KAST in Gothenburg
– a counselling clinic for buyers of sexual services

Description of activities, treatment methods and perceived effects.

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The Gothenburg Region (GR) is a co-operative organisation uniting thirteen municipalities in western Sweden. The task of the association is to promote co-operation over municipal borders and provide a forum for the exchange of ideas and experience within the region.

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Content

Summary

Facilities that offer psychosocial support to people who buy sexual services are almost non-existent outside of Sweden. Those that do exist are mainly located in Sweden – the municipally operated KAST clinics. KAST is an acronym taken from the Swedish term, “Köpare av sexuella tjänster” (Buyers of sexual services). The clinics offer psychosocial supportive counsellling to people who buy sexual services and who experience this, or other aspects of their sexuality, as problematic.

The KAST clinic in Gothenburg founded in 1997 was the first of its kind. Today similar municipally run KAST clinics open in Stockholm, Malmö (Evonhuset), Västerås, Karlstad, Umeå and Skellefteå. The KAST clinics are intended to contribute to the prevention of buying sexual services. However, knowledge is limited as to whether the counselling offered by KAST clinics has that effect, as there is little research in this area. Therefore, FoU i Väst was commissioned by the Swedish Gender Equality Agency and the County Administrative Board of Västra Götaland to describe the KAST clinic’s activities in Gothenburg and to evaluate the perceived effect of the treatment among its clients.

Thus, the aim of this study was to describe the activities and treatment methods used at the KAST clinic in Gothenburg. The purpose was also to investigate the experience of those who have purchased sexual services and turned to KAST for support and whether the treatments they received had the desired effect.

The description of the facility, the treatment methods and their theoretical basis were based on semi-structured interviews with employees at the KAST clinic in Gothenburg. In order to capture the clients’ perceptions of the treatment and its effect, semi-structured, individual in-depth interviews were conducted with seven clients between the ages of 38 and 77, and data from self-assessment forms from 29 men were also used.

Results show that the treatment offered by the KAST clinic is individually tailored supportive counselling, which incorporates elements of several psychotherapeutic methods. Given the lack of scientific studies on effective treatment methods for people who buy sexual services, the professional expertise and experience found in the KAST clinics serve as important foundations for the development of effective approaches and methods. Furthermore, the clinics’ work has been guided by the needs of the individual. Their clients have very different needs and find themselves in very different situations, which requires flexibility and an eclectic approach. The key element of the treatment at KAST clinics is the relationship between therapist and client, which is characterized by a balance between confronting the client with their own actions while simultaneously conveying that the client is worthy of respect and compassion.

Most of the clients who were interviewed and who filled in the self-rating scale at the end of their treatment or follow-up reported that the treatment experienced a positive change/ were positively impacted. Their well-being improved, their intimate relationships improved and they stopped buying sexual services after finishing treatment. The interviews also showed that the majority of clients feel that the positive effects they are experiencing are due to the treatment at KAST, and that they would still battle the same problems had they not received help through

KAST. However, some clients had hoped for longer-term support and additional follow-up.

The sample size of the present study is too small to draw conclusions about treatment effects and generalise these to the population of sex buyers as a whole. The results also do not reveal whether the behavioural changes are sustained over a long period of time. In the interviews, the clients attributed their behaviour changes to the treatment they received. However, these behaviour changes could be attributable to other factors, for example, the client's own desire to change. A comparison with a control group consisting of people from the same target group who have not undergone treatment could reveal whether improvements were in fact due to the treatment. In order to be able to draw general conclusions about methods and treatment outcomes, this investigation needs to be repeated with a bigger sample size from multiple KAST clinics using uniform assessment tools.

Based on this study, we draw the **conclusion** that clients who received treatment at the KAST clinic in Gothenburg are generally very satisfied with the treatment. They perceive that it helped them both to feel better in relation to problematic behaviours, and to stop or reduce their sex buying. Other compulsive sexual behaviours viewed as problematic by the clients were also reported to decrease. This study shows that the treatment offered by the KAST clinic helps counter sex buying and thus reduces the harmful effects of this phenomenon on an individual level.

Background

Facilities and organisations that offer psychosocial support to people who buy sexual services are almost non-existent outside of Sweden (Isaksson, Rangmar & Forsberg, 2020). Those that do exist are mainly located in Sweden – the municipally operated KAST clinics (KAST is an acronym taken from the Swedish, "Köpare av sexuella tjänster" (Buyers of sexual services). The clinics offer psychosocial supportive counselling to people who buy sexual services and who perceive that this, or other aspects of their sexuality, are problematic. The goal of treatment is to prevent relapse.

The KAST clinic in Gothenburg was the first of its kind when it was introduced as a project in 1997 through grants for HIV prevention[1] from the Folkhälsoinstitutet, the predecessor to Folkhälsomyndigheten (the Public Health Agency of Sweden). Similar municipally run KAST clinics have since been opened in Stockholm, Malmö (Evonhuset), Västerås, Karlstad, Umeå and Skellefteå. The interventions the KAST clinics offer aim to contribute to the prevention of the purchase of sexual services. However, knowledge is limited as to whether the counselling offered by KAST clinics has that effect, as there is little research in this area. In general, only a few scientific studies have investigated whether the treatment of people who buy sex actually leads them to stop (Isaksson, Rangmar & Forsberg, 2020).

Two previous studies (Svedin et al., 2012; Kjellgren, 2019) investigated 26 clients after they had completed their treatment at the KAST clinics in Gothenburg, Stockholm and Malmö. The participants in that studies consisted of people who perceived aspects of their sexuality as problematic. Thus, it was not limited to people who purchase sexual services. The studies showed that clients reported improvements and a decrease in-perceived negative sexual behaviours following the treatment. In a study by Kjellgren (2019), it was concluded that the treatment at the KAST clinics is effective, and that the therapist were able to offer support without the clients feeling shame or guilt. In the above-mentioned studies (Svedin et al., 2012; Kjellgren, 2019), the authors also emphasized that more knowledge is needed about the approaches and working methods used for the target group and long-term research/longitudinal studies about the effects of the treatment. Only a few such studies have been performed to date, and there are almost no pre- and post-measurement studies that examine whether treatment leads clients to stop buying sex.

Given this situation, FoU i Väst was commissioned by the Swedish Gender Equality Agency and the County Administrative Board of Västra Götaland to describe the KAST clinic's activities in Gothenburg and to evaluate the perceived effect of the treatment among its clients. Jenny Rangmar, researcher at FoU i Väst, has been the supervisor of the study. Jenny Rangmar and Malin Isaksson, research assistant at FoU i Väst, have jointly carried out material collection and analysis and written the report. Maia Strufve, a therapist at KAST, has reviewed the text and provided valuable feedback.

[1] Grant 2:4, Initiatives against HIV/AIDS and other infectious diseases in expenditure area 9, Health care, medical care and social care.

Aim

The aim of this study was to describe the working methods and treatment methods used at the KAST clinic in Gothenburg. The purpose was also to investigate the perceptions of sex buyers who turned to KAST for support, and whether the treatments they received had the desired effect.

Methods

Interviews with therapists

Semi-structured interviews with the therapists at KAST were used to gain insight into treatment methods and the thought schools and models they are based on. Documentation in the form of reports, treatment notes and the clinic's own statistics were used as supplementary data. In order to describe the development of the clinic, to situate working methods and treatment methods in a larger context, and to investigate how the clinic has been affected by for example organisational conditions, a timeline was constructed of the clinic's development from its inception in 1997.

Interviews with clients

In order to capture the clients' perceptions of the treatment and its effect, semi-structured, individual in-depth interviews were conducted with seven clients between the ages of 38 and 77 (see the complete interview guide, Appendix 1). The interviews were conducted by the researcher and the research assistant from FoU i Väst. No therapist from KAST were present. The present study was limited to KAST clients with experience of purchasing sexual services. Thus, the number of study participants was smaller than it would have been, had the entire target group of the intervention been included. The criteria for inclusion as an interviewee were that the client 1) had experience of purchasing sexual services, 2) had finished, or would soon finish, treatment at KAST and 3) had received information about the study and consented to participation. Exclusion criteria were that the client 1) defined the problem as compulsive sexual behaviour but had no experience of purchasing sexual services, and/or 2) had received information about the study and did not consent to participation.

The number of interviewees resulted from the number of potential participants matching the inclusion criteria, as well as what was feasible during the relatively limited timeframe in which the investigation was conducted. The sample was deemed to be representative of the target group for KAST's activities.

Self-rating scales

Self-rating scales were used to measure clients' perceptions of the treatment and its effect. The therapists at KAST in Gothenburg have created the self-rating scales used in their intervention. The first version was created in 2015. Applicants to KAST filled in this form at the start of treatment. The self-rating scale has since been revised several times.

The revisions consisted of rewording for the sake of clarification and the addition of new questions. The changes over time have also meant that the questions in the form are now asked in a different order. Some of the questions previously had two possible responses, such as *yes* or *no* and *always* or *never*, and were changed to multiple response questions, e.g. a scale ranging from *very good* to *very bad*. The basis for the revisions have been the answers to the questions, as well as associations made by those who completed the form. Since 2017, self-rating scales have been used at the start of treatment, at the end of treatment, and six months after the last contact, i.e.,

at the follow-up interview. The revisions of the self-rating scale were completed in 2020, and the latest version is intended for use in the near future. The questions cover the reason for applying to the clinic, behaviours that are causing distress such as buying sex, and when the applicant last engaged in this behaviour. The questions also cover well-being, and the perceived ability to control unwanted sexual impulses. The self-rating scale used at the end of treatment consists of the same questions as the form used at the start of treatment. It also adds a few questions about whether clients were able to visit KAST as often and for as long as they wanted or needed to. The form also includes questions on their perceived reception by therapists and whether the counselling has been helpful. The same questions asked in the self-rating scale used at the end of treatment are then used at the follow-up interview.
The same self-rating scale is used for the entire target group of KAST, i.e., sex buyers as well as those seeking help for other sexually related issues. Therefore, the questions also include whether sexually related thoughts, feelings, and behaviours, for which the individual is seeking help, are associated with feelings of guilt and shame. The questions are also about the degree to which these thoughts/behaviours create feelings of inadequacy and how this in turn affects the individual's self-image and relationships. Since the aim of this study was to investigate how people who have purchased sexual services perceive the support they received at the KAST clinic, and whether the treatment had the desired effect, not all answers from all questions in the self-rating scales are used as a data source. Only those questions and answers that can help answering the research questions of this study have been used.
Only self-rating scales filled out by clients who have bought sex have been included. self-rating scales from 29 men were used in the study.

Ethical aspects

This study was carried out in close collaboration with the therapists at KAST in Gothenburg. In order to ensure that participation in the study did not affect the participant's treatment, the interviews were conducted with clients who had completed, or would soon complete, their treatment. The study was conducted separately from the clinic's interventions and has not interfered with the ordinary activities at the clinic. The study design was approved by the Swedish Ethical Review Authority (Reg. no. 2020–02912).

Results and discussion

The KAST clinic in Gothenburg

In Gothenburg, KAST's interventions are part of the Social Resources and Service Administration, a specialized administrative body working with social issues to support and complement the work of the city districts. KAST is part of individual and family care offered by the Social Services. KAST is regulated by a unit level policy defining goals and expected results: "The goal of the intervention is to reduce the demand for sexual services and thereby reduce the harmful effects on an individual level through preventive work such as counselling, spreading knowledge, changing attitudes and to counteract the spreading of myths and misconceptions".

Target group

KAST was originally tasked with offering support to those, regardless of gender, who had purchased or was considering purchasing sexual services. Its activities were subsequently broadened to include people with compulsive sexual behaviour, who now constitute KAST's largest target group. In 2019, KAST treated 36 people who specified the purchase of sexual services as a reason for seeking treatment. In a situation analysis from 2019, KAST's main task was described as decreasing the demand of sexual services. It also described how sex buing can be reduced by supporting clients reporting compulsive sexual behaviour as well as current sex buyers.

The World Health Organisation refers to the condition commonly known as hypersexuality, hypersexuality disorder or sexual addiction, as *compulsive sexual behaviour disorder* (World Health Organisation, 2018). For an individual to be diagnosed, they must demonstrate a pattern of inability to control intense sexual impulses. This pattern must be manifested over an extended period of time (six months or more) and must negatively affect other important aspects of the individual's life (World Health Organisation, 2018). KAST in Gothenburg do not require that their clients be diagnosed, but the target group includes those who consider their sexual behaviour compulsive. Some people who apply to KAST define themselves as suffering from compulsive sexual behaviour but not as sex buyers, although counselling may reveal that they have in fact paid for sexual services.

Most clients who apply to KAST assess their own behaviour as problematic and believe they need help to change. The vast majority of KAST's clients have not been in contact with health care providers regarding their problems. Some clients have been referred to KAST by the police after a police raid and others turn to KAST because a partner demands that they seek help. However, clients often have strong personal motives to seek help. Those who apply to KAST generally express feelings of shame and guilt linked to their behaviour. Individuals who do not view the purchase of sexual services as problematic are one of the target groups that KAST do not reach to the same extent. Additionally, KAST generally do not reach the target group primarily seeking medical interventions, as this group generally turn to or are referred to Sexualmedicinskt centrum (SMC).

First assessment

Treatment at KAST in Gothenburg usually begins when the individual makes contact. If the individual is considered part of the KAST target group, an initial meeting is offered. If the individual is not part of the target group, KAST can refer the individual to alternative interventions and organisations. This assessment is based on the clients' own understanding of their problem. During the first phase of treatment, the therapist helps the client identify the problem and determine their treatment goals. According to the therapists, the most common reason for seeking help is to understand themselves and why they act a certain way.

Some former clients return to the clinic with subsequent issues. The relationship established with the therapist lowers the threshold for reaching out and seeking help at KAST. This led to KAST initiating systematic follow-up interviews. This effort is described further on page 12.

Organisation and staffing

The clinic is currently staffed by one and a half full-time equivalents divided between two therapists. One has a degree in social work and the other is an educationalist. Both are knowledgeable in sexology and counselling. In 2019, 509 treatment sessions were carried out per full-time equivalent. KAST is part of Kris- och relationsenheten (Crisis and Relationships Unit) and are co-located with the Crisis Center for Men (KCM) and family counselling. There is a unit manager and three group managers.

Follow-up of treatment interventions

The therapists at KAST in Gothenburg designed the self-rating scales used in their activities since 2017. All clients fill out these forms at the start of treatment, the end of treatment and follow-up, regardless of the reason for seeking help. The therapists developed the self-rating scales to enable follow-up and to further develop KAST's interventions. In this study, the self-assessment questionnaires were used as a source of data and are described in more detail in the Methods section starting on page 7.

The development of KAST Gothenburg

KAST in Gothenburg started out as a project in 1997. The reason for this was a study presented in the book *Könsköparna* (Sex Buyers) (Sandell, 1996), based on in-depth interviews with 40 men about sexuality, values and their family situation. The emerging picture was that many buyers perceived their purchase of sexual services as problematic and wanted help to change their behaviour. This was not known at the time, and it fuelled the discussion that prostitution could be reduced and mitigated by offering psychosocial support to those who buy sexual services, thus addressing the demand side of the phenomenon.

In 1997, the then-named Centrums stadsdelsnämnd, that is, the center district council in Gothenburg thus decided to initiate the KAST project. It was sprung from the newly identified target group, with the goal of reducing and mitigating prostitution at a societal level. Funding came from Folkhälsoinstitutet, the predecessor of Folkhälsomyndigheten (the Public Health Agency of Sweden), and consisted of funds earmarked for HIV prevention. The idea was that a change in the buyers' behaviour would contribute to a reduced spread of HIV infection.

Outreach activities

When the KAST project was just getting started, two social workers with professional experience in family counselling, as well as and men's issues and sexual issues, organised outreach efforts towards people with risky behaviour and persons at risk. They contacted men in Rosenlund, an area outdoors in Gothenburg where prostitution is prevalent. At the time being for the outreach work in Rosenlund, the outreach was not intended to treat, but rather the effort consisted of offering contact with therapists. Thus, the primary function of the project was initially to initiate contact and to guide sex buyers towards the right kind of help. KAST therapists also contacted those who sold sex in Rosenlund to gather information about what type of help the buyers seemed to need. The interventions proposed in the book *Könsköparna* (Sex Buyers) (Sandell, 1996) served as a platform for the initial effort. The book was also used to guide the discussion with buyers. Due to KAST being a project, the therapists could not offer access to long-term treatment. In an evaluation by Kuosmanen (1998), this work is described as "pre-therapeutic".

Recruitment of clients

In addition to contact made through field work, KAST advertised in newspapers and distributed brochures in Rosenlund to reach out with information of the clinic. Other organisations, such as the Crisis Center for Men (KCM), could also refer clients to KAST. The KAST project also included telephone counselling, advertised in local newspapers. Some of the men who called in for telephone counselling became repeat callers or came to KAST for an in-person meeting.

Two therapists

From the very beginning, the conversations KAST had with the target population were focused on 1) defining the problem together with the client, and 2) talking about the client's background and upbringing in order to get to the root of problematic behaviours. The conversations were carried out jointly by KAST's two employees. During the first year, KAST served around 15 clients. They also tried a group treatment approach, which was discontinued due to lack of interest among the clients.

The outreach effort and telephone hours were discontinued after the first year of the project. Between 1998–1999, the therapists instead sought out individuals who were assumed to be part of the target group by distributing information and co-operating with health care providers. In the years that followed, KAST's target group evolved organically depending on which individuals contacted the project, problems they hoped to resolve and their individual needs. Right from the start, KAST's therapists were open to offering support to the target group's next of kin. In 1998, people with a sexual addiction were added to the project's target group. In the beginning, only men sought help from KAST, but the intervention never excluded people with other gender identities. KAST served its first female client in 2004.

A permanent intervention

During the first few years, the KAST project was funded through project funds from authorities such as the aforementioned Folkhälsoinstitutet, the Swedish National Council for Crime Prevention and the National Board of Health and Welfare. In 1999, the purchase of sexual services became illegal in Sweden (SFS 1998:408). While this was implemented at a national level, Gothenburg authorities moved I a different direction deciding to withdraw the funding for KAST.
The employees then submitted a proposal to the the center district council in Gothenburg that KAST be shut down. The center district council in Gothenburg instead chose to finance KAST with funds earmarked for HIV prevention. In 2001, the intervention was turned into a permanent initiative. This decision was a major milestone in KAST's history, as it ensured organisational stability and that treatments could be planned and carried out continuously.

International attention

During the following years, the word of KAST spread both nationally and internationally. In 2000, the therapists at KAST participated in an EU-funded project and travelled to England, Spain, Belgium, and Italy to share their approach. The countries then collaborated in the creation of a kind of treatment handbook for the target group. However, it was not implemented, because the proposal did not pass in the EU Parliament.

Parallel to gaining more attention, KAST developed their methods. In 2001, KAST switched from two-therapist-sessions to meeting the clients one on one, but maintaining continuous collegial exchanges. During this period, therapists turned their focus towards the concept of "frozen trauma", that is, the assumption that the clients' problems are rooted in an unprocessed trauma.

Counselling clinic

Through the years, outreach, treatment and changing attitudes have been KAST's three main objectives, though the priorities have fluctuated during the years. In 2002 KAST stopped advertising its activities, but four years later they created their own website to reach out online.

During the years that followed, a greater emphasis was placed on the treatment itself. Between 2008–2010, KAST went through several major organisational changes. In 2008, KAST, along with family counselling and KCM, became a regular counselling clinic and their outreach work was reduced. During this period, KCM and KAST shared therapists. One of the employees treated both target groups using the same methods. This contributed to collegial exchange of approaches used in the interventions. Both KAST and KCM chose a person-centred approach focused on listening, and a client-led approach to treatment. Both activities also focused on the perpetrator instead of the victim, which was an unusual perspective at the time regarding issues like prostitution and violence. This was also a novel perspective on men's issues.

In 2009, follow-up interviews were introduced. At the same time, there was a cutback in funding and a change in management. In 2010, KAST started to charge a fee for treatment and became an even more distinct counselling clinic.

Other KAST interventions

KAST's activities would soon spread with new locations in Malmö and Stockholm. These were described and evaluated side by side in the report Prostitution i Sverige (Prostitution in Sweden) (Svedin et al., 2012), in part 4 and 6. In the years preceding the report, the three clinics had been in closer contact with each other through national meetings in which Svedin and other researchers participated. In addition, both therapists and clients were interviewed. This was the first national comparison of the different interventions. Both during the national meetings and in the report, significant differences in methodology and approach emerged. For example, KAST in Stockholm engaged in outreach work in collaboration with the police. In Malmö, counselling was offered via email and telephone, while KAST in Gothenburg had completely switched to in-person counselling on site. The report (Svedin et al., 2012) described KAST Stockholm's approach as cognitive therapy, while KAST Malmö (currently Evonhuset) applied a solution-focused model with motivational interviewing, while Gothenburg's theoretical basis was systemic theory. The clinics in Malmö and Stockholm were inspired by the clinic in Gothenburg, but at the same time positioned themselves differently. The description of KAST (Svedin et al., 2012) in the report was viewed as a seal of approval by KAST employees, and the report garnered significant attention. Between 2012–2013, collaboration was intense between Nordic countries on issues regarding treatment for sex buyers. KAST received additional funding from the Nordic Council of Ministers, and in 2012, intense collaboration was initiated between the Nordic countries where, for example, Norway was inspired by Sweden's work and established a KAST clinic in Oslo.

The family perspective

KAST applies a family perspective, where the goal is to not only help the client but, by extension, the client's family. Since the beginning, the clinic has welcomed next of kin, either through co-counselling or individual counselling. KAST also adopted a child perspective by considering the potential need for support among the clients' children as well as reinforcing parenting skills.

In 2018, group therapy for couples was introduced as an alternative form of treatment. It started out as a pilot run with four couples, where the partner had previously participated in treatment at KAST. The therapy included two sessions with the couples and three sessions singling out the partners and aimed to work on trust issues for the couples deciding to continue their relationship.

Staffing

Since 1997, KAST has been staffed by three different therapists. During some periods of time only one person has worked with client counselling. The staff working most intensely with counselling have been able to make an impression on KAST's interventions. When one of the two original therapists retired in 2015, a new therapist was hired who brought new perspectives to the clinic's established methodology.

Over the years, the therapists has had access to coaching to better cope with the emotional aspects of listening to the clients' stories. Therapists also participate in ongoing education, sometimes together with therapists from other parts of the Kris- och relationsenheten (the Crisis and Relationships Unit).

Treatment methods

The treatment method used at KAST Gothenburg can be described as a supportive psychotherapy based on several theories. Different theoretical perspectives have taken a more or less prominent role depending on which therapist provides the treatment and the therapist's background and experiences. The treatment methods applied at KAST are therefore partly dependent on the individual therapist.

Components from different theories

The therapist who has been with KAST the longest has a background in family therapy, and this has had a major impact on KAST's treatment method.
Family therapy is based on systemic theory. The systemic elements of the treatment method used by KAST include the analysis of the client's behaviour as part of a larger whole, both in relation to the client's original family and to their current family or partner. In concrete terms, this might mean that the client's partner participates in therapy or undergoes parallel treatment as a relative.

Other components of the treatment method stem from experiential psychotherapy. This approach focuses on the self, which means focusing on the client's own sense of self and the direct relationship to the surrounding world. During treatment, the client is supported to live in the present and adopt a realistic outlook on their problems. The logic of experiential psychotherapy is that by creating context and helping the client anchor in the present, the treatment can lead to behavioural changes.

The treatment also includes components of cognitive behavioural therapy (CBT). This might mean confronting and staying with difficult feelings by exposing oneself to these feelings in small steps.

The treatment is also based on attachment theory. According to attachment theory, an individual's ability to form relationships is rooted in very early relationships with parents or other caregivers. Attachment patterns from childhood may affect an individual's ability to connect emotionally during adulthood. The theoretical basis of attachment theory can be used during treatment as an explanatory model for clients experiencing problems with intimacy, excessive fear of separation or fear of rejection.

Therapists use the theoretical distinction between self-esteem and self-confidence to zero in on which aspect needs to be strengthened in the client. Self-esteem is about knowing who you are and whether you accept yourself. Self-esteem is thus independent of performance – it is about who you are, not what you do. Self-confidence, on the other hand, is described as the feeling that one's competency to perform. At KAST the treatment often revolves around the clients' need to strengthen their self-esteem that is independent of performance.

Finally, the treatment also takes a salutogenic approach, which means focusing on changeable factors of health and well-being. Although past trauma and attachment patterns are important starting points in therapy, the therapist focuses on action the client can take in the present –to have the courage to stay with difficult feelings and manage them in other ways than falling back into destructive sexual behaviours.

The treatment process

The treatment offered at KAST is eclectic and somewhat hard to pin down, which has a lot to do with the complexity of the problems KAST aim to treat. is the terapy not manual based but based on the client's needs and definitions of their problem. The therapists' knowledge and experience of different methods thus play a major role. The diverse selection of methods creates readiness to treat clients with highly varied needs. The counselling sessions can be held more or less frequently depending on the client's situation. The length of the sessions may also be adjusted. The components below can be included to varying extents depending on the client's individual needs.

Initial mapping of family relationships

At the beginning of the treatment, the therapist and the client draw up a "family map", depicting the client's relationships within the family of origin, going back several generations. This step aims to uncover attachment patterns, significant attachments, and trauma during childhood. Puberty and the client's sexual patterns during early adolescence are also discussed, partly to establish an open dialogue on questions concerning sexuality, sexual fantasies and needs, as well as creating insight into the client's sense of self. Sexual fantasies is a recurring topic during the course of treatment. The client's sexuality is explored, for example, by talking about the client's sexual relationship with their partner, if applicable. For most clients, discussing these topics with a stranger is a new experience.

Attachment patterns that are revealed during the initial mapping of family relationships serve as the basis for discussing the client's behavioural patterns in their current relationships. This may reveal, for example, a fear of letting a partner get "too close" or a longing for closeness and validation that manifests as destructive sexual actions. Both therapists at KAST describe the typical client as an individual

who is largely out of touch with their own emotional life. Many clients have never viewed this as problematic and may, to some extent, be emotionally shut down. Talking about attachment and emotions might lead to new insights on how the client's upbringing shaped their sense of self and how they view their next of kin, and how their reluctance to confront negative emotions can lead to destructive behaviours later in life.

From the past to "here and now"

A common approach in psychotherapy is to start with an in-depth interview and then move towards a focus on the "here and now". One goal is to help the client to accept trauma as part of the past, and that they can only control is what is happening right here and now. The clients gradually expose themselves to negative emotions that arise, understand what is happening inside of them and calm themselves in the moment; a methodology inspired by cognitive behavioural therapy (CBT).

Putting behaviour into words

A vital aspect of KAST's methodology is putting the client's actions into words. This is one of the first parts of treatment. The clients must confront their own behaviour, which lays the foundation for a more open conversation about guilt and shame.By putting the issues into words and talking about them in a way that separates them from the individual, i.e., externalization, clients may begin to develop a more holistic sense of self, rather than defining with problematic behaviours. Wording their actions instead of avoiding the problem also makes it more concrete and possible to discuss in factual terms.

Breaking patterns by understanding needs

A fundamental idea of psychotherapy treatment is that it should create a better understanding of the origin of the client's behaviours and what triggers impulses in the moment. The logic behind this approach is that understanding an issue leads to changes in behaviour. Insights into upbringing and attachment styles might help the client develop alternate behaviours, because the insight could reveal what needs the behaviour serves, which in many cases is not about sexual gratification.

The therapist focuses on identifying a solution to help the client address the identified need in ways other than engaging in destructive sexual behaviour. The work of changing ingrained behaviour is also partly based on the methods used in cognitive behavioural therapy (CBT). This might entail breaking thought cycles. It is also about learning to be able to stay present with feelings even though it may be difficult.

One explanatory model that is sometimes used in therapy concerns how different behaviours arise from, and lead to, different hormonal responses. The theory is that the client is experiencing some form of anxiety, stress, or other negative emotion. The need to escape from these emotions makes the client seek a quick fix to raise dopamine levels, though the basic need driving the behaviour is actually closeness, security and validation. Based on this explanatory model, clients learn strategies to break negative behavioural patterns.

The development of techniques to manage stress and anxiety in a more constructive way may include self-soothing techniques and helping the client create a sense of control by, for example, identifying feelings that arise and using the breath. It might also mean practising empathy for oneself or expressing gratitude.

At KAST, the use of pornography is seen as a gateway to destructive sexual behaviours, such as buying sex. Clients are therefore encouraged to completely abstain from pornography as a key strategy to breaking problem behaviours and to meet their needsin alternative ways.

Self-compassion

The treatment process often includes working with the client's self-esteem and self-compassion. The client practices new ways of creating self-compassion, without engaging in behaviours that harm others. In addition to these exercises, the relationship with the therapist helps strengthen the client's self-compassion by making the client feel valuable and worthy of help.

Partner involvement

A common technique used in systemic therapy is to involve the partner and the partner's perspective. The partner often joins the client during at least one of the visits, and in some cases, several. The relationship with the partner is seen as an important part of the client's situation. One of the strongest motivators for seeking treatment may be saving the relationship. The clients (and the partner) work to build trust and intimacy. However, this is not a regular couples therapy approach, which is typically focused on the relationship. At KAST, the aim is instead for the partner to gain a greater understanding of both their own reactions and their partner's behaviour, provided that the partner is willing to remain in and work on the relationship.

The therapists' approach

Each individual therapist at KAST brings their own experiences and perspectives into the treatment context. However, there are certain approaches that are consistently applied within all treatment at KAST.

A direct but non-judgemental therapeutic alliance

The relationship between the therapist and the client, which is also called the therapeutic alliance, is the foundation for the treatment at KAST. This relationship might be established when the therapist demonstrates empathy even though the client often does not feel "deserving" of empathy. However, it is essential that the therapist does not avoid talking about the client's problematic actions in a direct way. Together, the client and therapist put the behaviours into words, but the interaction with the client is consistently non-judgemental. Even though the therapist may express that certain *actions* are unacceptable, the client is treated as a person deserving of respect, compassion, and interest. The therapist does not make moral judgements regarding the client's behaviour. The purpose of this approach is that many people are already reluctant to talk about their behaviour due to feelings of shame and guilt, and a judgemental reaction might lead the client to shut down, thus interfering with treatment. The therapist constantly needs to find a balance between support and confrontation in a way that helps the client forward.

An addiction

The therapists at KAST describe sex buying as an aspect of sexual addiction. They believe that it is generally similar to other forms of addiction and dependency. However, the treatment is not focused on the addiction itself. Instead, the therapists work on processing past trauma and difficulties related to attachment, as well as strengthening the client's self-esteem. The addiction is viewed as a symptom and a defence mechanism that the clients use to handle their suffering.

Experiences and effects of the treatment

The results presented below were obtained through semi-structured interviews with seven men between the ages of 38 and 77 (see the complete interview guide, Appendix 1). The interviewees had completed, or would soon complete, their treatment at KAST in Gothenburg at the time of the interviews.

Reasons for seeking treatment and motivation

All seven interviewees have experience of buying sexual services, but not all view this as their main problem. Instead, most describe a form of addiction, which is related to various sexual actions, as the reason they sought treatment. For example, this can involve visiting sex clubs, visiting porn sites on the Internet or chatting about sexual topics with people other than one's partner. In some cases, the clients describe themselves as unaware of what the exact issue is, but they seek treatment because they feel that they need help.

A common reason client seek help is that their partners views the behaviour as very problematic, resulting in a relationship crisis. Several clients report that their behaviour was revealed to their partner who then demanded that they seek help. For some, the fact that the partner wants to separate has made theme realise the extent of the problem.

Several of the interviewees report that the desire to save their relationship was the strongest motivation for seeking help, but that their own, inner motivation has also increased during the treatment period. For these individuals, it has taken longer to arrive at the realization that their behaviour is harmful to themselves, not just their partner. Some of the interviewees assert that it is not possible to help someone until they have decided to help themselves.

"What started as a last-ditch effort to save the marriage, became something that I wanted to do for my own sake."

The interviewees generally had no previous experience with psychotherapy, but some had experience in couples therapy. Many report that being allowed to talk about their feelings in this way was a new experience.

Treatment structure and content

Out of the seven men, five have been in treatment for longer than two years. One of the interviewees has been using KAST's services since the intervention was started.

The interviewees all describe what led them to treatment by providing an account of their past lives, their relationship with their original family, and in some cases, their childhood. The significance of the client's accounts varies, and some interviewees consider past events more significant than others.

The next step of the treatment was to put the client's reason for seeking treatment into words: what happened and what led to it? One client describes this as being asked to answer the question solely out of curiosity and without judgement. Several of the interviewees report that the exploration of their actions, and the events that led up to them, have allowed them to gain new insights into how the need for treatment emerged and why they acted the way that they did. For several of the men, these new insights have been the key to their progress, allowing them to replace the behaviour with new behaviours, or to stop themselves before they act. The treatment has also made it clear to the clients that in some cases, their behaviour was npt driven by sexual needs in the first place, but served other needs that the client was unable to identify at the time. connection or comfort – has helped clients change their behaviour.

> *"When you went deep into the history, and maybe found these keys, why you ended up where you did, then [...] you had a sort of platform to build on."*

For some of the men, analysing the reasons driving their behaviour has primarily led to acceptance of their own shortcomings. Others describe that exploring the reasons behind their actions has meant that they have been held accountable for their actions, and from there, able focus on solutions.

> *"First of all, of course, it was about finding out why I ended up where I did and to really take a good look at myself, of what you had done [...] Get everything out in the open and then find a way to move forward from there."*

All of the men reported that they had wives or girlfriends at the time they sought treatment. If they still had a partner at the time of treatment, the relationship has also been a major focus of the therapy. Some of the interviewees had brought their partner to KAST for one or more joint therapy sessions with the therapist. However, some were unaware that KAST offer individual support to relatives. One participant reported that it has been useful for his partner to hear what is said during the therapy sessions, allowing the partner to gain more confidence in both his willingness to change and the quality of the treatment. Some report that their relationship with their partner has improved due to the treatment. For others, the treatment has served as support when the relationship ended. Two of the interviewees report that the group therapy sessions arranged by KAST with couples who find themselves in similar situations have been a positive experience, particularly for their partners who were able to meet other women in the same situation.

An important aspect of the treatment has been talking about one's actions in a direct, open sort of way. Several interviewees report that this has been very important and a healing process in itself. Clients report that the open, but at the same time anonymous, dialogue about topics they are unable to discuss with many other people in their lives has been a liberating experience and helped them carry the burden imposed on themselves through their actions and their secrecy.

> *"For me, it was just this: wording it in front of another person, around these topics. It has been very important."*

The therapist's professionalism and approach

Several of the interviewees emphasize the therapist's non-judgemental approach. They describe that the therapist’s empathy towards them

made them feel respected. Some of the interviewees stated that they respect the therapist as a person and perceive her as genuinely caring as well.

At the same time, several interviewees report that the therapist has made it clear that certain types of behaviour are unacceptable. This unambiguous approach has helped them confront their issues and take responsibility for their actions without feeling judged. However, one interviewee reports that he was made to feel “too guilty”, and the only one held accountable for his marital problems. The other interviewees report that they are generally satisfied with the balance between respect and confronting the behaviour.

> *"It wouldn't have worked if someone just sat there feeling sorry for you, that wouldn't have been good. There needs to be respect, but it is important to be direct.”*

Several of the interviewees describe a feeling of relief in being held accountable for their actions by someone who clearly labels their actions as unacceptable.

> *“I think that a lot of what happens in therapy makes people question their own behaviour. […] It has been a rough process. It is not easy to turn yourself inside out, and many difficult questions arise.”*

For some of the men, they have kept the therapist's attitude in the back of their mind when they chose to resist a problematic impulse. Just imagining how she would react if the client relapsed has helped some of the men resist these behaviours.

The therapist’s professional approach has also helped several of the interviewees feel more secure in sharing their experiences. The fact that she is an expert in the field and can explain how similar types of addiction work helps them gain a better understanding of their situation.

> *"When I came here, I noticed that these are people who know what they are talking about."*

Strategies and tools

The treatment included several strategies or tools for refraining from behaviours the clients themselves defined as problematic. This may mean, for example, working on staying with uncomfortable feelings and confronting them instead of using sexual actions to escape reality. Pausing in the moment and thinking about why an urge has arisen and how it can be replaced is a technique several of the men use. This reminds them that the old behaviour is unwanted in the long term.

"I think it really helps you get to get to a place where you can answer 'why am I doing this?', and I think that is a method used here. For me, it made it easier for me to refrain."

One of the interviewees reports that the treatment helped him strengthen his self-esteem, thus creating a safe "inner space" where he can escape instead of returning to the addiction. Some of the interviewees also describe adopting a strategy to tell themselves "No!" out loud when an urge arises.

At the therapist's initiative, several of the interviewees have also completely or partially abstained from pornography. The reason for this strategy is that pornography might become a "gateway" to thoughts that easily trigger an individual to handle their needs through sexual behaviour. Some of the interviewees think this was a good strategy.

"You never know if it can trigger something. Just as an alcoholic is a sober alcoholic. He can look at the bottle, but if he would pour a glass, he would know that the time has come. I don't know how it would trigger me, but I think it's important to stay away from that kind of arena."

Self-perceived effects

Of the seven interviewees, most report that they are very satisfied with the treatment, but not all have achieved the results they hoped for. It might be because that they had hoped to completely refrain from certain actions and behaviours, but only partially achieved this goal. Some also said that their primary goal was to save or improve their relationship with their partner and they did not achieve that.

The interviewees describe their treatment goals in different terms. One interviewee reports that his goal is to reach the point where he no longer consumes pornography at all. Two interviewees state their goal is to no longer purchase sexual services. One of these men reports that he has achieved his goal, and the other reports that he no longer buys sex in the form of intercourse, but still occasionally consumes other sexual services, such as sexual massages. Another interviewee reports that he has largely reached his objective, because he is now aware that his actions are problematic, even though he cannot always stop himself from engaging in these actions.

"It has given me a lot, these therapy sessions. I feel that I managed to pull myself out of the worst parts of it."

To be “fully treated”, one of the men reports that he would have liked continuous follow-ups, whereby the therapist would contact him and ensure that he continues to stay away from the addiction. He has not been able to find the motivation to stop completely on his own despite long-term treatment. Another interviewee says that he is unsure how to continue handling his problem now that the counselling sessions at KAST are over, and that he does not feel “fully treated”. However, he reports that he is still satisfied with the treatment and that he is grateful for the help he received from KAST.

"I am unsure how to proceed with my thoughts and feelings, and how things will work out in the future. It's a bit rough.”

Some of the interviewees feel that the treatment helped create a brand-new sense of self, and they can now see themselves as good husbands or fathers despite their actions. KAST has helped them distinguish between the behaviour and the person, which has helped the interviewees process feelings of guilt and shame. Several interviewees also report that the treatment has helped them take responsibility for their actions and to see the extent of the consequences, which has helped them find their own inner motivation. One of the interviewees says that he sometimes wished that he would be held even more accountable and confronted with difficult questions during further counselling session

"Now the motivation is completely different. I had to get help with that, to find the motivation to not do these things. So, I believe that this treatment has been absolutely crucial for my actions.”

For several interviewees, their relationship with their partner has improved through treatment. Some of the interviewees also report that this was a goal they hoped to achieve through counselling. In many cases, the counselling sessions at KAST have also served as a tool to facilitate the conversation between the clients and their partners. One interviewee report that he hides both his actions and his treatment from his wife, but still feels that he can now talk a little more openly with his wife about the problems in their relationship.

“It's not an illness, so I can't say that I'm cured. But in a way, I have gotten help to cope with this, to avoid the hush-hush."

Analysis of interview material

The therapists view of effective mechanisms in counselling correspond with the clients’ notion of what actually works. However, what parts of the treatment the client considers effective varies between individuals.

KAST takes an approach based on the assumption that the client's own understanding of self and the client’s own actions are central aspects of treatment, as this may lead to changed behaviours. Understanding why you do what you do, creates room for meaningful action. For example, realizing that the client basically has a need for connection, not primarily a sexual need. Awareness of which feelings and situations creates the need to engage in destructive sexual behaviours makes it possible for the individual to stop himself, choosing act differently. According to the systems theory perspective, an understanding of one’s own role in relation to relatives also helps clients place themselves in a larger context.

Motivation

Several of the clients have used their newfound self-awareness to stop themselves in the moment or to choose alternative paths, and some report that they have even been able to prevent the need from arising. For other interviewees, however, this insight in itself has not been enough to stop. In the worst case, this self-understanding can be used as an excuse for continuing to act in the same way, while the guilt and shame associated with the behaviour are alleviated even though the behaviour continues. According to the reasoning of these men, what they really lack is a strong enough motivation to change. Just as in other addiction treatment approaches, the treatment is most effective when the client is strongly motivated to change their behaviour. People with a strong desire to stop a negative behaviour often see good results in treatment. Though most of the men interviewed for this study applied to KAST voluntarily, they did so at the request of their partners. Their motivation can thus be described as external, that is, they want to change for the sake of their partner. Some interviewees also reported that they perceive their own actions negatively because they mean handling ones' emotions the wrong way. However, none of the men interviewed expressed feelings of compassion for those who sell sex as being a motivating factor. Only two of the men touch on the fact that their actions have a negative impact on this group of women, and that they regret it. Instead, the interviewees focus on the suffering of their partner due to infidelity and deceit. However, it appears that the individual's internal motivation may strengthen during treatment following the clients' acknowledgement of their own feelings and the therapist's stance against destructive sexual behaviours.

Expert knowledge

The fact that the therapists have extensive experience with problematic sexual behaviour and sex buyers creates a sense of security and respect among the clients and makes them more likely to speak freely. The non-judgemental approach, which the therapists at KAST themselves highlight as an important aspect of effective counselling, is also considered important by the clients. Almost as important is the fact that therapists are seen as experts. Many interviewees expressed a feeling of relief having had their inner emotional life and actions "explained" to them. However, KAST organisations need to be aware of possible imbalances in the therapeutic relationship. The therapist might be viewed as an expert who can explain the client's actions. In many cases, the client may have a great deal of respect for such expert knowledge and little, or no, experience in counselling. The clients' lack of prior insight into their emotional life can make them less likely to question their therapist, which in turn can impact the active involvement of the client and influence the perception of the problem and the content of treatment.

Balance

The therapists take a clear stance against the purchase of sexual services and actions such as the consumption of online pornography, while simultaneously taking a non-judgemental approach, which helps clients rebuild their self-esteem. By distinguishing between behaviour and person, it is easier for the client to see their own strengths while gaining greater insight into the problematic behaviour.

However, the interviewees have reacted differently when being held accountable for their own actions. One interviewee describes that he feels it is unfair that he himself is held fully responsible, because he believes that his actions are rooted in a lack of intimacy in his marriage. This example shows how important it is for the client to fully understand that it is their own illegal or destructive actions that they are being held accountable for, and not, for example, the problems in their relationship. This creates a bit of a balancing act for the therapists, as they need to confront the clients with their own responsibility while avoiding harm to their self-esteem or negatively impact their mental health.

Managing emotions

According to both therapists and several of the clients who were interviewed, a central mechanism in effective counselling is the ability to remain present in difficult situations, to confront negative feelings instead of using sexual actions as an escape from reality. The ability to speak openly about topics that some interviewees do not even discuss with their own partners has also helped some interviewees to completely reassess the importance of paying attention to their emotional life.

Several of the interviewees have a completely transformed relationship with their own feelings because of their treatment at KAST. This is a big change for men who had never really explored their inner thoughts and feelings to a significant extent and can explain why several of the interviewees describe the experience as crucial and transformative. At the same time, openness and the confrontation of negative feelings place significant demands on the individual. In some cases, the therapists at KAST may be the only person in the client's life who offers this openness.

Answers from the self-rating scales

The results presented below were collected through the self-rating scales. They are based on responses from 29 (n = 29) men with the experience of buying sex who sought help from KAST in Gothenburg. The group of 29 men consists of both those who are still in treatment and those who have completed their treatment. Respondents are between 30 and 60 years old. Half of the respondents indicate upper secondary school as their highest level of education while the other half have completed university or college. Of the 29 men, 22 completed the self-rating scale at the start of treatment (see more in Table 1).

Table 1.

Responses from self-rating scales completed by 22 men at the start of treatment

	Number
Completed self-rating scale at the start of treatment	22
Has previously bought sex	22
Has bought sex during the last year	16
Has a partner	19
Has a child / children	19
Considers their sexual behaviour destructive	21
Considers their sexual thoughts destructive	16
Considers their sexual behaviour destructive in their relationships	18

Measurement at the start and end of treatment

Of the 29 men, 9 completed the self-rating scale at the end of treatment, see Table 2.

Table 2.

Responses from self-rating scales completed by 9 men at the end of treatment

	Number
Completed self-rating scale at the start of treatment	9
Has purchased sexual services in the last year	3
Has been able to come to counselling at KAST as often as desired and/or needed	7
Has been able to come to counselling at KAST for as long as needed	8
Perceives the therapists of KAST treat clients respectfully	8
Perceives the therapists of KAST is non-judgemental	7
Perceives the therapists of KAST treat clients with dignity	7
Perceives an opportunity to talk about difficult sexual issues is provided by the therapists of KAST	7
Received the help that was needed or expected	7
Was able to stop unwanted sexual impulses due to treatment	6

Responses at follow-up

After the self-rating scale was first used at follow-up, six months after the end of treatment, the questions were further developed and changed. Due to these changes, the answers are not comparable and cannot be reported here. Several clients who completed some version of the self-rating scale at follow-up did not answer the same questions. The question of whether they have refrained from buying sex due to the treatment was not asked until later versions. The number of clients who filled in the most recent version was small, making the data insufficient for reporting at group level.

Measurement at start, completion, and follow-up

One client with experience of purchasing sexual services completed the self-rating scale at start, completion, and follow-up. Four clients completed the self-rating scale at the start of treatment and at the completion of treatment. Five clients completed the self-rating scale at the end of treatment and at the follow-up, six months after the end of treatment, but these five clients did not complete the form at the start of treatment.

Changes over time

The latest version of the self-rating scale that is used at Kast in Gothenburg contains questions about how often the client engages in problematic behaviours. This is to be able to determine whether the treatment leads to behavioural change over time or not. In the present study, the group of respondents who filled in the self-rating scale at start are not the same as in the follow-up. Thus the answers reported in some cases are from different people. The 22 respondents who completed the self-rating scale at the start of treatment may be individuals who are still in treatment at KAST, or who have completed treatment but did not fill in the form at the end of treatment. The nine respondents who filled in the self-rating scale at the end of treatment may include those who have been in treatment for an extended period of time and who started treatment before the self-rating scale was used at the start of treatment at KAST. Due to these circumstances, the results are reported in Tables 1 and 2 as numbers. The data cannot be used to draw conclusions on whether the treatment led to behavioural changes because the number of responses is small and there is a lack of pre- and post-tests on the same individuals.

Main results and discussion

The purpose of this study was to describe the working and treatment methods used at the KAST clinic in Gothenburg. The study showed that the treatment methods consist of individually tailored supportive psychotherapy based on several psychotherapeutic methods. There is a supportive relationship between therapist and client. The therapist's approach is characterized by a balance between confronting the client with his own actions while simultaneously conveying that the client is worthy of respect and compassion. Given the lack of scientific studies on effective treatment methods for people who buy sex, the professional expertise and experience found at KAST clinics serves as an important foundation for the development of effective approaches and methods. The treatment methods have been developed with a strong theoretical basis through professional skills and the use of psychosocial/treatment knowledge.

The purpose of the present study was also to investigate the perceptions of people who have purchased sexual services and turned to KAST for support, and whether the treatments they received had the desired effect. This was investigated through interviews and the use of self-rating scales. Most of the clients who were interviewed and who filled in the self-rating scale reported that the treatment had a significant impact. They indicated that they felt better regarding the problem behaviour, had improved relationships with relatives and that the treatment has had the effect they were looking for when they sought help. The interviews also showed that the vast majority of respondents feel that the positive effects they are experiencing are due to the treatment at KAST and that they believe they would still suffer from the same issues as before had they not received help through KAST.

Most clients stated that the treatment has had the effect they hoped for when they sought help. The individuals in the study group may have initially sought help from KAST for sexually related problems other than the purchase of sexual services, and thus may have had other primary goals for treatment. However, the question posed by this study was whether treatment at KAST leads people who have purchased sexual services in the past to stop engaging in this behaviour. To help answer that question, only data collected from people with the experience of buying sex were used. Most interviewees stated that due to treatment, they have stopped buying sex.

Previous knowledge about whether psychosocial support is effective in stopping the purchase of sexual services is very limited (Isaksson, Rangmar and Forsberg, 2020). Two studies (Svedin et al., 2012; Kjellgren, 2019) provide partial answers to this the question, indicating that 26 clients had reduced their self-perceived negative sexual behaviours after completing treatment at the KAST clinics in Gothenburg, Stockholm and Malmö. In those studies, however, the study group was not limited to people who purchase sexual services, but included the entire target group for KAST, i.e. people with other sexually related problems. The present study is therefore more limited compared to previous studies (Svedin et al., 2012; Kjellgren, 2019). However, the criteria for inclusion led to using a smaller sample group. This also made the interview recruitment effort more difficult and limited the useful amount of data from the self-rating scale.

The sample thus consisted of the seven men who participated in interviews and the 29 men who completed self-rating scales. However, the results in this group showed that the treatment had a good effect.

The reliability of the results

In the interviews, the clients themselves provided information about whether they had stopped buying sex after the end of treatment. As this behaviour can be associated with guilt and shame, particularly when answering the question in the context of an interview, there is a risk of the respondents under-reporting problems, and that the results presented here are not reliable. However, all clients participated in the interviews voluntarily and were informed that the focus of the study was the treatment offered at the KAST clinics, not the client. They were also informed that both positive and negative opinions on the treatment are valuable for the development of KAST's interventions. During the interviews, the respondents were forthcoming with their life experiences. Many described a sense of relief being able to tell their story. The interview was conducted by two researchers who were not involved in the treatment and without therapist from KAST present. There is thus no reason to believe that the actual extent of the purchase of sexual services among the interviewees differs significantly from what the respondents themselves reported.

Generalizability

In order to be able to draw conclusions about whether the same treatment effect would be found in a larger group, a similar study would need to be conducted with pre- and post-measurements and with a greater number of study participants. Furthermore, the results do not reveal whether the behavioural changes reported in the study group are sustained over a long period of time. In the interviews, the clients attributed their behaviour changes to the treatment they received. However, these behaviour changes could be attributable to other factors, for example, the client's own motivation to change. A comparison with a control group consisting of people from the same target group who have not undergone treatment at KAST could indicate whether the improvements were in fact due to treatment.

Proposal for continued follow-up and development of activities

The study was originally intended to include interviews with next of kin of KAST clients. This was meant to bring additional perspectives on the treatment and its effects. However, these interviews had to be cancelled due to the difficulty of recruiting enough interviewees, as the relatively narrow inclusion criteria also applied to partners. However, the relatives' perspective is very important, and this represents a knowledge gap that further studies may fill.

Since 2017, KAST Gothenburg has performed follow-up with clients by having them complete self-rating scales before and after treatment. This is a positive first step towards systematic follow-up. It would be beneficial adding measurement points a few years after the end of treatment, which would provide a measure of lasting change over time. It would also have been preferable for the self-rating scales to ask targeted questions depending on the type of problem for which the clients sought help. These revisions of the self-assessment scales used at KAST Gothenburg would improve the

ability to use these forms to measure whether negative behaviours are reduced and what the clients perceived as significant parts of treatment.

The revised self-assessment scales from KAST Gothenburg could then be used at the other KAST clinics in Stockholm, Malmö, Västerås, Karlstad, Umeå and Skellefteå. It would enable local systematic follow-up. It would also enable follow-up on the national level, i.e. in larger studies with more study participants from KAST clinics that use the same self-assessment scales, and with added measurement points over time. This kind of study would provide the opportunity to draw conclusions about whether the treatment, and if so, which of its components, leads to behavioural change.

As well as the clients' own experiences need to be followed up, the clinic's working methods and approaches also need to be systematically documented. As the methods used are not based on a treatment manual, the locally developed methods and the profession-specific skills need to be utilised effectively. If all KAST clinics in Sweden documented these methods and skills in the same way, it would enable development at the local and national level.

Perspectives on prostitution

Around the world, efforts are underway to prevent and combat prostitution and human trafficking for sexual purposes. However, different countries have different perspectives on the purchase of sexual services. In many countries, the purchase of sexual services is not prohibited, maybe not even considered problematic, by sex buyers themselves nor by society. These differing perspectives shape legislation and determines whether sex buyers are offered supportive interventions (Isaksson, Rangmar and Forsberg, 2020). In countries where the purchase of sex is not regarded problematic, perhaps neither criminal punishment nor psychosocial support interventions are offered. Sweden's policy towards prostitution is regulated under the Act on Prohibiting the Purchase of Sexual Services (SFS 1998:408), and in Sweden the purchase of sexual services is mostly regarded an undesirable behaviour and an outward expression of destructive sexual behaviour.

The goal for the activities conducted at KAST in Gothenburg is to reduce the demand for sexual services through preventive efforts and thereby reduce the harmful effects of prostitution on an individual level. In addition to the Gothenburg clinic, there are currently KAST clinics in Stockholm, Malmö, Västerås, Karlstad, Umeå and Skellefteå that offer psychosocial support to people who have violated the Act on Prohibiting the Purchase of Sexual Services *(SFS 1998:408)*. The services offered at the KAST clinics, together with the work carried out by, for example, the police and those in the Public Prosecutor's Office, contribute to the reduction and mitigation of the harmful effects of prostitution at the community level.

Conclusions

Generally speaking, the clients who received treatment at the KAST clinic in Gothenburg are generally very satisfied with the treatment and believe it helped them feel better,and that they have stopped or reduced their sex buying. Other compulsive sexual behaviours considered problematic were also reported to decrease. This study shows that the treatment offered by the KAST clinic helps counter the purchase of sexual services and thus reduces the harmful effects of this phenomenon on an individual level.

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Appendix 1. Guide for semi-structured interview

1. First name:

2. Age

3. Born in

4. Highest level of education completed

5. Current occupation

6. How long has it been since your treatment ended?

7. Have you participated in any form of counselling before?

8. Did you apply to KAST voluntarily?

9. Did you know when you applied what kind of help you wanted, and if so, what was it?

10. What was your goal, how did you want to change in order to feel that you got the help you were looking for?

11. Have you achieved your original goal?

12. Did you still have the same goal after you went to treatment?

13. If you changed your goal during that time, what was your new goal?

14. Have you achieved it?

15. How satisfied are you overall with the treatment you received?

16. How satisfied are you with the extent (in terms of availability – and over time) of the help you received?

17. To what extent did you feel understood and respected during treatment?

18. Did you get the help you were looking for? Did you talk about the things you wanted and needed to talk about?

19. What part of the treatment do you think has helped you the most?

20. How important was the therapist? What positive or negative things did the therapist do? What did she do during your treatment that made you feel that way?

21. In what way did she do that? How did she ask you questions? In a good way?

22. Was there room for you to speak your mind about your treatment? Did you? How did you affect the treatment you received?

23. Have you been given the tools you need to deal with emotions and behaviours in a different way than before?

24. Have the tools/new understanding you gained helped you act differently than you would have acted before?

25. Have you gained any insight into what makes/made you buy sex?

26. After you finished the treatment, did you refrain from buying sex even though you wanted to?

27. Has the treatment affected your attitude towards yourself, your emotions, and your sense of self? If so, how? Have you gained a new understanding of how your emotions affect your behaviour?

28. Has the treatment affected your attitude towards yourself, your emotions, and your view of yourself in relation to your family of origin, partner and children?

29. Was anything missing in the treatment that you think should have been included?

30. If you were to seek help again, would you seek similar treatment?

31. If you had a friend who needed similar help, would you recommend the treatment to him or her?