

RGC Ref. No.: <u>UGG/FDS11/H03/16</u> (please insert ref. above)
--

**RESEARCH GRANTS COUNCIL
COMPETITIVE RESEARCH FUNDING SCHEMES FOR
THE LOCAL SELF-FINANCING DEGREE SECTOR**

FACULTY DEVELOPMENT SCHEME (FDS)

Completion Report

(for completed projects only)

<p><u>Submission Deadlines:</u></p> <ol style="list-style-type: none"> 1. Auditor's report with unspent balance, if any: within six months of the approved project completion date. 2. Completion report: within 12 months of the approved project completion date.
--

Part A: The Project and Investigator(s)

1. Project Title

Exploring the Sexual Self of Female Adult Survivors of Childhood Sexual Abuse

2. Investigator(s) and Academic Department(s) / Unit(s) Involved

Research Team	Name / Post	Unit / Department / Institution
Principal Investigator	NG Hoi-nga / Assistant Professor	School of Humanities and Languages / Caritas Institute of Higher Education
Co-Investigator(s)	BOEY Kam-weng / Research Professor	School of Humanities and Languages / Caritas Institute of Higher Education
Others		

3. Project Duration

	Original	Revised	Date of RGC / Institution Approval <i>(must be quoted)</i>
Project Start Date	01/01/2017	N/A	N/A
Project Completion Date	31/12/2019	30/06/2020	Institution Approval granted on 20/11/2019
Duration <i>(in month)</i>	36	42	Institution Approval granted on 20/11/2019
Deadline for Submission of Completion Report	31/12/2020	30/06/2021	N/A

Part B: The Final Report

5. Project Objectives

5.1 Objectives as per original application

1. To present a comprehensive understanding of the sexual self-concept of female adult survivors.
2. To describe the current levels of psychological functioning in terms of self-evaluation, social relationship, and psychological of well-being of female adult survivors of CSA.
3. To examine the nature of relationship between CSA, sexual self-concept and psychological functioning of female adult survivors.
4. To explore intrapersonal, interpersonal, and sociocultural factors affecting sexual self-concept and to investigate if there are any factors that act to intervene the effects of CSA.

5.2 Revised objectives

Date of approval from the RGC: N/A

Reasons for the change: N/A

- 1.
- 2.
3.

5.3 Realisation of the objectives

(Maximum 1 page; please state how and to what extent the project objectives have been achieved; give reasons for under-achievements and outline attempts to overcome problems, if any)

1. Instead of confining to the study of sexual esteem and sexual efficacy as reported in the literature, we studied the sexual self-concept (SSC) of CSA survivors more comprehensively. We adopted eight dimensions of SSC to describe female adult survivors of CSA. These eight dimensions were empirically grouped into three components and each component was measured by two to three subscales, namely, (a) Positive SSC (sexual self-esteem, sexual self-efficacy, and sexual satisfaction), (b) Negative SSC (sexual anxiety, sexual depression, and sexual fear), and (c) Situational SSC (sexual consciousness and sexual motivation). The SSC profile of female survivors was compared with that of women without a history of CSA. CSA survivors were significantly impaired in SSC, which in turn resulted in ineffective psychological functioning. With the above empirical evidence, Objective 1 was fully achieved.
2. We described the current levels of psychological functioning in terms of three domains, viz., self-evaluation, psychological health, and interpersonal relationships. Each domain was measured by two aspects. Self-evaluation was measured by global self-esteem and general efficacy, psychological health was evaluated by life satisfaction and depression, and interpersonal relationships were assessed by social avoidance and social alienation. The reliability and validity of these measurements were established. Again, we compared psychological functioning of CSA survivors with that of non-CSA respondents. Psychological functioning of female survivors was deleteriously affected by CSA. The deleterious effects of CSA were mediated by SSC, particularly by Negative SSC. We further observed healthy SSC and effective psychological functioning were associated with favorable demographic factors such as older age, married, and of higher education. Objective 2 of our research was also fully realized.
3. We use two-way ANOVA and ANCOVA to study the relationships of CSA, SSC, and psychological functioning. Conceptually, CSA was treated as an antecedent condition, psychological functioning as consequent condition, and SSC, a mediator. We also included CSA characteristics and demographic factors as moderators which were postulated to buffer the effects of CSA on SSC. The overall results showed that the effects of CSA on SSC were direct but the effects on psychological functioning were indirect (which was mediated by SSC). Results of the study provided us with an understanding of the relationships of CSA, SSC, and psychological functioning. Though certain relationships were not consistent with what we expected, the results were revealing. We considered Objective 3 completely realized.
4. Quantitative and qualitative approaches are adopted to achieve Objective 4, but qualitative method played a more important role in identifying various factors that affected SSC and psychological functioning. Consistently, in-depth interview of 30 female survivors showed that CSA survivors were suffered from long-term negative effects of CSA, which weakened their resilience to cope with stress. More than 80% of the interviewees had difficulties in sexual relationship. Though certain demographic factors were associated with favorable outcomes, stigmatization and others' negative comments exacerbated their psychosocial impairments. Nonetheless group supports and religious intervention were effective in healing and transforming the traumatic experience CSA. In general, we found that intrapersonal factors, interpersonal factors, and sociocultural factors did play a role in affecting psychosocial adjustment of CSA survivors. Objective 4 was also realized by quantitative and qualitative analysis.

5.4 Summary of objectives addressed to date

Objectives <i>(as per 5.1/5.2 above)</i>	Addressed <i>(please tick)</i>	Percentage Achieved <i>(please estimate)</i>
1. To present a comprehensive understanding of the sexual self-concept of female adult survivors.	✓	100%
2. To describe the current levels of psychological functioning in terms of self-evaluation, social relationship, and psychological of well-being of female adult survivors of CSA.	✓	100%
3. To examine the nature of relationship between CSA, sexual self-concept and psychological functioning of female adult survivors.	✓	100%
4. To explore intrapersonal, interpersonal, and sociocultural factors affecting sexual self-concept and to investigate if there are any factors that act to intervene the effects of CSA	✓	100%

6. Research Outcome

6.1 Major findings and research outcome

(Maximum 1 page; please make reference to Part C where necessary)

(Abbreviation: CSA=child sexual abuse; SSC=sexual self-concept)

Major findings:

A total of 83 CSA female survivors (mean age = 36.2, SD = 11.9) and 89 women (mean age = 36.8, SD = 13.5) who reported no history CSA or any forms of childhood trauma were invited to participate in this study. In-depth interviews were also conducted on 30 female survivors and the interview transcribed for qualitative analysis.

This study found that greater proportion (56.7%) of CSA victims were abused by members of the family (i.e., intrafamilial CSA), which was incongruent with findings reported in the West where greater proportion of CSA was committed by a non-family member (extrafamilial CSA). Traditional Chinese values tend to contain shameful secret within the family more than Western families. Such tendency of tolerance and containment was conducive to intrafamilial CSA. Results showed that victims abused by intrafamilial members tended to experience CSA at an earlier age of onset. They also reported longer duration, and higher frequency of abuse than did survivors of extrafamilial CSA.

Among CSA characteristics, on early onset (at age 8 or younger) was associated with higher depression, lower self-esteem, and distress presently experienced. CSA exerted a direct effect on sexual health of CSA survivors. Generally, differences of sexual health across different CSA status were not moderated by CSA characteristics and demographic factors. Nonetheless, within CSA survivors, those who were unmarried, younger (aged 29 or below), or of lower education (college or below) were poorer in SSC and psychological functioning

Negative SSC (sexual anxiety, sexual depression, and sexual fear) of CSA survivors was higher and Positive SSC (sexual self-esteem, sexual self-efficacy, and sexual satisfaction) was generally lower than that of women without a history of CSA. Relatively, female survivors of CSA generally showed ineffective psychological functioning (i.e., poor self-evaluation, psychological ill-health, and difficulties in interpersonal relationships). The damaging effects of CSA on psychological functioning were mediated by SSC, most significantly by Negative SSC. Although female survivors of CSA reported lower sexual desires, their sexual frequency was not significantly reduced. They tended to engage in sexual activities as an obligation resulted from over-sexualisation and influenced by traditional Chinese sexual values. The in-depth interview further revealed that 87% of the interviewees encountered difficulty in intimate relationship and 83% had difficulties in sexual relationship. The difficulty in intimate relationship is a barrier to building up trust towards partners and others. Similar to our quantitative findings, in-depth interviewed revealed that magnitude of impairment in sexual self was not in proportion to the severity of sexual abuse activities. For instance, a survivor who experienced sexual harassment reported higher level of sexual fear than another survivor who was raped by a perpetrator. Among the 83 CSA female survivors, 16 of them also experienced other forms of child maltreatment (e.g., physical, emotional abuse, verbal abuse, etc.). This group of survivors had greater impairments in SSC and psychological functioning than did survivors who experienced CSA only.

Measure of Negative SSC, with its better relative efficiency, is recommended to be used as a screening tool of CSA and as an outcome measure of intervention programme for CSA survivors. Findings of this study implicated that Negative SSC should be given greater attention in intervention strategy for CSA survivors. Survivors with unfavorable demographic characteristics (unmarried status, lower education, and aged 29 or below) may need more help to safeguard a healthy and effective psychological functioning. The in-depth interviews revealed that religious intervention was very effective in healing CSA and transforming the traumatic experience to new chapter of life.

Research outcomes:

Two articles submitted for publication in International Journal of Sexual Health (under review) and 中國健康心理學期刊 respectively. Two articles for submission to peer-reviewed journal are under preparation. 12 papers were presented at regional and international conferences. A monograph (with a total 453 pages) is printed and to be distributed to libraries of higher education institutes and counselling centres of social services organization in Hong Kong.

6.2 Potential for further development of the research and the proposed course of action (Maximum half a page)

Negative SSC was found to be significantly affected by CSA. Our study validated measure of Negative SSC which not only can be used as an outcome measure of counselling service, but also a screening tool to identify cases of CSA. As a great majority of child sexual abuse occurred when the victims were in the primary school, sexuality education should be introduced in primary school to help prevent incidents of child sexual abuse.

However, the success or the effectiveness of sexuality education in primary school depends largely on teachers' and parents' attitudes towards sexuality education in primary school. Research suggested that attitudes towards sexuality and sexuality education were in turn affected by demographic characteristic, religiosity, and traditional values of sexuality.

On completion of our research on psychosocial impairments of female survivors CSA, it is proposed that a follow-up study on sexuality education in primary school be conducted, with teachers and parents as the targeted subjects for the study.

7. Layman's Summary

(Describe in layman's language the nature, significance and value of the research project, in no more than 200 words)

Female survivors of child sexual abuse (CSA) was significantly poor in sexual self-concept (SSC), a component of sexual health. Negative SSC (i.e., sexual anxiety, sexual depression, and sexual fear) play a more significant role in mediating the negative effect of CSA on self-evaluation, psychological health, and in interpersonal relationships. Early onset of CSA was associated with poorer self-esteem, higher depression, and greater psychological distress. Survivors experienced other child maltreatments in addition to CSA reported greater psychosocial impairments than did survivors of CSA only.

CSA survivors reported lower sexual desires, but their sexual frequency was similar to that of non-CSA respondents. It was likely that they engaged in sexual activities out of obligation rather than to satisfy their own sexual desires. The in-depth interview of 30 survivors revealed that they suffered from a spectrum of sexual fear and their current sexual relationship were predominantly negative.

Negative SSC was most seriously affected by CSA and was the most sensitive measure of sexual health. It should be given greater attention in helping CSA survivors to recover from their ordeal. Social work intervention and religious intervention play a significant role in healing and transforming the traumatic experience of CSA.

Part C: Research Output**8. Peer-Reviewed Journal Publication(s) Arising Directly From This Research Project**

(Please attach a copy of the publication and/or the letter of acceptance if not yet submitted in the previous progress report(s). All listed publications must acknowledge RGC's funding support by quoting the specific grant reference.)

The Latest Status of Publications				Author(s) (denote the corresponding author with an asterisk*)	Title and Journal / Book (with the volume, pages and other necessary publishing details specified)	Submitted to RGC (indicate the year ending of the relevant progress report)	Attached to this Report (Yes or No)	Acknowledged the Support of RGC (Yes or No)	Accessible from the Institutional Repository (Yes or No)
Year of Publication	Year of Acceptance (For paper accepted but not yet published)	Under Review	Under Preparation (optional)						
-	-	Yes	N/A	Ng Hoi-nga & Boey Kam-weng	童年期性侵犯受害女性的性健康狀況 《中國健康心理學》	No	Yes (Attachment 1)	Yes	Yes
-	-	Yes	N/A	Ng Hoi-nga & Boey Kam-weng	Sexual Self-concept and Psychological Functioning of Women with a History of Childhood Sexual Abuse in Hong Kong. <i>International Journal of Sexual Health</i>	No	Yes (Attachment 2)	Yes	Yes

9. Recognized International Conference(s) In Which Paper(s) Related To This Research Project Was / Were Delivered

(Please attach a copy of each conference abstract)

Month / Year / Place	Title	Conference Name	Submitted to RGC (indicate the year ending of the relevant progress report)	Attached to this Report (Yes or No)	Acknowledged the Support of RGC (Yes or No)	Accessible from the Institutional Repository (Yes or No)
March/ 2018/ Taiwan	<i>Effects of Childhood Sexual Abuse on Sexual Self-concept and Psychological Well-being</i>	<i>The Asia-Pacific Conference on Education, Social Studies and Psychology</i>	2018	Yes (Attachment 3)	Yes	Yes
March/ 2018/ Taiwan	<i>Gender Difference in Sexual Self-concept and Psychological Well-being in Emerging Adulthood</i>	<i>The Asia-Pacific Conference on Education, Social Studies and Psychology</i>	2018	Yes (Attachment 4)	Yes	Yes
March/ 2018/ Hong Kong	《童年受性侵犯成年倖存者的性健康和心理健康》	國際應用心理學會及中國健康心理學刊合辦第14屆學術研究會議－應用心理學及人文全人發展的哲學與實務	No	Yes (Attachment 5)	Yes	Yes
August/ 2019/ Tokyo, Japan	<i>A Survey and In-depth Interview study on Female Survivors of Childhood Sexual Abuse</i>	<i>International Conference on Education, Psychology, and Social Sciences</i>	No	Yes (Attachment 6)	Yes	Yes
July/ 2019/ Bangkok, Thailand	<i>A quantitative research on sexual health status of women with a history of childhood sexual abuse</i>	<i>3rd international conference on sexuality: Health, education, and right</i>	No	Yes (Attachment 7)	Yes	Yes
July/ 2019/ Bangkok, Thailand	<i>Psychometric properties and factorial structure of a measure of sexual health status for late adolescents and CSA survivors</i>	<i>3rd international conference on sexuality: Health, education, and right</i>	No	Yes (Attachment 8)	Yes	Yes

10. Whether Research Experience And New Knowledge Has Been Transferred / Has Contributed To Teaching And Learning

(Please elaborate)

The results of research findings have been shared by the PI in her various lectures.

11. Student(s) Trained

(Please attach a copy of the title page of the thesis)

Name	Degree Registered for	Date of Registration	Date of Thesis Submission / Graduation
N/A			

12. Other Impact

(e.g. award of patents or prizes, collaboration with other research institutions, technology transfer, teaching enhancement, etc.)

Publication of Monograph to be sent to other Universities and Public libraries sharing research findings. (PDF Attached)

13. Statistics on Research Outputs

No. of outputs arising directly from this research project	Peer-reviewed Journal Publications	Conference Papers	Scholarly Books, Monographs and Chapters	Patents Awarded	Other Research Outputs (please specify)	
					Type	No.
	2	6	1 (A copy is attached)			

14. Public Access Of Completion Report

(Please specify the information, if any, that cannot be provided for public access and give the reasons.)

Information that Cannot Be Provided for Public Access	Reasons
N/A	