items are rated in terms of frequency of use according to a 4-point Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot).

2.2.8 The 15-item Dispositional Resilience Scale (DRS-15) (Bartone, 2007) was used to measure resilience. It assesses personality resilience and has three subscales (commitment, control, and challenge). All items are rated using a 4-item Likert scale ranging from 0 (not at all true) to 3 (completely true).

2.2.9 The Interpersonal Support Evaluation List-12 (ISEL-12) (Cohen et al., 1985), which has good psychometric properties and good internal consistency (Cronbach $\alpha = 0.88$), was used to measure perceived social support. This 12-item questionnaire consists of 3 subscales labeled appraisal, belonging, and tangible support, each of which contains 4 items scored using a 4-point Likert scale ranging from 0 (definitely false) to 3 (definitely true). The total score can therefore range from 0 to 36. The higher the score, the more the respondent perceives herself as receiving social support.

2.3 Study design

2.3.1 A cohort study was used to evaluate the effectiveness of the VSP in reducing family violence. Study participants were recruited from the VSP and a control group from shelters run by PLK. Participants in the VSP receive a package of services including information, emotional support, and an escort service when undergoing legal proceedings or facing sudden life changes. Participants in the control group receive the standard care consisting of legal, housing, and financial advice with referral to appropriate services.

2.3.2 Pre- and posttest assessments were conducted at the outset and completion of the intervention (six months after service delivery), respectively. For the control group, data collection was conducted at the same time as with the VSP cohort.

Step 1: First (baseline) measurement (T1)

2.3.3 A pre-intervention baseline assessment was conducted with survivors of family violence by a social worker. All assessments were carried out face-to-face in a private room to ensure complete privacy and safety for participants.

2.3.4 Individuals who did not meet the inclusion criteria received the standard care package which is readily available to all survivors of family violence.

2.3.5 Participants who met the inclusion criteria were told about the study and asked if they would like to take part. After obtaining written informed consent from the participants, the social worker informed the research team of the individual's inclusion and conducted the first baseline assessment (T1). The research interviewer was blinded to the group allocation of the participants. The investigators ensured that all information provided was kept confidential. Participants were told that involvement in this study was entirely voluntary and it would be free for them to leave at any time. If they withdrew from the project, the services they were receiving would not be affected.

Step 2: Intervention

<u>Control group: Standard care for survivors by shelters</u>

2.3.6 In the shelters, survivors who reported being abused were given accommodation; emotional support; legal, housing, and financial advice; and onward referrals to other services. If they showed signs of physical and/or psychiatric symptoms, they were referred for treatment (HKSARG, 2011).

<u>VSP: Provision of services</u>

2.3.7 Survivors taking part in the VSP were given access to services including the provision of information (legal and community resources) and support (emotional support; help with child care; an escort service; and guidance and training on personal care, caring for family members, and household management). The aim was to support them to undergo legal proceedings, reintegrate into the community, improve their child care and home management skills, and help them to face sudden life changes (HKSARG, 2011).

Step 3: Second measurement (T2)

2.3.8 A posttest measurement was conducted with the participants six months after service delivery, in order to assess the extent of the abuse experience and their wellbeing at this stage.

2.4 Enumeration results

2.4.1 At the first measurement (T1), 78 participants from the control group and 48 from the VSP were recruited and interviewed. After six months, 48 participants from the control group and 32 from the VSP completed the second (posttest) measurement (T2). A summary of the sampled participants in T1 and T2 is given in Table 2.4.1.

Table 2.4.1: Sample size and composition across T1 and T2

	VSP		Control group	
	Number	%	Number	%
First (Baseline) measurement (T1)				
Total number of participants recruited	57	100.0	98	100.0
Number of participants who declined	3	5.3	7	7.2
Number of participants who could not be contacted	6	10.5	13	13.3
Total number of participants	48	84.2	78	79.6
Second (Posttest) measurement (T2)				
Total number of participants recruited	48	100.0	78	100.0
Number of participants who declined to	2	4.2	12	15.4
Number of participants who could not be contacted	14	29.1	18	23.1
Total number of participants	32	66.7	48	61.5

2.5 Statistical analyses

2.5.1 A number of statistical analyses were carried out. Firstly, descriptive statistics were calculated to compare the two groups in terms of rate of spousal abuse at T1 and T2, using Fisher's exact test.

2.5.2 Child maltreatment, quality of life, depression, level of coping, and resilience for both groups at T1 and T2 were then compared using a linear regression analysis with adjustment for initial values and demographic characteristics. Standardized residuals were examined by scatter plots and normality probability plots in order to assess the adequacy of the regression analysis. Specific pairwise group comparisons were carried out using linear contrasts. The overall level of significance was set at 5% and all analyses were carried out using SPSS v.20.

2.5.3 Due to rounding, there may be slight discrepancies between the sum of individual items and the totals given in the tables. It should also be noted that actual figures (without rounding) are used to compile the percentages reported here.

2.6 Limitations

2.6.1 Although the results of this study are believed to be as accurate as practically possible, by virtue of using a set of data validation and processing procedures, sampling and non-sampling errors remain inevitable. Despite the introduction of various quality assurance measures, non-sampling errors might arise due to interviewer error (such as entering the wrong answer code into the computer) and respondent errors (wrongly recalling, or purposely misreporting, previous events).

Chapter 3 | Demographic Characteristics

3.1 Demographic profile

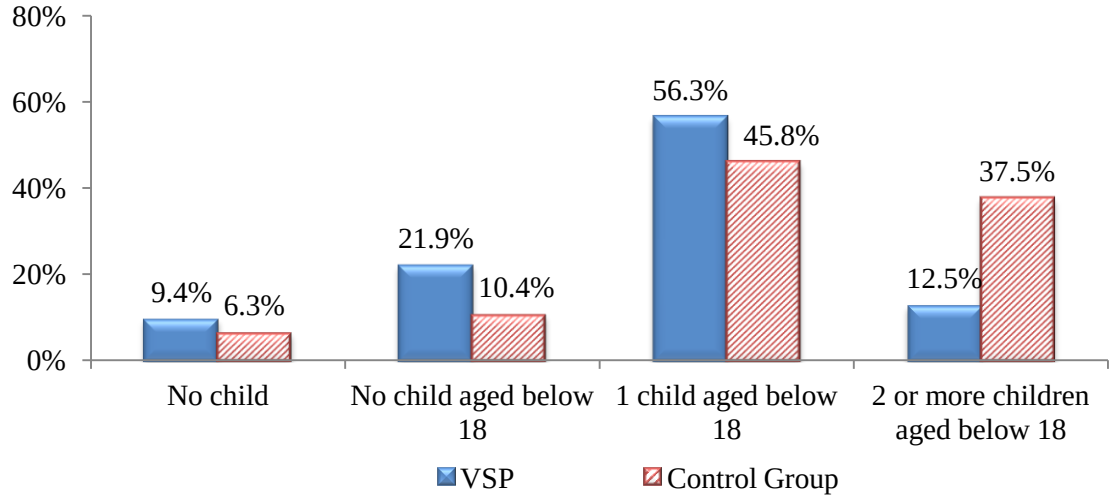
3.1.1 Information was collected on the demographic characteristics of the participants in both the VSP and control groups. Of the 80 participants (all female) who were married, 32 were from the VSP and 48 were in the control group. Their average age was about 40 and the number of years of marriage was about 13. The average age difference with spouse was about 13 years for the VSP and 11 for the control group. There were no significant differences between the VSP and control groups in terms of these age parameters.

Table 3.1.1: Participants' ages and age difference with spouse

	VSP (n=32)		Control group (n=48)		χ^2
	mean	SD	mean	SD	
Age	40.5	10.0	39.4	7.4	0.603
Age difference with spouse	12.5	8.9	10.8	9.1	0.763
Number of years of marriage	13.2	10.0	12.7	7.6	0.224

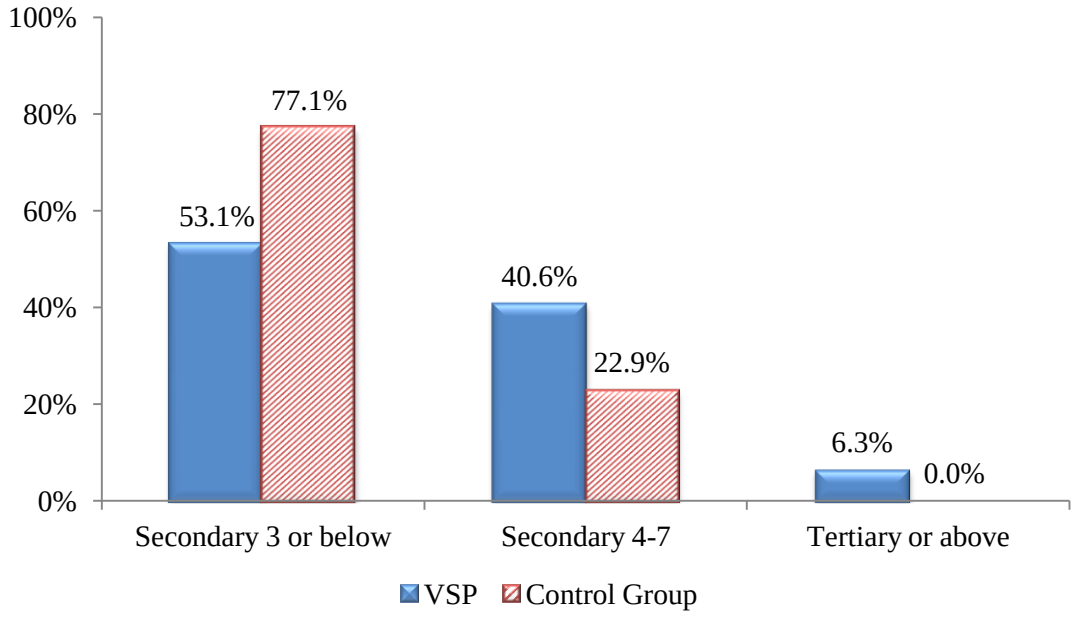
3.1.2 About 83% and 69% of the participants in the control group and the VSP, respectively, had at least one child aged under 18.

Figure 3.1.2: Number of children of participants



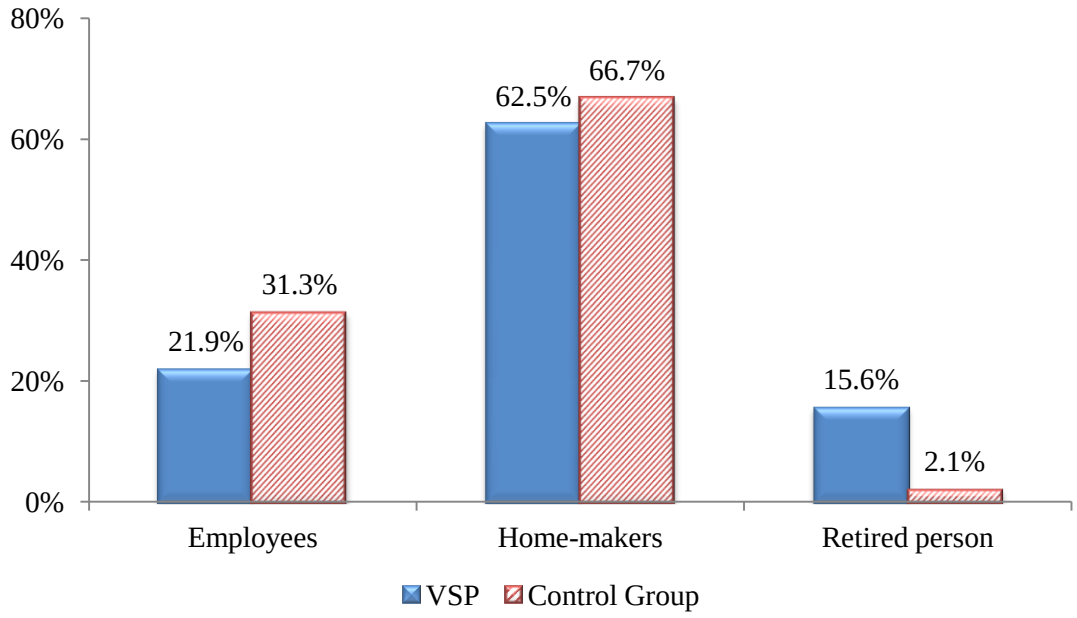
3.1.3 About 53% and 77% of the participants from the VSP and control groups had been educated to lower secondary level or below.

Figure 3.1.3: Educational attainment of participants



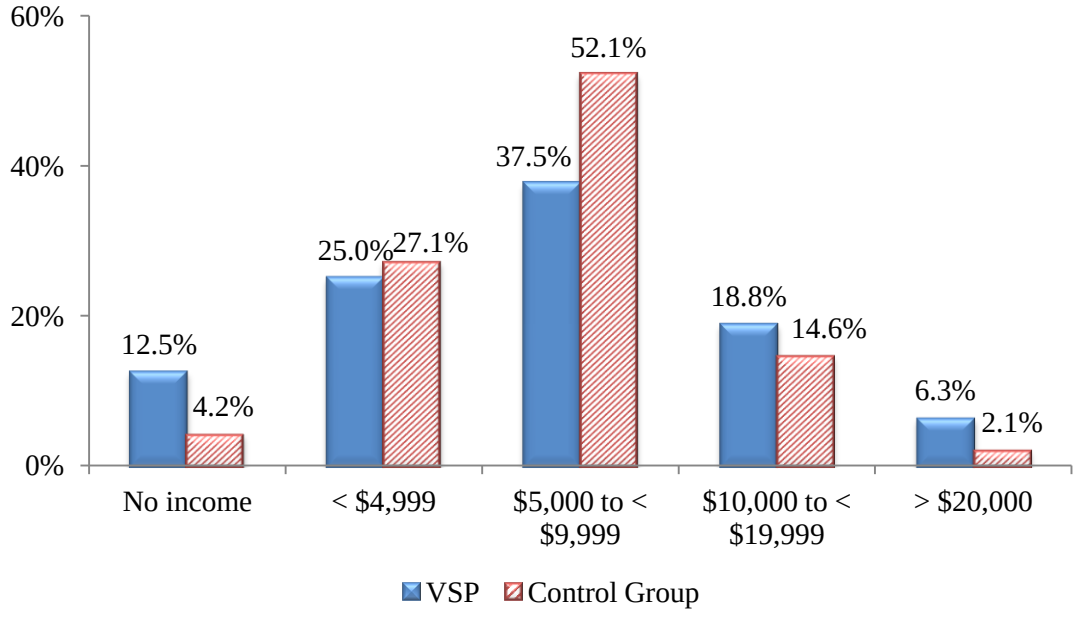
3.1.4 About two-thirds of the participants from the VSP and control groups were homemakers. About 31% and 22% in each group were employed outside the home.

Figure 3.1.4: Economic activity of participants



3.1.5 The majority of the participants were from low-income families. About 79% and 63% of participants from the control and the VSP groups, had a monthly household income below $10,000 respectively. About 50% and 65% of the participants from each of the groups received money from the Comprehensive Social Security Assistance (CSSA) Scheme.

Figure 3.1.5: Monthly household income of participants



3.1.6 It is also worth noting that about 3% and 8% of the participants in the VSP and control groups were facing debt issues.

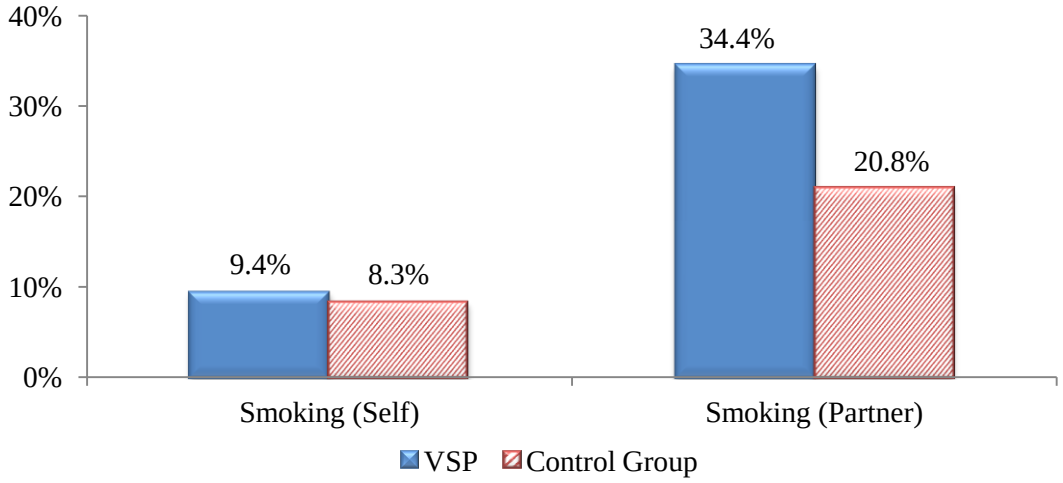
3.1.7 The majority of participants were divorced or separated, around 67.5% in the pretest and 78.7% in the posttest. About 29% and 16% of participants were married and cohabited in the pretest and posttest. A few of participants were single, 2.5% in the pretest and posttest.

3.1.8 Around half of participants (58%) were born in Hong Kong (14%) or stayed in Hong Kong more than 7 years (44%). Around 24% participants stayed in Hong Kong for less than three years and around 18% participants stayed in Hong Kong from four to six years.

3.2 Behaviors

3.2.1 Slightly less than 10% of the participants in both groups smoked, while about 34% (VSP) and 21% (control) of their partners did.

Figure 3.2.1: Smoking behavior of participants and their partners



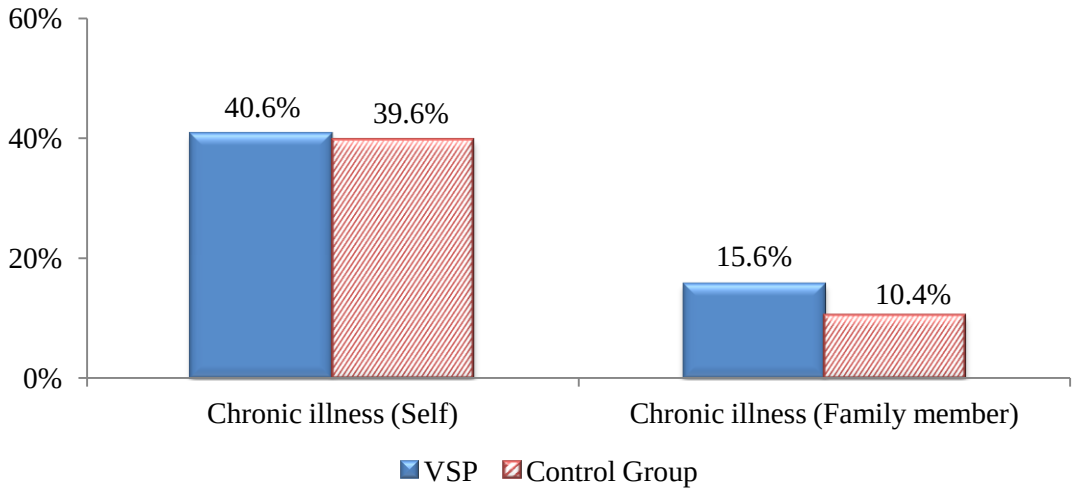
3.2.2 About 6% of the participants in the control had alcohol abuse whereas none of the participants in the VSP had alcohol abuse.

3.2.3 None of the participants reported that they had substance abuse.

3.3 Chronic illness

3.3.1 It is also worth noting that about 40% of the participants suffered from chronic illnesses such as hypertension and mental illness. About 16% (VSP) and 10% (control) of their family members also had chronic health problems.

Figure 3.2.2: Chronic illness of participants and family members



Chapter 4 | Key Findings

4.1 Service evaluation

4.1.1 The VSP aims to reduce survivors' feeling of fear and helplessness by providing them a package of services including information, emotional support, and an escort service when undergoing legal proceedings or facing sudden life changes.

4.1.2 For the participants from the control group, residential accommodations, emotional support, legal, housing and financial advice and referrals were given to survivors who reported being abused. If physical and psychiatric symptoms exist, they were referred to receive treatment.

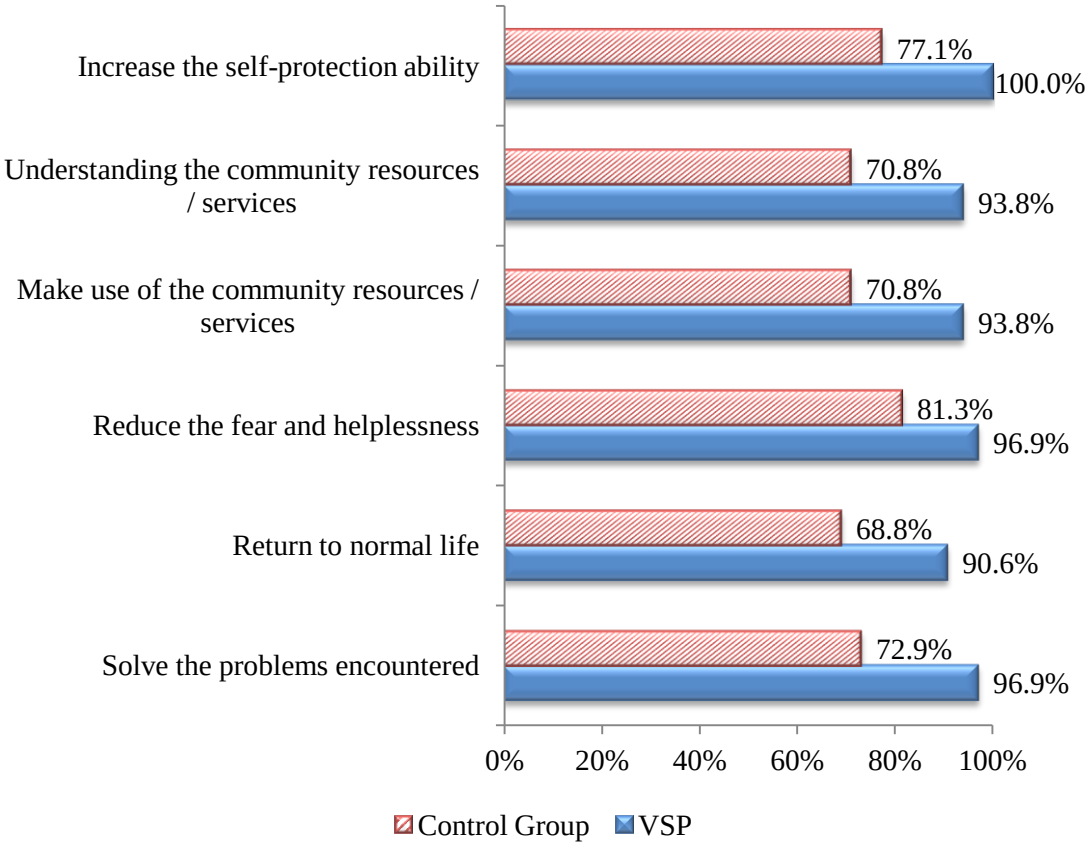
4.1.3 For the participants from the VSP, services including provision of information (legal and community resources) and provision of support (emotional support, child care support, escort service, guidance and training to survivors on personal care, care to family members and household management) were provided in order to support them to undergo legal proceedings, integrate into the community, improve child caring and home management skills, and face the sudden changes in life.

4.1.4 The participants in both the VSP and control groups were asked to rate the helpfulness of the services provided in terms of the following outcomes:

- An increased ability to protect myself;
- Better understanding of community resources and services;
- More use of community resources and services;
- A reduction in fear and helplessness;
- Ability to return to normal life;
- Ability to solve problems;
- No longer being affected by domestic violence;
- Better understanding of the relevant legal protections and procedures;
- More use of the relevant legal protections and procedures;
- A better support network;
- A better relationship with my children.

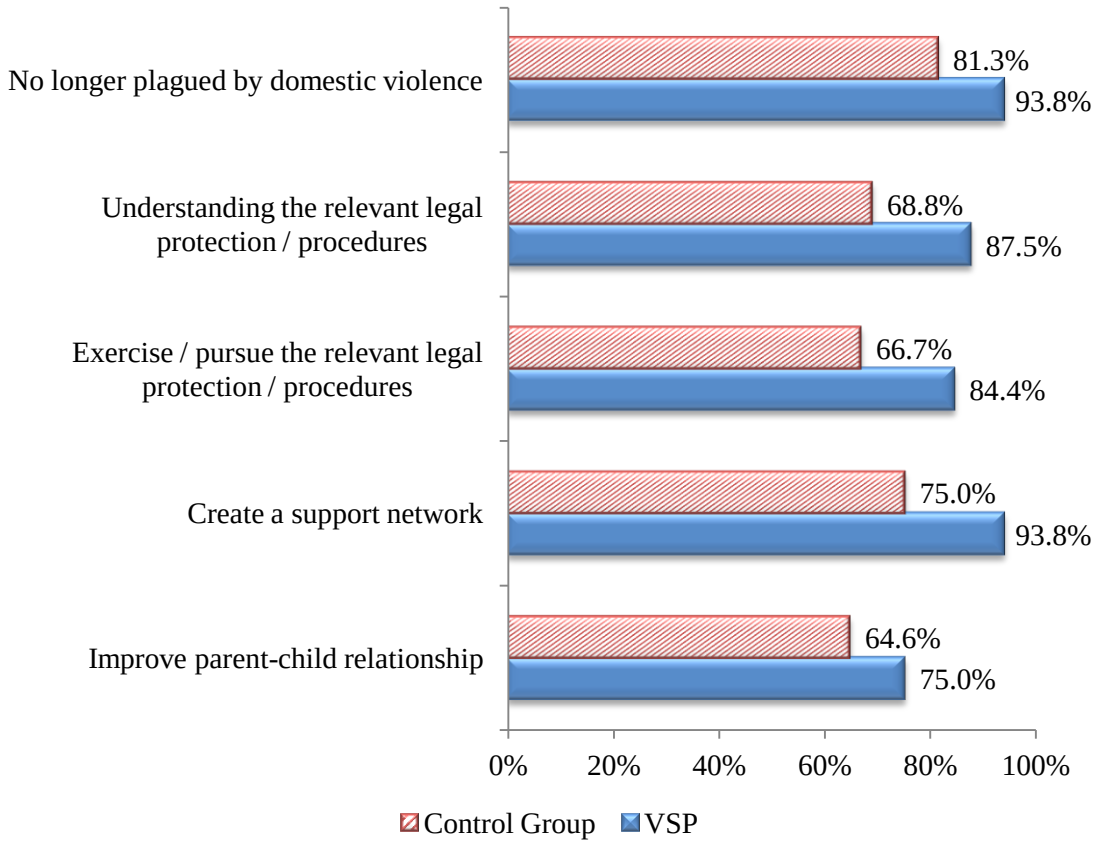
4.1.5 Significantly more participants from the VSP rated the services provided as helpful to extremely helpful, compared with those in the control group. The specific outcomes reported included an increased ability to protect myself (100% vs 77%; *p*=.014), better understanding of community resources and services (94% vs 71%; *p*=.012), more use of community resources and services (94% vs 71%; *p*=.012), a reduction in fear and helplessness (97% vs 81%; *p*=.038), ability to return to normal life (91% vs 69%; *p*=.022) and ability to solve problems (97% vs 73%; *p*=.006). These findings indicate that the services provided by the VSP were effective for these participants.

Figure 4.1.1: Participants' ratings of the helpfulness of services (significant)



4.1.6 More participants from the VSP than the control group reported improved outcomes in other areas; no longer being affected by domestic violence (94% vs 81%; *p*=.112), better understanding of the relevant legal protections and procedures (88% vs 69%; *p*=.153), more use of the relevant legal protections and procedures (84% vs 67%; *p*=.211), a better support network (94% vs 75%; *p*=.087) and a better relationship with children (75% vs 65%; *p*=.085). These differences were not statistically significant, but nevertheless indicate that the majority of the participants from the VSP considered the services they had received were helpful to them.

Figure 4.1.2: Participants' ratings of the helpfulness of services (non-significant)



4.2 Coping strategies

4.2.1 The Brief COPE (Carver, 1997) is a 28-item scale to measure strategies for coping with stalking victimization. It assesses different coping strategies a person may have in response to a specific situation. It is made up of 14 subscales: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. Two items for each subscale are rated on frequency of use with a 4-point Likert scale of 1 (I haven't been doing this at all) to 4 (I've been doing this a lot).

4.2.2 In the pretest, there were no significant differences between participants in the VSP and control groups in terms of coping strategies. In the posttest, significantly more participants from the VSP reported using adaptive coping compared with those in the control group. Adaptive coping strategies include active coping (sample items: "I have been concentrating my efforts on doing something about the situation I'm in" and "I have been taking action to try to make the situation better"; mean=5.35 vs 4.79; $p<.05$); use of instrumental support (sample items: "I have been trying to get advice or help from other people about what to do" and "I have been getting help and advice from other people" mean=5.50 vs 4.67; $p<.01$) and acceptance (sample items: "I have been accepting the reality of the fact that it has happened" and "I have been learning to live with it"; mean=5.61 vs 5.11; $p<.05$).

Table 4.2.1: Results of the Brief COPE

	Pretest (T1)					Posttest (T2)				
	VSP		Control		χ^2	VSP		Control		χ^2
	Mean	SD	Mean	SD		Mean	SD	Mean	SD	
Maladaptive										
Behavioral	2.94	1.19	2.56	0.97	1.55	2.69	1.18	2.77	1.12	-0.32
Denial	3.09	1.25	2.71	0.99	1.53	2.53	0.84	2.49	0.83	0.22
Self-distraction	5.09	1.09	4.75	1.28	1.25	5.28	1.14	5.10	1.08	0.70
Self-blame	3.72	1.59	3.98	1.55	-0.73	3.69	1.65	3.88	1.42	-0.54
Substance use	2.13	0.55	2.38	0.76	-1.70	2.06	0.36	2.22	0.74	-1.24
Venting	4.91	1.00	4.67	1.10	0.99	5.31	1.23	4.94	1.24	1.33
Adaptive										
Active coping	5.09	1.03	4.77	1.34	1.22	5.35	1.17	4.79	1.10	2.17*
Instrumental support	5.31	1.12	4.94	1.34	1.31	5.50	1.14	4.67	1.36	2.87**
Planning	5.06	0.91	4.98	1.00	0.38	5.44	1.13	5.00	1.16	1.66
Acceptance	5.34	1.07	5.15	1.03	0.83	5.61	0.88	5.11	0.96	2.32*
Emotional support	4.84	1.35	4.75	1.34	0.31	5.28	1.40	4.65	1.44	1.96
Humor	2.56	0.72	2.56	0.80	0.00	2.61	0.95	2.73	0.79	-0.59
Positive reframing	5.06	1.13	4.98	1.18	0.32	5.09	1.30	4.73	1.18	1.27
Religion	3.00	1.24	2.83	1.49	0.52	2.55	1.26	2.92	1.49	-1.18

*p<0.05, **p <0.01, ***p <0.001

4.3 The Interpersonal Support Evaluation (ISEL-12)

4.3.1 The Interpersonal Support Evaluation List-12 (ISEL-12) (Cohen et al., 1985) was used to measure the perceived social support of abused women. The 12-item questionnaire measures 3 sub-scales consisting of appraisal, belonging, and tangible support, each of which has 4 items. Each item scores from 0 (definitely false) to 3 (definitely true) giving a total score ranging from 0 to 36. The higher the score, the more the women perceive that they received social support.

4.3.2 In the pretest, there were no significant differences between the participants in the VSP and control groups in terms of perceived social support. In the posttest, significantly more participants from the VSP perceived themselves as receiving tangible support, compared with those in the control group (mean=6.9 vs 5.9; $p<.05$). This subscale measures the perceived availability of material aid (sample item: "If I got stranded 10 miles out of town, there is someone I could call to come get me").

Table 4.3.1: Results of the Interpersonal Support Evaluation List-12 (ISEL-12)

	VSP (n=32)		**Control group (n=48)**		χ^2
	mean	SD	mean	SD	
Pretest (T1)					
Appraisal subscale	7.1	2.0	6.5	2.1	1.198
Belonging subscale	6.3	2.8	6.2	2.1	0.144
Tangible subscale	6.2	2.7	6.0	2.4	0.238
ISEL	19.6	6.6	18.8	6.1	0.549
Posttest (T2)					
Appraisal subscale	6.9	2.1	6.1	2.3	1.713
Belonging subscale	6.8	2.0	5.8	2.5	1.777
Tangible subscale	6.9	1.9	5.9	2.0	2.173*
ISEL	20.6	5.8	17.8	6.5	1.981

4.4 Dispositional Resilience Scale (DRS-15)

4.4.1 Resilience was measured by 15-item Dispositional Resilience Scale (DRS-15) (Bartone, 2007). It assesses the personality resilience with subscales of commitment, control, and challenge. Commitment refers to the tendency to stay involved with people and commitment to the activities in their life instead of retreating into isolation under stress. Control describes the belief that one can control or influence one's life events. Challenge refers to the tendency to view change as natural and experience life obstacles as exciting possibilities for self-development. All items are rated by a 4-Likert scale, in which 0 = not at all true, 1 = a little true, 2 = quite true and 3 = completely true.

4.4.2 In the pretest, there were no significant differences between participants in the VSP and control groups in terms of their resilience. In the posttest, significantly more participants from the VSP than the control group demonstrated higher levels of resilience, which can be described as the ability to achieve, retain, or regain a level of physical or emotional health after abuse (mean=23.1 vs 20.5; $p<.05$).

Table 4.4.1: Results of the Dispositional Resilience Scale (DRS-15)

	VSP (n=32)		**Control group (n=48)**		χ^2
	mean	SD	mean	SD	
Pretest (T1)					
Commitment	7.6	3.2	7.4	3.3	0.268
Control	6.5	2.1	6.0	2.7	0.881
Challenge	7.0	1.5	7.2	2.1	-0.457
Hardiness	21.1	5.9	20.6	6.8	0.341
Posttest (T2)					
Commitment	8.9	3.3	7.7	3.1	1.623
Control	7.1	1.9	6.2	1.8	**2.017***
Challenge	7.1	1.7	6.5	1.5	1.565
Hardiness	23.1	6.1	20.5	5.2	**2.049***

4.5 Prevalence of intimate partner violence (IPV)

4.5.1 As noted earlier, the C-AAS was used to screen potential participants for IPV. With regard to psychological abuse, the lifetime prevalence rate for the VSP participants was 100% and for the year before the pretest was 84%. In the posttest, although the rate had decreased, 44% of the VSP participants still reported being psychologically abused by their partners in the previous six months ($p<.01$).

4.5.2 With regard to physical assault, the lifetime prevalence rate for the VSP participants was 78% and for the year before the pretest was 47%. In the six months prior to the posttest survey, about 16% of the VSP participants had been physically abused by their partners ($p<.01$).

4.5.3 The lifetime prevalent rate of sexual abuse for the VSP participants was 59%, and for the year before the pretest was 22%. In the six months prior to the posttest, only 3% of the VSP participants reported having been sexually abused by their partners ($p<.05$).

4.5.4 About 59% of the VSP participants reported that they were in fear of their partners at the pretest. After six months, their fear had reduced but 28% still described some fear at the posttest stage ($p<.05$).

Table 4.5.1: Prevalence of Intimate Partner Violence (IPV) among VSP participants

	Lifetime %	**Pretest: In the past 12 months** %	**Posttest: In the past 6 months** %	χ^2
Psychological abuse	100.0%	84.4%	43.8%	**11.470****
Physical assault	78.1%	46.9%	15.6%	**7.273****
Sexual coercion	59.4%	21.9%	3.1%	**5.143***
Felt fear	-	59.4%	28.1%	**8.029***

*p <0.05, **p <0.01, ***p <0.001

4.6 Prevalence of child abuse

4.6.1 For the measurement of child maltreatment, the CTSPC (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) was used. The subscales of CTSPC are minor assault (or corporal punishment) (5 items), severe assault (physical maltreatment) (4 items), very severe assault (severe physical maltreatment) (4 items) and neglect (5 items). The prevalence rate refers to the percentage of participants who reported one or more of the acts in the scales including minor assault (or corporal punishment), severe assault (physical maltreatment), very severe assault (severe physical maltreatment), and neglect.

4.6.2 The lifetime prevalence rate of corporal punishment reported by the VSP participants with at least one child aged under 18 was 70%, and was 44% for the previous year of the pretest. During the six months prior to the posttest, about 46% had used corporal punishment on their children.

4.6.3 With regard to severe physical maltreatment, the lifetime prevalence rate for this subgroup of VSP participants was 26% and for the year before the pretest was 13%. In the six months prior to the posttest, about 5% had used physical maltreatment on their children.

4.6.4 In terms of child neglect, the lifetime prevalence rate measured at pretest was 39% for this subgroup of VSP participants and the annual prevalence rate was 17%. In the six months prior to the posttest, about 32% had neglected their children.

Table 4.6.1: Prevalence of child abuse by VSP participants

	Lifetime %	**Pretest: In the past 12 months** %	**Posttest: In the past 6 months** %	χ^2
Minor assault (corporal punishment)	69.6%	43.5%	45.5%	0.018
Severe physical maltreatment	26.1%	13.0%	4.5%	1.003
Very severe physical maltreatment	0.0%	0.0%	0.0%	-
Neglect	39.1%	17.4%	31.8%	1.267

*p <0.05, **p <0.01, ***p <0.001

4.7 Physical and mental health

4.7.1 The Short Form Health Survey (SF-12) and the Beck Depression Inventory version II (BDI-II) were used to assess health-related quality of life (Ware, Snow, & Kosinski, 1993) and symptoms corresponding to the criteria for diagnosing depressive disorders.

4.7.2 No significant differences in these measures were found between the VSP and control groups in the pre- or posttest.

Table 4.7.1: Physical and mental health of participants

	VSP (n=32)		**Control group (n=48)**		χ^2
	mean	SD	mean	SD	
Pretest (T1)					
Physical health (SF-12:PCS)	46.35	10.14	45.02	9.04	0.61
Mental health (SF-12:MCS)	40.13	9.92	40.20	9.96	-0.03
BDI-II	18.28	14.55	19.58	15.04	-0.38
Posttest (T2)					
Physical health (SF-12: PCS)	43.99	8.89	43.59	10.24	0.18
Mental health (SF-12: MCS)	43.53	10.58	40.95	10.49	1.07
BDI-II	14.09	14.25	16.60	12.42	-0.84

The mean PCS among the HK general adult population is 50;

@The mean MCS among the HK general adult population is 48.4.

Chapter 5 | Conclusions and Recommendations

5.1 Conclusions

5.1.1 The objectives of the VSP are:

(1) To strengthen protection to survivors of family violence by providing information on and access to relevant legal proceedings and community resources;

(2) To help alleviate the feelings of fear and helplessness of survivors by providing emotional support and companionship as they go through the judicial process; and

(3) To empower survivors and promote mutual support to help them to resume normal life and functioning.

5.1.2 A cohort survey was conducted to examine whether there were any significant differences between users of the VSP and a control group accessing shelters, in terms of a range of indicators. The findings of both VSP and control groups stated to have improvement in coping strategies. The analysis reported here shows that after the intervention, significantly more VSP users used adaptive coping strategies (active coping, use of instrumental support, and acceptance) and demonstrated a greater growth in resilience, compared with those in the control group. In addition, more of the women who had taken part in the VSP perceived themselves as being able to access the social resource of tangible support (that is, material aid from others).

5.1.3 With regard to psychological and sexual abuse, and physical assault, the prevalence rates were significantly reduced for the VSP participants, who also reported that their fear of their partners had reduced. The analysis demonstrates a significant decrease in the reported prevalence rates of the different forms of IPV after the VSP intervention.

5.1.4 Furthermore, significantly more participants from the VSP rated the services as helpful or extremely helpful, compared with those in the control group. The outcomes they reported included an increased ability to protect themselves, a

better understanding of community resources and services, more use of community resources and services, a reduction in fear and helplessness, the ability to return to normal life, and the ability to solve problems. These findings indicate that the services provided in the VSP were considered effective for this group of users.

5.1.5 The in-depth interviews with workers and volunteers in December 2011 to January 2012, including five social workers, four welfare workers and four volunteers, indicated that members of both groups felt that the VSP participants were more positive, optimistic, independent, and secure after the intervention. This is consistent with the aims and values of VSP, namely to support participants to find their own direction, understand their roles, increase their knowledge about the community, and develop a social network.

5.1.6 All in all, the survey reported here demonstrates that the VSP is effective in alleviating family violence survivors' feelings of fear and helplessness. In addition, the program can also enhance their ability to protect themselves, to understand and use community resources and services, solve problems, and resume their normal lives.

5.2 Recommendations

Service development

5.2.1 It is worth noting that the reported prevalence rates of child abuse did not reduce significantly at T2. This may be because the VSP service does not focus on stopping child-abuse, thus the improvement on the children physical maltreatment and neglect was not significant.

5.2.2 Therefore, it is recommended that the VSP could expand to address components such as parenting, child-discipline and child protection in order to strengthen the knowledge and skills of VSP participants in these areas and support them to rebuild their lives over the long term.

5.2.3 Moreover, the service could focus more on child care and parenting in order to reduce the stress associated with these matters and equip survivors with better parenting skills. This may help to reduce the risk of child abuse. Consideration could be given to establish a parenting group alongside the child development group, for clients and their children.

5.2.4 In order to meet the needs of the survivors on parenting, the child visitation service is launched in August 2012 and the service target is the parents who are separated or divorced due to family violence and the children under 18. Furthermore, parenting skill training is provided to the service users in this new service, hoping to strengthen the parent-child relationship.

5.2.5 Another new service development is that referral of the Guidance and Training on Life Skills (家居生活指導) is now extended to self-referral since 1 July 2013. In other words, referral services can be both direct referral and referral from service units. By minimizing the constraint of the referral system, there is an increase of child services about parenting issues, which aim to handle the pressure of survivors, improve parent-child relationship, and so on. Thus, it may help as prevention of child abuse cases.

Volunteer training

5.2.6 The in-depth interviews with the volunteers indicated that the training courses

had helped them to understand the services provided by VSP, and that they had acquired basic knowledge about judicial procedures in order to help clients. Such training courses could equip them with both knowledge and skills in services provision. The workers agreed that the training courses could have this impact, but suggested that more volunteer training could be provided to support their services, especially when working with clients with special needs (a view with which the volunteers themselves agreed).

5.2.7 The extended volunteer training could cover the following aspects to improve knowledge and skills:

- Child care;
- Working with children with special needs;
- Working with minorities;
- Knowledge of the welfare services and systems in Hong Kong, such as CSSA;
- Handling clients' emotions; and
- Handling discrimination in the community.

5.2.8 A regular assessment and review of the performance and ability of volunteers could be established so as to maintain and enhance the quality of services provided. It is recommended that a protocol for standard assessment process could be designed for regular use by social workers.

Service delivery mode

5.2.9 In terms of service delivery mode, an increase of the means of referrals from different service units could enable more clients to receive services. Such services could also cover all districts in the territory so that survivors could be able to approach different units. This would be a particular strength for the VSP. The outreach mode is also used at both the intake and service provision stages, to overcome geographical limitations. Staff could also take the initiative to identify and accommodate the needs of clients. In future development, it is recommended to extend the direct self-referral to all kind of services of VSP so that the efficiency of delivering services would be increased.

5.2.10 Tsui Lam Centre is located in Tseung Kwan O which may limit the

accessibility of centre-based services, e.g. mutual support group and program, for service users from Western Kowloon and New Territories. Regarding the sense of identity of the service users in receiving mutual support group and program, it is advised to identify some regular bases to provide service for the service users in different district, outside Tseung Kwan O.

5.2.11 Taking into account the stability and readiness of the volunteers, it is suggested that a special team of frontline staff could be created for the training of handling special cases, such as families with children with special needs, high-risk cases, particularly emotional clients, clients with urgent needs, and so on.

Promotion and publicity

5.2.12 This evaluation has shown that the VSP was effective. It is recommended that further services could be developed for the ethnic and sexual minority groups (such as lesbian, gay, bisexual, and transgender service users). With a good connection with the relevant community groups, this area of service development and promotion can be facilitated.

5.2.13 Other than that, most of the service users of the VSP are women. This phenomenon may be caused by the huge needs of abused women for support services and/or the hesitation of men in help-seeking. The development and promotion of men services thus could be one of the service development plans for VSP.

5.2.14 The VSP could be extended to male survivors of family violence. Promotion and publicity could be strengthened in different means, e.g. services within PLK's current provision. In the community, regular publicity could also help to enhance awareness of men's needs and promote the services available to them from PLK.

Research

5.2.15 The findings of this study provide useful information about the service, and can also be used as a basis to monitor changes over time for VSP participants

in terms of attitude and behavior. Such ongoing evaluation could be used to further enhance service provision. To facilitate the continuation of monitoring, it is recommended that an evaluation study could be conducted periodically. A longitudinal survey could also be considered so that changes over time can be more precisely monitored and analyzed.

5.2.16 It is found that there are no male victim samples in this study. Due to a few number of male victims receiving the VSP services in the data collection period and the unwillingness for the male service users to participate in this study, the needs and help-seeking patterns of the male victims cannot be explored and included in this report. To understand the characteristics and needs of male victims, it is recommended that an exploratory study on male victims could be conducted.

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