Professionals’ Views on Interventions Offered for Adult Victims of Sexual Abuse

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Abstract

The goal of this study was to, through interviews with professionals, get a better understanding of interventions offered to victims of sexual abuse in Sweden. And the challenges face in their day-to-day work lifestyle. To carry out this research we have chosen the qualitative approach, and have made interviews with professionals within the field. This research has three theoretical standpoints, which consist of the Person Centered Approach, Human Motivation Theory and lastly the Empowerment Theory. According to the informants, the most common and used intervention offered to the victims are one-on-one dialogues. Some informants also described that victims might end up in between the chairs because they are bounced from one organization to another. On the other hand the results also show the different challenges the professionals face when working with sexually abused victims such as psychological strength and resources. At the same it was mentioned the view society has upon men, of how men should act and behave; also how it might impact the healing process. Our conclusion is that further research is needed to see the effectiveness of such interventions, at the same time it could be researcher upon the consequences it might arise when a victim falls in between the chairs.

Keywords: interventions, victims, sexual abuse, governmental, nongovernmental, professionals.
Preamble

We would like to thank all the professionals who participated within our study for their time, cooperation and willingness to answer our questions. Your participation brought new pivotal information and knowledge; for that we thank you. Lastly, we would like to give a special thank you to our supervisor Pia Tham, for her guidance and patience with us throughout our venture.

Nevertheless we would like to thank our family members for supporting and encouraging us throughout this journey.

It is important to mention that the authors, G.A and E.B, have in all parts contributed equally to this research project (conception, research design, collection of data and analyze) and to the drafting of this Bachelor`s Essay.
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1. The first chapter

1.1 Introduction

During 2014, 20,300 sexual abuse cases were reported only in Sweden, of this 17,130 were against adults and 3,170 were against children under 18 years old. This rate has increased as much as 15% in comparison with 2013 report (The Swedish national council for crime prevention 2014).

Sweden is a country known for good social care and a good possibility to receive help, but according to the report of 2014 it can be seen that the rate of sexually abused has increased and the demands for treatment or help should be increasing as well.

There are many studies explaining the impact and the consequences of untreated sexual abuse trauma; which can lead to posttraumatic stress disorder (PTSD), depression, low self-esteem, guiltiness and self-destructive behavior amongst others (Briere & Runtz 1987; Browne et al. 2007; Leskela et al. 2002; Regehr et al. 2013; Valerio & Lepper 2010).

On the contrary there are many studies about the help offered for sexually abused children although there are not as many focusing on sexually abused adults in Sweden.

Because of this, we wanted to explore how professionals in this field describe the interventions they offer to adult victims; both from a government and nongovernmental perspective.

The idea for the study originated from the experiences of our field placement in Cape Town-South Africa; while working with children who had been exposed to different levels of trauma, such as sexual abuse and abandonment among others. Our placement was in the organization called SixtyOneThree Trust, which works with children (under eighteen years old) using a non-invasive approach as a way to help them heal from traumatic experiences.

Using a non-invasive approach means to not have a threatening environment but instead providing a place where the client feels safe enough to start the healing process. The technique for the healing process is using fun activities such as interactive playtime, music, art and animals.
We believe this topic is relevant to social work not only because of the impact it has on the victim but also the impact it can have upon the society. Many social workers might encounter victims of sexual abuse or work directly with a victim; due to this it is important to be able to recognize the different interventions used in Sweden and if needed make improvements.

1.2 Aim
The aim of this study is to get a better understanding of the interventions offered by professionals working with victims of sexual abuse in Sweden, and the challenges they face in their day-to-day work lifestyles.

1.2.1 Research question
The following research questions have been chosen because we believe they will help us to accomplish the aim of the study.

1- What kind of interventions are being offered by the professionals for the adult victims of sexual abuse?
2- What challenges do the professionals face in providing help to the victims and which strategies do they use to manage them?

This study might give the readers an understanding about the help sexually abused victims are receiving and hopefully will help to develop further studies in this area and the desire to improve the methods of interventions for the victims.

1.3 Definition of concepts
- **Sexual abuse** is defined by Regehr et al. (2013) as “Sexual assault is defined to encompass rape; attempted rape; forced oral sex, anal sex, penetration with objects, touching of private areas; and other types of threats or coercion in which unwanted sexual contact is attempted or occurs between the victim and the offender” (p. 259). It is also important to mention that sexual abuse in this research does not include sexual harassments; it is only taken into account the physical aspects of sexual abuse as Regehr et al. (2013) defined it.
- By **professionals** we mean people that work within social work; it can be social workers, psychologists, nurses or people that have been working within the area of social work.
- **Adults** encompasses men and women over eighteen years old.
• Intervention refers to the approaches used for the victims of sexual abuse in the different organizations, both governmental and nongovernmental.

1.4 Essay disposition
In this section we will explain lightly the contents of the chapters to come. The second chapter will encompass previous research that will be divided into two themes: effects of sexual abuse and interventions. The third chapter will encompass the theories that will be used to analyze our findings which are empowerment theory, person centered approach and human motivation theory. The fourth chapter will explain the methodology used to write this study, it will also explain the measures taken, such as credibility, ethical standpoints, the different tools used and the procedure. The fifth chapter will encompass the main results and analysis of our findings. In chapter six the discussion and conclusions will be found. Chapter seven will contain the references list and last chapter eight, will have the appendices with the questions used for the interviews.

2. Previous research
Many of the studies we found on this topic have the same reasoning in certain areas, for example about the impact that sexual abuse has on the victim. What they have in common is that all of the studies are written from a, or with a, “western” perspective; originating from USA, Canada, and Sweden.

Below, we have divided the previous research into two themes according to the most discussed topics and the most relevant for this study. The different themes are: impact of sexual abuse and interventions.

2.1 Impact of Sexual Abuse
According to different studies it can be seen that being exposed to sexual abuse, whether the victim is a man or a woman, has consequences for the person. Different studies that have been carried out show the impact sexual abuse can have in a life; the studies do not make much distinctions between masculine or feminine victims, since both sexes can be affected, leaving a mark through life.

The studies present different perspectives but they consist in various ways of impacting adult victims. One outcome, which is very common among victims of sexual abuse; is
posttraumatic stress disorder (PTSD). PTSD means the behaviors that emerge from stressful events, but shows out when the stress has passed (Weiten 2013).

This type of disorder is seen within both genders, masculine and feminine (Leskela et al. 2002). It is not needed to be related to sexual abuse only, and it can emerge with other stressful events, but there is a higher risk of exposure when been exposed to a sexual abuse; this is related to feelings, that arises in such situations as blaming oneself, thoughts of suicide and depression (Regehr et al. 2013).

There are other impacts sexual abuse carries, it might be small differences in men and women but in general, they respond in very similar ways. The articles bring up the most common symptoms a victim of sexual abuse expresses, which will be mentioned below.

Many of the articles we found, studied sexual abuse on adults where the event might have happened whether in childhood or adulthood. Out of this it can be understood that this kind of trauma can affect the development and the adult life of a person; one example is that men often externalize and women internalize their distress (Hooper and Warwick 2006).

To sum up, the studies express that out of a sexual abuse there is not only one area that gets affected but several, such as behavior and self-esteem; the entire life of the person changes since different areas are impacted. The victims often feel stigmatized, shame, guilt, depression, anger, fear, aggression, lack of trust, their health and wellbeing are affected and they often have feelings of inferiority.

These victims also tend to become substance abusers, suicide prone, delinquent and also victims for repeated victimization, among other consequences (Brieri & Runtz 1988; Hébert & Bergeron 2007; Hooper & Warwick 2006; Schwartz 1994; Swahnberg et al. 2012; Valerio & Lepper 2010).

Leskela et al. (2002) claim that a common view in the society is that women are more vulnerable to become victims of sexual abuse, but men are not as vulnerable to the same extent as women. Some researchers claim that men and women are vulnerable in different ways, when such traumatic event happens, and specially in a men´s life, his identity can be
crashed, for the fact that his masculinity is in doubt, if the abused has been done by a male (Leskela et al. 2002).

2.2 Interventions

It is obvious that there are many different interventions used for sexually abused victims and the researchers have different views on which of them are most relevant or efficient. This differs according to the circumstances of each case.

Plouffe (2007) describes a one-on-one individual treatment using a twelve session’s protocol, touching different themes in each session, and applying different methods; Cognitive Processing Therapy (CPT) and exposure therapy. According to him using exposure therapy enables the client to tell a coherent narrative of the traumatic events, at the same time as enabling the person to process those events and resolve the conflict between explicit and implicit memory. By using CPT the goal would be for the client to connect his/her own beliefs of the world with the traumatic experience, because the traumatic experience creates a bridge between the two.

This approach is also used for treating Post traumatic Stress Disorder (PTSD) as this disorder affects the information process in the brain.

According to Regehr et al. (2013) the best treatment of PTSD, due to sexual abuse and other traumatic events, is by using: stress management, eye movement desensitization and reprocessing, individual trauma-focused cognitive behavior therapy (TFCBT) and exposure therapy; or group TFCBT. Regehr et al. (2013) also explain that even if having evidence that all these treatments or interventions are effective, we need to have in mind that the interventions are not adequate for everyone and might increase the symptoms instead of reducing them.

From previous research and current data Briere and Runtz (1987) expressed psychotherapy as the most effective intervention for treating post sexual abuse trauma addressing the here and now; and cognitive therapy to treat the symptoms of sexual abuse, such as low self-esteem, guilt and distrust among others.

They also show that when a mere borderline personality disorder may exist in a person,
because a therapeutic process might have failed to acknowledge the symptoms of sexual abuse.

In a review Leskela et al. (2002) writes about long-term group treatment, but also mention how group therapy is highly recognized as an effective treatment for victims of sexual abuse. Short-term group treatment is effective and more common because it can reduce depression, improve social adjustment and enhance self-image; on the other hand long-term group treatment gives the opportunity to concentrate and identify behavioral and emotional symptoms, as well as validate experiences and recognize negative thoughts and beliefs from the past (ibid).

Both long-term and short-term group treatment encourages and gives the opportunity to the participants to understand that there are other people with similar experiences, learn and practice social skills, and re-examine their thoughts of self-worth, their guilt and their enhancing self-esteem (ibid). These same topics are presented in Hooper and Warwick (2006) with similar comments; as well as it is researched by Valerio and Lepper (2010) where they made a qualitative research to compare both treatments, coming to similar conclusion as mentioned above.

According to Schwartz (1994) the therapist should use a pluralistic theoretical framework for meaningful intervention. This type of intervention would provide the therapist with a better understanding and a broader view of the situation that the person is enduring. He also mentions that an hour therapeutic meeting with the client should be based on multiple perspectives and theories so the patient is able to achieve a better and deeper process; such as drive psychology, ego psychology, object relations theory and psychology of the self.

3. Theoretical perspectives
A theory can be explained as different explanation of ideas or set of concepts which will or might explain a phenomenon that is being observed, at the same time theories can clarify and give meaning to cases that seems and feels otherwise (Greene 2008).

To encompass different views we have decided to use two different theories and one approach: empowerment theory, person-centered approach and human motivation theory. We
believe these theories will help us explain different aspects of this research, at the same time provide a better understanding of the findings.

3.1 Person Centered Approach
During 1950s Dr. Carl Rogers developed a therapeutic approach which facilitated the therapeutic relationship between the counselor and the patient; later on it evolved to the person centered approach (Greene 2008).

In Greene (2008) it is mentioned that for Rogers, the approach encompasses everyone whose work details involve relationships with people; they could work as therapist, teachers, religious worker, social worker, counselor or clinical psychologist among others. The occupation did not matter, what matters was the quality of the encounter between the practitioner and the client, because according to that encounter one is able to determine the effectiveness of the therapeutic relationship (ibid).

Parrish (2010) wrote that according to Roger every person has the “innate capacity to direct themselves in the healthiest way available toward their greatest potential, which he called self-actualization” (Parrish 2010, p. 138); and where both self-actualization and self-direction are the core concepts of Rogers approach (ibid).

The central idea in this approach is that “if the practitioner is empathetic, accepts the client with unconditional positive regard, and is genuine in his or her respect for the client, positive change will occur” (Greene 2008, p.113). Letting the client take own authority and autonomy to find “the self” from their own perception; where “the self” is a way to reflect the view we have of ourselves, that view that is influenced by the past, present and future circumstances; is something Rogers emphasizes according to Parrish (2010). As well as providing a safe environment where the client is able to feel his/her own true feelings and their true selves, is the essence of the person centered approach (Greene 2008).

When it comes to the practitioner's role, Green (2008) suggest that for Rogers there was no role or specific outcomes planned, on the contrary he centered on the here and now of the experiences which grows between the practitioners and their clients, and where personal change happens due of pure interest. Greene (2008) wrote that Roger saw the presented problem as not entirely relevant, what is relevant is the growth process that will help the client
to be able to cope with the problem by assisting the client to more independence, integration and self-evaluation.

A relationship is the only way for a person to make a significant personality change and due to that a therapeutic relationship needs empathy, unconditional regard and congruence for the clients personal growth and personality change (Greene 2008).

These three conditions are explained further and deeper by Greene (2008):

1. **Empathy** means to recognize and appreciate the client's feelings and what she/he is going through. For the practitioner also means being able to feel with the client and being able to share the understanding of their feelings with them, as well as focusing both verbal and nonverbal cues and being able to respond adequately (ibid). “Empathy enables the practitioner to enter client's world through his or her own imagination while retaining and objective perspective” (Greene 2008, p. 124). While in a therapeutic relationship, according to Rogers tradition, empathy means not only encouraging the client to talk but also mirroring their feelings and this by responding or commenting as close as possible to their experiences as a way of understanding.

2. **Unconditional positive regard** would be understood as not imposing conclusions upon the client but rather letting the client express freely and according to their own feelings (Greene 2008). Unconditional calls to not judging, or blaming but it does not mean the practitioner should ignore or excuse self-destructive or antisocial behavior/acts (ibid). According to Greene having a “caring approach allows the client to feel respect and to experience him-or herself as a person of worth” (Greene 2008, p.124).

3. **Congruence** is “used to refer to the relationship between a person's view of self-as-is and self-as-ideal” (Greene 2008, p. 125). For the practitioner it would mean being genuineness, being able to acknowledge and to have sufficient self-awareness of his or her own feelings and the feelings the work and client brings; because self-management is essential within a therapeutic relationship (ibid). According to Greene (2008) if the practitioner is overwhelmed or is not able to set aside their own feelings, they will not be able to perceive the client with clarity.
Green (2008) expresses that for Roger attitude is central for the practitioner’s role; they should present a strong interest in the client, their feelings and experiences; as well as consistent and respectful treatment will lead to the client's growth and self-actualization.

3.2 Human motivation theory
This theory was introduced by Abraham Maslow during 1940s. He also introduced the hierarchical organization of needs, also known as the triangle of needs, where he proposes that humans are in constant need of satisfaction their entire life, where the person needs to satisfy each stage before moving on to the next one. The needs are also known as desires, needs to fully accomplish before a person reach self-actualization (Maslow 1970). Below a picture of Maslow's hierarchy of needs:

According to Parrish (2010) Maslow describes that the four lower levels of needs are to be met before being able to progress to the last level which is also the ultimate human motivation. This motivation gives the people the desire to “achieve their best efforts, to explore their potential, and to live deeply meaningful lives” (Parrish 2010, p. 140) but according to him people are too preoccupied with the levels of need that they never consider reaching the ultimate motivation which would be self-actualization (Maslow 1970).

Parrish (2010) explained from Maslow’s explanation that not many people reach self-actualization and when some achieve that level it is more likely they will have top experiences which might provide powerful and potential awareness. Something it is also mentioned in the book, is the possibility to regress of a level due to circumstances. Though after experiencing
such a powerful state, in the self-actualization level, the motivation will be within the person to work further to reach that stage again (Parrish 2010).

Parrish (2010) expressed Maslow being of the few theorists who kept in mind the importance of work, how it can affect the person when they are unhappy with their work which leads to loss of one important aspect for achieving self-actualization.

3.3 Empowerment theory
This theory could be accommodated according to the targeted group; that could consist of a mass group of people, an individual, a community or an organization.

According to Perkins and Zimmerman (1995) there are abundant definitions of what empowerment is. But Adams (2008) defines empowerment as “the capacity of individuals, groups and/or communities to take control of their circumstances, exercise power and achieve their own goals, and the process by which, individually and collectively, they are able to help themselves and others to maximize the quality of their lives” (p. 17). There is another definition saying that empowerment conveys “both psychological sense of personal control or influence and a concern with actual social influence, political power and legal rights” (Lord & Hutchinson 1993, p. 4).

Empowerment consist of taking control, achieving self-direction, finding connection with other people's experiences, individual achievement as well as social action; in simple words it means enabling people to feel better. To do so professionals’ empowerment is a prerequisite before moving on to empower other people (Adams 2008).

Empowerment could be seen as the keystone of social work, shared Lee according to Adams (2008); he also explained her three dimension of empowerment. These will be and could be intertwine with Rappaport’s levels of empowerment below.

Rappaport's whose three levels of empowerment are explained by Lord and Hutchinson (1993) are:

*Personal level* - gaining control and being able to stir their daily life and community involvement; for Lee it would be “developing a more positive and potent sense of self” (Adams 2008, p. 56);
Small group level- share experiences, analyzing them and making an impact within the group; for Lee it would be constructing knowledge and a more critical comprehension of the social and political impact it has in the person´s environment (Adams 2008);

Community level- using the resources and strategies to enhance greater community control; for Lee it would be “cultivating resources and strategies, or more functional competence for attainment of personal and collective goals” (Adams 2008, p. 56).

It is really important to take into account that these three levels interact with one another and is difficult to clearly separate them from empowerment (Lord & Hutchinson 1993).

An important aspect in empowerment would be the term self-empowerment; this term is widely used and it does not mean a one person action, on the other hand it involves collective support to empower other people. The process of self-empowerment is built upon capacity-building which can be explained as different forms of improving resources of individual, groups and organization to enable people to reach their own needs and those of others; enabling their participation in their community; gaining new skills; and last promoting self-confidence and own responsibility (Adams 2008).

According to Lord and Hutchinson (1993) people have the ability to know what they need and due to that they should be able to act upon it. In order for people to take power they need to know better about themselves, their surroundings and environment, and be willing to change. They also explain that empowerment needs to be understood as power and powerlessness; and there are two distinctions between powerlessness which are real and surplus.

Real powerlessness would be the economic and oppressive control by authorities, systems and/or other people. Surplus would be an internal belief that changes cannot occur; which can bring unwillingness to fight for more control and influence within their life and their surroundings.

Adams (2008) wrote that the foreground of disempowerment would be powerlessness, and social workers should need a framework to become capable to understand the impact and influence it has upon the people.

In their findings, Lord and Hutchinson (1993) commented that becoming empowered “involves continual struggle against systems that label, reject, and segregate people” (p. 20)
and they also found that mentoring is critical for empowerment and the willingness to make a change.

4. Methods

4.1 Preliminary understanding

Our preliminary understanding was that Sweden is a country where the strive for the best interest of the human being is very high, especially for children and youth under eighteen years old. We thought that any type of trauma caused by any actor, such as sexual abuse, might be taken into main consideration and would provide promptly adequate and different tools that will help the adult, both women and men, to heal and recover from such event in their life. At the same time we had the idea and doubts that the help given was perfect and immediate leading us to believe that there might be a gap emerging from the idea of how the system is built within others sectors. The public sector is well structured and at the same time, when in need of help, sometimes the waiting list can be long, from days to weeks.

Our knowledge within the aim was not broad enough which let us be open minded to the different results possibilities.

4.2 Research design

To carry out this study we used a qualitative approach that goes along with an inductive reasoning style. A qualitative approach gives the opportunity to go into depth and into details on a studied phenomenon, at the same time that it reduces the fact of being enforced by pre-existing categories of analysis. By not been enforced to already existing categories it gives the study a more broad, and open view. It is also believed that the researchers carrying the study are the instruments, this is to say that in such approach its credibility relies on the researcher’s skill in performing the study (Patton 2015).

What has been studied can be described and interpreted, when using qualitative approach. The collection of the data for the study can be done in three different ways, which are interviews, observations and fieldwork, and documents (Patton 2015). This study will focus on collecting data by interviews and previous research.

According to Grinnell and Unrau (2014) qualitative approach allows to gaining a better possibility to understand and look at an issue that has been categorized as social or human
problem. This approach also gives the study the possibility to not be bound to a certain way of thinking or see things, but instead it allows the researchers to think outside the box, out of different perspectives when analyzing (ibid).

Patton (2015) tells us that by having an inductive reasoning it allows the researcher to come up with new themes, patterns and categories throughout the analysis of the collected data. While at the same time it can be seen this type of reasoning giving the possibility to see if what has been analyzed out of the collected data could be understood with a theory, in this case the chosen theories (Grinnell & Unrau 2014).

A qualitative approach has both advantages and disadvantages for the study. Grinnell and Unrau (2014) provide an overall view of those advantages and disadvantages that might come up. The advantages of using a qualitative approach is that it broads the knowledge and understanding of the study phenomenon, at the same time it allows the researcher and readers to gain understanding and a more into depth view of why the phenomenon is in a certain way. It also gives the opportunity to identify patterns or themes that cannot quite be seen by the participants. In short words it takes the researcher more into depth within the phenomenon in a way that other form of research cannot.

There are also some disadvantages that cannot be put aside, some of those disadvantages are that the study could be influenced and affect the results, since the researcher could be bias towards the study and/or the collected data. It could also be that too little data was collected and this could create false assumptions within the patterns. Other challenges that could arise are that this approach is "less technical, less prescribed, and less "linear" but more iterative (back and forth)" (Grinnell & Unrau 2014, p. 536).

A qualitative analysis is explained in a more expandable manner and not in written numbers (ibid).

By using this approach it gives the study a more personal view, as we want to gain an understanding of the participants own perspectives, at the same time that it allows us to use semi-structure interviews. According to Grinnell and Unrau (2014) this type of interview gives the participants the opportunity to express themselves, at the same time as letting the researchers have specific questions and be able to expand even further within the theme.
Kvale and Brinkman (2009) mention that by having this kind of interviews, we are able to gain a picture of the participants lived experiences regarding a certain aim.

4.3 Mode of procedure
In order to be able to reach the aim of the study we chose participants that mainly work within organizations whose primary focus are men and women that has gone through sexual abuse.

The participants were selected according to their availability within cities around Sweden. Totaling eight participants who work in two different sectors, nongovernmental and governmental organizations were chosen. The participants, both men and women are unintentionally in their middle age.

The organizations involved were social services (socialtjänsten), a psychiatric section and womens’/mens’ shelter. All the participants had different backgrounds such as: nurse, social work, psychologist, pensioner, there was also a participant that did not have a profession but worked with social work issues.

The participants have been working in the area of social work for several years, even though they might have been involved in different organizations or in different sections within the organization.

When analyzing the collected data, we will refer to each participant with a specific name that is not related to their personal details; the name will be characterized with G or NG, which means Governmental and Nongovernmental. This is to retain the confidentiality and anonymity of each person. At the same time through this method, the participants will not be exposed to any recognition manner of what is written.

Out of the interviewees two of them worked in a governmental organization, and six of them in a shelter, making the research data and conclusions mainly on NGs answers.

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<th>Participants name</th>
<th>Organization</th>
<th>Years active</th>
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<tr>
<td>G1 (woman)</td>
<td>Social services</td>
<td>Fourteen years</td>
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<tr>
<td>Participant</td>
<td>Location</td>
<td>Duration</td>
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<td>------------</td>
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<tr>
<td>G2 (man)</td>
<td>Psychiatric section</td>
<td>Nine years</td>
</tr>
<tr>
<td>NG1 (man)</td>
<td>Men's shelter</td>
<td>Ten years</td>
</tr>
<tr>
<td>NG2 (man)</td>
<td>Men's shelter</td>
<td>Nine years</td>
</tr>
<tr>
<td>NG3 (woman)</td>
<td>Women's shelter</td>
<td>Eight years</td>
</tr>
<tr>
<td>NG4 (woman)</td>
<td>Women's shelter</td>
<td>One year</td>
</tr>
<tr>
<td>NG5 (woman)</td>
<td>Women's shelter</td>
<td>Twenty two years</td>
</tr>
<tr>
<td>NG6 (woman)</td>
<td>Women's shelter</td>
<td>Ten years</td>
</tr>
</tbody>
</table>

The method used to collect the data from the participants was through semi-structured interviews. This type of interviews were chosen because this gave the opportunity for the interviewee to open and express themselves in a more freely way, at the same time that the interview gets more flexible itself (Kvale & Brinkman 2009).

The interviews were conducted in person and through phone, because of distance issues; seven of the interviews were recorded; except one, that did not feel comfortable with being recorded. The timeline was at least one hour per person, but it varied from 30 minutes up to 90 minutes, depending on the person points of view and experienced.

Also the interviews were based on our interview questions which are below in the appendices chapter. It is important to mention that some questions were reformulated if they were not clear enough for the participant or expanded according to the interviewees` answers.

### 4.3.1 Web Search

To be able to proceed with the research it was needed of us to gather more information that we could use. First of all we chose from the literature that was assigned for the course but we also chose literature that would help and provide valuable knowledge and contribution to our study.

Different databases were used through the investigation of the study such as Web of science, Socindex, Google scholar, Libris and Sage journals. These databases were chosen with the idea that they would help us to reach and find articles that were related to our main focus, at the same time that each database gave overall information but from different angles.
Different words were run through the databases that took us closer to achieve one part of the study. We wrote complete sentences as well as single words to see the differences in the results. It is important to share that, in some of the searches, we received numerous hits; though it mostly centered on children which showed us that many studies focus on them.

4.4 Tools of analysis
During the process of the study different tools were used as a way of getting closer to a result for our questions.

First we started by searching more in depth about our subject where we could have a broader picture of what already exist within the theme; this included books, articles and statistics.

After conducting the interviews, both in person and through phone, we started to transcribe each interview, using a program called express scribe transcription. This program was used because it facilitated for us when listening and writing what has been said, in a way that is not been affected by what we think was mentioned.

When all the transcriptions were done we started to identify main themes and patterns that could be of main interest to our subject and research questions; at the same time that it could be related to what we earlier have found, and this was to be able to have a stronger relation/correlation between what we are studying and what has earlier been done.

The method used to analyze the transcriptions was through an inductive way of thinking, as explain above, it gives the researcher the opportunity to come up with new themes, patterns or categories. At the same time Patton (2015) expresses the importance of having clearly defined the keywords used in the study.

4.5 Essay credibility
4.5.1 Validity
Kvale and Brinkmann (2009, p.246) states “are you measuring what you think you are measuring”, the main thought behind validity within a qualitative study is to make sure that the researcher's purpose is been fulfilled.
Validity plays an important role in research, therefore throughout the process we will be careful making sure that we are aiming the purpose of the study. In order to reach our main purpose we formulated interview questions that helped us to measure our aim. We have looked upon themes that are related to interventions and how society helps adults, both men and women to cope and recover from such an event. We have also been going back and forth to our study questions and aim to ensure that we do not lose the main focus of the study.

4.5.2 Reliability
Reliability refers to whether a study results can be described as trustworthy and consistent (Kvale & Brinkmann 2009).

To strengthen the reliability of the study we have strived to make sure that we follow consistency throughout the whole study. This was done by making sure that its trustworthiness were met by bringing out what we had achieved, in a way that was not influenced by personal issues but instead that reflected the participants own thoughts. We were also careful to see from which sources we collected our data from, made sure that we did not influenced in any way. At the same time we try to keep a neutral line where all the analysis and interpretation of data would not be combined or changed towards, our pre-understanding.

We tried to make sure that the study was not bias, by going through all the parts many times, to see that it kept its neutral line.

4.6 Ethical considerations
Different ethical points need to be considered in different areas from the start to the end (Kvale & Brinkmann 2009); these considerations are not only towards the participants but also towards the research, so that it can be a genuine study.

This kind of research demands some ethical considerations and precautions. Frankfort-Nachimas and Nachimas (2008) provide some of the ethical standpoints as for example the right to privacy which means protecting the identity of the participants by anonymity and confidentiality. This means that the participants’ identity cannot be recognized in any way through the study; at the same time that the information giving cannot be link to them.
Because of this when referring to them in the analysis they will be characterized with G or NG, these “names” are not related to any personal recognition.

Another important ethical standpoint which will be consider, is to provide the participants with a clear and full knowledge of the aim of the study; that is to say the purpose and the aim of what we intend to study.

What we also consider of being important was asking for the permission, for record keeping, for this manner we will be careful to ask and respect the interviewees wishes during the interview process.

It is important that we behave and approach each other in a manner that is respectful and appropriate; since we all are in a same level, meaning we should behave as professionals.

When doing the study we will be taking consideration not only towards the participants as mentioned above but also to each other as colleagues and the places we have been involved with through the interviews.

5. Results
In this section we will be analyzing our data and presenting the research results. To be able to analyze we have decided to divide the material into themes which will be presented separately. We believe these themes are relevant because they were chosen due to consistency within the collected data and for the impact they have upon the kind of help the victims receive. At the same time they will help us to answer our research questions.

For an easier understanding and reading we will short provide the information of the participants;

<table>
<thead>
<tr>
<th>Participants name</th>
<th>Organization</th>
<th>Years active</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1 (woman)</td>
<td>Social services</td>
<td>Fourteen years</td>
</tr>
<tr>
<td>G2 (man)</td>
<td>Psychiatric section</td>
<td>Nine years</td>
</tr>
<tr>
<td>NG1 (man)</td>
<td>Men's shelter</td>
<td>Ten years</td>
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<tr>
<td>NG2 (man)</td>
<td>Men's shelter</td>
<td>Nine years</td>
</tr>
<tr>
<td>NG3 (woman)</td>
<td>Women´s shelter</td>
<td>Eight years</td>
</tr>
</tbody>
</table>
All the interviews were recorded except one. The participant G1 did not feel comfortable with us recording the interview, which means that when referencing to her it will not be in exact quotations.

5.1 Intervention offered by the professionals for the victims
Analyzing the result of the interviews, the interventions offered by the professionals and their organization varies from one another, but coincidently they all have in common one intervention, the one-on-one dialogue. Another intervention some of them occasionally work with is group therapy. Though the professionals might have similar interventions, the method for carrying them out can be distinctive.

For most of the professionals their work goal is to empower the victim not treating the trauma, for the exception of G2 who works in the psychiatric section.

Below the most relevant themes will be analyzed, at the same time the methods used by the professionals for carrying out their one-on-one dialogue will be shared.

5.1.1 One-on-one dialogues
As mentioned above all the interviewees use the one-on-one dialogue, the difference would be that some professionals ground their dialogues structure and goals on a therapy. Like for example G2 mentioned only using CBT (cognitive behavioral therapy) and NG5 mentioned using the same therapy from time to time. On the other hand three of the interviewees shared that their work goal is to empower the victim, leading us to believe they ground their work on empowering theory, such as NG3, NG4 and NG2 though they did not directly mentioned it; as NG3 shared:

“... We work out of... empowerment, self to self-help sort of... we do not try to press out something or so...”
The rest of the interviewees did not mention any kind of theory or therapy they use for grounding their work on, but they explained the aim with their dialogues, which could also encompass as empowering the victim.

The aim of the dialogue was described as “to empower the victim, to help the person to live their daily life and recover from such trauma”, as NG4 mentioned. NG6 shared the aim with the dialogue is to help the victim understand she/he is in crisis, and with their “I structure” which would encompass for example their self-esteem and their own feelings among others.

Empowerment is defined as the capacity to be able to take control over circumstances, to achieve goals, to be able to grow as individuals and helping oneself as well as helping others reach their potential and achieving a good life quality (Adams 2008). Comparing the meaning of this theory and the work the interviewees who “do not” use any theory or therapy, we are able to see they are working alongside empowerment theory even though they did not mention it.

Empowering theory has three different levels in which the theory can be set in practice, one known as the personal level; which means gaining control and being able to stir the daily life (Lord & Hutchison 1993). The personal level, according to theory just mentioned, could be associated with this intervention (one-on-one dialogues) used by the interviewees, due to the fact that both aims for the same results.

Person centered approach emphasis three conditions the practitioner needs for bringing a personality change in the client. One of these conditions is empathy which means viewing the clients’ world and situation through their eyes; as well as mirroring the clients’ feelings (Greene 2008). Above we shared what NG6 mentioned about helping the “I structure”, which would need to have empathy to be able to understand and help.

Person centered approach also suggests that the practitioner should let the client take authority to find their own self, in other words how they see themselves and how the circumstances have influenced in their self (Greene 2008). This suggestion could be aligned with the aim of empowering.
Quite many of the interviewees mentioned the necessity the victim/client has for them to become their support through different processes such as dealing with different authorities or other practical manner. An example of this would be this comment:

“The help we offer here is, the biggest part is dialogues, it can also be a lot practical help... We can be the link between the victim and other authorities.”

(NG 4)

Moreover, the interviewees described that they might help the victims to be referred to another organization or clinic. NG2 mentioned that their biggest help is moral support and if they are not able to offer more to the victim, they refer them further to another place.

5.1.2 Techniques to carry out the interventions
Many of the interviewees shared in small details their techniques used to carry out the intervention, in this case one-on-one dialogue.

One technique I use is to write on the board to give more space for the person to talk without feeling the necessity to look into the eyes or that someone is staring at them.

(G1)

As an example from the previous research; in a case study of Plouffe (2007) it is shown how the therapy process proceeds and the techniques the professional used. The therapy process was one-on-one session grounding the work on cognitive processing therapy (CPT) but the counselors’ techniques were, setting up goals with the victim; the first four session letting the victim write a narrative of the abuse and later read it out loud for the counselor; and last “providing an in vivo experience” (p. 355) in other words having a friendly dialogue about a specific theme.

Many of the interviewees´ techniques were based on meeting the victim where she/he is at and move forward according to their pace; as well as the themes touched upon and the dialogues moves according to the victim.
“It is like this, what is important is that she decides what she wants and what she needs...”

(NG5)

G1 shared being able to drive around, go to the park to walk or just walk somewhere, or to write letters to each other as a way of sharing the story and feelings, it depends what is more comfortable for the person. NG5 also shared letting the person decide where to sit in the room.

According to person centered approach is essential to provide a safe environment so the client feels comfortable, cared for and are able to be who they are and express their true feelings (Greene 2008).

“...We usually light up some candles and offer some coffee. Then we have the starting point of meeting to make sure that each other group member are on the same bases...”

(NG3)

5.1.3 Group therapy
This theme is barely mentioned in our interviews but group therapy is much spoken about in the previous research.

Group therapy is an intervention rarely described by the participants, only one interviewee used this intervention five to six times a year and another one that used to have them. But is something highly mentioned in the previous research as well as its efficiency. Previous research implies that group therapy helps the victims cope with the mortification, improving self-esteem and self-image as well as social skills; decreases depression, distress, sexual problems and psychological distress; also gains more control over their daily life (Hébert & Bergeron 2007; Leskela et al. 2002).

Empowerment theory mentions how self-help groups and user-led groups bring people with the same needs and desires; to empowerment each other to accomplish the set up purposes (Adams 2008).

According to their research Valerio and Lepper (2010) there are two different group therapies; the short-term and long-term group therapy. They explained that both give effective results.
though having long-term group therapy gives more opportunity to dig deeper into feelings and emotions.

5.1.4 Falling in between the chairs
The sentence “falling in between the chairs” was used by G1 to describe victims not being able to receive help because, among others, their situation might not be adequate for the organizations. This theme or situation was acknowledged by two other interviewees.

The interviewees mentioned referring the victim to other organization or professional depending on the circumstances which might lead some victims “in between the chairs”. NG6 mentioned referring if the victim is in need of professional help, or she is unable to handle the victims’ situation due to different reasons; similarly NG5 shared taking contact with psychologist for the victim to go there and talk about the events of the abuse.

Person centered approach theorize the need for the practitioner to have congruence in a therapeutic relationship; meaning being able to be self-aware of his/her own feelings, also being aware and acknowledge what the client is giving and how that makes them feel too (Greene 2008).

So if the professional feels she/he is unable to handle due to personal feelings they refer the victim further; as NG4 mentioned if the case feels too difficult to handle, they refer the person for both their wellbeing.

Even though the interviewees mentioned helping the victim to some extend with the referral, they are not able to promise immediate help; and it was acknowledged that it can sometimes happen that organizations are not willing to take the case due to different reason but at that moment no one is willing to take charge of the case. As G2 mentioned:

“... it is not clear all times, sometimes it is hard and often we dismiss referrals...”

As mentioned above, ending up “in between the chairs” was acknowledged by two interviewees who used the term “in between the chairs” to refer to the absence of an
organization or people to take care of the victims not able to get help, and to them who are
bounce here and there.

5.2 Challenges the professionals face and their strategies to manage them
All the participants shared the challenges they face working with victims of sexual abuse and
working within their work environment. This topic is rarely mentioned in our previous
research but it is something we, as researchers, wanted to know and it was a topic spoken
about when doing the interviews.

Many interviewees described similar challenges but different ways of handling those
challenges and empowering themselves. The similarity was the importance of supervision and
support of colleagues.

The interviewees spoke about resources as a challenge, for each of them challenging in
different areas. Also it was shared that for some of them, being two male participants and a
female participant, shared the challenge of how men are viewed by the society.

5.2.1 Challenges
The challenges varied from interviewee to interviewee, though many of them shared the
challenge to hear the victims’ story, at the same time to be able to give their undivided
attention. Some had challenges outside the therapeutic relationship; for example toward the
system.

NG6 mentioned being challenged when it does not work out because of the system, like for
example the court system. G2 shared finding challenging being able to treat the victim based
on a manual and knowing how the manual looks like for the different diagnoses. And NG1
shared encountering the community in its entirety is the biggest challenge, because the
counteraction comes from them.
NG6 and G2 also mentioned, in their own words, the challenge of setting up boundaries like
leaving work and home separated.

“Part that I am not on the job at home...
I have that as strategy but it is not always that I succeed...”
(G2)
On the other hand the other professionals face the challenge of giving their complete attention and help to the victims.

“The challenge is to find the balance because one needs to be able to hear, support the women there... be in the here and now.”

(NG3)

As NG3 and NG4 mentioned the challenge is daring to stay put, listen and show the victim that the professionals care. At the same time putting oneself in their position when one does not know how it feels and has not the experience of being sexually abused.

We could also read in some of the articles mentioned in previous research some of the challenges the professionals faced, for example in a one-on-one therapeutic session with the victim “the counselor had to resist the temptation to forbid the behavior and rescue her from herself” (Plouffe 2007, p. 357).

In a group session with male victims the female co-therapist “felt overwhelmed with the intense trauma-related details. Her goal was to allow self-disclosure of the rape trauma, while at the same time preventing individual group members, and herself, from becoming overwhelmed by the trauma stories” (Leskela et al. 2002, p. 312) and the male co-therapist had the challenge of “censoring the group’s derogatory comments directed toward women” (ibid, p. 312).

We are able to understand to some extent the challenges faced, as Miller (2006) explains from the perspective of person centered approach, how having a therapeutic relationship will bring challenges because “this is not a passive… but highly active one that requires ongoing thought and attention to our own position, emotional reactions and behavior” (p. 35). The person centered approach emphasizes this relationship as very important as well as the necessity for the professional to be able to put aside their own feelings to completely give their attention to the victims (Greene 2008).

The different examples and statements mentioned above shows the most common challenge in this work line would be psychological challenges. Adams (2008) wrote that Stanton argues that empowerment of the professionals is a prerequisite; it is needed before the professionals go on to empower their clients.
5.2.2 Resources
Almost all the interviewees talked, from different views, about the topic of resources expressing how important resources are for providing good support for the victims, as well as for bringing change in society.

By resources we mean finances, time and work craft needed for the development of the organization; as well as to provide help for the victims, to raise awareness and make a change.

“I could say that it is all about money and economy… (Giving lectures) it is very seldom that we say no… it is about time and resources.”

(NG5)

As many of the interviewees mentioned only being able to offer to one extent help to the victims and it depends if the organization has money or not. One interviewee shared only being able to provide help for twenty minutes though many need more support and time. As well they shared how important is getting supervision but receiving it cost also money.

“If we do not have money then we cannot buy a handler either, and sooner or later we burn out if we are not able to… process what we go through…”

(NG1)

According to person-centered approach the professional needs to be able to focus on the client, in this study the victim, showing interest and remove themselves from their own feelings (Greene 2008) which can be problematic if the professional is not capable or unable to put aside due to strong emotions and not being able to process the work effects as NG1 expressed.

Using human motivational theory it can be explained that the organization's own level of needs can also play a part and the desire to aim and achieve higher, as for example the only need that needs to fully be fulfilled might be the economy of the organization having the result of not moving higher with the consequences of not being able to help to their capability, burned themselves out trying to achieve better and finally they might feel unfulfilled with their own needs and the organization's needs (Parrish 2010).
The workplace is a place where it should provide settings that will meet the basic needs but also “factors as belonging, dignity, and respect in order to support people optimizing their potential” (Parrish 2010, p. 141).

The interviewees also emphasized the importance for their organization to feel the support of their communities with the financial resources. Some gladly shared receiving great support by their community and the society such as NG4 and NG5. Others mentioned not receiving any help from their communities, even one of them shared, as mentioned earlier, worked against. On the other hand those who shared not receiving support by their communities, they receive some kind of financial support by other sponsors and authorities.

“*We feel big support both of them that visit us and from other authorities... from the society/public side it starts to relax more and we start...understanding that men needs help and support for their vulnerability and that is very very positive.*”

(NG1)

There might be a reason for the much, little or no financial support according to the politics and visions of the municipality. The priority from one municipality to another might differ for reasons of different economic status, different demands to fulfill (Social Services).

Parrish (2010) wrote that Maslow explained with the hierarchy of needs that a person is not able to progress to the next level, until where she/he is at is not fulfilled and the needs are met.

Every person is in different level in the hierarchy of needs, as well as the different municipalities the difference would be, the municipality has to reflect in which level of need the community is at, and what needs to be done to move further up, making sometimes the organization and municipality in different levels. Not to mentioned it might not only be due to their level of state but also the own person working within the municipality and their personality and level of hierarchy needs. Personal views, perspectives, feelings and judgments of the politicians, working within the municipality, might influence the final decision to support or not the organization, as NG6 mentioned.
Weiten (2013) discusses that perceptions of others can be created according to their personal characteristics, at the same time that those perceptions can be incorrect due to many prejudice and false belief.

5.2.3 Society’s view of men
The interviewees had different thoughts and views, but what stood out among them all was the thought that men are viewed as needing to be the strong dominant ones in the society, which has made it difficult for men to step up and seek for help. In the previous research this is highly written about as well, for example in Leskela et al. (2002) and Hooper and Warwick (2006). An opinion some interviewees had was, although society provides help there is still much more that needs to be done, there needs to be a strategy, like spread more knowledge that men can also be victims of sexual abuse.

“I have always said that for supporting men...
it is needed from the society and the government to have an action plan, how is this problem to be solve...”

(NG1)

“Big boys don’t cry” (Weiten 2013) society has created a way of making individuals see men and women in a different way. It has come to the point where male and female carries a stereotype behind their shoulders; this is to say that women are seen as the “weak”, sensitivity, dependent, incoherent and calm type while males are seen as the rude, aggressive, dominant, strong, insensitive and coherent type (Taylor 2006; Weiten 2013). Weiten (2013) expresses that boys learn in an early stage to behave in a way that fits into the idea of what is “men” according to the culture they belong to; at the same time boys are reward for practicing such actions.

The society believes and the men themselves believe that they are in the position of defending themselves (Leskela et al. 2002). If sexual abused has happened, the thoughts and the society's view of the male been responsible for it arises, making them responsible instead of been the victims. (Leskela et al. 2002; Schwartz 1994).
“... it is about whom the f* is going to believe in me... a man is raped, it is like what the f*... but only by being in that situation where one cannot protect themselves; I do not think there is any bigger difference if you are a man or a woman.”

(NG1)

NG1 expressed that men are in a way scared of speaking out of what they have experienced mainly because there might be feelings where no one is going to believe them, at the same time as their masculinity is questioned.

In client centered approach the main idea is that by helping the victims to identify their feelings is the most important fact in the helping process; this leads to a positive behavior change (Greene 2008).

Schwartz (1994) explains that the need men have to come out and disclose such event in their life exists but it is overtaken by fear and the thought that their masculinity has been robbed. NG5 mentioned that she wishes there would be a men’s shelter who works clear and a in a good manner with men who have been exposed to different kinds of assault. Both NG2 and NG1 mentioned, similarly, that the issue is not just the intervention given to the men, but it is a societal issue as well as governmental, they are not able to run a good organization and offer good interventions if the need for change is not achieved. The change that should happen would be the society views on men and the support system from the government to the organizations.

Motivation theory expresses the importance to fulfill the different stages to reach self-actualization, which is the capacity to reach their full potential (Parrish 2010); and the men might not be able to reach self-actualization if he is not able to receive help to fulfill his needs.

5.2.4 Strategies
The participants had different strategies to do their work, though all of them mentioned supervision and the relationship with co-workers as the “formula” to overcome many challenges and empowering themselves.

“We have supervision... it is very good support.
But we also have our co-workers to talk to.”
(NG4)

As mentioned above all mentioned in their own words how important receiving supervision and being able to talk, as well with co-workers are. G1 and NG5 commented similarly were they relayed on colleagues to vent both personal, as well as work related issues. NG5 went further explaining how they between colleagues are able to help each other to realize and accept they are overworking or to stress and should take a step back.

According to Parrish (2010), Maslow in human motivational theory explained that if a person is unhappy with their work is a loss in achieving their self-actualization. As well as mentioning the work place being very important for the professionals’ well-being.

Empowerment theory highlights that there has to be self-empowerment for being able to later on help to empower the victims and give them the attention and help they need; and that self-empowerment does not consist of individual help, on the contrary it is mutual help and support (Adams 2008).

Some participants mentioned their own strategies to overcome and cope with the challenges. NG6 shared that her coping skill is to understand that it is not about her and she does not have more responsibility over the victims than being there to support; it is their decisions and their lives. NG4 shared that writing down everything the day offered, was a strategy to take away from the thoughts and mind everything that happened, and putting it on a piece of paper.

“...I exercise a lot... I take responsibility for my own health, feels very important.”
(NG3)

6. Discussion
We aimed to get an understanding of the interventions offered to adult sexual abuse victims as well as the challenges the professionals face when working within this area.
6.1 Method discussion
As mentioned above (research design) there are both advantages and disadvantages by using this method.

One challenge was the difficulties in translating the interviews, which may have led to small differences in meaning between the English and Swedish versions. A limitation with this kind of method was that we received a small picture of the interventions used, but if we had used a quantitative method we might have had the possibility to gain a much broader understanding of the interventions offered in Sweden to this group.

An advantage we had is that the participants did provide enough data to carry out this study; they were open to explain further and to answer more questions. This it helped us gain a better understanding of their work, and a deeper view than a quantitative method would have provided, as well as having the opportunity to ask further questions or rephrase the questions if not clear enough. Though, at the same time it made it harder when it came to transcribe and decide which comments to use.

6.2 Result discussions
This work was done through an interview study and the participants involved were from both nongovernmental and governmental organizations. It is important to have in mind that six interviewees are from nongovernmental and two governmental organisations. The limited view of the topic we have gained means that the results cannot be generalized to a broader context.

The major results that emerged from this study were that their clients, according to our interviewees, mostly receive one-on-one dialogues. This was described as the most common intervention used to empower the victims in their daily life. But other interventions offered such as CBT and group therapy were also mentioned. The results also showed the different challenges faced by the professionals such as resources; the view society has on men and the challenge to hear the stories of these victims. The importance of colleagues, supervision and having personal time as a mechanism for the professionals to perform in a healthy way were also highlighted.
The interventions mostly used, among the interviewees, is one-on-one dialogue; which have advantages and disadvantages can be discussed. An advantage could be that this intervention allows the professional to focus on the person itself, giving the victims their own personal time and the possibility to express feelings that otherwise would not be shared in group therapy. On the other hand it might not enhance social skills as well as the understanding that there are other people with similar experiences. According to previous research show that one of the most effective interventions for sexually abused victims is group therapy, which not only would help with the psychological and social problems but it also saves resources and time.

According to Regehr et al. (2013), interventions can end in different ways, it can helpful or they might increase the symptoms for the victim. We wonder how are the professionals able to be ensured of the effectiveness of one-on-one dialog, when many of them did not mention follow ups or any clear framework to ground their work?

In previous research it is common that they ground their work on a theory or therapy. Though for many of the interviewees what matters is for the victims, to be able to “talk through” what is happening around them and their feelings; not working through the trauma itself. This could be argued, that it is not necessary working out of a theory or therapy if the traumatic experiencing is not the focus of the treatment. As well as it would be enough with the years of experience and the guidance within work. But do victims achieve their full “recovery” when only aiming to talk through; when on the other hand Schwartz (1994) mentions that a therapeutic meeting should be based on multiple perspective so the client is able to improve even more.

Though according to centred person approach the most important in a therapeutic relationship is the attitude of the therapist, where they should present strong interest for the client and their feelings, as well as experience. And what will make the client grow and self-actualize would be a respectful treatment (Greene 2008) not if the treatment is carried out one-on-one or in a group.

The interviewees mentioned not always being able to help the victim because is a difficult situation or they feel the victim needs more help which they cannot offer; leading them to refer the victim to another organisation. It is known that in Sweden occasionally it takes time to be able to get an appointment, sometimes making the victims end up between the chairs.
On the other hand, should it not be also important to think of the professionals’ wellbeing, because they need to feel capable to help and listen to the client. Greene (2008) expresses that when a professional cannot separate and put aside their own feelings, or when being overwhelmed; they might have difficulties working with the client, since the perception will not be clear.

Even though it can be difficult accepting the victims being bounced from one organization to the other, one has to take in consideration all of the reasons behind the decision. Would it be easier if the nongovernmental organizations could offer deeper interventions, so the need to refer would be less and the victims would not end in between the chairs?

At the same time one could argue that wanting to offer deeper interventions, calls for more resources, both economically and professionally. This might be another reason for some victims to be bounced around.

These topic takes us to another level of discussion; one of the biggest challenges expressed by the professionals.

We all know that resources have an impact on every level, which requires priorities and boundaries on what to invest. Many times these decisions might be hard to take, as well as it might be difficult for victims to understand a denial because of lack of resources.

According to our interviewees there is a lack of resources and interventions offered for sexually abused men. Literature reviews show that men and women respond to rape in similar ways and different authors suggest the different interventions should help in the same way for both men and women (Leskela et al. 2002).

One could argue that for reaching a change it might be needed a different view on men in the society, in the way that it is not diminishing. If men show they can be hurt and go through trauma the same way as women, it would become easier for them to seek help, as well as for the organizations to receive resources. Empowering men and the society might be one method but is it possible to change decades of viewing men in that way? Though, one has to keep in mind that greater changes have occurred with time, efforts and patience.

6.2.1 Further research
In our opinion further research is needed to explore more into depth about the effectiveness of the interventions in Sweden for sexually abused adults. It could also be explored the aftermath
of ending up “in between the chairs” for victims of abuse, as well if there are strategies to reach them; so there is the possibility for change or to set up strategies.
7. References


Regehr, C; Alaggia, R; Dennis, J; Pitts, A, & Saini, M. 2013. Interventions to Reduce Distress in Adult Victims of Rape and Sexual Violence: A Systematic Review. Research on Social Work Practice, 23(3), 257-265.


Resources allocation and priorities
8. Appendices

Interview questions

1.- Could you explain the organization and what do you work with? Is it private or public?
2.- How long have you been working here?
3.- How did you get in contact with the organization? How it is that you are working within this field?
4.- Is it on free-basis?
5.- How do you get in contact with the victims?
6.- Could you describe what kind of people turn to this organization?
7.- Could you give examples on how does it look like when a person contacts the organization?
8.- What kind of interventions do you offer? Does it differ between the different “problems” (like form sexual abuse to violence)
9.- What kind of interventions do you have, for helping victims of sexual abuse?
10.- What ages are the most “common”? Have you noticed a decrease or increase of women/men seeking for help?
11.- Does the interventions involve the victims network, like family members?
12.- What are the procedures when a victim comes for the first time and discloses sexual abuse? Do you have a duty to report to, for example, the police or for medical checking?
13.- What challenges do you face when working with sexually abused survivors? Could you give examples if possible.
14.- Do you have any example of a case where you found difficult to apply your usual intervention? How did you work around it?
15.- Do you feel supported by the society/government to improve your work?
16.- How do you empower yourself? … How do you cope with the work and the stress, if any?
17.- Does the intervention differentiate if the abuse have happened in childhood or adulthood?