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Social work with female rape survivors

- An exploration of what challenges social workers may experience in their work with female rape survivors and the strategies and methods used in this work

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Abstract

The aim of this study was twofold. First, to explore what challenges social workers may experience in their work with female rape survivors. The second aim was to explore how social workers work with females who have survived rape. A qualitative research design was chosen, and semi-structured interviews with social workers were conducted. Thematic analysis was used to structure the findings. Four themes were found in connection to challenges; feelings of shame and guilt among rape survivors, the criminal proceedings, to not be able to help all survivors and lastly potential threats to social workers' own wellbeing. The findings regarding methods were that the social workers adapt their work strategies based on the needs of the survivor. The social workers used strategies focused on reducing feelings of shame and guilt and normalizing symptoms.

Keywords; rape, rape survivor, social work, social work methods

Preamble

We would like to express our gratitude to our informants, without your knowledge and experience this thesis would not have been possible. We are sure your engagement and commitment to your work has made a difference in the lives of many. Thank you for your participation! We would also like to direct a big thank you to our supervisor Ulla Forinder, for all guidance and support during this process. Thank you!

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1. Introduction

1.1 Problem formulation and background

Victims of rape represent different socio-economic statuses, ethnic backgrounds and religious beliefs throughout the world (Mason & Lodrick, 2013). It is difficult to estimate the exact prevalence of rape since few countries have conducted studies that review numbers regarding the occurrence, and the term rape is defined differently in countries around the world (Alaggia, Dennis, Regeher, Pitts and Saini, 2013). Additionally, there is probably a huge hidden number of rape cases, and in some countries rape is even socially acceptable (UN, 2006). Thus, rape might not be seen as a crime that could be reported, which can make it more difficult to estimate the prevalence in those countries. Even though these difficulties, WHO has estimated that every fifth woman in the world at some point during their life experience attempted or completed rape (WHO, 1997).

Both men, children and women are exposed to rape, however the most affected group is the last mentioned- women (WHO, 2016). This thesis will focus on female rape survivors solely due to two main reasons: one is that women are the most exposed to the issue and the second is the many ideas and constructions in society regarding women's sexuality (Jeffner, 1997), which makes this an interesting issue to explore.

The mental health effects of rape have been extensively researched, but it is difficult to convey exactly how devastating the experience could be (Campbell, 2008). However, it has been found that rape often differentiates from other forms of trauma in many ways. It is more connected to severe depressions, suicide and strong elements of self-blame than most other traumas (Alaggia et al., 2013). Thus, rape can be understood as one of the most devastating experiences one can be exposed to.

The high prevalence together with the difficult consequences of rape makes it an undeniable grand international social problem. As future social workers, we became interested in social workers' experiences regarding this problem; what challenges they encounter and how they work with survivors to help them on the road to recovery.

1.2 Aim and research questions

1.2.1 Aim

The aim of this study is twofold. First, to explore what challenges social workers experience in their work with female rape survivors. Second, to explore how the social workers work with females who have survived rape.

1.2.2 Research questions

- What challenges may social workers experience in their work with female rape survivors?
- Which strategies and methods may social workers use in their work with female rape survivors?

1.3 Relevance for international social work

Due to the high prevalence of rape (Mason & Lodrick, 2013; WHO 1997), we believe that it is likely to encounter rape in any social work profession, and not just the ones that are specifically focused on the issue. Therefore, we argue that knowledge about this social problem is important for more or less all social workers. With this thesis we want to spread knowledge about what challenges social workers may experience in their work with rape survivors and how they work with rape survivors. It might be that social workers from other countries than Sweden (where this study is conducted) have other experiences than the informants in this study, additionally other social workers in Sweden might describe other experiences. Nevertheless, this study could be used as a way of preparing for what challenges one could encounter when meeting survivors of rape. Also, the strategies and methods these Swedish social workers use can be seen a source of inspiration for other social workers.

1.4 Essay disposition

This essay is divided in six parts. The first part, which is the introduction, has partly been outlined above; problem formulation, aim, research questions and relevance for international social work. It will further continue with an explanation of concepts used in the thesis. The second section presents methodology. It features the research design, mode of procedure, essay credibility and ethical considerations. The third section contains previous research. In the fourth section, the theoretical framework that will be used to analyze the findings are outlined. After this, a fifth section will present the results

followed by an analysis in the same section. The sixth and last section is a discussion of the obtained findings and the chosen method. This section also contains some suggestions for further research.

1.5 Explanation of concepts

Rape: Rape is defined by Swedish law as when violence or threat is used to force another person to intercourse, or other sexual act that due to its severity is comparable with forced intercourse (SFS 2013:365). However, in this study the informants' own perceptions and definition of rape will be used; the informants' experiences of rape cases do therefore not necessarily need to meet the legal requirement. In some quotes the informants used the term sexual abuse instead of rape. However, sexual abuse is understood as an umbrella term that also includes rape.

Female/woman: The aim of this study regards female rape survivors. Female is understood in this thesis as anyone who identify themselves as female/woman. This thesis focuses on adult women and thus, does not regard children. Adult in this thesis refers to women above 18 years of age. However, some of the informants in the research also have contact with females who are teenagers, and it cannot be excluded that they in some answers might have incorporated experiences from these rape survivors as well.

Rape survivor/survivor of rape/ survivor: These concepts refer to women who have survived rape. The reasoning behind the choice of the word is that survivor is perceived to yield a more positive tone compared to for example victim, which can be perceived to indicate helplessness. However, in some articles outlined in this paper the word victim is used, due to that the authors of those articles utilized that word.

Post-Traumatic Stress Disorder (PTSD): PTSD is a disorder developed from having experienced or witnessed events that involves actual or perceived threat to life or physical integrity (Foa, Hembree, Olaslov, 2007). It is characterized by horror, helplessness and terror (ibid). Symptoms can be sudden flashbacks or recurring nightmares about the event or intense psychological stress when exposed to symbols that reminds of the trauma (ibid). It is when those symptoms become chronic, and does not disappear naturally after a while, the individual meet the requirements for a PTSD-diagnoses (ibid). Hence, individuals can experience symptoms without having a PTSD disorder.

2. Methodology

2.1 Research design

A qualitative research design was used to fulfil the explorative aim of this study. The qualitative method enables researchers to have the perceptions and experiences of the informants in focus and to gain a deeper understanding of those (Alvesson & Sköldberg, 2008). The aim of this study was to gain such deep understanding, and therefore the qualitative method was chosen since it made this possible. One can further say that qualitative research methods allows to focus on the subjective reality for individuals, which is what the aim was about; to explore, in this study social workers' subjective realities, through interviews with professional social workers (Grinnell & Unrau, 2005). This qualitative study has an inductive research approach; meaning that no hypothesis was formed beforehand to falsify or verify in the study (Patton, 2015). Since the intention of this study was to gain an as broad and deep understanding as possible, the inductive approach was seen as useful since it allows for a more open understanding of the subject under study, and is not limited to a predetermined hypothesis to test (Patton, 2015).

2.2 Mode of procedure

2.2.1 Sampling

In this study, purposive sampling, also called judgmental sampling was used. In this kind of sampling participants are chosen based on researcher's judgement and the purpose of the study (Rubin & Babbie, 2011). This sampling was suiting since participants for this study were chosen based on their occupation and workplace. Requirements were that the participants are social workers and in their professional work frequently meet women who have been exposed to rape. The sampling process began with finding different organizations, hospitals, etcetera to contact for participation in the study. E-mails were sent to several different women aid's, hospitals, women's organizations etcetera in Sweden. All the social workers that were able to participate were counselors at hospitals. From the answers, five participants were chosen. One participant works in a large city and four in middle sized cities. The participant in the larger city works at an emergency reception for raped. The participants in middle size cities work at the counselor unit at hospitals. Of those participants, three participants work specifically towards women's clinics and one works more general, towards all hospital units. Three participants work at

the same hospital, however they differentiate in length of experience which provide them with diverse insights.

The participants come in contact with women exposed to rape when the women first have sought medical examination at the hospital. It is a routine procedure at all the participants' workplaces to offer all of these women counseling sessions. Participation in counseling is voluntary and not all women accept the offer.

2.2.2 Collection of data

Data was gathered through face-to-face semi-structured interviews. Five separate interviews were carried out. The interviews were conducted in the informants' offices. It was believed that the familiar choice of location for the informants made them feel comfortable at the same time as the office setting made the interview rather formal. Present during the interviews were the two authors of this thesis and one informant at a time. Both authors asked questions. Some previous knowledge obtained from the previous research was apparent in the questions, however questions remained open since open questions provides the fullest answers (Brinkmann & Kvale, 2015). Yes or no questions were avoided to the extent possible. Questions were asked in a manner that made probing possible when needed. During the interviews, some questions were answered without the questions actually being asked, when that happened that question was never given. Two different recording devices were used during the interviews to secure that the interviews were taped in case of problems with one device such as bad sound or other technical errors.

2.2.3 Tools of analysis

Interviews were transcribed by the authors from recorded to written mode. Transcription made it possible with a closer analysis, and the transcribing process in itself is an initial analytic process (Brinkmann & Kvale, 2015). After transcribing the interviews, the written material was read-through, and text found relevant for the aim was marked. Those marked texts were thereafter divided into different themes. This type of analyzing method is called thematic analyzing (Langemar, 2008) and was chosen due to its clear manner of structuring the obtained information. Themes were not decided on beforehand, but rather elaborated from the collected data. This procedure is called an inductive thematic analysis (Langemar, 2008). The found themes were divided under two headings, one heading for

each research question. One heading was called “challenges” and the other “strategies and methods”. The data was read through again and additional material that suited the themes were gathered until the themes reached their final form. Two theories were used to help understand and explain the findings; trauma according to Lewis Herman (1992) and Sense of Coherence (Antonovsky, 1991). The theories are further presented under the heading theoretical framework.

2.3 Essay credibility

2.3.1 Reliability

Reliability in qualitative research regards the consistency and trustworthiness of research findings; it is therefore often connected to if findings are reproducible at other times and by other researchers (Brinkmann & Kvale, 2015). In trying to strengthen this qualitative research’s reliability to the extent possible, the procedure of carrying out this research has been clearly described in order to make it transparent. In this study participants have been interviewed regarding their own perceptions as professionals. It is understandable that this perception and thus, the answers, might change during time and therefore a researcher doing the same research later might receive other results. Also, it is important to keep in mind that even the exact same written words in the transcript can express different meanings depending on how the transcriber uses for example periods and commas (ibid). Further, the interviews in this study have been conducted in Swedish since the participants work in Sweden. The decision to have the interviews in Swedish is based on that Swedish is the language the participants work with and it is therefore believed they feel more comfortable speaking Swedish and hence, have more ability to express themselves in Swedish rather than in English. However, this bachelor thesis is written in English. There is a risk that the translation process has decreased the reliability since someone else might interpret and translate data differently. Special effort has been put to maintain original meaning of data.

2.3.2 Validity

Validity in qualitative research has to do with the credibility, which involves the “truthfulness” of study findings (Grinnell & Unrau, 2005). Examples of threats to validity are researcher’ and respondent’s biases (ibid). To maintain validity in this study we have put special emphasis on trying to avoid own biases when finding the themes and writing the analysis. Special effort has also been put to not ask questions in a biased manner that

would lead informants to certain answers. Also, transparency has been important when writing the thesis so that readers can follow the research process from collecting data to presenting result, analysis and drawing conclusions. The interview guide is attached as an appendix (see appendix 1) to give readers the opportunity to take part of it.

2.4 Ethical considerations

During this research Vetenskapsrådets (The Swedish Research Council's) ethical guidelines has been respected and abided (n.d). The research has been conducted with consideration to the four research ethical main claims, which regards; information, consent, confidentiality and utilization (ibid). The participants were informed about the four research ethical main claims in a letter of consent (see appendix 2). The information regarded that participation is voluntary, respondents' right to withdraw participation at any time without consequences, that participation is confidential and that no unauthorized could take part of the personal data and also that collected data only shall be used for the purpose of the study. The letter of consent also included information about that interviews were going to be recorded, treatment of tapes, and the participants' possibility to read parts of the thesis that regarded them before finishing and publishing the thesis, as well as their possibility to read the finished bachelor thesis. The letter of consent and an information letter were sent to participants before the interviews were conducted. The information letter (see appendix 3) included the purpose of the study, information about where the finished bachelor thesis shall be published and contact information. The letters of consent were signed and collected before starting each interview. Further, the participants in this research are social workers working under confidentiality, and it was decided before the interviews were conducted that if the respondents were to disclose anything during the interviews that might violate that confidentiality it is our responsibility as researchers to not include such information in the study. Our assessment is that this standpoint has not affected the research in any negative way.

3. Previous research

This section is divided into two categories that are seen as relevant in connection to the aim of this study. The first part presents previous research about challenges professionals experience in their work with rape survivors, and the second part examines strategies and methods that are utilized and suggested to be utilized when working with rape survivors. The previous research does not specify on social workers only, but on professionals that

work with rape survivors; thus, it is interpreted that social workers are, or could be among those professionals. Therefore, those articles are seen as relevant to this thesis. Moreover, some of the articles uses the concept “sexual abuse”. However, it is understood that rape is a form of sexual abuse and therefore the articles that use this term are seen as relevant.

The search engine at the University of Gävle, “Discovery” was used to find the previous research. When searching relevant articles, following words were used (some in combination); social work, social workers, counselors, sexual abuse, rape, sexual violence, social work methods and social work challenges. One requirement when choosing the articles was that they should be peer-reviewed. Also, articles that were consider too old were not chosen since the intention was to gain more up-to date information. Abstracts were read to determine what articles could potentially be used in the study. The ones that seemed most suitable were then read through in whole. When reading through the whole articles, some of them appeared to not seem relevant to the aim of this thesis, the ones that seemed most suiting were used. Another type of previous research that was utilized is a handbook developed by a Swedish organization for protection of women (Nationellt Centrum för Kvinnofrid). This was found from the search engine Google. All the articles seen as suitable for this paper were produced by researchers in USA, except for two. One was conducted in Ireland, and one in a South-Africa. As mentioned, the handbook was produced in a Swedish context. Hence, the previous research represents mainly a western- perspective.

3.1 Challenges

Clemens (2004) has explored experiences of women working at rape-crisis programs in US through qualitative interviews. Rape crisis-programs are defined in the article as feminist social service organizations that provide services such as crisis intervention in emergency rooms with recent victims of sexual assault and short-term, long-term and group therapy with survivors of rape, incest and sexual assault. Participants in the study were females with master's degrees in social work and related fields. The main findings were divided into; changes on individual level, changes in personal relationships and changes in worldview. Changes described on the individual level are the workers’ awareness of their own vulnerability to violence and secondary traumatic stress. Signs found of secondary traumatic stress was dreams about rape, sleep problems, headaches and stomachaches. Some talked about feeling numbed from emotion and nearly all felt

anxiety after meeting clients, one even experienced panic attacks. Other changes on individual level regarded behavior, the participants work has led them to be more cautious in social situations. Changes in personal relationships regarded parenting and intimate relations. As some participants were mothers, they had noted that their worrying as parents increased. Further, the work affected participants' sexual feelings negatively. Another strong theme found in connection to personal relationships was tightened personal boundaries; participants trusted men less and some felt skeptical about the possibility of a good, non-abusive relationship. Changes in worldview regarded constant distrust; daily meetings with traumatized clients affected some participants' ability to see the world as a good and safe place.

Payne, Button and Rapp (2008) have published an article about challenges when working with persons who have been sexually assaulted. The mixed-method study was carried out in a US context with sexual assault crisis workers. The centers provide emergency assistance, crisis intervention and counseling. The main findings include lack of resources and funding problems, lack of awareness about sexual violence and victim blaming. In the discussion, it is reviewed how these findings are interconnected with each other. Payne, Button and Rapp suggest that it is possible that the lack of funding contributed to the lack of awareness and victim blaming and emphasized the need for public awareness campaigning. "Misunderstanding of sexual assault" is described as a barrier to helping survivors. It is emphasized that the focus of a public awareness campaign should go beyond sexual violence to attitudes towards sexual violence and attitudes towards women and violence in general. Different reasons for victim blaming is discussed; individuals might simply not know better, but it can also be a self-protective mechanism. Moreover, it could also be a way of denying or excusing own aggressive behavior. There is also the notion of self-blame. Payne, Button and Rapp explains self-blame as a way for the victim to convince themselves that they can prevent similar future events by their own behavior.

Kelleher and McGilloway (2009) have conducted a qualitative study in Ireland. The research focuses on service providers key issues and challenges in delivering services to people who experienced sexual violence. Participants in the research were employees at rape crisis centers, sexual assault treatment units, other sexual violence services and domestic violence agencies. The findings reviewed several challenges for service providers. Shame and guilt was explained a main problem. Perceived responsibility for

the rape, own resistance during the rape and concerns about attitudes of friends and family reinforced the feeling of shame and guilt among survivors. It was also found that many did not acknowledge that the sexual violence they had experienced was rape and thus a crime, and that led to them not seeking contact with service providers. Societal myths around rape were also seen as an issue for service providers. Stereotypes about victims and perpetrators and misinformed attitudes regarding rape led to poor treatment of rape survivors by criminal justice systems. A need for public awareness campaigns regarding the seriousness and impacts of rape and available services was presented together with a need for education in school regarding consent, to counteract and prevent a “rape-supportive” culture. Frustration with the criminal justice systems was described. Some issues were abandoned cases, the length of waiting time before a case went to court and attitudes of criminal justice systems personnel. A need for more sexual assault treatment units in Ireland was also presented, as well as the need for units to stay open at all hours.

3.2 Strategies and methods

In an article from 2009, Decker and Naugle suggests immediate interventions for rape crisis centers to use. The suggestions are based from literature the authors have reviewed, and the research was conducted in USA. One of the suggested approaches is called Psychological First Aid (PFA). This approach is developed to guide first responders to survivors of traumatic events, such as being a victim of rape. The aim of this approach is to target the basic needs of trauma survivors immediate after the trauma. Therefore, the first step is to understand what the most important needs are to the survivor, and thereafter base the care on those. Because of this, it is suggested that the first responder should ask what the survivor needs the most right now, and how the first responder can help with that. This could also mean to accept a no; Even though the help is well-intended, the survivor should be the one making the decision.

Another article identifies important aspects for professionals to consider before starting any treatment of clients that have been exposed to sexual abuse (Amstadter, Kilpatrick, Resnick & Ruggiero, 2007). The article is a literature review, and was also conducted in USA. The article suggests that before starting any treatment, a so called “throughout assessment” should be done. In this assessment, the immediate needs and risks should be addressed. Those include safety, risk for victimization and suicidality. Also, perpetrator characteristics should be identified, since it might affect the survivor in different ways; is

it someone she knows and is it still a threat, etc. It is further argued that eventual earlier traumas should be addressed before starting any treatment. To know about earlier traumatic events and what outcomes it resulted in for the survivor could help to provide adequate care, since reactions to current traumatic event might be linked to potential destructive, or other negative reactions that resulted from older traumatic experiences. Also, the authors argue that there is an increased risk of developing Post-Traumatic Stress Disorder (PTSD) when having experienced traumas before, and that it therefore is important for professionals to know about trauma history to be able to work on preventing such development, and to make decisions on if the survivors needs more specialized help.

Papaikonomou (2009) presents a qualitative case study where a counseling model for professionals to prevent development of Post-Traumatic Stress Disorder (PTSD) among victims of rape is discussed. The counseling model is called four leg trauma counseling model, and was developed in South Africa, where the article also was published. The model consists of four components which can be introduced in different orders depending on what is needed for the client. The first part of the model is re-telling of the story. Here the client is encouraged to re-tell in detail what happened, including feelings, sensations and thoughts during the rape. This is to create an opportunity for the client to express those often unexpressed feelings about the rape. The aim of re-telling is also to prevent that unexpressed feelings will be replaced in other symptoms, such as different destructive behavior. In the second phase, the counselor should focus on making the client aware that her reactions are normal, and also to tell the client of what further symptoms she might expect, to reduce eventual feelings that she is “going crazy”. The third phase focuses on exploring the victims’ feelings of self-blame and guilt, since those feelings are so common among victims of rape according to this model. Here the counselor take the victim through the rape to explore alternative reactions in each scenario. The purpose of this is to make her understand that she did the best she could under each circumstance. In the last part the counselor encourage and assist the client to cope with the traumatic event in her daily life, and to go back to her normal living routine.

The National Centre for Knowledge on Men’s Violence Against Women (NCK) is a national center for protection of women exposed to violence in Sweden. They are working on mission of the government to increase the awareness and knowledge about violence in different forms against women in Sweden, and to develop methods for working with

exposed women (NCK, n.d). In 2008 NCK developed a scientifically based handbook for professionals within healthcare that meet sexually abused women to utilize and find guidance from. One part of being professional according to NCK is to know about other professional groups that the woman might come in contact with. The aim is to make the treatment as smooth as possible, and it is believed that cooperation and knowledge about other professions will make the care of sexually abused women more effective and coherent. Further, NCK states that it is important that professionals try to connect with sexually abused women. NCK argues that when a sexually abused women perceive that professionals try to connect with her and care about her, it increases the chances that she feel that she can rely in health care. Then, the chances that she wants to come back to receive support/treatment increases. Further, NCK argues that it is essential for professionals to be caring, and simultaneously not denying the severity of what she has been through. It is thus recommended that she is given an opportunity at some point to retell the event of the abuse. Retelling aims to make her understand her own reactions, and thereby regain her sense of control, since it has been shown according to NCK that women exposed to sexual abuse often feel that they have lost their control. Also, sexual details are seen as important to express for the woman to reach her feelings. However, all care should be based on respect for integrity and self- determination of the individual.

4. Theoretical framework

Two theories were chosen to help understand the collected data and explain the findings; Trauma according to Judith Lewis Herman (1992) and Sense of coherence (SOC) by Aaron Antonovsky (1991). The theories have been used to interpret the results and enabled a deeper understanding of the empirical data.

4.1 Trauma

This section is based on the book “Trauma and recovery” written by Judith Lewis Herman (1992). According to Lewis Herman the core of psychological trauma is powerlessness and isolation. She states that “rape in its nature is intended to cause mental trauma” (Lewis Herman, 1992, page 89) and argues that rape is a physical, psychological and moral violation of a person.

When traumatic events occur, the individual's integrity is being assaulted. The body is being invaded and violated. Control is deprived from you and that loss is by some seen

as the most violating part of the trauma. One emotional reaction to trauma is feelings of shame. Lewis Herman explains that feelings of shame is a response to the complete helplessness and the violation of integrity experienced during the trauma. Another emotional reaction to trauma explained by Lewis Herman are feelings of doubt. Doubt reflects the difficulty to keep the own personal story of the traumatic event in relation to others view of what happened. Further Lewis Herman states that survivors of traumatic events such as rape have a tendency to feel guilt for what happened. She explains that guilt can be interpreted as survivors attempt to learn something of the catastrophe and as an attempt to regain power and control.

Lewis Herman describes that in situations of complete powerlessness, people can enter a condition of dejection. The person then escapes from the situation not by action, but by altering their state of awareness. It can be experienced as being paralyzed. She describes that situations of extreme horror, such as rape, can unconsciously evoke a condition where events are registered in the awareness, but are cut off from its meaning. People can perceive it as if they were standing beside the event watching or as if it was a bad dream. This is called “traumatic dissociation” by Lewis Herman.

Lewis Herman states that reliving traumatic events, regardless if it is through intrusive memories, dreams or by retelling the event, can bring back the same emotional intensity as experiencing the actual event. However, she also emphasizes the importance of processing the traumatic memories by retelling them, since she argues that avoiding reliving the trauma leads to the consciousness being limited, and the survivor detaching herself from others, and hence, live a poorer life. She further argues that reliving the trauma gives survivors opportunity to master it, and emphasizes that trauma only can be resolved by the survivor developing a new scheme to understand what happened.

Lewis Herman states that traumatic events always leads to damaged relations, and therefore people in the survivor’s social network have the power to affect the result of the trauma. Support from other people can alleviate the effects of the trauma while negative response from the social network can worsen the traumatic syndromes. Responses from the society also affects the traumas final dissolution. Lewis Herman describes that trauma results in a breach between the trauma survivor and the society, and that a public

recognition as well as a societal intervention towards restitution is needed for the trauma survivor to regain a feeling of justice in the world.

Two fundamental principles for the basis to recovery is self-determination and creation of new connections. Self-determination is about the trauma survivor regaining the power over her life. No action that deprives the survivor of self-determination could be promoting recovery. Only within circumstances that might threaten the survivor's life, such as suicidality, this principle could be overlooked. The second principle for recovery is creation of new connections. Lewis Herman argues that recovery is not possible in isolation; it needs to be achieved in relations. Further, Lewis Herman describes three stages to recovery were these fundamental principles are incorporated. Stage one regards safety, stage two regards remembrance and mourning and stage three refers to reconnection with ordinary life. Lewis Herman argues that if safety is not ensured in an adequate manner, no other therapeutic effort has the possibility to succeed. Safety according to Lewis Herman is about developing a relation with the counsellor, regaining self-determination and creation of a safe environment for the trauma survivor. The second stage focuses on remembrance and mourning, here Lewis Herman emphasizes the importance of talking through the course of the traumatic event. She argues that the trauma survivor should describe the event in its entirety and in detail. However, she also argues that this stage should be handled cautiously and that the fundamental principle of self-determination is still prevailing; it is up to the survivor to choose to retell the traumatic event and in that way confront the painful memory. In the third and last stage of recovery the trauma survivor develops a new future and new connections with the surrounding world. The trauma might have destroyed the sense of self, relations and the meaning with life. These are things Lewis Herman argues needs to be rebuilt in the third stage of recovery.

4.2 Sense of Coherence

This section is based on the work of Aaron Antonovsky, "Hälsans Mysterium" (Own translation: The mystery of health) from 1991. The sense of coherence theory has its origin in the paradigm of salutogenes, meaning that it focuses on what factors are contributing to health rather than what factors are causing illness. The main argument in this theory is that human beings are continuously exposed to changes, and it is how we perceive those changes that determines our health. Antonovsky has defined three main perceptions that are essential in determining our wellbeing; our sense of comprehensibility, manageability and meaningfulness.

Comprehensibility refers to how comprehensible we experience stimuli. Stimuli can be both external and internal; events that happen around and inside us. Stimuli that are experienced as comprehensible, predictable, coherent and structured contributes to high levels of comprehensibility; we understand situations and our part in them. Individuals with high sense of comprehensibility can handle situations as understandable also when unexpected and uncontrollable events occur. Although, it does not mean that individuals compassing high levels of comprehensibility react indifferent to severe events; it could be challenging and hard, but in the end comprehensible. To comprehend a stimuli makes it possible to manage it, which is the next part.

Manageability is to what extent we experience that we possess enough resources to encounter the stimuli we are exposed to, and the consequences from them. The resources include our own capacities as well as others that we rely on or have faith in. For example it could be supporting family members, colleagues or welfare systems. High levels of manageability are thus the ability to handle difficult situations and to move on, while on the contrary low levels will bestow with feelings of being a victim of one's circumstances, and feelings that life is unfair.

The last component is meaningfulness and can be explained as the motivation element in the theory. With high levels of meaningfulness, we perceive events in life as interesting and meaningful; as challenges worth fighting for rather than mere obstacles. It is what make us feel that life is worth living, and therefore reasons to put efforts in. With low levels on the contrary, we see little meaning to put effort into things, or even that life in itself is not worth living.

Antonovsky further means that when we experience an event that causes a lack of comprehensibility, manageability and meaningfulness we are exposed to a “stressor”. It is more carefully described as a requirement to which we do not possess any immediate or automatic responses to. In other words, stressors are events which decreases our sense of coherence. Antonovsky explains that stressors causes a state of tension. He also expresses that it is inevitable that some events in life causes this state of tension, but that individuals possessing a relative high sense of coherence from the basis are more likely to recover from the negative stressors.

5. Results & Analysis

In this section the results and analysis of the thesis are presented. The findings have been broken down to different themes under two sub-headings; the first sub-heading is named challenges. Themes connected to challenges regards the challenges social workers perceive in their work with rape survivors. The second sub-heading is named strategies and methods. Themes connected to strategies and methods regards guidelines, tools and methods the informants use in their work with rape survivors. Each theme will be presented followed by an analysis of that particular theme.

The informants

Informant A works at a hospital's counseling unit with patients from the women's clinic in a middle sized city. Informant B works as a counselor at an emergency reception for raped in a large city. Informant C works at a hospital's counseling unit with patients from the women's clinic in a middle sized city. Informant D also works at a hospital's counseling unit with patients from the women's clinic in a middle sized city. Informant E works at a hospital's counseling unit with patients from all hospital units. Informant C, D and E work at the same hospital.

5.1 Challenges

5.1.1 Shame and guilt

The findings show that one of the main challenges for the social workers in this study to handle was the shame and guilt they perceived that many rape survivors experienced. All informants emphasized how these feelings are a big part of their counselling with survivors;

- *It's horrible, that it is the general thing that one can see, that most feel some sort of guilt and shame. (Informant E)*

Shame and guilt might steam from different sources. Informants highlighted that in most cases the perpetrator was not unknown to the survivor but rather someone they knew, an acquaintance, someone they had contact with or even someone they had been interested in. If the rape survivor had shown interest in the perpetrator and maybe initiated contact,

it often made the survivor feel guilty for what happened and that was a source of self-blame and feelings of shame. Informant B expressed how this could affect the counselling;

- *That can be an obstacle as well, one might not dare to talk about certain things during the counselling because one feels shame and guilt. You might talk about certain things, but not others maybe... Often it could be for example if one has shown interest in to this person, it is so difficult like... "Then maybe it's my fault, maybe I said something that made that person think..." and so on and so on. (Informant B)*

Another source of shame and guilt described during several interviews was the survivor's perception of her resistance. Informants emphasized that many rape survivors thought about their own actions during the rape and perceived that they did not do "enough" resistance to prevent the abuse and those feelings led to shame and self-blame. Informant C said regarding this;

- *This with guilt feelings and shame feelings, one often describes that, I should have done more. I should have hit back more, I should have... (Informant C)*

Shame and guilt can also arise from the survivor's loss of control and the feeling of that she was not "able" to protect herself. Informant D explained shame and guilt like the following;

- *Shame and guilt is like, what might make me think about how I acted. And the shame might be about that I couldn't protect myself. Like, you go out and you slip on an icy patch, so the first thing you think about is not how it went, but to get up as fast as possible and hope that nobody saw! (Informant D)*

Analysis

According to Lewis Herman (1992) feelings of shame and guilt are emotional reactions to trauma. Feelings of shame is a response to the helplessness and the violation of bodily integrity. Trauma according to Lewis Herman (1992) offers an interpretation of guilt feelings as a way to try to learn something from the catastrophe and thereby regain some power and control. For the survivor it can be more bearable to think that acting in another

way could have affected the outcome of the situation than to be faced with the fact that you were totally helpless, because thinking your actions could have changed the situation at least gives back some sense of control. This way Lewis Herman (1992) offers an explanation to why feelings of shame and guilt occur and are so common.

According to Sense of coherence theory, one determining component to our health is comprehensibility (Antonovsky, 1991). When events are predictable, coherent and structured, they contribute to high sense of comprehensibility; rape could be seen as something of the opposite. It could be easier to blame oneself in different ways for that it happened, since it can contribute with an understanding of that the event was structured or “predetermined” due to things oneself did, or did not do; for example showing interest in the perpetrator.

The findings in this study about shame and guilt are similar to findings in Kelleher and McGilloy’s study from 2009, where shame and guilt among survivors is presented as a main challenge to service provision among sexual violence survivors. Feelings of guilt is also discussed by Payne, Button and Rapp (2008) as self-blame. According to them, blaming oneself for the rape can be used as a self-protective mechanism; if one believes oneself is responsible for what happened, one can also protect oneself from experiencing rape again through alternating the own behavior.

5.1.2 Criminal proceedings

The findings imply a huge frustration with the criminal proceedings. All informants described challenges in connection to this theme. The criminal proceedings were found as a challenge in several ways. One frustration contained that most preliminary investigations are closed and that the perpetrator is never even prosecuted. Informant A perceived closed investigations as an additional violation for the rape survivor and described feelings of own insufficiency regarding this problem;

- *One might have made progress emotionally in the crisis so to say, but then it can become a step back. It becomes, as I said, an additional violation. I think that can be a bit difficult, how to, well, a feeling of insufficiency you might say. (Informant A)*

Our findings indicate that dismissed preliminary investigations may be challenging both in the counseling with the survivor, and for the personal feelings of the counselor. Informant C expressed her personal feelings regarding closed preliminary investigations;

- *And then I think personally, I mean this frustration one often feels, with this, if it has become a criminal case. That it is closed, that thing. That preliminary investigations are dismissed. And the frustration you yourself can feel in that. Damn! Sort of, again! Like that. I feel that can be a difficulty.* (Informant C)

Our informants described that in rape criminal cases, it often comes down to words against words. Proving the rape can be difficult and evidence is often lacking. However, the findings indicate that professionals may perceive that preliminary investigations are dismissed too early and that police do not put enough effort to actually find evidence. Informant B expressed frustration regarding this;

- *Sometimes I think they (police) are very quick, way too quick, to close the investigation, that maybe they should work more on the evidence first...* (Informant B)

Other findings indicated that these professionals perceive the criminal proceedings as an unpleasant experience for rape survivors. Some informants estimated that rape survivors who had experienced rape earlier in life were less inclined to report rape again due the circumstances of the criminal justice process. Informant A expressed regarding this;

- *Well, they say, there's no point... It won't lead anywhere anyway, rather you will be inspected and examined, and it will be a difficult experience.* (Informant A)

Analysis

According to Lewis Herman (1992) a traumatic event creates a breach between the survivor and the society. Recognition of the trauma as well as societal intervention towards restitution is needed for survivors to regain a feeling of justice in the world. Legal action, such as conviction of the perpetrator could be seen as a societal intervention. However, when this does not happen, it is difficult for survivors to achieve a feeling of justice. It is understood that this also affect the informants work, that it becomes more challenging to help the survivors to achieve this feeling of justice.

In the SOC theory manageability refers to what available resources we have to encounter stimuli we are exposed to; referring to both internal and external sources (Antonovsky, 1991). The legal system could be perceived as an external resource; conviction of perpetrators could make the social workers feel that both they and the survivors could rely on the system, and that it could contribute to feelings of justice to some extent. Instead, it is the other way around; the social workers feel that the cases are often shut down, and that it can be challenging to be a support in such circumstances.

Kelleher and McGilloway (2009) also found criminal proceedings as a challenge in their article about service provision to sexual violence survivors. Similar to the findings in this study regarding informants' frustration about closed preliminary investigations, their results described that cases were shut down, sometimes even without explanation, and that led to frustration for both professionals and rape survivors.

5.1.3 Not being able to help all survivors

One challenge that three informants brought up during the interviews was that they sometimes feel that they could not reach the survivor, due to different reasons;

- *One part is maybe about whom, so to say, that you might not reach to everyone you felt would have needed it. Some does not even want to have contact, and that becomes a type of difficulty or how to call it. And some might not need it, but I believe that some might would have needed it. (Informant C)*

Another informant explained that a few survivors she had met had different psychological impairments, and that it could be harder to reach to these women. She told about one such case where the woman did not understand that she had been exposed to an abuse;

- *In that case maybe it was more that, or it was like, that the mother was the one signaling... The girl, or young woman, she seemed to not perceive that it was an abuse in the same way... And this had happened several times, so those kinds of difficulties, it is hard, to reach and (ask), how will this affect you? (Informant A)*

Another respondent told that some survivors have different issues with themselves which makes it hard for them to reach their own feelings and thoughts. When the survivor is not able to reach her feelings and thoughts, it will also make it more difficult for the counselor

to do it. The informant perceived that the survivor might then expect her to find all solutions;

- *When coming here, many are aware that this is a work you do together. And thereby also have access to yours, in the way that they can think and feel around it. All people are actually not able to do so, for different reasons, that they have blockings or such problems with themselves. Then it can be situations where one might expect to come here and that I will make something while oneself (the client) is not engaged in the work. (Informant B)*

Analysis

To not be able to reach to some rape survivors, and thereby not be able to help, could be something difficult for the social workers. But it can be understood that due to the structured and predictable manner the meetings take place in, the counselors meeting those survivors could still experience a high sense of comprehensibility. As earlier mentioned, comprehensibility refers to how we understand situations and our part in them (Antonovsky, 1991). The counselors meet the survivors as professionals, and thus to perceive that you cannot reach to everyone could be seen as a part in their job that they are aware of.

A second component in the sense of coherence theory is manageability, which describes our perceived ability to manage events that we are exposed to (Antonovsky, 1991). It could be difficult to manage knowing that you cannot reach everyone, but it does not have to mean a decrease in manageability. The counselors might experience that they have enough resources within themselves, such as education and work experience to know how to manage those situations. Also, external support deriving from for example colleagues, organizational structures or friends could affect the manageability in a positive way. Likewise, it could be the opposite. However, encountering this challenge to not be able to help all survivors does not have to bring negative effects in the counselors' perceived manageability.

The last component in the SOC theory is meaningfulness (Antonovsky, 1991). One reason to interpret that the counselors have a high sense of meaningfulness is the fact that they actually see not helping everyone as a challenge. This can be understood as that they care about it, and that it is worth striving for. They are not equal to all the challenges, or do

not care. Antonovsky explains that caring about things and seeing reasons to put efforts in them is linked to high levels of meaningfulness.

In a study from 2009, Kelleher and McGilloway described that all rape survivors do not acknowledge their experience of sexual violence as rape and thus, not as a crime, and that was perceived as a challenge for service providers. This was seen as a challenge due to that these rape survivors often do not initiate contact with service providers and therefore did not receive help with negative emotions after the rape. Kelleher's and McGilloway's findings can be seen as similar to the findings in this study. One informant told that she had met a client that did not understand that she had been exposed to a sexual abuse, probably due to a mental impairment. It is likely that this woman would not have come in contact with the social worker either if her mother would not have initiated the contact.

5.1.4 Potential threats to own wellbeing

It was found that some informants perceived that their job as a potential threat to their own wellbeing. One informant told that she thinks it is important to take care of oneself, in order to not let the job affect in a negative manner;

- *When working in this kind of job, there are very severe things all the time, it is like that. And you maybe also need to be aware of yourself and that you take care of yourself. Because it does something to you, when you all the time work with traumatic reactions. (Informant B)*

The informants explained different aspects they felt were important to not let their job with rape survivors affect them in a negative way. Several respondents mentioned supervision and talking to colleagues as important;

- *Maybe "only" this with talking ten minutes to a colleague if you have had a tough session can prevent that you don't take it with you home later. (Informant C)*

Another informant told that rape is something everyone fears to be exposed to, including herself. Due to this fear, it is natural to develop strategies (consciously or unconsciously) to protect oneself from thinking that you also can be exposed to rape;

- *It is something that scares everyone, and you know it can happen to you. And then it is like, when we get to know something we have like, I mean then I want to protect myself.*

Let's say that someone, well I was... let's see, in the club or something. Then I want to find things in that situation that do not remind of myself. Like, oh no, I would never have done like that. (Informant D)

Analysis

When the informants share that they understand their jobs as a potential risk to their own wellbeing, it shows that they are explicitly aware of this risk. Thus, this can be seen as contributing to high levels of comprehensibility according to SOC-theory (Antonovsky, 1991). To be able to handle a situation, you must first understand it. Therefore, this realization that their work could affect their personal wellbeing in a negative manner is the foundation to being able to act to prevent it. As outlined above, they identify different aspects as important to them to manage those potential challenges. This is what Antonovsky refers to as manageability; how well we can manage situations, which depends on resources within ourselves and/or others (Antonovsky, 1991). Talking to others to be able to leave a difficult session behind is an external resource that help the individual to manage the situation.

Developing a strategy to protect oneself from understanding that you also can be exposed to rape can be seen as something that aims to make it easier to manage that understanding. According to the SOC theory, manageability is one determining part to our health and refers to internal and external resources we perceive to possess when encountering stimuli (Antonovsky, 1991). Developing such a strategy can be understood as coming from internal resources and that it aims to increase the sense of manageability.

The respondents in the article by Clemens (2004) reported changes in worldview, own relationships, experiences of secondary traumatization and an increased awareness of their own vulnerability. Compared to this study, almost none of these challenges were brought up. Only the last mentioned could be understood as similar in this study; the increased awareness. As mentioned above; developing strategies to protect oneself from experiencing rape could be perceived an increased awareness.

5.2 Strategies & Methods

5.2.1 The first session

All counsellors emphasized that they always base their sessions on the needs of the survivor. Many of the informants expressed this as “trying to meet the client where she is”;

- *I am thinking that... It is a lot about meeting... Meeting the client where the client is. (Informant A)*

However, it was found that the informants emphasize different aspects during the first session. One informant told that she always focuses on building a relationship first with the survivor;

- *I focus a lot on this with first creating a relationship, since I just finished studying I remember so well that we had a teacher who was like, the relation is the basis. And that is true, without relation you won't get far. (Informant C)*

Several informants told that the focus during the first session often end up in how the rape affects the person in her current life situation;

- *Most of the time I think what you talk about depends on the life situation of the person, what has happened and what it is, how it affects you so to say, in your current life situation. What experiences you have, both sexual abuses and other abuses of some kind, or if there is something else in life you might think could affect. (Informant B)*

However only one social worker asked about earlier experiences on traumatic events as a routine question in the first meeting. Another question that social worker also always asked during the first session is how the survivor's social network looks;

- *Mm, it is also such thing as I mentioned before about asking what the social network is like, I always ask about it (earlier experiences on traumatic events) when it is about abuses. Because, well it creates an understanding about the person so to say. Maybe also how you handle crises. (Informant A)*

Another social worker told that safety is her main focus in the first meeting with rape survivors;

- *I'm thinking it's most important to help women with, that you are safe and you are protected and so. Because often it is that the first session is about, and then you talk a lot about it. Who can help her and who the perpetrator is and where he might be. (Informant D)*

Analysis

Social workers meeting the survivor “where she is”, and adapting the sessions to her needs could be seen as a way of encouraging self-determination. According to Lewis Herman (1992), this is one fundamental principle in the recovery process from trauma and a vital part in the first stage to recovery. The first stage to recovery for survivors of traumatic events also includes developing a relation with the counselor and creation of a safe environment, according to Lewis Herman (1992). It could be understood that when basing the sessions on the needs of the survivor, the counselors show that they respect her feelings, which could be considered as enabling a development of a relation between the counselor and the survivor. Thus, basing the sessions on the needs of the survivor could be seen as a way for the counselors to help the survivor on the first stage to recovery. One social worker told that she explicitly focus on first creating a relationship with the survivor, as mentioned above, this is a vital part of the first stage to recovery according to Lewis Herman (1992).

According to Amstadter et al. (2009), professionals should carry out a so called “throughout assessment” before starting any kind of treatment of sexually abused clients. In this assessment, it is included to ask about earlier traumatic experiences, since it will help the professional to provide the most adequate care, since earlier traumatic experiences might affect the outcomes and reactions of this traumatic event. Some informants told that in the first session with rape survivors often end up in talking about how the trauma could affect the survivor regarding earlier experiences. However, only one counselor has this as a routine question.

It could also be argued that being aware of earlier traumatic experiences and how they affected the survivor could increase the comprehensibility for both the survivor and the

social worker. According to Antonovsky (1991), to understand events as predictable and structured contributes to high sense of comprehensibility. If the survivor tell about earlier traumatic events if any, it could make the survivor herself more aware of those. This awareness could help her understand if and how those past events affect her reactions to the new traumatic events, and maybe she will also be reminded about strategies that helped her recover from the old traumatic event, and could use those now as well. Also, this information could help the social worker to understand the survivor with a more holistic perspective, and thus being able to better adapt the help to the survivor. Therefore, it could be understood that Antonovsky (1991) emphasizes that talking about earlier traumatic events can increase the comprehensibility.

According to Lewis Herman (1992), creating a safe environment for the survivor is one part in the first step to recovery. However, it was found that only one informant has focus on ensuring a safe environment. She expressed that she saw this as the most important thing to help rape survivors with, and that it included talking about where she could find help and where the perpetrator is.

5.2.2 Normalizing

Several informants described that many survivors of rape are worried about their reactions and symptoms resulting from the rape. Therefore, many of the social workers told that they try to explain and inform the survivors about normal reactions and symptoms, since that could help the survivor understand that her reactions and symptoms probably are normal;

- *And a lot of what we do at the initial stage is to normalize and stabilize. So if it is that you don't feel good, feel intense anxiety and despair and get those kinds of thoughts, it does not have to mean that.... It is very acute, but it can also be a very normal reaction. And the person can feel very relieved by hearing that. (Informant B)*

Some social workers also used to inform about common reactions during the rape, since many survivors did not understand why they reacted the way they did, and this often caused worries among the survivors;

- *And I also use to talk about common reactions during the abuse a bit, if they want to. (Informant C)*

The respondents also expressed that many rape survivors do not recognize themselves after the abuse, and are worried about “losing themselves”. Informant E told that when her clients feel that they do not recognize themselves, she usually draws a picture on her whiteboard to illustrate why that can happen, and that it is normal to feel like that after experiencing rape;

- *I draw one called the stress cone. That you have a lot of space to receive (perceptions) when you feel good and nothing terrible has happened. Then we have a lot of space to take in perceptions and understand what others say and to participate in things, and live our life pretty good. And then, when we are in crisis this space decreases immensely. And that can make people very stressed and feel that they don't recognize themselves.*
(Informant E)

Analysis

It could be understood that by describing normal reactions, the social workers are helping the survivors to increase their sense of comprehensibility, according to SOC theory (Antonovsky, 1991). One part that increases this feeling is when one feel that stimuli are expected and controlled. To understand that reactions and symptoms during and after the rape to some extent are expected, could increase survivors' sense of comprehensibility.

Telling a client about that the reactions are normal is one part of the preventative counselling model of developing PTSD that Papaikonomu (2009) explains. It is written in the article that this stage about normalizing will help the raped woman to reduce feelings of “going crazy”. This “going crazy” can be understood as similar to that some survivors (according to the informant) are afraid to “lose themselves”. Therefore, it can be understood as a helpful strategy to tell the survivors about common reactions and symptoms, to prevent feelings of “going crazy” or “losing themselves”.

5.2.3 Approaches to shame and guilt

All informants emphasized that feelings of shame and guilt were a big part of their work with rape survivors. Often the shame and guilt steamed from the survivor feeling that she did not do enough resistance to prevent the abuse. Informant A described about resistance;

- *It is often occurring, that one “does not do resistance”. Often one have, or I believe many have, a picture that when it is rape, then you have fought, you have screamed. But, then you become totally paralyzed, you do not do resistance. (Informant A)*

Some informants described that "not doing resistance" could be an uncontrollable reflex and an unconscious survival strategy that aims to decrease damage and avoid more violence. They emphasized that "not doing resistance" is therefore to actively do something as well, and expressed that rape survivors often felt better about their actions when realizing this.

- *I usually... Well, partly talk about this with survival strategies and defense mechanisms and how the body actually reacts. And focus on what you actively did. Because you yourself might feel that “I didn’t do anything” and then it becomes a lot of guilt in that. That “maybe he thought that I wanted because I didn’t hit back or anything”, like that. To more look at it like, to hit is one way to defend yourself, to play dead is another. I usually say that, if you look at a spider when you poke them they curl up and play dead. Like that. That is also an active act. (Informant C)*

Informant E told that if the survivor wants to talk through the course of event, she uses that opportunity to enhance and strengthen everything the survivor did do, to make her see and strengthen her feeling of what she actually did;

- *Because I believe many thoughts and feelings comes from one might believing that she did not do any resistance for example, or one feels bad that...“if I only did this or like this”. I think that if you talk through the course of events than maybe I, with another perspective, can point out a bit in between “Well there you did like that and that was the only thing you could do in that situation just then and there”, and that can give a better feeling for them sort of. (Informant E)*

The result also indicated that when a perpetrator is not convicted or a preliminary investigation is closed, the rape survivor can doubt what happened to her or feel like she over exaggerated the abuse. The feeling that the survivor get could be that society has decided that it was not an “important case” or that what the perpetrator did wasn’t wrong. Several informants talked about how it is important to emphasize that the survivor has

her story and that is her truth, and just because it cannot be proven in court that does not mean it did not happen that way.

- *The most common is that it (the preliminary investigation) is dismissed and then you try to say (to the survivor) that this is only about that it can't be proven from a juridical viewpoint, as they think. But you know what you have been through, and nobody else can say anything about that. You know what you have experienced and what you think about that. (Informant D)*

Analysis

Lewis Herman (1992) explains a state of dejection that people can enter in situations of complete powerlessness. The person experiencing a traumatic event can escape from the situation not by action but by altering their state of awareness. The condition can be perceived as being paralyzed. This condition offers an explanation to why rape survivors often perceive that they did not do any resistance, which leads to the shame and guilt feelings that the informants encounter in their work.

Our result indicated that rape survivors may have troubles with understanding their actions, or their lack of actions, at the time of the abuse. According to SOC theory (Antonovsky, 1991), with high levels of comprehensibility we understand situations and our part in them. The method described above where the social workers explain women's actions at the time of the rape, and that some are uncontrollable reflexes, can be interpreted as methods to strengthen survivors' comprehensibility of the situation.

Informant E's strategy of talking through the course of event to strengthen rape survivors' actions and make survivors realize that they had no other options in that situation is rather similar to what Papaikonomou emphasizes in her article from 2009 that describes a counseling model to prevent PTSD. One phase in the model is to talk through the course of events and explore different reactions in each scenario, the intention of this procedure is to make rape survivors realize that they did the best they could in each circumstance. This procedure was a way of exploring feelings of self-blame and guilt which also was the intention of our informant. Helping survivors to better understand actions through retelling the rape is also in accordance with the guidelines in the NCK handbook (2008).

Lewis Herman (1992) also emphasizes the advantages of retelling the course of event, as she argues that it can give survivors an opportunity to gain a new perspective of the traumatic event, one where she isn't powerless or not doing any resistance, but rather one where she can see that she did what she was able to do to protect herself in that moment.

5.2.4 Views on retelling the rape

All respondents emphasized that it was essential that everything they talk about during sessions are voluntary, and that the survivor should never feel forced to talk about something she does not want to. This included retelling the course of the event of the rape. None of the respondents thought it was essential that the survivor talked through the course of event.

- *I try to think a lot about it, and talk about it with them as well, the importance that everything they talk about feels okay. And not feel like now I have to retell this, I mean we can talk about the weather today, or where you are right now kind of. (Informant C)*
- *Ehm, to not push to it, but you should definitely be open to it, if they want to. Because if you push them to it (retell) or how to say, then it can be like a second abuse. (Informant E)*

One informant told that she asks if the survivor wants to tell about what happened, but that they often end up in different sidetracks, which turned the conversation to different focuses. Thus, that informant to retell the whole traumatic event is not important for its own sake, but it rather works as a starting point in the session;

- *It can be a lot about the story, and to ask "is it okay if you tell?" And you might end up in different sidetracks, so the first session can be pretty extensive... And then we book more sessions, and you might trace it down to like "how is everything today?" And maybe that is what we should talk about today. (Informant A)*

Another informant told that she used to ask about the course of the event before, but that she does it less and less.

- *Before, I opened up a little more to it, like do you want to tell about what happened and so. But I think I have changed my mind about it. Eh, partly because I am thinking that it*

is sexuality and emotions and things which is.... It is our private life, if I want to share it with someone I want to choose it. (Informant D)

Analysis

By talking through the course of the event, the survivor relives the event (Lewis Herman, 1992). According to Lewis Herman (1992), reliving it that way can bring back the same emotional intensity as the actual traumatic event. So the cautiousness described by informants in regard to talking through the course of the event can be understood as a way of avoiding the emotional intensity that can come from reliving the event and thus, avoiding a second traumatization for the survivor. On the other hand, Lewis Herman (1992) also emphasizes the importance of processing the traumatic memories, it is seen as a vital stage to recovery. She argues that trauma survivor should retell the event in its entirety and in detail. Not processing the traumatic memories can lead to consciousness being limited and the survivor living a poorer life. Lewis Herman argues that when the survivor relives the trauma, she gets the opportunity to master the trauma and understand what happened in a different way.

The National Centre For Knowledge on Men's violence Against Women (NCK, 2008) stresses the importance that sexually abused individuals should be given an opportunity by professionals to retell to event of the abuse, since it can make her understand own reactions and thereby regaining the sense of control, which according to NCK many sexually abused women feel that they lose when being exposed to a sexual abuse. Simultaneously, it is stated that all care should be based on respect for self-determination of the survivor. From this handbook, it can be interpreted that professionals should ask sexually abused women a concrete question if they want to retell the event of the abuse, but their will should be respected. It is understood that only one informant in this study asks this concrete question, and that the other informants did not. However it is understood that they don't avoid talking about the rape if the survivor expresses that she want to.

Also in the counseling model outlined by Papaikononou (2009), one important part is to retell the story to prevent a development of PTSD. The article means that retelling provides an opportunity for the survivor to express often unexpressed feelings, and that it will prevent that those feelings will be displaced in destructive behavior instead.

6. Discussion

This section is divided into three parts. First a discussion of the result will be presented where the main findings of the study will be discussed. Secondly, a discussion of the methodology will be presented where we discuss the advantages and disadvantages of our methodology choices. Lastly some suggestions for future research will be put forward.

6.1 Discussion of results

One part of the aim was to explore what challenges social workers may encounter in their work with rape survivors.

One challenge found was the often-prevailing feelings of shame and guilt among the survivors they meet. It is understood from the findings that those feelings are common for more or less all survivors. It could be argued that more public awareness could help to decrease those feelings. The need for public awareness has been expressed in previous research by Payne, Button and Rapp (2008) and Kelleher and McGilloway (2009) as well.

Another challenge that was found for the social workers was to not be able to reach to all survivors due to different reasons. We believe that the informants have chosen their occupation because they want to help people. It can therefore be understandable that it is seen as a challenge when it is not possible. Another challenge was the constant disappointment due to dismissed preliminary investigations, which led to frustration and feelings of hopelessness for the social workers. We understand that it is difficult to convict in rape cases. However, the social workers in our study perceive that police preliminary investigations are dismissed too early, and that police do not put effort in to finding evidence in rape cases, and that women who have been through the criminal proceedings after rape before perhaps hesitate to report a rape again due to the conditions of the procedure. These findings may indicate that the criminal justice system in Sweden do not fully support rape survivors. As described in the introduction, rape is seen as a huge social problem and we perceive that it is fearsome that the problem according to our informants seems not to be taken more seriously by the criminal justice system. Another finding in regard to challenges has to do with potential risks to social workers own wellbeing.

The aim was also to find out how social workers work with rape survivors. The main interpretation is that all the informants seem to base their methods and strategies on the

needs of the survivor. It is understood that the informants have differing approaches during their first meeting with the survivor. We find those differences interesting, since all of the informants expressed that they try to “meet the client where she is”. Our interpretation is that all informants try to do this, but they have different approaches and focuses when doing so.

One informant told that her main focus during the first session is to build a relationship with the rape survivor. However, it is possible that other informants also do this, but that they take it for granted so that they did not think about mentioning it during the interviews. Many informants said that the first session usually is about how the rape affect the person in its current life situation, and that earlier experiences could be affect this. Only one informant told that she asks about experiences on earlier severe events in life in all sessions with rape survivors. According to Amstadter, professionals should gain knowledge about eventual previous traumas that the person exposed to rape has experience. However, it is possible that other professionals than the counselors do such “assessments”, and that they meet the counselors after this. Also, only one informant told that safety was the most important focus during the first session with rape survivors.

One method that the informants used to respond to the needs of survivors was normalizing and explaining about common symptoms and reactions. The informants also described some different approaches to feelings of shame and guilt. We interpret that informing about reactions and symptoms and the different approaches to feelings of shame and guilt are strategies/methods that the social workers in this study use in their work, and that they base the choice of strategies/methods on the needs of the survivor.

We found it particularly interesting that none of the social workers in this study thought it was especially important that the survivor retell the whole event of the rape, previous research (NCK, 2008; Papaikonomou, 2009) and Lewis Herman (1992) on the other hand strongly emphasizes the importance of retelling the course of event.

Our interpretation is that the social workers base their sessions on the needs of the survivor, and therefore the social workers will listen and encourage retelling if the survivor herself feel that this is something she wants to do. But it was understood that the social workers did not see retelling as an essential part in the survivor’s recovery process in contrary to previous research (NCK, 2008; Papaikonomu, 2009) and Lewis Herman (1992). We interpret that this view on retelling was based on their work experience, and

we found it interesting how knowledge from work experience differ from knowledge from research. However, similar to the social workers, previous research (NCK, 2008; Papaikonomu, 2009) and Lewis Herman (1992) regarded self-determination as the most important aspect to respect.

6.2 Discussion of methodology

This was a qualitative study with face-to-face interviews. We evaluate that the qualitative approach has been suiting for the explorative aim of this thesis. We perceive that conducting interviews has been a good method for data collection and that our interviews have provided rich data, and we believe that is mostly due to our informants' great engagement in the topic of the study. Moreover, the fact that we are inexperienced as interviewers might have impacted the result; maybe more experience would have resulted in even deeper understanding of the aim. The interview guide could also have had some effect on the results. The guide contained open-ended questions, some of the questions were formed from knowledge obtained from previous research. This meant that some issues were brought up by us. On the other hand, the main challenges and methods presented in the thesis were in most interviews brought up by the informants before we had the chance to ask about them. The main themes in the thesis were so reoccurring in the interviews that we estimate that the questions in the interview guide did not affect the results in too biased-way. Data were collected in Swedish and quotes were later translated to English. Special effort has been put to maintain the original meaning of the sentences, although it is possible that the translation process might affect readers understanding of the quotes to some extent. Another aspect in the method that could affect the results is the sampling unit; all respondents were counsellors at hospitals. It can be viewed that interviewing social workers in more varying workplaces would have enabled a broader understanding to the challenges faced and methods used in social work with rape survivors. The sampling unit could therefore be seen as a disadvantage to this study. However, it could also be that the fact that all respondents had the same profession enabled a deeper understanding of this specific social work profession that we would not have been able to achieve if the research had been conducted with different social work occupations.

6.3 Suggestions for future research

This study focused on challenges encountered by social workers in their work with rape survivors and strategies and methods used in that work. However, in this study only social workers working as counselors in hospitals have been interviewed. It would be interesting to learn how other social workers who work with rape survivors perceive challenges, and what methods and strategies they use. Therefore that is one suggestion for future research. Another suggestion is to do the same study with male rape survivors to discover differences or similarities compared to this study. Furthermore, this thesis process has evoked our interest in this issue and we both would find it interesting with a study about challenges encountered by the actual rape survivors. It would be interesting to learn the survivors perception about certain challenges found in this thesis, such as the criminal proceedings.

References

- Alvesson, M., & Sköldbberg, K. (2008). *Tolkning och reflektion: Vetenskapsfilosofi och kvalitativ metod* Lund: Studentlitteratur, 2008 (Danmark); 2., uppdaterade] uppl.
- Antonovsky, A., Cederblad, M., Elfstadius, M., & Lundh, L. (1991). *Hälsans mysterium* Stockholm: Natur och kultur, 1991; (Finland).
- Brinkmann, S., & Kvale, S. (2015). *InterViews: Learning the craft of qualitative research interviewing*. Los Angeles: Sage Publications, cop. 2015; 3, updated] ed.
- Campbell, R. (2008). The psychological impact of rape victims. *American Psychologist*, 63(8), 702-717
- Clemens, S. E. (2004). *Life changing: The experience of rape-crisis work*. AFFILIA-JOURNAL OF WOMEN AND SOCIAL WORK, 2004, 19, 2, 146-159.
- Decker, S. E., & Naugle, A. E. (2009). Immediate intervention for sexual assault: A review with recommendations and implications for practitioners. *Journal of Aggression, Maltreatment & Trauma*, 18(4), 419-441.
- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences: Therapist guide* Oxford; New York : Oxford University Press, 2007.
- Grinnell, R. M., & Unrau, Y. A. (2005). *Social work research and evaluation: Quantitative and qualitative approaches* New York; Oxford: Oxford University Press, 2005; 7. ed.
- Herman, J. L., & Emond, V. (2007). *Trauma och tillfrisknande* Göteborg: Göteborgs Psykoterapi Institut, 2007; (Estland); Ny utg.].
- Jeffner, S. (1997). 'Liksom våldtäkt, typ': Om betydelsen av kön och heterosexualitet för ungdomars förståelse av våldtäkt = ['like, you know – rape']: [on the importance of gender and heterosexuality to young people's perception of rape]. Uppsala University).
- Kelleher, C. (1,2), & McGilloway, S. (.2.). (2009). 'Nobody ever chooses this': A qualitative study of service providers working in the sexual violence sector - key issues and challenges. *Health and Social Care in the Community*, 17(3), 295-303.
- Kilpatrick, D. G., Amstadter, A. B., Resnick, H. S., & Ruggiero, K. J. (2007). Rape-related PTSD: Issues and interventions. *Psychiatric Times*, 24(7), 50-58.
- Langemar, P. (2008). *Kvalitativ forskningsmetod i psykologi: Att låta en värld öppna sig* Stockholm: Liber, 2008 (Slovenien); 1. uppl.

- Mason, F., & Lodrick, Z. (2013). 3: Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27, 27-37.
- Nationellt Centrum för Kvinnofrid. (N.D). *Det här är Nationellt Centrum för Kvinnofrid*. Accessed: 2016-12-19. Retrieved from: <http://www.nck.uu.se/om-nck/>
- Nationellt Centrum för Kvinnofrid. (2008). *Handbok för hälso- och sjukvårdens omhändertagande av offer för sexuella övergrepp*: Västerås: Edita.
- Papaikonomou, M. (2009). Rape and trauma: A case study of a journey of recovery. *Journal of Psychology in Africa*, 19(2), 213-216.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* Thousand Oaks, California: SAGE Publications, Inc., 2015]; 4. ed.
- Payne, B. K., Button, D., & Rapp, L. (2008). Challenges to doing sexual violence work. *Journal of Aggression, Maltreatment & Trauma*, 17(3), 374.
- 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.
- Rubin, A., & Babbie, E. R. (2011). *Research methods for social work* Belmont, CA: Brooks/Cole, cop. 2011; 7th ed.
- SFS 2013:365. *Brottsbalken*. Stockholm: Justitiedepartementet
- UN. (2006). *Ending violence against women. From words to action. A study of the Secretary-General*. New York: UN
- Vetenskapsrådet. *Forskningsetiska principer inom humanistisk-samhällsvetenskaplig forskning*. Retrieved 19/12, 2016, from <http://www.codex.vr.se/texts/HSFR.pdf>
- WHO. (2010). *Preventing intimate partner and sexual violence against women- taking action and generating evidence*. Geneva: WHO. Retrieved January 9, 2017 from http://apps.who.int/iris/bitstream/10665/44350/1/9789241564007_eng.pdf?ua=1
- WHO. (1997). *Violence against women: a priority health issue*. Geneva: WHO. Retrieved January 9, 2017 from http://www.who.int/violence_injury_prevention/media/en/154.pdf

Interview guide

Kan du berätta lite om ditt yrke som kurator?

Can you explain a bit about your work as a counsellor?

Hur kommer kvinnor som blivit utsatta för våldtäkt i kontakt med dig?

How does women who has been exposed to rape come in contact with you?

Hur går ett samtal till? (Hur reagerar kvinnor när de kommer för att prata, vad tar ni upp, berättar hon igenom hela händelseförloppet?)

How is a session like? (How does women react when they come here, what do you bring up, does she talk through the course of events?)

Kan man som kurator fråga för mycket eller för lite? Hur kan man bedöma vad man bör fråga och inte? (För att båda respektera kvinnan och för att hon ska få ut så mycket som möjligt av samtalet)

Can you as a counsellor ask too much or not enough? How do you assess what to ask and not? (To both respect the women and for her to get as much as possible from the session)

Vilka slags svårigheter/hinder möter du i ditt arbete med kvinnor som blivit utsatta för våldtäkt?

What sort of challenges/obstacles do you encounter in your work with women who have been exposed to rape?

Påverkar faktorer i samhället (t.ex. normer/kultur/byråkrati/rättsystem) ditt arbete med kvinnor som blivit utsatta för våldtäkt? Hur?

Are there any factors in society (e.g. norms/culture/bureaucracy/legal system) that affect your work with women who have been exposed to rape? How?

Är det vanligt att utsatta känner hel eller delvis skuld för våldtäkt? Hur arbetar du med tankar kring skuld och skam, och att man som utsatt känner att man inte gjorde "tillräckligt" med motstånd?

Is it common that survivors blame themselves partly or completely for the rape? How do you work with thoughts around shame and guilt, and that the survivor feel that she did not do “enough” resistance?

Möter ni kvinnor som upplever våldtäkt som något ofta förekommande och nästan normalt? Hur arbetar ni i så fall för att motverka denna normaliseringsprocess?

Do you meet women who experience rape as something often occurring and almost normal? In that case, how do you work to counteract the normalization process?

Påverkar det faktum att så få gärningsmän blir fällda ditt arbete? Gör det någon skillnad för ditt arbete om gärningsmannen blir dömd eller inte?

Does the fact that so few perpetrators are convicted affect your work? Does it make any difference in your job if the perpetrator is convicted?

Vilken betydelse kan känslan av upprättelse ha för den utsatte? Och hur påverkar det ditt arbete? (Vad kan påverka känslan av upprättelse?)

What impact can the feeling of restitution have for the survivor? And how does it affect your work? (What can impact on the feeling of restitution?)

Hur påverkar det ditt arbete om den utsatta har varit med om traumatiska händelser innan? Är det något du frågar om?

How does it impact your work if the survivor has been through traumatic events earlier? Is this something you ask about?

Tar ni upp kvinnans sociala kontaktnät? Varför/varför inte? Hur kan detta påverka kvinnan?

Do you ask about the woman’s social network? Why/Why not? How can this affect the woman?

Använder ni er av några specifika strategier/metoder (riktlinjer/teorier) på din arbetsplats när ni möter kvinnor utsatta för våldtäkt?

Do you use any specific strategies/methods (guidelines/theories) at your workplace when you meet female rape survivors?

Hur tillämpar du dessa strategier/metoder (riktlinjer/teorier) i ditt arbete med dessa kvinnor? Varför just dessa? Hur kan de hjälpa kvinnor som blivit utsatta för våldtäkt?

How do you apply these strategies/methods (guidelines/theories) in your work with these women? Why these? How can they help women that have experienced rape?

**Hur ser ert samarbete ut med andra yrkesgrupper som möter dessa kvinnor?
(Både på sjukhus och i övrigt, t.ex. polis)**

Do you have any collaboration with other professional groups who meet these women?
(Both in the hospital and with others, e.g. police)

Upplever du att någon skulle kunna ändras för att förbättra ditt arbete och din arbetssituation med kvinnor som blivit utsatta för våldtäkt? Vad?

Do you perceive that anything could be changed to improve your work and your work situation with women who have experienced rape? What?



University of Gävle

Department of social work and psychology

Study program in social work, specialization international social work

Bachelor thesis, fall semester 2016

Letter of consent

The aim of this study is to explore social workers' experiences and challenges in their work with female rape victims. The aim also searches to explore which strategies and methods social workers use in the work with female rape victims.

Our intention is to obtain this information through qualitative interviews. One interview will last for approximately one hour. Participation in the interview is voluntary and you will have the possibility to withdraw from participation at any time during the study; both during the interview and after. Further, you do not have to respond to questions you do not feel comfortable with or do not want to answer.

Your identity will be kept anonymous, and it is our responsibility as researchers to make sure that your anonymity will not be disclosed during the study or in the final essay. In the essay quotes from the interviews will be used, but as mentioned those will remain anonymous.

Voice recorder will be used during the interview to enable transcribing and later analyzing the material. Those who will have access to the tapes are we who will conduct the interviews (Elin Fält & Louise Bergström Östling), and eventually if needed our supervisor Ulla Forinder and our future examiner. The tapes will be deleted once the bachelor thesis has received its final grade.

You as interviewee will later have the possibility to read the parts that regard you and comment on the material, this to prevent possible misinterpretations. If you are interested, we will also send you the essay in its final edition.

The essay will be published at DiVA. DiVA Portal is a search engine and an open archive for research publications and student essays produced at 40 education centers and research institutions.

Your signature means that you have read and understood the information above, that you are willing to participate in our study, that you are aware that you have the possibility to withdraw your participation from the study at any time without consequences, and that you have received a copy of this document.

Signature

Name

Date

City



University of Gävle

Department of social work and psychology

Study program in social work, specialization international social work

Bachelor thesis, fall semester 2016

Information letter

Hello!

We are two students on our fifth semester in the international study program in social work at the University of Gävle. During the winter, we will be writing our bachelor thesis and we have chosen to explore how social workers work with female rape victims and what challenges they encounter in their work.

The interviews we will conduct will take about one hour. Interviews will be tape recorded to make our material reliable and to make it possible for us to transcribe and analyze the material. You as an interviewee will later have the possibility to read the parts that regard you and comment on the material, this to prevent possible misinterpretations. If you are interested, we will also send you the essay in its finished condition.

The essay will when it is finished be published at DiVA. DiVA Portal is a search engine and an open archive for research publications and student essays produced at 40 education centers and research institutions.

Thank you for your participation,
Elin Fält and Louise Bergström Östling.

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Supervisor for our essay is Ulla Forinder. Our supervisor can be contacted by email:
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