

Flavian Sine
Diaconia University of Applied Sciences
Degree Programme in Social Services
Bachelor of Social Services
Thesis, 2019



**THE ROLE OF SOCIAL SERVICE PROFESSIONAL IN
SOCIAL SUPPORT FOR FEMALE IMMIGRANT RAPE
VICTIMS: A CASE STUDY OF FINLAND**

ABSTRACT

Flavian Sine

The role of social service professional in social support for female immigrant rape victims: A case study of Finland

45pages, 1 appendix

Published (January, 2019)

Diaconia University of Applied Sciences

Bachelor's Degree Programme in Social Services

Bachelor of Social Services

Violence against women is a significant and internationally recognized human rights issue and Finland ranks second in number of gender-based violence offences within the European Union. Immigrant women are more susceptible to violence for several of reasons, hence the need for specialized support services. The responsibility of social service professionals in this case is one that requires emotional intelligence, empathy as well as attention to ethical issues. Therefore, the study aims to examine the role of social service professional in helping the victims of sexual violence in Finland. The research will also highlight the social support services available to the victims of sexual violence, and how to improve access to those services. It is a qualitative research carried out with thematic analysis of social service professional experts from shelter houses in the Helsinki region and secondary data from relevant literature. Data was collected by face-to-face interview from a group of five social service professionals and one individual interview.

The findings of the study indicate that the professionals provide front-line support and social assistance to aid victims of sexual violence cope with their crisis; they also act as social justice crusaders and change agents of women emancipation. The result of the findings further shows the ethical issues involved in providing social support for the victims as well as the factors that limits the role of the professionals in the execution of their duties. Attempts will be made at the end of the study to highlight further ways of improving access to social support, and the support services rendered to female migrant sexual violence victims in Finland.

Key Words: Sexual Violence, Social Support, Migrant, Social Service Professional, Sexual violence victim.

CONTENTS

1 INTRODUCTION.....	3
1.2 Problem statement.....	3
1.3 Work-life Partner	4
2 LITERATURE REVIEW AND KEY CONCEPTS	6
2.1 LITERATURE REVIEW	6
2.2 KEY CONCEPTS.....	9
2.2.1 Social Service Professional	9
2.2.2 Social Support For Victims of Sexual Violence.....	10
2.2.3 Sexual Violence in Finland	12
2.2.4 Victims of sexual violence	13
2.2.5 Migrants and Sexual Violence in Finland	13
2.3 International Treaties on the Protection of Women Against Violence.....	14
3 THEORITICAL FRAMEWORKS	16
3.1 Crisis intervention theory.....	16
3.2 Feminists and Empowerment Theory	18
4 RESEARCH METHODS AND PROCESS.....	21
4.1 Research Process.....	21
4.2 Research Design	22
4.3 Data Collection	22
4.3.1 Sampling Method	23
4.4 Expert Interview	23
4.5 Research Ethics.....	24
4.6 Research Limitations	25
4.7 Data analysis	26
5 FINDINGS	27
5.1 Roles of the professionals.....	27
5.2 Social professional ethics;	29
5.3 Inhibiting Factors.....	30
6.1 Conclusion	35
6.2 Recommendations.....	36
6.3 Professional Development	37
REFERENCE	38
APPENDIX 1	45

1 INTRODUCTION

There are many professions concerned with human wellbeing and social issues, but the roots of social service lie deep in the foundation of human rights and social justice. Often misunderstood, social service professionals are individuals that possess knowledge and skills for a range of work at both the micro level (the individual and family) and macro level practice; which involves working with groups, communities, organizations or programs, legal, health, and educational systems including large social systems. The challenges and needs presented by victims with reference to the issues of sexual violence are in part oftentimes met through social services. Sexual violence encompasses varying degrees of actions of a sexual nature against a person, which has been classified as an offence under the Law of a particular nation-state. It ranges from indecent assaults in the simpler context to rape in higher decree.

Victims of sexual violence have special need for support and attention. They require psychological and social support to continue to live a normal and balanced life. Social support stands as a viable mechanism to enable for proper functioning and readjustment of victims after a traumatic incident (Lazarus & Folkman 1984). This is the stage the services of the social service professionals are most needed. Rape falling within higher degrees of sexual violence, would ordinarily require the application of greater level of skills in handling the rape victims. Under this circumstance, it is paramount that social service professionals possess requisite proficiency in trauma management to properly cater to the needs of rape victims. These include skills and knowledge in dealing with sexually abused victims and confidence to give evidence competently in court. Additionally, several professionals have various degrees of roles to play in meeting the social support needs of sexual violence victims. The parts that the medical personnel, law enforcement agents, the judiciary and social workers play all come together to aid the victims in recovering from the physical, psychological and social trauma of the sexual violence.

1.2 Problem statement

Women from other countries that are victims of sexual violence are faced with psychological trauma as a result of the incident, and the social pressure associated with their non-citizen legal status. The victims are burdened with culture shock, attendant language barriers and the uncertainty about any right they may have, and the extent the Law would go to protect them due to their legal status. On many an occasion,

victims of rape are frequently unaware of, confused about, or face difficulties accessing the services available to them. In part, this is because the social service agencies that serve sexual violence victims (both government and non-government) often are not well equipped to meet the diverse needs of immigrant victims. These organizations and agencies often lack culturally and linguistically appropriate staff members, program services, materials, and other victim support resources. At the same time, the organizations, programs, and government institutions with experience serving immigrant communities often lack training, experience, or expertise in serving victims of sexual violence, (Kilpatrick, Edmunds, & Seymour, 1992).

Nevertheless, these women may have a need for comprehensive care provided at a rape crisis center ideally by a specially trained social service Professional. The care includes treatment of physical injuries and other diseases, pregnancy prevention, sexually transmitted infection (STI) screening and treatment, psychological support and care for potential post-traumatic stress disorder (PTSD), forensic evidence collection, victim services, legal support and so on. Unfortunately, many sexual assault or rape survivors are not receiving the comprehensive care they need due to inadequacy of the facilities, and lack of funds to equip these professionals. It is also the case that victims of sexual violence would require protection from the assailants to prevent a repeat victimization. This research work is directed towards analyzing these shortcomings and put forward suggestions on means to expand the social service professionals' capacity to meet the needs of immigrant victims of sexual violence.

1.3 Work-life Partner

Multicultural Women's Association, Finland (Monika Naiset) is a non-governmental organization rendering services in the areas of social welfare. The organization handles issues and provides specialized services for immigrant women and children who have been subjects of violence. They also advocate on subject matters relating to ethnic non-discrimination and violence, as well as promoting the integration of migrant women into the Finnish society. In addition the organization operates the Mona shelter that provides safe housing and multilingual specialized services for immigrant women and children who are victims of violence, human trafficking and forced marriages. The services provided by the organization are offered in various languages (European e-justice Portal). Therefore, the organization provided the study with the necessary platform to showcase its findings.

Nice Hearts is a girls and women association founded in 2001, with a goal to enable girls and women find their place in the society. They help strengthen the opportunities for participation of girls and women in pursuit of further life pathways. The association creates a platform for networking and social interaction for women of diverse cultures. They educate women and young girls about change and equality in the society. The mantra of the organization is the prevention of marginalization of the womenfolk, with a vision to provide support and facilitate the empowerment of girls and women. Nice Heart's values include equality, communality and joy. The activities of the organization create long-lasting networks of women and promote encounters between different ages of girls and women in everyday life.

Nice hearts is working hard to promote the position of girls and women. The activities of the association originate from youth work aimed at girls within Vantaa municipality in 2001, and then expanded from girls to include also women in other regions. They create an environment for women to meet women of many ages from different cultural backgrounds and participate in meaningful engagement. They run a girls' space, which is a meeting room for girls between the ages of sixteen and twenty-eight who are experiencing one form of life situation or the other as a result of their gender. The organisation has wide range of activities to offer to young girls and women. They provide help with various everyday problems such as filling and understanding forms and documents, finding a home or challenges in family life for women

2 LITERATURE REVIEW AND KEY CONCEPTS

In this chapter, the key concepts are defined and explained. It also includes a brief literature review of the relevant and existing studies, legal regime and research on the subject matter of sexual violence generally, and social support for sexual violence victims in Finland.

2.1 LITERATURE REVIEW

Victims of sexual violence 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 sexual violence and rape in its worst form 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 are probably a huge hidden number of sexual violence cases, and in some countries, rape is even socially acceptable (UN, 2006). Thus, these acts might not be seen as a crime that could be reported, which can make it more difficult to estimate the prevalence in those countries. Despite these difficulties, the main findings of the survey by the European Union Agency for fundamental Rights (2014) on violence against women within the European Union, showed that 33% of women in the EU have at some point suffered physical/sexual violence since the age of 15years. With regards to violence in close relationships, 22% of the women have experienced physical/sexual violence by a partner. The survey by member countries showed that 37% of women in Finland have experienced physical/sexual violence from non-partners since the age of 15years; 11% by a current partner and 31% by a previous partner.

The true figure of sexual violence incidents is impossible to calculate, as what is actually reported is but a fraction of the actual number of incidents; and thus, does not reflect a true picture of the state of things. The unavailability of a comprehensive sexual violence statistics within European Union member counties has also been attributed to the difficulty in prosecuting sexual offenders, hence, the unwillingness of female rape victims to report incidents. Daly K. & Bouhours B. (2010) posited that the available criminal justice data in EU member states have shown that there is low number of rape convictions when compared to the number of reported cases. The attitude of victims in making a formal report after a physical/sexual violence incident was also gauged in the EU Agency for Fundamental Rights survey. The report of the findings showed that 33% of the victims of partner violence reported the incident to

either the police or a victim support organization in Finland, while 26% of the victims in non-partner violence incidents made such reports. In Finland, female victims of grievous forms of physical/sexual violence reported the incident to the police in 10% of the cases of violence by a partner, and in 15% of non-partner violence cases.

Presently, there are no regulations specifically addressing the issue of sexual violence against women at the European Union level (European Union Agency for Fundamental Rights 2014). The existing regional instrument; the council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention 2011) addresses the issue of violence against women in general. The council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention 2011) obliges the EU member states to criminalize a host of actions classified as violence against women including rape. The directorate-general for justice of the European commission concluded in a 2014 survey that there is lack of protection and access to redress, as there are still barriers to effective implementation of legislations criminalizing violence against women in the EU member states' criminal laws. Notwithstanding the fact that the Nordic countries are often known for their good track records on gender equality, Finland has been named European Union's second most violent country whereby 47 percent of Finnish women might have experienced physical or sexual violence; only second to Denmark (Amnesty International 2014).

Although it is axiomatic that the male gender also suffers sexual violence, women are predominantly the victims of sexual violence, which are perpetrated by men. Research has shown that younger women between the ages of fifteen years and thirty-four years are at increased risk of violent victimization. In a similar vein, women from other countries may be particularly vulnerable to sexual violence. Being a foreigner confers significant increased vulnerability to recurring sexual violence activities. Most young girls and women from other countries particularly those with undocumented or temporary immigration status are scared to report crime victimization to law enforcement agents out of fear of deportation. According to police reports, immigrant women experience intimate partner violence three times more often than the majority of population, (Decker, Raj and Silverman, 2007). The threshold for seeking help is especially high among the immigrants due to their poor knowledge of Finnish legislation and the service system, as well as their inadequate language skills. Women who have immigrated to Finland because of marriage are in a particularly

vulnerable situation, for a permanent residence permit is granted after four years of residence in Finland. In these kinds of circumstances, a woman might lose her residence permit or risk not obtaining a permanent resident if she leaves her violent husband.

Additionally, according to the survey of Rape in America, sexual violence is one of the most under-reported crimes (Rennison 2002). This statement may be given credence presupposing a greater percentage of the victims are migrants. The European Union Agency for fundamental Rights survey on the prevalence of sexual violence by a partner or non-partner shows that women of migrant background recorded a higher percentage of incidents than citizens. Decker et al. (2007) opined that immigrant women are more predisposed to becoming victims of sexual violence. This may stem from the perception that immigrant women are legally and socially disadvantaged. The increased vulnerability of immigrant women to sexual assault may also be as a result of social isolation and improper integration into the foreign community (Blake et al 2001). Most sexual violence incidents are not reported by immigrant women for various reasons ranging from; uncertainty of their legal status in the country, to cultural stigmatization from their family and native communities (Dutton et al 2003). Unarguably, it is easier to define and report a sexual violence incident where the perpetrator is not someone known to the victim. On the other hand, an immigrant sexual violence victim may be unwilling to report such incident where the perpetrator is a family member or a spouse of the victim. The underlying reason for not coming forth with the reports include the fear of being disbelieved by the family and/or community, financial dependency on the family or spouse and the stigma that may follow such actions because of cultural and religious affiliations. It is often the case that women who have been victims of sexual violence experience the short-term emotional responses of embarrassment, fear, shame, anger and guilt. In cases of spousal rape, the victims may not be aware that such acts qualify as rape under the extant Laws of the country of migration, especially where marital rape is not an offense in their country of origin (Koss 1988).

Social service professionals in government and non-governmental facilities encounter several challenges in providing accessible social support for immigrant sexual violence victims in Finland. The professionals lack expertise and resources in catering for immigrant women taking into consideration the multiplicity of cultures and languages. Again, the society's perception and attitude towards accepting immigrants

into the country affects the capacity of professionals to provide social support for migrant victims (Basset, Bijmaker & Sanders 1997). It is the opinion of the researcher that since the professionals are cut from the same cloth as the rest of the Finnish citizens, their personal bias, belief system, values and ideologies have great impact on the manner in which they carry-on with their practice. In this vein, specialized support services are scarce and fail to adequately accommodate the needs of the immigrant community. Furthermore, the efforts made by non-governmental organizations and state institutions to combat violence against women, is systematically under-resourced in Finland (Siren, 2006). The European Union Agency for Fundamental Rights generic victim support service survey (2014), showed that the model of victim support organization prevalent in Finland is the establishment of non-governmental organizations that rely heavily on state funding.

According to the Council of Europe's recommendations as well as the provisions of the Istanbul Convention, a state with a population the size of Finland should have around 500 to 550 shelter places. Finland currently has 27 shelters that accommodate 179 bed spaces (Ministry of health and social welfare, 2018). Again, there is only one sexual assault referral center in the whole country, in Helsinki, which provides both medical, psychological support and legal aid specifically for victims of sexual violence, (Nipuli & Bildjuschkin, 2016). Thus, it would be right to state that Finland still lacks a nationwide, low threshold service network available for victims of all forms of sexual violence, providing also long-term support. The difficulty in meeting the needs of gender-based violence victims is further heightened by the fact that a greater percentage of the women are not aware of the social support services and organizations available to them.

2.2 KEY CONCEPTS

The key concepts that form the components of this study will be defined and explained under this sub-chapter.

2.2.1 Social Service Professional

Being a social service professional literally means being able to engage with the complexity and difficulty of both individual and organizational behavior. Social service professionals provide front-line care and social assistance for individuals, families and communities. They cut across a wide array of professions ranging from school and career counselors, probation officers, crisis workers, social workers, to

psychologists. They work in a variety of settings; schools, hospitals, welfare homes, mental health clinics. These professionals assist clients in dealing with personal and social problems. The assessment, treatment and evaluation of individual, interpersonal and societal problems through the use of social service work knowledge and skills to assist individuals and group achieve optimum social functioning. The support professional faces a couple of difficult challenges in the course of carrying-out their job. They work in high stress environment, thus the job can be emotionally draining. Having to work with mentally and emotionally unstable individuals, there is a high tendency to experience a burnout. Thus the professionals have to maintain a high level of mental balance to enable them apply a positive attitude to their work and assist violence victims in coping with trauma incidents (The Department for Professional Employees 2016).

2.2.2 Social Support For Victims of Sexual Violence

Social support generally refers to the accessibility of the components of support from interpersonal relationships that may include informal and formal sense of help (Holt-Lunstad & Smith 2012). The term social support refers to a 'social network's provision of psychological and material resources intended to benefit an individual's ability to cope with stress' (Cohen 2004). It can be viewed as a vehicle for coping with individual life challenges. Research and various studies have established a link between social support and positive psychological functioning, decreased post-traumatic symptoms and increased feelings of self-worth (O'Donohue et al 2014). The social support received may provide guidance in assisting the victim with daily living, and encouraging the victim to engage in positive methods of coping with the trauma (Tajalli et al 2010).

Research overtime has come up with two models of social support; the main effect model and the buffering effect model. The main effect model of social support alleges that obtaining social support is helpful to the victim irrespective of the form of trauma the victim is experiencing, because the basic human needs are met and that will have a positive and restorative effect (Cohen 2004). The buffering model of social support suggests that a strong basis of social support during stressful events will buffer the effects of the stress and also its outcomes. This implies that victims are at risk of psychological disorders when exposed to traumatic incidents such as sexual violence. On the other hand, a victim who has experienced a traumatic event with little social support will lack the protective effect usually obtained from the support

received (Lincoln et al 2005). Low level of social support offered to a victim, has been associated to depression and other forms of psychological disorders (McLewin & Muller 2006)

The actions of social support may work more by helping people to interpret traumatic incidents in a more positive light (Uchino 2006), or by giving people the confidence to cope with adverse situations (Gottlieb & Bergen 2010). This would mean that where a victim receives social support from religious leaders, the ability to cope with the trauma event would be different from a situation where the support is from family or professionals. It is common knowledge that providing social support for sexual violence victims plays a crucial role in their recovery. Also, research has shown that rape victims that had social support recover better than those that did not (Davis & Brickman 1996). Victims of sexual violence have special need for support and attention. They require psychological and social support to continue to live a normal and balanced life. According to Lazarus & Folkman (1984), social support stands as a viable mechanism to enable for proper functioning and readjustment of victims after a traumatic incident. The need to aid in the recovery of trauma victims is important to enable psychological balance (Green, Wilson 1985).

In recent times, the experiences and specialized needs of victims of violence have been addressed in research studies, and on the level of policy and law making (Burrows 2012). Finland has taken several measures to provide means of social support to female victims of violence. The rape crisis center Tukinainen provides 24hours phone help and support service to victims of sexual violence. Help can also be sought at the crisis center of the Finnish association for mental health. The Naisten Linja provides telephone services for women and girls who have suffered or is being threatened with violence. Victims can also receive support and advice from Victim support Finland (Rikosuhripäivystys-). Immigrant women who have experienced violence can get help from the Monika multicultural women's Association and shelter from Mona Shelter or the numerous shelters owned by the Federation of mother and child homes and shelter (European e-justice Portal 2018). Presently, there is a shelter for each of the ten regions (YLE 2.7.2018). As at September 2018, there are now 27 shelters, which can accommodate 179 families in Finland (National Institute for Health and Welfare 2018). It is important to note that victim support services are also available to migrants without legal immigration status in Finland. They are either referred to the paperless services (Paperittomat) or the Helsinki deaconess Institute (Diakonissalaitos).

2.2.3 Sexual Violence in Finland

Women are confronted daily with acts of violence against the female gender; acts consisting of domestic violence, sexual assault and rape (Lutwak 2012). In relation to other forms of violence against women, sexual violence though common, is difficult to cope with because it targets the vulnerable aspect of women's lives to wit; their sexuality (National Victim Support Finland (Rikosuhripäivystys). The World Health Organization (2011) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'. It has been suggested that legislative changes are needed to adequately protect victims of sexual violence in Finland. Instances are seen where rape has continued to be defined according to the degree of physical violence or threats used by the perpetrator rather than the lack of consent (Nipuli & Bildjuschkin, 2016). A citizens' initiative demanding that non-consensual sex be recognized as rape has received the 50,000 statements of support required for presenting it to the Finnish Parliament (Helsinki Times 16.11.2018). The objective of the initiative is to re-define rape as non-consensual sexual intercourse, rather than according to the degree of force used as it is currently being defined in the Finnish penal code. Amnesty international in a recent campaign has decried the snail pace of the European countries in amending the definition of rape to include non-consensual sexual relations (Amnesty International 2018). So far, only seven countries in Europe has adopted the non-consent based definition of rape.

Actions that would constitute sexual violence, and thus an offence is always usually spelled out by the criminal Laws of a nation. Chapter 20 of the Criminal Code of Finland (39/1889, amendments up to 766/2015 has elaborate provisions on acts constituting sexual offences and punishment for such actions. Also, marital rape has been criminalized in Finland since 1994. the outline of the sex offences in Finland include Rape (section 1), Aggravated rape (section 2), Coercion into sexual intercourse (section 3), Coercion into a sexual act (section 4), Sexual abuse (section 5), Sexual abuse of a child (section 6), Aggravated sexual abuse of a child (section 7), Abuse of a victim of prostitution (section 8), Pandering (section 9). The classification of sexual offences in Finland is based on the degree of violence used, and the manner in which the consent of the victim was obtained.

2.2.4 Victims of sexual violence

Article 3(e) of the Council of Europe adopted the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) defines a victim to mean any natural person who is subject to the conducts categorized as violence against women and domestic violence under the Convention. A woman was defined to include girls under the age of 18. The consequences of being a victim of sexual violence, has been categorized into 4 dimensions (Honkatukia 2010); they include the primary victim's experience, secondary victimization, indirect victimization and vulnerabilities as a result of the incident. The direct effect of sexual violence on a victim ranges from physical injury, emotional, social or economic impacts. Secondary victimization may occur upon involving the authorities in the matter. Where the authorities fail to handle the sexual violence case properly, the victim may feel re-victimized. Indirect victimization usually occurs at family level, whereby family member also partake in the traumatic experiences of the victims. This involves dealing with the news of having a family member experience a sexual violence incident. Sexual violence may create certain vulnerabilities depending on the impact the direct and secondary victimization had on the victim. Also, the nature and consequences of each sexual violence incident would determine the type of social support a victim would require.

2.2.5 Migrants and Sexual Violence in Finland

The international organization on migration defines a migrant as “any person who is moving or has moved across an international border or within a state, away from his/her habitual place of residence regardless of the person's legal status, whether the movement is voluntary or involuntary, what the causes for the movement are; or what the length of the stay is. Furthermore, an international migrant was defined by the United Nations Recommendations on Statistics of International migration as ‘any person who has changed his or her country of usual residence (UN Recommendation Statistics 1998).

Female immigrants are ordinarily more vulnerable to sexual violence attacks. In a study report commissioned by the ministry of the interior, Finland, women with immigrant background and disabled women experience violence two- three times more than other category of women (Yle News 31.5.2018). This is an issue for concern, considering the fact that the immigrant population in Finland is less than 8% of the

total population. According to Andrews et al (2004), women and young girls bear the overwhelming burden of injury and disease from sexual violence. The interpretation of which would mean that they require more help and assistance in overcoming the effects of the incident. Despite the high prevalence of sexual violence in Finland, the support service provided by the state is still inadequate. Efforts are being put in place by the government in collaboration with Non-Governmental Organizations to provide adequate facilities to cater to the needs of the sexual violence victims. So far there is no separate funding for the implementation of the action plan, but the financing of measures is confirmed each year in connection with the planning of appropriations for the use of the ministries in Finland (Ministry of Social Affairs and Health 2017). The country is yet to fully implement the key provisions of the Istanbul Convention since its coming into effect in 2015.

2.3 International Treaties on the Protection of Women Against Violence.

Various Laws and policies make provisions for the prevention of discrimination against women, and protection of women from all forms of violence. At the international scene, the United Nations Convention on the Elimination of all forms of discrimination against women (CEDAW) adopted in 1979 is often described as the international bill of Rights for women. Article 1 of the Convention defines discrimination against women to mean any distinction, exclusion or restriction made on the basis of sex that impairs their enjoyment of human rights and fundamental freedom. The Convention is aimed at establishing equality of men and women in social, cultural, political and economic fields. It enjoins state parties to the convention to adopt appropriate Legislations and measures to establish legal protection of the rights of women, and prohibit discrimination against women. Article 6 specifically directs state parties to take measures to suppress trafficking and prostitution of women. The Convention is in force in Finland, having by ratified by the Finnish government in 1986.

Having recognized the vulnerable status of women to gender-based violence; the Council of Europe adopted the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) in 2011. The purpose of the convention as laid down in Article 1 includes protecting women against violence, to undertake policies and measures to assist victims of violence against women and to eliminate all forms of discrimination against women. State parties to the Convention, were tasked with the obligation to take measures to implement policies geared

towards the prevention of discrimination and violence against women. The integrated policies include obligation to allocate financial resources to implement the policies on combating and preventing violence against women, support and co-operate with existing Non-governmental organizations undertaking services in these areas, and providing support service facilities for victims of violence. Furthermore, Article 36 of the Istanbul Convention enjoins state parties to take steps to criminalize conducts that would constitute sexual violence and marital rape. The gamut of the Istanbul Convention has elaborate provisions covering the field of prevention of violence against women, and combating domestic violence and discrimination. Finland ratified the Istanbul Convention in 2015, and has since then taken measures and various policies towards the implementation of her obligations under the Convention.

Notwithstanding having only a general instrument on gender-based violence, the European Union adopted the Victims' Directive 2012/29/EU, which establishes minimum standards on the rights, protection and support of victims of crime (European Union Agency for Fundamental Rights 2014). The Directive enjoins member states to ensure that victims of violence have access to support services, and the protection of vulnerable victims. The rights of women being vulnerable victims of sexual violence, gender-based violence and victims of violence in close relationships are recognized in Article 17 and 18 of the Directive. This Directive is without more applicable to Finland upon harmonization and transposition of it into domestic Law.

3 THEORITICAL FRAMEWORKS

The chapter describes and explains the theories that will be used in the analysis of the interview data. The role of social service professionals towards assisting victims of violence is a discourse studied by scholars in different jurisdictions.

They help individuals in reducing their feelings of helplessness, isolation, and distress and use social resources to help in restoring individuals to their prior functional levels, as soon as practically possible (Hepworth, et al, 2002, p 83). Experts in the field of social service argue that whilst the majority of crises run their course or reach some semblance of stability within a short period of time, it is necessary for skilled intervention to take place to strengthen the coping mechanisms of individuals (Nash, et al, 2005, p 37). According to Covington et al (2008), social service professional in every victim support center ought to learn about the physical and psychological effects of trauma and abuse. This would make a significant difference in their approach to their work. Elliot et al (2005) states that the member of staff of the violence victim support centers should understand the impact of violence and victimization on the lives of the victims, and aim all interactions at recovery.

3.1 Crisis intervention theory

The crisis intervention theory is applied where the victims require exigent professional attention to handle crisis cases that have exceeded the coping ability of the individual (Pierson & Thomas 2010). The crisis intervention theory alleges that it is important for people to resolve their crises situations and experiences to enable them cope with new developments and crises. On occasions, encounters with impactful events can lead people into unfamiliar psychological territory that escalates anxiety, disrupts daily functioning and overwhelms established patterns of coping (Caplan, 1964; Flannery & Everly, 2000). These circumstances can compel the victims to consider new ways of viewing and addressing their concerns and prompt new openness to social support. In sexual violence cases, the victims who seek the help of social service professionals must have come to the point of realization that they cannot cope with the effects of the traumatic incident using the ordinary coping mechanisms. The help sought would enable them regain psychological equilibrium to carry-on with normal daily life, and re-adjust into the society.

Crisis intervention can be specifically categorized into seven stages namely; establishment of communication and development of feelings with individuals that circumstances can become better, assessment of situation, exploration of available

strengths and resources, goal setting with the use of such strengths and resources, implementation of plan, teaching of new skills and mobilization of other support if required, evaluation and adjustment of the plan and follow up and termination of relationship (Hepworth, et al, 2002). While James (2008) propounded a six step model of crisis intervention to include: defining the problem, ensuring client safety, providing support, examining available alternatives, making plans and obtaining commitments;

The crisis intervention theory could be traced to the original work of Lindemann (1944) on grief and bereavement; following a research study conducted on relations of the victims of the coconut grove club fire in Boston. He posited that grief was a normal reaction to a distress incident, and the reaction is characterized by certain patterns of symptoms. Lindemann postulated that working on getting over the grief follows the pattern of emancipation from the cause of the grief, re-adjusting into the environment following the death of a relation and forming new relationships to fill the vacuum. Essentially, crisis intervention focuses on the assessment and treatment methods in healing victims. For example, crisis interventions are ordinarily characterized by a "here and now" orientation, a time limited course of intervention, a view of the client's behavior as an understandable reaction to stress, and the assumption that an active directive role is needed by therapists and others trained in crisis intervention methods, (Chukwu et al 2016).

Generally, the expression crisis usually refers to negative life events, such as those termed emergencies: disasters driven by natural causes (earthquakes, volcanic eruptions, droughts, floods, tornadoes, hurricanes, etc.); technological disasters like fires, toxic leaks and explosions; and even situations caused directly by man, such as armed conflicts, terrorist attacks, kidnappings, sexual violence, drug dealing, and so on. All of these represent threats to people's physical and emotional health, (Pan American Health Organization, 2014). The world's population is often assailed by crises of various orders. Disasters caused by nature and by humans themselves also impact on people's mental health. Sexual violence offences, which can cause Psychological crises, such as suicide attempts, represent a growing problem in mental health. When faced with such scenarios, specific strategies of crisis intervention are both appropriate and necessary. However, various services for crisis intervention such as crisis centers and telephone hotlines were developed within this period (McGee 1974).

Crisis intervention theory was further developed by the work of Gerald Caplan (1964). He alleges that the important factor that determines the occurrence of a crisis is an imbalance between the perceived difficulty of the threatening situation and the resources available to deal with it. In this instance, the meaning ascribed to the word crisis is the victim's emotional reaction after the occurrence of a distressing incident. He conceptualised crisis as time-limited periods of vulnerability when stressful life experiences or transitions significantly destabilise and sometimes temporarily overwhelm a person's capacity to cope. The work of Caplan further asserted that during the crisis, the individual experiences an increased desire to be helped by others and is more amenable to receive outside intervention (Roberts 2005).

Roberts (2005) defined the word Crisis as an acute disruption of psychological balance in which a person's coping mechanism fails and there is evidence of functional disability and distress. Roberts and Yeager (2009) took another dimension, and viewed crisis as a subjective response to a stressful or traumatic life event or series of events that are perceived by the person as being hazardous, threatening or extremely upsetting, which do not resolve using the traditional coping methods. The aim of the crisis intervention approach is to restore the balance in a victim's life and improve adjustment time. It has an ultimate goal to bolster available coping methods or help individuals re-establish coping and problem-solving abilities; while helping them to take concrete steps towards managing their feelings and developing an action plan' (Roberts 2005). Crisis intervention thus provides opportunities for victims to learn new coping skills while identifying, mobilizing, and enhancing those they already possess. Although aiding the victim to stabilize, following up on the victim's progress is equally important to assess and prevent a possible situation of re-victimization. By so doing, crisis intervention could be said to be both a preventive and a curative measure (Dziegielewski & Power, 2015).

3.2 Feminists and Empowerment Theory

The work of the social support professionals could be aligned with the feminist and empowerment theory. Feminist theories have been at the forefront of sexual violence studies. They are rooted in the content of inequality and social domination (Mullaly 2010). A lot of contribution to the study of the feminist and empowerment theory has been made in the works of Turner & Maschi (2015). Feminist theory analyses role expectations, status and power differences in relation to gender. On the other hand, empowerment theory focuses specifically on the role of racism, ethnicity and culture

in shaping individuals and problems (Poorman 2003). However feminist theories have been criticized for failing to consider how other social factors contribute to the victimization and experiences of women (Crenshaw 2003). Feminist social workers were among the first to recognize that empowerment must have its foundation on women's own experiences (Grosz 2010).

Empowerment has been viewed as a theoretical framework, which helps people take more control over their lives (Almaseb & Julia 2007). It was defined by Thompson (2011) as the recognition of power imbalances in human relationships and social and political structures and the right of service users to gain control in their own lives. Jones and Meleis (1998) describe the concept of empowerment as a "social process of recognizing, promoting, and enhancing people's abilities to meet their own needs, solve their own problems, and mobilize necessary resources to take control of their own lives." Nevertheless, it is a key concept in social work that empowering practices give the silenced voices of our society a better chance of being heard. Furthermore, the empowerment approach to aiding victim recovery is grounded in the belief that victims of violence should have access to information, education, and other necessary social and economic support to make informed decisions that best reflect their interests and needs. It uses knowledge dissemination, training, and counseling to create a set of services that victim's control, such as post-victimization assistance and risk minimization (Lau 2002). As people become empowered, they can gain control of their lives and find ways to act in society. This can happen in various ways, but they all have in common a commitment to supporting individuals, families, and communities in making their own decisions, solving their own problems and meeting their own needs (Thompson 2011). The propagation of the empowerment theory has been ascribed to Paulo Freire (1973). The empowerment theory as postulated by Freire focused on the humanity of oppressed people and believed it was necessary to enter into their world to empathize and identify with them in order to understand the victims' needs (Hipilito-Delgado & Lee 2007). Empowerment theory underpins services provided by many clinics, shelters, and nonprofit organizations.

The social service professional who champion the feminist and empowerment theory focus on structural injustices, lack of resources, and how they affect the lives of the clients, communities and society as a whole (Turner & Maschi 2015). However, empowerment means not only empowering individuals, but also acting politically to promote equality and solidarity in society. First, this means that individuals have opportunities to act in society and to gain control of decisions that affect their lives.

The role of the professionals then becomes one of promoting reciprocal dialogue between the service system and the citizen, while keeping in mind the important role of family and close relationships as crucial sources of well being and support.

Secondly, empowerment is more closely related to the prevention of problems in everyday life. It lends support to political claims to act before problems get too serious on the societal level. The empowerment theory adopted by social service professionals were viewed as aimed towards the 'the restoration of individuals to a sense of their own value and strength and their own capacity to handle life problems (Handy & Kassam 2006). According to Miley & Dubois 2007, the social support professionals who are of the feminist and empowerment school of thought practice at 'the intersection of private troubles and public issues'. The desire for change in the social structure is aimed at helping women develop a sense of self-esteem and self-efficacy as a path to claiming power. Thus, feminists believe that a fundamental change in consciousness is pertinent to achieve social as well as psychological change (Jordan 2010). In a situation where the victim's trauma has its foundation in violence, oppression and discrimination, then the empowerment theory is apposite in that circumstance. Everett et al (2007) analyses the steps in applying the empowerment theory to include: recruitment, engagement, involvement, retention and partnership. This is most applicable in-group rehabilitation of a similar and particular class of women.

4 RESEARCH METHODS AND PROCESS

This chapter describes the data collection methods, the research process, the ethics required and observed in the data gathering and analysis process as well as the limitations of the research.

4.1 Research Process

The data for the study include primary and secondary sources. The primary source includes a semi-structured interview on face-to-face basis while the secondary data comprised of journals, surveys, and official government documents. A consent letter was obtained and signed by the concerned parties prior to the data collection. The interviews were done on a different days of the week and recorded by phone and partly by taking notes. The study focused on the social service professionals who handle the sexual violence victims as the target group. The research process applied qualitative research method in obtaining data by making use of semi-structured interviews. Interviewing is “a real-life research which is likely to give the truer picture of how things actually are” (Gillham 2005). Qualitative research is aimed at understanding and interpreting the social reality of individuals and groups, in their natural settings and its focus involves various methods. Qualitative methods seek to make meaning of phenomena in relation to the meanings people attach to them (Shual et al 2011,p.1). It is most suited in subjective studies, which are aimed at understanding a phenomenon. According to Grinnell & Unrau (2005), qualitative research method allows the researcher to focus on the true perception of the participants. For the purposes of this study, the true perception of the social service professionals is being studied through expert interviews. According to Ullman & Townsend (2007), social service professionals working in organizations that provide services for victims of sexual violence can be a useful source of information in identifying barriers faced by the victims in accessing support, and the challenges service providers face when assisting victims. In this instance, data are sorted and categorized to describe and understand situations. This is based on the fact that the social service professionals are the main objects of study, and thus would require a much closer interaction with them.

4.2 Research Design

Research Design according to Nworgu (2015) is a plan or blue print, which specifies how data relating to a given problem should be collected and analyzed. It provides the procedural outline for the conduct of any given investigation. A research design in a positivist setting covers decisions about the choice of data collection methods, measurement and scaling procedures, instruments, samples and data analysis (Cavana et al 2001). A good research design must ensure that the information obtained is not only relevant to the research problem, but is collected by objective procedures. According to Sekaran (2003), there are six elements of a research design: the purpose of the study, type of investigation, extent of researcher interference, study setting, unit of analysis and time & cost.

4.3 Data Collection

Data was collected from 5 participants by means of a face-to-face group interview and a personal interview. Written request for an interview was first sent to different organizations running a victim support center. This was followed-up with series of calls for acceptance and confirmation of appointments. The working life partners used for this study were the ones that responded positively to the interview request, and scheduled an appointment with the participating social service professionals. The meetings were held on two separate days at the victim support centres. The interviews applied a semi-structured format and made use of open-ended questions to elicit information from the participants. A semi-structured interview method is seen as an open framework that allows precision and interactive communication with the participants (Gillham 2005). The data was recorded partly by taking notes and by use of mobile recording device, which was subsequently transcribed. The data in both the mobile recording device and those written on paper were stored, to be destroyed upon publication of the thesis. The interviews were conducted in a formal setting at the participants' offices in the victim support centers. Each of the interviews lasted approximately 90minutes, producing a total of twelve pages when transcribed.

4.3.1 Sampling Method

Representative sampling of experts is made in accordance with the criteria that are based on assessment of the competence of the expert. According to Steinberg (2011), the sampling can be done by applying one of the 'eight-window' sampling model, which categorizes the experts along the lines those who 'thinks' and those who 'knows'. The participants' chosen depict social service professionals who fall within the window of 'key experts' who 'know' according to the research sampling method put forward by Steinberg. The aim of the study required the experts to provide information on not just facts from their experience in practice, but also to give personal opinions on the subject matter of the study. The participants in this study provided data on their experiences in handling immigrant sexual violence victims, as well as conclusions on the ethics and challenges that arise in the course of the job. Purposive sampling technique was used in deriving the sample for the study. In purposive sampling, the participants for the study are chosen based on the purpose/aims of the study, and the personal judgment of the researcher (Rubin & Babbie, 2011). The social service professionals who participated in this research were chosen based on their qualification as experts in the field, and their work place. The sampling was done by writing different violence victim support centers requesting for an interview based on the purpose of the study. The Data was collected from the centers, which honored the request to participate in the research study.

4.4 Expert Interview

The use of expert interview is common in social science research. It is a more efficient way for data collection as it shortens the time for collecting the data in circumstances where the expert holds a key position in the organization, and is interviewed as a surrogate for a wider circle of experts in the field (Bogner et al 2009). Expert interview has been traditionally attributed to sociological methods (Bell & Braymen 2012). It has proven to be most useful in situations where it is impossible or difficult to gain access to a particular field of research. Expert interview could literally be seen as the use of experts as the source of information for qualitative or quantitative approach to research. The research objectives would determine the researcher's choice of persons to interview as an expert. The assessment for an expert is done using the criteria of education & skills, position, related to the research topic, work experience in the subject area, level of public recognition (Libakova and Serkatova, 2015). This method of sourcing for Data has been viewed to have significant ad-

vantages over other methods of data collection. Libakova & Serkatova (2015) opine that the expert's qualification obviates the need to use additional clarifying questions to ascertain the veracity of the information given by the expert. The question would often be asked as to what qualifies a person to be called an expert in a particular field of social science. According to (Collins & Evans 2007), the realistic approach to qualifying an expert is that the individual acquires substantive expertise through their membership of a group of experts. In Finland, the Act on Social Welfare Professionals (Laki sosiaalihuollon ammattihenkilöistä, 817/2015) regulates the social welfare profession. The National Supervisory Authority for Welfare and Health (Valvira) licensed social welfare professionals are social workers, social service professionals (sosionomi) and elderly care professionals (geronomi). The professional titles of the nominated profession and the training required by the professional title are laid down by Government Decree (Section 3 of the Act on Social Welfare Professionals). By the provisions of Section 7 of the Act, a person who has completed a higher education degree in Finland, which includes or has been supplemented with university studies in social work corresponding to the major studies or major subjects may be granted the right to pursue a profession in social work. Also a person may apply to practice as a socialist or geriatric after having completed a degree in social sciences in Finland (Section 8 of the Act on Social Welfare Professionals).

4.5 Research Ethics

The highly sensitive nature of sexual violence poses a unique set of challenges for any study that requires the need to gather data that touches on this issue. A range of ethical and safety issues must be considered and addressed prior to the commencement of any study dealing with the issue of sexual violence (WHO 2007). Obtaining information about sexual violence requires individuals to discuss an issue that is extremely sensitive, both culturally and socially. Again, when collecting and using data about sexual violence, it must be done in such a way so as to avoid further harm to those who are part of the process. This includes not just the victims and their families, but also organizations working with victims. The world health organization rolled out eight ethical recommendations to be applied in research on sexual violence, to include; The benefits to respondents or communities of documenting sexual violence should be higher than the risks to respondents and communities. Whilst the information gathered and documented should also be done in a lesser risk manner to the victims, in good sound, and that which builds on current experience and good

practice; Basic care and support for the victims should also be a priority locally before the beginning of the activity that may involve individuals disclosing information about their experiences of sexual violence; The safety and security of all those involved in information gathering on sexual violence is of vital concern; The confidentiality and protection of all individuals who provide information about sexual violence must be also be observed at all times; Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity; All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support' (WHO 2007). Prior and informed consent was obtained from the coordinators of the organizations where the interviews were conducted before the interview, after submitting a copy of the research proposal stating the purpose of the study. The anonymity of the participants of the study in the two victim support centers was agreed on, to protect the identity of the victims who visit the centers. An agreement was also signed to ensure that the information collected was solely for the purpose of the study, and the data is not to be used anywhere else. This underlies the aim of ethical research. It involves obtaining information from participants, and reaching agreements on the uses of the data, and how it will be reported and disseminated (Bell 2004, p.39). The thesis will be given to the participant organizations to be read before publication, and the data collected will be destroyed in an appropriate manner upon publication of the thesis. The results of the data are published in an objective and fair manner with proper supervision of qualified researchers.

4.6 Research Limitations

The extent of the scope of the study was limited due to the unwillingness of social service professionals in some victim support centers to participate in the study and divulge information. They reasoned that the study may disclose the identity of the participants, and the nature of the victims' situations, thus they thought it was a good decision to abstain totally. It was also impossible for a good number of social service professionals in the willing organizations to participate in the group interview due to the difficulty in expressing themselves in English language, which was the language of the study. Again, the short time frame for conducting the study did not allow it to draw samples from large-scale data sets. Also, it is not possible to replicate Data generated by qualitative methods as the opinions, conditions, realities, con-

texts and personal experiences of the participants are not the same, and thus cannot be generalized to be applied to a wider context.

4.7 Data analysis

The purpose of data analysis is to organize and elicit meaning from the data collected and draw realistic conclusions (Polit & Beck 2006). Simple content analysis was used in analyzing the qualitative data. In qualitative content analysis, the data are presented in words and themes, and the results are interpreted. Krippendorff (2013) defines content analysis as ‘a research technique for making replicable and valid inferences from texts to the contexts of their use’. Babbie (2013) defines it as “the study of recorded human communication”. Qualitative content analysis is more subjective and less explicit about the processes by which the interpretation of the target material occurs. According to Brewerton & Millward (2001), the emphasis of content analysis is on meaning rather than quantification. In analyzing expert interview, attention is usually placed on information with similar themes found within the interview. The information got from the social service professionals interviewed from the two victim support centers, had similar themes of ethics and challenges encountered in the process of handling immigrant sexual violence victims. The organizational context in which the expert’s position lies is taken into consideration in order to access the meaning and significance of the information passed across by the expert. Analysis of expert interview usually follow the sequence of transcription of the data, coding, comparison of the themes of the interview, the categorization of similar and differing views in the interviews, and finally the general findings from the results of the analysis (Bogner et al 2009, p.36). I transcribed interviews 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)

The transcribed interview from the recordings was subsequently grouped into themes of ‘roles of the social service professionals’, ‘Ethics’ and ‘inhibiting factors’. The All information on the occupation of the social service professionals were coded under ‘roles’, while the challenges in carrying out their jobs was coded under ‘inhibiting factors’.

5 FINDINGS

This chapter presents the result and interpretations of the study conducted.

For this study, I interviewed five social support professionals in one group interview and a personal interview conducted at two Non-governmental organizations providing support services for immigrant women and girls. The data obtained from the participants were coded as respondents (A-E). The five respondents who were professionals in the victim support centers were chosen to give responses to the phenomenon under study. The information from the field research reveals that all the support professionals interviewed in the study were females, amounting to one hundred percent of the entire respondents interviewed based on gender. It is common to find all the social support professionals at a victim support center to be females because of the sensitive nature of sexual violence, and the fact that the perpetrators are men may prevent the victims from being forthcoming. Furthermore, the number of the support professionals within the age bracket of 21-40 years was three, while the number of social service professionals within the age bracket of 41-60 years. The data generated from the interview was coded with the themes of 'roles', 'ethics' and 'inhibiting factors' and by quoting the direct response from the participants; I will use a different font.

5.1 Roles of the professionals

The findings show that the social service professionals play a crucial role in helping the female immigrant victims of sexual violence cope with the effects of incidents. The respondents emphasized the different ways in which they help rehabilitate the victims;

- *Our main approach is crisis work. We provide avenue to offer supportive conversation, and accompany the victims to the hospital for medical aid and assist them in contacting the police if they so choose. We also provide supportive housing for such female victims. (Respondent E)*

Having someone to open up to after experiencing a traumatic incident is the most important source of relief for a victim of sexual violence. This is a difficult task as the victims are battling with different situations, and would rather keep the incident a secret. Assisting the victims to past these feelings resulting from the traumatic inci-

dent is a vital role of the social service professionals. Respondent C explained the consequences of the feeling of guilt thus:

- *What makes it harder to report the incident is the fact that in most cases, the perpetrator is someone known to the victim. Most of the women that I worked with never wanted to report the incident. The only thing they were concerned with is how to deal with the bad feelings and guilt as a result of the incident.*
(Respondent C)

Getting professional help to cope with trauma from a sexual violence incident is the first step to recovery. The unwillingness of the victims to reveal the fact that they have been sexually violated hinders their ability to cope with the crisis. One of the Respondents noted this fact;

- *Sexual violence impacts on the individual and the families. It is like a taboo, you never talk about it. The women want to keep all the thoughts inside, and it is really hard for them to come out with that kind of problem and speak up.*
(Respondent A)

When asked about the reaction of the victims after talking to any of the social service professional at the center, one of the Respondents stated thus:

- *They feel like a burden has been lifted off them by talking to someone. They also feel relieved and free because the sessions are confidential, as I do not take notes.* (Respondent B)

Essentially the victims of sexual violence seek the help of professional social service workers when it has become difficult or impossible for them to deal with the crisis on their own. This is where the social service professional plays a major role in rehabilitating the victim. Respondent Z noted thus;

- *In actual fact recovery takes quite some time. The crisis work goal is to make the situation may stable for the victim. But it would help the victim to deal with the trauma at some point. Also, having the possibility to get all the help needed also helps in the victim's recovery.* (Respondent E)

The result of the findings also show that in addition to providing services to help cope with the emotional crisis as a result of the sexual violence incident, the social service professionals also empower the victims to lead a successful and meaningful life. As noted by Respondent A;

- *When I handle cases, the victims see I am also a woman like them and I have a job; so they try to follow in my footsteps. Some study and work, while we organize vocational training like catering for those who cannot read and*

write. We make sure that they have something worthwhile doing in their spare time to avoid staying at home and feeling sorry for themselves. (Respondent A)

The work of Lindeman (1944), on crisis intervention theory placed the social service professionals in a position to proffer grief coping mechanism to victims who are passing through trauma as a result of an incident. The sexual violence victims who seek professional help from the social service professionals need a third party to aid them live past the traumatic incident. The findings show that after helping the victims to look past the traumatic event which had shaped their lives, the social service professionals go a step further to empower the women both physically and psychologically to have a resolute mind of their own to be able to make sound decisions and judgments. The result of the findings has shown that the sexual violence victims in Finland in addition to aiding them cope with the crisis, they are also offered physical forms of social support such as housing and skill acquisition as a means to empower the victims to be independent. Also, assisting the victims to take charge of their lives after a traumatic incident is a vantage responsibility of the social service professionals towards the sexual violence victims..

5.2 Social professional ethics;

On the ethics to abide by in handling female victims of sexual violence, all respondents asserted that confidentiality is of utmost importance to the victims. Respondent A commented thus;

- One the ethical guidelines that govern our actions when dealing with victims of sexual violence is to listen attentively to the victim and never judge the actions of the victim. Secondly, respect the gender orientation of the victim and never say anything to suggest that the victim is making false statements. Lastly confidentiality is key in this profession. (Respondent A)

Social service professionals occupy a key position in the rehabilitation process of a victim of sexual violence, and thus it is important to maintain high level of confidentiality to compliment the efforts of a victim who summoned the courage to speak out in the first place. Another respondent identified defining the limits of your job as an ethic to abide by. Respondent E asserted thus;

- The very important thing is to keep the work official because the topics we deal with are very sensitive ones. Keeping the work professional would mean having clear boundaries on the assistance you can give and the ones you

cannot do. We don't try to do everything, although it is an emotional want. As many of the time you want to do whatever you can to help a person, but you have to have a boundary. (Respondent E)

According to Palmer (2010), social workers are expected to play the role of advocacy, recognizing victims' strengths and capacities, linking victims to services, as well as providing needed direct services to victims and when appropriate the family, kin, or referent group. Palmer further noted that achieving successful community integration for immigrant female victims need unconditional access to immigration relief and human services such as shelter, food, medical care, as well as intensive support services carefully tailored to meet their daily needs. This is in agreement with what the respondents claimed to have been their role in providing social support for the respondents. In the application of the crisis intervention theory as propounded by Lindemann (1944), the victims who have experienced traumatic events require external support to cope with the grief. Caplan further asserted that in the event of such a situation arising, the victim desires external intervention. The role of the social service professional would be to help the victim maintain a balanced life. The crisis intervention helps stabilize the physical and emotional environment of the victim. In sexual violence cases, the victims who seek the help of the social service professionals must have come to the point of realization that they cannot cope with the effects of the traumatic incident without external professional support.

Again, empowering the victims to move on with their daily lives is important in coping with the sexual violence incident. The social service professionals help the victims to take charge of their lives, while building in them a sense of value and self-worth. Empowerment can happen in several ways but all are aimed at making a commitment to support individuals and families in making their own decisions, solving their own problems and meeting their own daily needs (Thompson 2011). In this instance, the immigrant victims of sexual violence can decide on how best to move on with their lives with the support they received from the professional social service workers. In cases of spousal rape or violence by a partner, the victim may decide to quit the abusive relationship.

5.3 Inhibiting Factors

The findings of the research showed that almost all the respondents made reference to the glitches they encounter in the bid to assist the female immigrant victims of

sexual violence cope with their crisis. Each of the limiting factors will be analyzed under a separate heading as follows;

Finance; The major challenge that all the respondents complained about was lack of finance and adequate institutional support from the government to meet the needs of the victims. A Respondent noted thus;

- *There are lots of factors that affect our ability to render social support to immigrant rape victims. Financial constraint is our biggest issue because ideally we ought to have healthcare facilities in here but that is not economically viable.*(Respondent E)

To provide adequate social support for the victims of sexual violence, one requires a lot of financial input, which the Non-governmental support organizations cannot afford. The various Conventions on the prevention of violence against women recognized this fact, hence the obligation on state parties to collaborate with; and provide funding for female violence victim support services. As noted by one of the Respondents, the government facilities also suffer the same fate and thus do not provide much assistance to the victims. Respondent D stated;

- *When the victims go to the government facilities, and after reports are made to the police and medical examination carried out; the government social service workers would refer them to our organization, as they lack the facilities and manpower to assist them thus have nothing more to offer them.* (Respondent D)

The issue of finance would continue to be a recurring challenge to the victim support centers as their major source of funding is from the municipal council governments., and there is no provision for such funding in the annual budgets yet.

Culture and Tradition; Findings also revealed that a respondent saw culture and tradition as another barrier to the provision of social support for female immigrant rape victims. The fact that the services by these victim support centers are solely for immigrant women means there are from various countries, each with its own culture, tradition and language. A respondent asserted that;

- *The major challenge is the difference in culture. You need to know the factors that affect the opinions and decisions of the victim. At all times, I must respect the culture of the victim, even though I know it is wrong and against the law. In many occasions, I know for a fact that the advice I give would be best for the victim and it is the right thing to do under the law and regulation but*

the women might refuse to follow it. This is always challenging. The victim might go back to the house and the sexual abuse reoccurs and then they come back to the facility. They have to make choices by themselves; I can't force them to follow any step (Respondent A).

A social service professional can only assist a willing victim in the part of recovery. The result of the finding shows that the professional counseling and crisis intervention method offered by the social service professional may be against the culture, religion and tradition of the victim. Another respondent asserted as follows:

- *The family is a challenge. It is a very huge obstacle for the women that come to us to get help especially where the perpetrator is a family member or spouse. It means if they want to leave the situation, they have to leave the whole family behind. In some sad cases, the whole family or community turns their backs on the person who speak against violence or people don't believe you when you talk about the violence you've experienced. There are many negative outcomes for the women that are left alone in that situation (Respondent E).*

Poor Knowledge of Sexual Violence; Findings also revealed that poor knowledge of sexual violence on both social service professionals and the victims is another challenge hindering the provision of quality service for sexual violence victims.

A respondent said:

- *I think in our own social services we don't have enough knowledge on the different forms of violence to begin with. For the victim, it might be impossible to say an act is sexual violence because they may not consider it as sexual violence but as something bad or unpleasant. In the social services, they don't really understand that fact, it happens with even the police as they do not understand that when the victim's story changes it is as a result of trauma and not necessarily that the person is lying. When it comes to honor-based violence or rape, there is not enough knowledge on that because you don't understand how someone will be in such a situation and not leave. (Respondent B).*

When asked about the legal services on sexual violence the social service professional renders to the victims, one of the respondents stated:

- *We also give information on the Legal aspect of the incident to the victims. For example rape within the marriage has been an offence in Finland since the 1990's, but it is difficult for the victims, as they don't really understand it*

as sexual violence since it happens inside the family or marriage. (Respondent E).

Not knowing what physical and sexual actions from a partner or non-partner that would constitute sexual violence prevents victims from making reports and seeking help from social service professionals. The situation is often worse where a family member or spouse perpetrated the sexual violence act. Another respondent asserted thus:

- *The immigrant victims don't usually make reports about sexual violence within the family. I have seen that it is okay to be a bit violent in certain cultures, so the victims just live with it.* (Respondent C)

It is often the case that the immigrant victims do not make reports after such incidents for fear of being disbelieved by the family and/or community, financial dependency on the family or spouse and the stigma that may follow such actions because of cultural and religious affiliations. It is the case where spousal rape is culturally acceptable from the country of origin of the victim.

Language of Social Support; The results of the findings showed that the language in which the support services are provided hinders the immigrant victim's access to social support. This is also a factor hindering the social service professional in providing the required social support for the victims. One of the respondents identified as follows:

- *It requires efforts to improve the dissemination of information about the new victim sexual assault referral center. The problem is that most of the social support services are available in Finnish language alone.* (Respondent A)

Factors that hinder the victims from accessing social support services, and limiting the roles of the social service professionals can be gleaned from the assertions of the experts. These factors were succinctly captured by Kilpatrick et al (1992) who noted that the social service agencies are encumbered by issues relating to attitude of government agencies and poor funding which impedes in the ability of professional social workers to meet the diverse needs of immigrant victims. It was also averred that some victim support centers personnel often lack staff members who are culturally and linguistically grounded to meet the diverse socio-cultural traditions of the victims. This corroborates what the respondents averred to be some of the challenges faced in the discharge of their roles of providing professional support services for the female immigrant sexual violence victims in Finland. Although the victim support centers in Finland provide ser-

vices in several languages, information disseminated by the government on the various social support services available to victims of sexual violence are not usually translated to the various languages. The social service professionals are put in difficult situations while working to assist the victims' deal with their crisis and continue to live a normal stable life in the face of these barriers. Helping the victims cope with the crisis and empowering them to build sense of value to be able to charge of their lives require the presence of resources to enable the social service professionals accomplish the duty.

6 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The aim of the study was to examine the role of the social service professionals in providing social support for female immigrant victims of sexual violence. The findings of the study in the previous chapter showcased the manner of providing social support for sexual violence victims, and the methods applied. The results of the study highlighted the roles, ethics and challenges encountered by social service professionals, and went ahead to answer the question ‘what are the roles of social service professionals in providing social support for immigrant sexual violence victims’. The importance of social service professionals in the provision of social support for female immigrant rape victims cannot be over emphasized. The social service professionals are important agents of stabilization for immigrant female sexual victims. This is because of the essential role they have to play in providing victims and survivors of sexual violence with the needed social support to carry on with their normal life. Assisting victims in dealing with traumatic events requires professional skills when coping is beyond the victim. The job of crisis intervention imputes a responsibility on social service professionals to help victims maintain stable emotional environment. The social service professionals have the role of ensuring the safety and wellbeing of the sexual violence victims. Some of these support services come in the form of providing counselling services for victims and survivors of sexual violence, provision of housing facility for women and children to avoid re-victimization, (in the case of married immigrant female rape victims), and the provision of legal services for the prosecution of the perpetrators in the court of law.

Empowering the sexual violence victims goes a long way in ensuring that the recovery is permanent, and prevents an occasion for re-victimization. As agents of social justice, the social supports professionals help build the victim’s self-esteem to enable them takes control of their lives. This method ensures that the victim has fully dealt with the trauma arising from the sexual violence event, and moved on with a stronger sense of value. Finland has taken measures to protect women against violence. There are also plans to increase the available support services. However, concerted efforts should be made to actualize these plans and the protection of women from violence prioritized.

However, some factors have impeded the success of professional social support workers in the task of providing the sexual violence victims with social support services. Such factors include poor attitude of the support professionals towards female

immigrant rape victims, poor funding, cultural and traditional belief, language barrier and poor knowledge of sexual violence. These findings may indicate that the government has not adequately made provisions to sensitize migrant women on issues related to violence against migrant women in Finland. All these factors contribute to the continuous high rate of violence against women in Finland. It therefore becomes pertinent that efforts are made to improve institutional support for the professionals in their effort to provide social support for the rape victims.

Furthermore, one of the objectives of the study was to determine the ethics required by the support professionals in delivering their duties to the rape victims. The findings showed that the professional has to be less judgmental of the victim and accommodating to their plight. They must maintain high level of confidentiality in their work and re-assuring. Furthermore, the professionals should have the ability to set boundaries between the demands of the job and personal life as well be committed to ensuring that the victims are cared for. The Finnish government has taken a lot of right steps with the national action plans to provide measure to protect and assist the victims of violence. However, to achieve the prevention and eradication of violence against women, all hands must be on deck. It is therefore important that collaboration with non-governmental organizations that offer support services to victims of violence be enhanced. Improving access to support services for immigrant women will go a long way in achieving the set objectives of protecting and combating violence against women in Finland.

Finally, efficient preventive measures against these violent practices must be made, and consciousness-raising related to the bodily integrity and human rights of immigrant girls and women must continue. The trauma faced by and subsequent needs of sexual violence victims are unique and the professionals like the law enforcement agents and the social service professionals in Finland must address these issues specifically.

6.2 Recommendations

Based on the findings of the study, the researcher recommends that the Finnish government should provide the needed institutional support that will help in promoting the activities of the social support professional. In addition to providing adequate funding, there is need for special training of the support professionals to properly cater to the needs of the rape victims. It is also recommended that the current social support services available to female victims of rape should be provided in various

languages so that migrants would be aware of those services. There is also the need to create awareness among the immigrant communities on acts that constitute sexual violence and the punishments thereto.

6.3 Professional Development

As an aspiring social worker, the research has not only developed my knowledge to effectively work with the victims of sexual violence but also increased protective factors which supports the efforts to end the vice. Furthermore, the information produced in the study will promote a gender sensitive approach to the topic of rape. The research further developed my understanding on how to identify the elements of rape culture, reduce the risks factors hence becoming agents of change in our society. In addition, since the concept of sexual violence is a global problem, the research is an eye opener to me on how to raise awareness around issues related to the vice and to sum up, the research has developed my knowledge on ways of responding to victims of sexual violence.

REFERENCE

- Action Plan for the Istanbul Convention for 2018-2021,(2017).Ministry of Social Affairs and Health, Helsinki
- Aguilera, D. (1998). *Crisis intervention: Theory and methodology* (8th ed.). St. Louis, MO: Mosby.
- Amnesty International (2014), *Case Closed: Rape and Human Rights in the Nordic Countries* Amnesty international (2018). Sex without consent is rape. So why do only nine European countries recognize this? Last Accessed on 18/12/2018 <https://www.amnesty.org/en/latest/campaigns/2018/04/eu-sex-without-consent-is-rape/>
- Almaseb,H. & Julia, M.(2007). ‘Muslim Women and Achieving Control over their Lives: Factors Supporting Empowerment Social Development Issues. *International Consortium for Social Development* 29(1), P.81-99.
- Andrews,G (2004). *Child Sexual Abuse*. In Ezzati,M. et al(eds.), *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*. Geneva, WHO.
- Azika, N. (2010). *Research methodology in the behavioural sciences*. Lagos: Longman
- Bassett, M. T., Bijmakers, L., & Sanders, D. M. (1997). “Professionalism, patient satisfaction and quality of health care: Experience during Zimbabwe's structural adjustment programme. *Social Science and Medicine*”, 45, 1845-1852.
- Bell, J. (2004).. *Doing your Research Project: A Guide for First-time Researchers in Education and Social Sciences*, 3rd Edition. Open University Press, McGraw-Hill Education, McGraw-Hill House, Shoppenhangers Road Maidenhead, Berkshire SL6 2QL United Kindgom.
- Burrowes, N .(2012). *A Review of the Literature on Rape and Sexual Assault*. Report by NB Research:London.
- Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.

- Cavana, R. Y., Delahaye, B. L., Sekaran, U., (2001). "Applied Business Research: Qualitative & Quantitative Methods, Australia: John Wiley & Sons
- Charney, D. S. (2004). Psychobiological Mechanism of Resilience and Vulnerability: Implications for Successful Adaptation to Extreme Stress. *American Journal of Psychiatry*, p.195-216.
- Chukwu, N., Ebue, M., Obikeguna, C., Okala, U., Okafor, A., Agwu, P. (2016). Crisis Intervention as a Theory and a Model in Social Work: A Panacea against Militancy in the Niger Delta of Nigeria. *International Journal of Scientific and Engineering Research*, Vol.7 Issue 8.
- Cohen, S. Underwood, L. & Gottlieb, B. (2000). *Social Support Measurement and Intervention*. New York: Oxford University Press.
- Cohen, Sheldon (2004). *Social Relationships and Health*, American Psychologist: Carnegie Mellon University.
- Convention on Preventing and Combating Violence against Women and Domestic Violence, 2011
- Corinne J. Saunders, (2001). *Rape and Ravishment in the Literature of Medieval England*, Boydell & Brewer, , p. 20.
- Daly, Kathleen and Bouhours, Brigitte (2010). 'Rape and Attrition in the Legal Process: Comparative Analysis of Five Countries', 39(1)
- David, R. C and Brickman, E. (1996). Supportive and Unsupportive Aspects of the Behaviour of Others towards Victims of Sexual and Non-sexual Assault. 11(2) *Journal of Interpersonal Violence*, p.250-262
- Decker, M. R., Raj, A., and Silverman, J., (2007). "Sexual Violence Against Adolescent Girls: Influences of Immigration and Acculturation", 13(5) *Violence Against Women* 498, 507
- The Department for Professional Employees, AFL-CIO (DPE) (2016). [Social Service Workers: An Occupational Overview](https://dpeaflcio.org/programs-publications/issue-fact-sheets/social-service-workers-an-occupational-overview/), <https://dpeaflcio.org/programs-publications/issue-fact-sheets/social-service-workers-an-occupational-overview/> last accessed 21/01/2019
- Directive 2012/29/EU of the European Parliament and the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, OJ 2012 L 315.
- Dziegielewski, S. F and Powers, G. T (2005). *Design and Procedures for Evaluating*

- Crisis Intervention, in A.R. Roberts (ed.) *Crisis Intervention Handbook: Assessment, Treatment and Research*. New York; Oxford University Press.
- Elliot, J., Hufton, N.R., Willis, W., Illushin, L. (2005). *Motivation, Engagement and Educational Performance: International Perspectives on the Contexts for Learning*. Palgrave Macmillan.
- European Commission, Directorate-General for Justice (2010), *Feasibility study to assess the possibilities, opportunities and needs to standardize national legislation on violence against women, violence against children and sexual orientation violence*, Brussels, Directorate B – Criminal Justice
- European Union Agency for Fundamental Rights (2015). *Violence Against Women: An EU-wide Survey*. Luxembourg: Publication of the Office of the European Union.
- Everett J.E., Homestead, K. & Drisko, J. (2007). *Frontline worker Perceptions of the Empowerment Process in Community-based Agencies*. *Social Work* 52(2), p.161-170
- Flannery, R.B. & Everly, G.S. (2000). *Crisis intervention: A review*. *International Journal of Emergency Mental Health*, 2 (2), 119-125.
- Freire, P. (1973). *Education for Critical Consciousness*. Seabury, New York.
- Gillham, B. (2005). *Research Interviewing: The Range of Techniques*, McGraw-Hill Education (Uk), p.1-173
- Gottlieb, B.H & Bergen, A.E (2010). *Social Support Concepts and Measures*. *Journal of Psychosomatic Research* 69(5), p.511-520.
- Grosz, E. (2010). 'The Practice of Feminist Theory', *Differences: A Journal of Feminist Cultural Studies* 21(1), p. 91-107.
- Handy, F. & Kassam, M. (2006). 'Practice what you Preach: The Role of Rural NGO's in Women Empowerment'. *Journal of Community Practice* 14(3), p.69-91.
- Hepworth, D.H., Rooney, R.H. & Larsen J.A, 2002, *Direct social work practice: Theory and skills*, 6th edn., Brooks/Cole, Victoria.
- Hipilito-Delgado, Carlos, P. & Lee, C. (2007). 'Empowerment Theory for the Professional School Counsellor: A Manifesto for what Really Matters'. *Professional School Counselling* 10(4), p.327-332.

- Holt-lunstad, J. & Smith, T.B (2012). Social Relationships and Mortality. Social and Models of Social Support. *Personality Psychology Compass* 6, p.41-53
- Honkatukia, Päivi (2010). Uhrin rikosprosessissa. Tarpeet, palvelut, kohtelu. [Victims in the criminal justice process: needs, services, treatment.] National Research Institute of Legal Policy
<https://monikanaiset.fi/en/>
<http://www.nicehearts.com>
- James, R. (2008). *Crisis Intervention Strategies*, 6th Ed. Belmont: CA Thomson
- Jones, P.S., Meleis A.I. (1993). Health is empowerment. *15 ANS Adv Nursing Science*, p.114.
- Jordan, J.(2010). *Relational Cultural Therapy*, American Psychological Association. Washington DC.
- Kaniasty, K.(2005). Social Support and Traumatic Stress. *PTSD Research Quarterly* 16(2), The National Centre for PTSD.
- 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.
- Kilpatrick, D.G., Edmunds, C.N., & Seymour, A.K. (1992) "Rape in America: A Report to the Nation". Arlington, VA: National Victim Center.
- Koss, M.P., (1988) "Stranger and Acquaintance rape: Are there differences in the victim's experiences?", *Psychology of Women Quarterly*, 12, 1-24.
- Lau, D.H., (2002). Patient Empowerment—a Patient-centred Approach to Improve Care. *Hong Kong Medical Journal*, Vol 8 No 5
- Lazarus, S. & Folkman, S. (1984). *Stress Appraisal and Coping*. Springer Publishing Co, New York.
- Li, H., Ji, Y. and Chen, T. (2014). The Role of Different Sources of Social Support on Emotional Wellbeing among Chinese Elderly. *PLoS ONE* 9(3).
- Libakova, N.M and Serkatova, E.A (2015). The Method of Expert Interview as an Effective Research Procedure of Studying the Indigenous Peoples of the North.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148.
- Lutwak, N. (2012). Public Awareness of Military Sexual Trauma, which is experienced by men and women has led to VA Interventions. *American Journal of*

- en's Health 6(5), p.535.
- Maier, S. L. (2008). "I Have Heard Horrible Stories...": Rape Victim Advocates' Perceptions of the Re-victimization of Rape Victims by the Police and
- Mason, F. and Lodrick, Z. (2013). Psychological Consequences of Sexual Assault. Best Practices and Research Clinical Obstetrics & Gynecology, p.27-37
- Ministry of health and social welfare, Finland
- Mullaly, b. (2010). Challenging Oppression and Confronting Privilege. Oxford University PRESS, Ontario, CA
- Nash, M., Munford, R., & O'Donoghue, K. (Eds.), 2005, Social Work Theories in Action, London: Jessica Kingsley.
- Nipuli, Suvi and Bildjuschkin, Katriina (2016). Hoitoketju seksuaalisuutta loukkaavaa väkivaltaa kokeneen auttamiseksi, Juvenes Print – Suomen Yliopistopaino Oy Tampere
- Nworgu, B. G. (2015). Educational research: Basic issues & methodology (2nd ed.). Nsukka: University Trust.
- O'Donohue, W., Carlson, G.T., Benuto, L.T. & Bennett, N.M. (2014). Examining the Scientific Validity of Rape Trauma Syndrome. Psychiatry, Psychology & Law 21(6), p.858-876.
- Ofstehage, A., Gandhi, A., Sholk, J., Radday, A., Stanzler, C., (2011). Empowering Victims of Domestic Violence, Social Issue Report: Root Cause: Boston Palmer, N. (2010). The essential role of social work in addressing victims and survivors of trafficking. ILSA Journal of International & Comparative Law, 17 (1), 43-56.
- Pan American Health Organization (PAHO) [2004] <http://www.paho.org>.
- Patton, M. Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice Thousand Oaks, California: SAGE Publications, Inc., 2015]; 4. ed.
- Penal Code of Finland (626/1996) as amended
- Pierson, J. and Thomas, M. (2010). Dictionary of Social Work, Berkshire: Open University Press, McGraw Hill Education
- Phanichrat, T. & Townsend, J.M. (2010). Coping Strategies used by Survivors of Childhood Sexual Abuse on the Journey to Recovery. Journal of Child Abuse 19(1), p.62-78.
- Polit, D.F and Beck, C.T (2006). Essentials of Nursing Research Methods, Appraisals

- and Utilization. Lippincott Williams & Wilkins, Philadelphia
- Poorman, P.B. (2003). *Micro Skills and Theoretical Foundations for Professional Helpers*. Allyn & Bacon, Boston.
- Rennison, C. M. (2002). Rape and sexual assault: Reporting to police and medical attention, 1992-2000 [NCJ 194530]. Retrieved from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: <https://www.bjs.gov/content/pub/pdf/rsarp00.pdf>
- Roberts, A. & Yeager, K. (2009). *The Pocket Guide to Crisis Intervention*. Oxford University Press, New York.
- Roberts A.R. (2000), *Crisis intervention handbook: Assessment, treatment and research*. New York- Oxford University Press.
- Rubin, A. and Babbie, E.R. (2011). *Research Methods for Social Work*, Belmont CA. Brooks/Cole Cengage
- Sekaran, U. (2003). "Research Methods for Business: A Skill Building Approach, Australia: John Wiley & Sons
- Shuval, K., Harker, K., Roudsari, B., Groce, N.E., Mills, B., Siddiqi, Z., Shachak, A., (2011) "Is Qualitative Research Second Class Science? A Quantitative Longitudinal Examination of Qualitative Research, *Medical Journals* 6(2) 1932-6203
- Steinberg, I.Y. (2011). Eight windows Sampling Model for the Research Interview
- Strydom, H. & Delport C. S. L. 2005. *Information Collection: Document Study and Secondary Analysis*. In De Vos, A. S. (Editor), Strydom, H., Fouché, C. B. & Delport, C. S. L. *Research at Grass roots for the social sciences*
- Tajalli, P., Sobhi, A. & Ganbaripناه, A. (2010). The Relationship between daily Hassles and Social Support on Mental Health of University Students. *Procedia- Social and Behavioural Studies* 5, p.99-103.
- The International Organization for Migration (2011), *Glossary on Migration*, International Migration Law Series No. 25.
- Thompson N, 2011. *Promoting equality: Working with Diversity and Differences*. Third edition, Palgrave Macmillan Hampshire RG 21 6XS
- Törmä, Sinikka ja Pentikäinen, Merja (2016): *Tavoitteena naiseen kohdistuvasta väkivallasta ja perheväkivallasta vapaa Suomi*. Only available in Finnish
http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/75030/Rap_ja

muist_2016_15_1.pdf?sequence=1

- Turner, T. & Maschi, S.(2015). Feminist and Empowerment Theory and Social Work Practice. *Journal of Social Work Practice* 29(2), p.151-162.
- Uchino, B.N (2006). Social Support and Health: A Review of Physiological Processes potentially Underlying Risks to Disease Outcome. *Journal of Behavioural Medicine* 29, p.377-387.
- UN. (2006). Ending violence against women. From words to action. A study of the Secretary-General. New York: UN
- United Nations Recommendation on Statistics of International Migration (1998), Series M No. 58 Review 1, New York.
- World Health Organization (2007). Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.
https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf
- World Health Organization. Violence against Women-Intimate Partner and Sexual Violence against Women. Geneva, World Health Organization, 2011.
- WHO. (1997). Violence against women: a priority health issue. Geneva: WHO.

APPENDIX 1

Interview Schedule

1. Kindly introduce yourself?
2. What are your qualifications?
3. What is the name of your organization and what is it all about?
4. Describe your work with rape victims and what factors help you work with them?
5. What motivates you in your work?
6. What makes a good support worker with the victims?
7. Are there any culture specific issues that you must pay attention to when working with the victims of migrant background?
8. What manner of social supports do your facility provide?
9. On the average how many cases do you treat per year?
10. What qualifies a person to be called a social service professional?
11. What challenges do you encounter in the course of your work and how do you overcome them?
12. Are there hesitations from the victims about being attended to by the natives?
13. How do you see the success of your work?
14. In your own opinion is there a significant difference between the recovery process of social supported rape victims and those without social support?
15. What do you think hinders the actual recovery of a rape victim?
16. How long does the social support last in each instance?
17. Do victims report a reoccurrence of rape?
18. Are there occasions where the rape victims fails to recover despite the social support provide?