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The 'psychological turn' in self-help services for sexual abuse victims: Drivers and dilemmas

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Abstract

This article describes an ongoing process of transformation in sexual abuse counselling centres in Norway that involves a new classification of groups of victims. These centres have traditionally operated at the grassroots level and outside the statutory system of services for victims and with an open-door policy for all victims. Drawing on field visits and interviews with staff, we explore how the centres are now working to secure their place within the expanding organisational field of services engaged in victim support and anti-violence work – and the dilemmas this produces related to some victims. Theoretically, our analysis departs from a Bourdieusian approach to organisational fields as well as Abbott's concept of professional regression. We find that the centres have adopted ways of thinking and working that stem from the discipline of psychology and the powerful trauma-discourse that has permeated the organisational field they are part of. This 'psychological turn' manifests in different ways in the centres, including an increasing problematisation and marginalisation of the centres' original user group – women who are severely affected by childhood sexual abuse – who no longer are seen as benefitting from the services offered. Hence, it involves a regression from what used to be the centres' purpose and niche, to care for the most vulnerable and marginalised victims.

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Introduction

This article engages with the scholarly discussion about professionalisation processes in third-sector welfare organisations within 'service intensive' welfare states (Stephens, 1995) – and what they mean for different groups of victims. Discussions about the consequences of professionalisation in different services and professions have been ongoing since the 1980s, related to different contexts (Abbott, 1988; Helminen, 2019; Markowitz and Tice, 2002; Stefansen, 2006). Our empirical case is sexual abuse counselling centres in Norway that originally operated as self-help organisations at the grassroots level. These centres have undergone a profound transformation. They are no longer staffed by volunteers but by a mix of social professionals, and they are increasingly intertwined with other professional services for victims of violence and abuse (Smette et al., 2017). What we study here is the further transformation of these centres in the wake of this formal professionalisation process – with a particular focus on how it comes to produce different categories of victims.

We direct attention to professionalisation regarding what Andreassen et al. (2014) conceptualise as the double process of organisations and individuals being seen as professional and competent. Our focus is on the everyday practices and manoeuvrings within the centres that have the potential to further professionalisation in this particular – symbolic – meaning. We interpret the ongoing changes as part of a process of *institutional repositioning* that the centres are engaged in, which entails a move from a marginal towards a more secure position within the wider field of services for victims of violence and abuse of which they are part. Our point of departure is that repositioning processes will be related both to the organisational field surrounding particular institutions and the past of the institution in question (Macmillan et al., 2013).

The aim of this article is to shed light on the ongoing process of repositioning among sexual abuse counselling centres, including its drivers and the dilemmas it may come to produce. We explore how and why this process of repositioning takes place – in the absence of explicit requirements to change from the funding and regulating authorities. Theoretically, we combine insights from the Bourdieusian 'field'-based understanding of organisational life (Emirbayer and Johnson, 2008; Macmillan et al., 2013) and Abbott's (1995) notion of professional regression; that is, the process through which professions come to move away from their original ethos and areas of work.

The analysis presented here was spurred on by how the staff in sexual abuse counselling centres talked about their users in interviews we conducted as part of an evaluation study (Smette et al., 2017). At most centres the staff differentiated between 'old' and 'new' types of users, and at many centres the 'old' type of users, victims of severe childhood sexual abuse, were presented as a challenge and a growing source of frustration for the staff – and as a group that the staff were unsure really belonged at the centre. We were intrigued by this categorisation of users. As we analysed the interviews and field material in more detail, we came to interpret their talk about the 'old' users as indicative of the ongoing processes of transformation in and around the centres, which we will explore and conceptualise in the following.

An important background for our analysis is the established finding that professionalisation processes in third-sector organisations that work with victims of violence and abuse often lead to new dilemmas. Helminen (2019), for instance, has described how the professionalisation of

shelters for abused women in Norway – that worked from a clear feminist perspective – has contributed to a process of de-politicisation. A similar point has been made related to rape crisis services both in the USA (Woody and Beldin, 2012) and in the UK (Vera-Gray, 2020). Professionalisation and increasing integration with other services have worked to marginalise the feminist and grassroots approaches that originally characterised these services. Writing from a UK context, Vera-Gray (2020) describes how 'trauma-talk' has permeated the rape crisis centres in the UK and to a large degree replaced the original ethos of working with the social harms of rape. Illustrative of this change is the 'cope and recover' framework that members of Rape Crisis England and Wales advocate – which Vera-Gray interprets as a move towards an individualised 'sickness' approach to the harms of rape, and hence a medical model for victim support. This type of change may, however, also have positive effects. Participants in Macy et al.'s (2010) study of rape victim advocates, for instance, talked about how professionalisation processes had led to better coordinated services and more comprehensive support for rape victims with complex problems and life situations.

Background: the centres and their institutional context

Today there are around 20 sexual abuse counselling centres in Norway. The majority were established in the 1980s and 1990s, most often by survivors of sexual abuse or the next of kin to a survivor and as a reaction to how victims were treated in mental health services: seen as a patient, diagnosed and offered standard treatment. Initially, the centres were small and relied on voluntary work and private donations. Today, many of them have expanded, and all have employed professional staff from different social professions. They are financed through a funding scheme administered by a state body, the Directorate for Children, Youth and Family Affairs, but must still secure a small proportion of their funding from local sources, both private and public. To be eligible for state funding, the centres must comply with a set of demands: they must be open to all victims and offer counselling and support. Some resources can be used on information and teaching. Their mandate is to offer support and assist self-help processes, but not clinical or psychological treatment. The services they offer are free of charge, and referral is not necessary. They are considered by state authorities as a supplement or alternative to statutory services, but they are at the same time recognised as an important part of the broader service landscape for victims of violence and sexual abuse (Ministry of Children and Families, 2004).

The expansion and general professionalisation of this 'anti-violence' landscape in Norway – which we interpret as a distinct 'organisational field' (DiMaggio and Powell, 1983) – is an important institutional context for the transformation process the centres are undergoing. This field consists of a mix of services and initiatives that are recognised (and recognise themselves) as part of the institutional response to the problem of violence and sexual abuse, which has been a politically prioritised area in Norway in the last two decades (Skjørten et al., 2019). This is evident from a succession of policy documents following the 2003 governmental committee report on violence against women (Ministry of Children and Family Affairs, 2003), including white papers and national action plans. This expansion means that the pioneering institutions, among which we can position the sexual abuse counselling centres, are now operating in a landscape where many other institutions also offer assistance to victims of violence and sexual abuse.

This field originated from the women's movement and the establishment of shelters for abused women in the 1970s and 1980s, which did not employ professionals and were sceptical as to what the treatment-oriented professions could offer, given their lack of attention to the issue of violence

(Ahnfelt, 1987). Today, the influence of psychology and especially a trauma-sensitive framework is evident in this field. The popularity of the psychological trauma-informed perspective is not unique to Norway. In other countries, researchers also point to the dominant position of the trauma-perspective in support systems for victims of violence and abuse (Hester and Lilley, 2018; Tseris, 2018, 2019; Vera-Gray, 2020).

Our interpretation, which we will substantiate through the empirical analysis, is that the ongoing professionalisation of the sexual abuse counselling centres is part of a more general 'psychological turn' in anti-violence work, meaning a gradual incorporation of ways of thinking and working that focus on psychological healing processes and recovery rather than stigma reduction through support from a community of victims. We argue that while the psychological turn may work to reposition the centres within the field of anti-violence work and be helpful for individual recovery, it simultaneously marginalises both the original user group of the centres and alternative knowledge bases for working with victims of rape and sexual abuse.

Theoretical framework: organisational fields and professional regression

Our analysis explores the psychological turn as part of an effort in organisational repositioning among the sexual abuse counselling centres. The concept of organisational fields thus becomes central. According to Macmillan et al. (2013: 4), fields can be defined as 'arenas within which actors convene to secure or advance their interests and purposes amidst evolving rules and understandings about what the field is, how it operates and what is at stake'. While third-sector organisations and activities, such as sexual abuse counselling centres or centres for abused women, can be seen as fields in their own right, here we are interested in how they operate *within* a field (Emirbayer and Johnson, 2008). The field in question is the mix of third-sector statutory services and activities that offer support and treatment to victims of violence and abuse, described above. This field has gone through a period of unsettlement – it has expanded and been reconfigured in the process (Smette et al., 2019). The professionalisation process within the centres can be understood as a strategy employed to secure a position within a highly populated and reconfigured field of services. Macmillan et al. (2013: 4) call such strategies a struggle for 'room', where 'organisations seek to maintain or strengthen their footing, to thrive or even just survive, in multiple fields where different kinds of resources are at stake'.

It is generally recognised that professionalisation may involve changing roles for an organisation in its wider institutional landscape and may challenge the organisation's understanding of what kind of work it is doing (Woody and Beldin, 2012). Suddaby and Viale (2011: 242) emphasise the role of endogenous factors in such processes and argue that professionals, through their expertise, knowledge base and social capital, can challenge existing structures and introduce new rules and standards – standards that eventually will reconfigure institutions and organisational fields. However, the process of defining legitimate forms of expertise and a valid knowledge base will also be shaped through exogenous influences, such as the dominating forms of knowledge in the surrounding institutions with which professionals need to interact.

We also take inspiration from Abbott's (1995: 558) analysis of how social work has changed over time that takes into account both endogenous and exogenous influences by focusing on how boundaries with other professions and fields are drawn. One of the ways in which such boundary drawing plays out is through what he terms *professional regression*, which stems from a desire for professional 'purity' that all professions are characterised by:

> High status in the professions . . . went with being able to talk purely professional talk, being able to rule out the confusions and difficulties that clients often present to professional knowledge schemes. Curiously, it was the very complexity and interwoven character of clients' problems that presented the most glaring challenge to professional knowledge, even though the whole point of professional knowledge was to deal with client problems. (Abbott, 1995: 550)

The idea of professional regression implies that whole professions may eventually move away from their original areas of work. Social work, because it often involves what Abbott defines as interstitial work, is in this sense inherently impure. Consequently, Abbott (1995: 551) suggests, social workers will try to 'slide out of it and into something that can be made and kept pure'. Abbott further argues that for social workers, psychiatric knowledge, which can be used to work therapeutically with individuals, offered a good alternative for making the profession more 'pure'.

Abbott's analysis offers a perspective from which we can understand the ongoing transformation within the sexual abuse counselling centres. The psychological turn in the centres can be interpreted as a concerted multi-disciplinary effort to wash out elements of grassroots work signalling that the centres are different from other services operating in the field: old-school, non-formal, user-driven, etc. Hence, it is about purity in a slightly different form from what Abbott talks about. Purity here is more about institutional isomorphism, which stems from 'the inexorable push towards homogenization' in well-established organisational fields (DiMaggio and Powell, 1983: 148). A question that arises is whether the position as an alternative to statutory services can be preserved if the centres operate by the same doctrines as the rest of the field.

Methods and material

We analyse data from an evaluation study of the centres for sexual abuse victims in Norway conducted in 2016–2017 (detailed in Smette et al., 2017). The study was approved by the Norwegian Data Protection Authority and was carried out in accordance with the guidelines for research ethics in the social sciences, humanities, law and technology (NESH, 2016). All participants gave informed consent prior to being interviewed. The study was based mainly on qualitative methods in addition to a quantitative survey among users. The evaluation approach was formative (Guyadeen and Seasons, 2018) and sought to analyse the current work methods and approaches at the centres to lay the basis for the further development of the organisation and its work methods.

Here we draw mainly on data from one-day field visits in 14 of the 23 existing centres. During the visits, we conducted individual interviews with the leaders and focus group interviews with the staff who were present that day. In three centres, we also conducted individual and group interviews with users. At the remaining nine centres, we did telephone interviews with the leader. We refer to all staff, including the leaders, as 'professionals'.

All the interviews were conducted at the centres, the interviews with the leaders in their offices and the staff interviews in meeting rooms or common areas. The visits also included a tour of the premises, most often guided by the leader. The leader interviews covered topics such as professional background and network; the history, formal structure and affiliation of the centre; the budget; and considerations about the target and user groups of the centre. We also discussed their understanding of the help-to-self-help concept and how it is related to treatment, as well as the meaning of the low-threshold principle. The staff interviews covered the same topics, but we talked less about structure and economic issues and more about work methods and measures central to the centre. All employees talked about their own professional background.

All interviews lasted between one and one-and-a-half hours. They were recorded and transcribed verbatim except for passages that were off topic. The interview quotations that we use for illustrative purposes below have been carefully edited for clarity.

Analysis

For the purpose of the analysis, we have read the interview transcripts carefully and searched for recurrent themes related to the topic of professionalisation, paying particular attention to any unsettled questions around professional practice. Following Grover and Nangle (2003), a *theme* in this case refers to an issue that was discussed in depth in the majority of interviews. We identified the following four main themes that we see as elements in the ongoing professionalisation and reorientation of the centres: (a) tensions around the original user group; (b) transformations of the localities of the centres and strategies to limit free access; (c) the introduction of new, more structured work methods and systems of documentation; and (d) a new vocabulary and knowledge base drawn primarily from the discipline of psychology.

Tensions around the original user group

The professionalisation of welfare services will often imply the classification of clients, whereby professionals define which clients and problems lie within their jurisdiction (Abbott, 1988, 1995). At the centres, professionals distinguished between two main categories of users. One category comprised women who had experienced incest in childhood and who came to the centres to seek help as adults. They were often unable to work and suffering from what the professionals described as 'complex trauma' from their childhood experiences of abuse in the family. Some of them had been patients in, or were currently in and out of, psychiatric wards.

The other main category was mainly younger women in their twenties and thirties who wanted assistance to cope with sexual assaults they had experienced as young people or adults. For many of them, what they had experienced were single incidents. Apart from their difficulties coping with the assaults, they were leading 'normal' lives with studies, jobs and sometimes partners and children.

The main distinguishing factor between the two categories of users was not, however, the characteristics of the abuse they had been exposed to. Rather, the defining characteristic was their different ways of using the centres and the services they offered. This was reflected in the labels the professionals used to refer to some users, such as 'couch oilers', 'heavy users' and 'super users'. These good-humoured but slightly derogatory labels all made reference to how these women came frequently, stayed long and had been doing so for many years. This meant coming to 'open house' hours where these existed to meet and talk to other users. They also participated in various social activities that were offered and, according to the professionals, for many of these women the centre comprised their principal arena for interaction with others.

The other main form of users consisted of those who came for one-to-one conversations with professionals or self-help groups facilitated by a professional. We will refer to this category of users as *selective users*, although the professionals did not have a specific label for them. They generally avoided the public areas and socialising with other users and stopped coming when they no longer felt they were benefitting from their visits or when they were ready to 'move on'.

Through the interviews and site visits, we became aware of a number of tensions around the 'heavy users', which at most centres comprised the original users of the services. One of the

concerns the professionals had was that if the centres were primarily associated with heavily traumatised women, other kinds of users would not think of the centres as having services for them:

> And we can scare off users with the other users who are sitting here and are actually using the centre incorrectly. If you can put it like that. That is, not help to self-help; it's more like a day centre. We work a lot with that here. That is one of the big differences that I have seen during the time I have been here. The kind of care and the demands on the users regarding what this centre is, have changed. The frame and the clarity in that has changed over the course of time.

In this quote, correct use is linked to clear demands on users and a clear framework for use. Incorrect use equals what one can find in day centres and is associated with earlier periods, when there was less clarity regarding how the centres should be used.

In keeping with the concern for incorrect use, professionals highlighted how they were conscious of preventing new users from engaging in incorrect use, which could entice them to develop a victim identity:

> Some of these young girls with party-related rapes, or rapes (in general), we try to be mindful that they do not hang around at the centre. It should not be a part of their identity that they use the counselling centre even if it is nice to come here and have lunch and watch a movie. Because you do not need to add more sexual abuse to what they have experienced. For some it is more healthy to get a confirmation that this can be noted on the score for mistakes, it was a pity it happened but you are fine; not all people are traumatized even if they are raped.

Here, incorrect use is linked to developing a victim identity. To avoid the development of such an identity, the professional talks about the importance of not giving the sexual assault more significance than it needs to have and stresses that it is possible to move on and live as before. The professional voices a concern that was expressed across the majority of the centres, namely that the former tendency to allow users to be at the centre as much as they wanted was in fact harmful. The next section explores how professionals at different centres dealt with what was seen, by some, as counterproductive forms of use.

Transforming localities and restricting access

The new set of categories to distinguish between users was also to some degree reflected in the material spaces of the centres themselves. The original idea of having centres feel like a 'home' and not an institution was still present at many centres. At many centres there were 'living rooms' – spaces with comfortable sofas and chairs, plants and pictures. These spaces were not always used, however, and the same was the case for activity rooms for music, exercise and handicrafts that could instead serve as storage spaces. Some of the larger and newer centres had moved away from the homely décor and offered instead a more general supportive atmosphere through more 'neutral' furniture, materials and colours. At one centre, the common area was decorated like a meeting room with a bookshelf containing relevant literature, brochures and posters conveying different messages. The contrast was pronounced to centres with homemade art from their users as the main decorative elements.

At the time of our study, there were tensions within and between different centres concerning how to deal with the 'heavy users'. As mentioned, many professionals found that drop-in

socialising had negative consequences on the mental health of their users. This could be related, on one hand, to users spending too much time talking about the abuse and their misery in general to each other. On the other hand, too much use could also be associated with avoidance of the difficult topics, as expressed by one professional:

> And then there are those who do not want to work with what this centre is about, sexual abuse, but who find it good and cosy and safe and warm to be here, who 'move in' and use it as their family and network, and the only one, and who do not want to (re)enter the world. (They) want to be here and be encapsulated by it and taken care of.

Many centres had introduced measures to prevent users from 'encapsulating' themselves in the safety of the centres. One measure was to limit open house hours to curb over-use. Other measures were to have more active involvement of professionals in the open areas as well as specific rules for what topics could be discussed among users when they were there – for instance, issuing a ban on talking about individual abuse stories. A more radical measure that we also observed was to transform the open spaces into regular waiting rooms with a literal 'no loitering' policy. New centres had generally chosen not to have open spaces, based on advice from other centres. An exception was one newly established centre where it had been decided to have open hours despite being advised against it. The professionals told us that they now strongly regretted not having followed that advice because a group of women had settled there and made it their home, and the professionals were currently at a loss regarding how to deal with it.

In parallel with the empty activity rooms for art and other creative activities, our impression was that work in the open areas was often not a high priority among the staff. This was partly, the professionals explained, due to time constraints – particularly in those centres with many new users who required the professionals' time and energy. However, some professionals also explained that being in the open spaces was the duty they liked the least or felt the least comfortable with. Many expressed a preference for one-on-one conversations, which they felt had a clearer purpose than the socialising in the open spaces. In the next section, we explore why this was so.

The introduction of structured and purpose-oriented approaches

There was no consistent conceptualisation of the work that took place in the open spaces. The professionals did not use the term 'social work' although some did use the concept of 'support work' (*miljøarbeid*), which in Norwegian denotes a specific occupation (not profession) consisting of assisting people with everyday tasks in an institution or with the development and support of social interaction in various institutional settings.

The professionals were, however, consistent in how they described the approach they took in talking to the users and how it differed from what they had done before:

> The focus on being a victim was more important (before). Now, the focus is more on the way ahead. Sofas, blankets and teddy bears are gone; now we focus more on activity and on sharing experiences. We talk about the abuse, yes, but everything in its due course. We focus more on people's resources, that life must be lived outside the centre. We are focusing on trauma – that it is through friends, not help services, that you can move on. We focus on resources. (There were) more drop-ins earlier; now people come to thematic evenings and events. (Now), drop-in is for when something has happened, if they had a bad day. Then they can come in and have a conversation.

The current approach was constructed by contrasting it to the earlier approaches, from which professionals now distanced themselves – from a focus on being a victim to moving forward, from inactivity (sofa sitting) to activity, from sharing stories about abuse as a pastime to working with the abuse in specific and purposeful ways.

In keeping with the concern to offset ways of using the centre that were considered counter-productive, some centres had introduced tools to structure and monitor use. One example that several centres mentioned was KOR, an abbreviation for client- and result-driven practice (*Klient- og resultatstyrt praksis*), which entailed a brief evaluation of each conversation with a professional that the professionals collected as a form of record for the users. KOR was described as a common tool in therapeutic practice in other services, employed to ensure user involvement, but at the centres it was also used to increase awareness of whether the conversations users were having were beneficial. KOR thus served to emphasise that using the centres should have a purpose and direction and that progress should be continually assessed.

Self-help was one of the concepts through which the professionals talked about their methods and approaches. The concept had been central when the centres were first established; however, it had now acquired new meanings. Rather than being associated mainly with the idea of peer-to-peer work, self-help was currently understood as a principle for professional work. Staff defined self-help as supporting users in activating their own resources to make their own decisions and initiate change. In contrast to the importance of peers in the original meanings, professionals had a very central role in this new understanding. Few centres described themselves as organising non-facilitated self-help groups, which had been common earlier. Instead, self-help groups were organised and facilitated by a professional throughout a specified number of planned sessions. At some centres, groups were left to guide a certain number of sessions by themselves, but the duration and time-limit of the sessions were mostly defined beforehand by the professional.

What constituted good and bad approaches, particularly regarding the 'heavy users', formed a main dividing line among professionals and centres. The centres focusing on change made up the majority. Most were rather new centres, but also some old centres that had gone through significant changes were in this group. From these 'progressive' centres' perspective, their approach was clearly distinguished from that of other centres, designated as unwilling to change:

> There are a lot of strong forces out there in the incest centres, the support centres, that want to keep things as they have always been. And there you find users who come year after year. Users who attend music groups, who attend theatre groups, or art groups, which is that kind of daytime activity offering that the municipalities normally run, and that we really . . . There is no one here (at the centres) who is good at art or piano, but they are really good at talking about that which is painful and hard. And that is our task.

Whereas this was clearly the dominant view, there were also those who were critical and saw ethical dilemmas in restricting access for 'heavy users'. At these centres, professionals stressed the importance of open spaces and hours, arguing that for some users the possibility of coming to the centre just to spend time was valuable.

Some professionals also distanced themselves from the general movement of the centres towards a professionalised and standardised service. They argued that they did not want to become 'cold', like the public professional services:

> There are also many who come only for the individual conversations, who do not come for open hours. But we have the idea here that it somehow is the togetherness that is important. Right. The users should help each other with the process of moving forward.

In these centres, the role of peer-to-peer relationships and togetherness was stressed and described as something that could function in much the same manner as the therapeutically oriented approaches.

New psychological knowledge base and vocabulary

There was little controversy, however, regarding the now dominant methodological approach to conversations; what the centres defined as 'trauma-sensitive care'. Treating abuse as a trauma implies, as the professionals described it, the normalisation of the reactions that the users were experiencing following the abuse.

> The concepts of normalising and stabilising are important to us, at least for me when I meet new users. (I explain) that these are normal reactions to non-normal events, and . . . this is an understanding that they can relate to and make their own: It is nothing wrong with me who has had these experiences. Or who thinks like this. Or who has a bodily reaction.

A phrase that was repeated by many of the professionals as well as the users was that the distress the users were experiencing was 'normal responses to exceptional events'. As part of the trauma approach, the users (and family and partners) were becoming familiar with terms such as 'the tolerance window' and taught how to use it as a tool to understand reactions as well as control them.

The trauma approach provided the professionals with a conceptualisation of their work and marked their work as something different from support work. What the trauma approach also did was, in the words of one of the leaders, to establish a common language among a diverse group of professionals. In the quotation below, one centre's professional talks about her experience from a women's shelter where the trauma discourse was introduced and changed how they worked with the users:

> The fact that we now have had this turn towards bringing professional knowledge and the trauma field into (our work), and that we have a common language, that is very useful. At the shelter (where I used to work) we had come so far that we used the trauma field, I mean in the way we talked with (the users). It started with us (professionals) using it between ourselves, with the 'tolerance window' in a way. We used the (trauma) language before we used it with the users. The fact that we had this common language, it made a huge difference with how we started to work. So that is a good thing.

The shared language of trauma not only served to build a collective sense of direction internally, but also connected the professionals at the centres to a wider field of services externally. Overall, the message from the professionals was that the reputation of the counselling centres had improved, and, in many municipalities, they were invited to collaborative forums with other help services. The centres' visibility locally had also generally increased, in part due to their work in schools to teach children and young people about sexual abuse.

Some centres even reported that there was a double edge to this success, namely that other helping services were eager to transfer responsibility for dealing with abuse victims to them:

> And those who are formally in charge of treatment (in the statutory services), sometimes it seems it is easier to send them (the victims) to us because we have more experience with trauma and abuse, there's no doubt about that . . . . And there is more insecurity out there in the field related to sexual abuse as a theme and how to approach it, compared to here at the centre. So it is easy to send users to a facility with a good reputation, right. So, sometimes we experience some dilemmas with that.

The influx of new user groups – younger women with recent experiences of rape referred to above – was linked both to the increased visibility and heightened reputation of the centres and probably also to the heightened visibility of the phenomenon of sexual abuse in society generally. The emphasis on moving them through rather than allowing them to stay on can thus be seen as a result of the expectations for services from this group itself as well as a concern for raising the status of the centres in their surroundings and in the local landscape of help services. It is in light of this double process that the problematic status of the 'heavy users' can be interpreted.

Concluding remarks

We have described four features of an ongoing process of change within sexual abuse counselling centres in Norway: increasing tensions around and the marginalisation of the original user group; a transformation of the localities and efforts to restrict forms of use associated with the original user group; the introduction of structured approaches; and the adoption of concepts and ideas from psychological trauma-discourse. We found these features in most centres, but there was some variation, and also examples of overt resistance, particularly in centres still run by the people involved in establishing them. Our interpretation is nevertheless that the centres, taken together, are in a state of transformation.

Overall, the processes described are indicative of what we see as a psychological turn in the centres, one that aligns them with the dominant paradigm within the wider service landscape that they are part of. This development has, in our interpretation, happened without explicit demands for change in this direction from state authorities. Rather, it can be seen as an example of *adaptation through imitation* as it involves replicating the positions and practices of other services in the same field (Macmillan et al., 2013). As we see it, the pressure from the state is indirect here, as demands put on other services, in terms of producing results and applying specific frameworks, over time become a general template for work with victims of assault across different services. By aligning with this template, the centres position themselves as part of the professional response to the problem of rape and sexual abuse. They are not outside, and different, but rather inside, and alike. In this sense, the knowledge base that the centres have adopted works to secure their position as a relevant institution in the overall policy to combat sexual assault and as a collaborative partner for other services. The latter is particularly important given the increased weight put on coordination within this policy field in Norway (Bakketeig et al., 2019). At the same time, this effort to be inside and alike contributes to an 'ideological split' (Murphy et al., 2013) from the centres' original ethos of community, self-help and non-directiveness.

We have identified the professionals themselves as important endogenous drivers in this ongoing ideological shift, in line with Suddaby and Viale (2011). The professionals adopted specific practices and technologies, and among them was the classification and differentiation of the centres' user group, as described above. From this classification emerged a new group of ideal users: those who were willing and 'able' to change – a version of what others have described as a responsibilised subject (Rose, 1990; Villadsen, 2008). To understand this transformation in the

notion of ideal users, Abbott's (1995) argument about dynamics inherent in professionalisation processes in hierarchical fields where professional knowledge 'trickles down' from levels defined as more highly ranked in the system is illuminating. In our case, this trickle-down process is illustrated by the introduction of knowledge schemes related to trauma as well as quality measuring tools from mental treatment services. As a consequence, the professionals moved away from their original tasks – working with victims with complex and 'untreatable' problems. In line with Abbott's argument, we interpret this distancing as a consequence of both the prestige allotted to those who work with 'treatable' victims and the exhaustion and disillusionment that working with chronic users may entail. This was visible in the concern voiced by many professionals that some of the women used the centres in ways that were harmful to them and that it was their professional duty to change this, thus reflecting their professional commitment to enacting change. One contributing, external driver in this transformation was the requirement from the funding authorities to collaborate with the regional centres dedicated to working with trauma (RVTS: Regional Resource Centres for the Prevention of Violence, Traumatic Stress and Suicide).

A final factor contributing to the processes we have described is the influx of new groups of victims to the centres: women who were younger and less marginalised than the traditional user group. The trauma perspective, and the new structured methods, that the centres now preferred seemed to fit well with the needs of this new group of victims. They did not want or need the unspecified and 'impure' type of social work that the staff did not want to engage in (cf. Abbott, 1995). Hence, the centres strive for recognition as professional measures aligned with the new users' need for professional responses.

A question that arises is where the ongoing process of rebranding will leave the centres. Macmillan et al. (2013) draw attention to two aspects of repositioning – the actual and the symbolic. While the actual position focuses on the activities and services provided in relation to other agencies, their *niche*, the symbolic position relates to *regard*, 'that is to how the organization is portrayed and then seen by others' (14). Our interpretation is that through this psychological turn the centres are aiming for a new symbolic position. As a consequence, they are moving away from their original niche, in which they represented an alternative and a supplement. Hence, the quest for a new symbolic position may be a risky project for the centres: are they needed if they no longer represent an alternative that takes care of the most vulnerable and marginalised victims who have few or no other options for support? Paradoxically, it would also be a risky project to stay with their original niche, and not change. The centres would then risk being seen as old-school, and irrelevant in terms of cooperation – and probably also as workplaces for many professionals, given their experiences from other services and formal qualifications. They could also be seen as irrelevant for new user groups, who expect professional help and support.

In this sense the psychological turn seems to be an inevitable change. Whether this turn must entail a move away from the original niche of caring for the 'untreatable' victims is an interesting question. What we observed was that at the moment the professionals did not search for other avenues of thinking that could 'professionalise' and hence legitimate the centres' work with their now problematic users. In theory, that could be a strategy that secured their position as a supplement to the statutory services without compromising their symbolic position as a modern service and a relevant collaborative partner.

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References

Abbott A (1988) *The System of Professions: An Essay on the Division of Expert Labor*. Chicago: University of Chicago Press.

Abbott A (1995) Boundaries of social work or social work of boundaries? The social service review lecture. *Social Service Review* 69(4): 545–562.

Ahnfelt E (1987) *Kvinnemishandling – fra privat problem til offentlig ansvar. En dagsordenbyggingsprosess*. (Violence against women. From private problem to public responsibility. An agenda-building process). Oslo: University of Oslo.

Andreassen TA, Breit E and Legard S (2014) The making of 'professional amateurs': Professionalizing the voluntary work of service user representatives. *Acta Sociologica* 57(4): 325–340.

Bakketeig E, Dullum J and Stefansen K (2019) Samarbeid i saker om vold og overgrep. Mot en hybridisering av hjelpetjenestene? (Interagency collaboration in cases of domestic violence and abuse. Towards a hybridization of the welfare services?) *Tidsskrift for velferdsforskning* 22(3): 198–212.

DiMaggio PJ and Powell WW (1983) The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review* 48 (2): 147–160.

Emirbayer M and Johnson V (2008) Bourdieu and organizational analysis. *Theory and Society* 37(1): 1–44.

Grover RL and Nangle DW (2003) Adolescent perceptions of problematic heterosocial situations: A focus group study. *Journal of Youth and Adolescence* 2(2): 129–139.

Guyadeen D and Seasons M (2018) Evaluation theory and practice: Comparing program evaluation and evaluation in planning. *Journal of Planning Education and Research* 38(1): 98–110.

Helminen M (2019) 'We need to make sure that we are always something else': Victim support organisations and the increasing responsibility of the state in supporting crime victims in Finland and Norway. *International Review of Victimology* 25(2): 157–179.

Hester M and Lilley SJ (2018) More than support to court: Rape victims and specialist sexual violence services. *International Review of Victimology* 24(3): 313–28.

Macmillan R, Taylor R, Arvidson M, et al. (2013) *The Third Sector in Unsettled Times: A Field Guide. Working Paper 109*. Birmingham: Third Sector Research Centre.

Macy RJ, Giattina MC, Parish SL, et al. (2010) Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence* 25(1): 3–32.

Markowitz L and Tice KW (2002) Paradoxes of professionalization: Parallel dilemmas in women's organizations in the Americas. *Gender & Society* 16(6): 941–958.

Ministry of Children and Families (2003) *NOU 2003:31 Retten til et liv uten vold: Vold mot kvinner i nære relasjoner* (The right to a life without violence: Men's violence against women in close relationships. Official Norwegian report). Oslo: Ministry of Children and Families.

Ministry of Children and Families (2004) *St.meld. 13 (2004–2005) Om incestsentra: Tilbod, finansiering og forvaltning* (The incest counselling centres: Services, funding and governance. White Paper). Oslo: Ministry of Children and Families.

Murphy D, Duggan M and Joseph S (2013) Relationship-based social work and its compatibility with the person-centred approach: Principled versus instrumental perspectives. *British Journal of Social Work* 43(4): 703–719.

NESH (National Committee for Research Ethics in the Social Sciences and the Humanities) (2016) Guidelines for research ethics in the social sciences, humanities, law and theology. Available at: https://www.etikkom.no/globalassets/documents/english-publications/60127_fek_guidelines_nesh_digital_corr.pdf

Rose N (1990) *Governing the Soul: The Shaping of the Private Self*. London: Taylor & Frances/Routledge.

Skjørten K, Bakketeig E, Bjørnholt M, et al. (2019) Vold i nære relasjoner. Et felt i bevegelse. (Domestic violence. A changing field) In: Skjørten K, Bakketeig E and Bjørnholt M, et al. (eds) *Vold i nære relasjoner: Forståelser, konsekvenser og tiltak* (Domestic violence: Understandings, consequences and measures). Oslo: Universitetsforlaget, pp.13–29.

Smette I, Bredal A and Stefansen K (2019) Fra kamp til konsensus. Sivilsamfunnets rolle i framveksten av voldsfeltet (From battles to consensus? The role of civil society in the development of violence in close relationships as a policy field). In: Skjørten K, Bakketeig E, Bjørnholt M, et al. (eds) *Vold i nære relasjoner: Forståelser, konsekvenser og tiltak* (Domestic violence: Understandings, consequences and measures). Oslo: Universitetsforlaget, pp.143–158.

Smette I, Stefansen K and Dullum J (2017) Sentrene mot incest og seksuelle overgrep: En evaluering av sentrenes arbeid og rammevilkår (Sexual abuse counselling centres: An evaluation study of their work and conditions). NOVA Report 16/2017. Oslo: Norwegian Social Research – NOVA.

Stefansen K (2006) Krisesentrene i Norge – fra sosial bevegelse til profesjonaliserte hjelpetiltak (Domestic abuse shelters in Norwa – from social movement to professional service). *Nordisk sosialt arbeid* 26(1): 27–37.

Stephens JD (1995) Preserving the social democratic welfare state. *Nordic Journal of Political Economy* 22: 143–162.

Suddaby R and Viale T (2011) Professionals and field-level change: Institutional work and the professional project. *Current Sociology* 59(4): 423–442.

Tseris E (2018) Social work and women's mental health: Does trauma theory provide a useful framework? *British Journal of Social Work* 49(3): 686–703.

Tseris E (2019) *Trauma, Women's Mental Health, and Social Justice: Pitfalls and Possibilities*. London: Routledge.

Vera-Gray F (2020) The whole place self: Reflecting on the original working practices of Rape Crisis. *Journal of Gender-Based Violence* 4(1): 59–72.

Villadsen K (2008) Freedom as self-transgression: Transformations in the 'governmentality' of social work. *European Journal of Social Work* 11(2): 93–104.

Woody JD and Beldin KL (2012) The mental health focus in rape crisis services: Tensions and recommendations. *Violence and Victims* 27(1): 95–108.