

Working with dignity: A study of the work done within Norwegian incest centres

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Abstract: *The study presented in this article is based on empirical material from a survey among leaders from 19 of the 20 incest centres in Norway, as well as interviews with 13 workers from one of these centres. The Norwegian incest centre movement started in the mid 1980s and seems to be a Norwegian phenomenon. The research question in this study is: What signifies the work done within Norwegian incest centres? The study reveals that these non-governmental institutions understand child sexual abuse as a violation of dignity and that they place emphasis on working with dignity when they deal with victims of child sexual abuse and their families. They see themselves as a supplement to professional therapeutic institutions. They place emphasis on meeting victims of child sexual abuse and their families with the working principle of help to self-help and by being fellow human beings. All of the centres place emphasis on dealing with a violated dignity with security, intimacy, love, belonging, recognition, and respect. The study also shows that 43 per cent of the workers in these centres have themselves experienced child sexual abuse, and that their acknowledgement of previous indignity has given them a self-knowledge that helps them in their work with dignity in the Norwegian incest centres.*

Keywords: *Norwegian incest centre; child sexual abuse; dignity*

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Introduction

A violated dignity often involves an acutely painful experience: a sense of worthlessness, incompetence, and a generalized feeling of contempt. These negative evaluations can engulf the entire self. Victims of child sexual abuse suffer from the violation of their dignity and not only from the assault on their bodies (Pettersen, 2009). This understanding of the relation between dignity and child sexual abuse is the starting point for this study and raises the research question: What is the significance of the work done within Norwegian incest centres?

The relationship between the violation of dignity and child sexual abuse has been investigated in several studies (Kirkengen, 2001; Pettersen, 2009). Møller (2008) argues that the recognition of dignity consists of listening, understanding, acceptance, tolerance, and understanding. Hicks (2011) defines dignity as ‘an internal state of peace that comes with the recognition and acceptance of the value and vulnerability of all living things’ (Hicks 2011: 1). She argues that we need a new set of strategies for becoming aware of dignity’s vital role in our lives.

The United Nations Universal Declaration of Human Right states in Article One that

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood’ (1948). The International Federation of Social Workers has in their Statement of Ethical Principles, Principle 4.1, followed up this declaration when they state that ‘Social work is based on respect for the inherent worth and dignity of all people, and the rights that follow from this. Social workers should uphold and defend each person’s physical, psychological, emotional and spiritual integrity and well-being. (2012)

Child sexual abuse

Child sexual abuse can be understood as a diversity of actions, from indecent exposure to rape and intercourse (Norwegian General Civil Penal Code). Other definitions focus on the fact that the adult uses the child as a resource for the adults own satisfaction (DeVine, 1980) and some definitions view the child as a sexual object (Hildebrand 1983). Mrazek (1981) states that there are four different ways of defining child sexual abuse: as a desired sexual activity (Sexology); as immoral activities (moral codes in society); as criminal acts (General civil penal code); and in psychopathological terms (psychiatric diagnostic manuals). None of these perspectives give a clear and unambiguous definition of what child sexual abuse is. The vast amount of definitions seems to depend on: professional background, moral and political standpoints, cultural elements, and an array of other factors. Krivacka (1990) has tried to combine several of the different perspectives into his definition of child sexual abuse:

Child sexual abuse occurs when a child and at least one other significantly older individual engage in sexual contact or exposure in a sexual context. (Krivacka 1990: 417)

This definition does not specify what exactly is meant by 'sexual contact or exposure'.

Each of the perspectives on child sexual abuse presented above requires an assessment of when invisible limits are exceeded (that is, when does a gentle touch become sexual abuse?). A judicial perspective also requires that the alleged action must be investigated by the police and proven in court. The Norwegian General Civil Penal Code (*Straffeloven*) states in chapter 19 that there are three forms of sexual activities which are illegal towards children under the age of 16. The first is called 'sexual behaviour' and is considered the mildest form of child sexual abuse. It includes different forms of sexual activities without having touched the child's body, such as indecent exposure or speech, and showing indecent pictures. The second form is called 'sexual action' and is a more severe type of illegal sexual activity which includes indecently touching a child's genitals. The third form, sexual intercourse and rape, is the most severe form of illegal sexual activity towards children, and includes vaginal, anal or oral intercourse, intercourse-like activity, masturbation, or licking or sucking of genitals.

Even though the General Civil Penal Code is clear about what is to be considered child sexual abuse, the police still have a difficult task putting forth required evidence in a courtroom. Statistics Norway (SSB) show that the police in Norway received 3810 reported cases of child sexual abuse in 2008, whereof 93 involved incest. Of the overall 3810 cases, 674 (17.6 per cent) led to a conviction in court, but only two of the 93 reported cases of incest (2.1 per cent) led to a conviction. The grounds for such a low detection rate might be that physical evidence can be difficult to find, the child may not want to speak of a possible transgression, and a suspected offender might deny the accusations made against him or her (Pettersen, 2009). In addition there are an unknown number of non-reported cases. Svedin (1999) concludes from his study of child sexual abuse cases in the United States, that only six to eight per cent of all uncovered sexual abuse cases are reported to the police.

Sentio Research Norway (2010) conducted a survey in 2009 regarding the activities in the Norwegian incest centres for the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir). All 20 incest centres received the survey and 19 responded. One incest centre did not participate. The Norwegian incest centres offer contact 24 hours a day, every day of the year, and the survey showed that incest centres in Norway had 31385 telephone calls from users of the centres, 9667 mobile messages, 4268 e-mails and 179 letters in 2009. They also had 20179 visits from victims of child sexual abuse and their families in 2009, and 8389 telephone calls from collaborative partners concerning victims of child sexual abuse. They also had 9915 personal conversations with victims of child sexual abuse at the centres. These means that in 2009, workers at the Norwegian incest centres had a total of 83982 contacts with victims, their families, and various collaborators regarding child sexual abuse.

Method

The study is part of a larger exploration concerning the concept and the phenomenon of shame in relation to the sexual abuse of children (Pettersen, 2009). In the study presented in this article, 13 workers at the incest centre in Vestfold were interviewed. Participation was voluntary and they were informed that they could withdraw their participation at any time. The interviews were audiotaped, transcribed, and anonymised. In this paper, all names are changed to protect anonymity. The analysis was carried out using the qualitative research programme NVivo7 (Gibbs, 2002).

The interviews with these 13 workers provided information that was used to form a questionnaire which was sent to leaders of all the 20 incest centres in Norway. The leaders were asked about information regarding the work done in their centres. The questions were open and gave the leaders an opportunity to respond freely to each question in their own words. Of the 20 centres that received the questionnaires, 19 responded. The answers given by the 19 leaders of the incest centres were analysed using Microsoft Excel 2007.

Ethical considerations

The study was approved by the Norwegian Social Science Data Services (NSDS). Data collection, transcription, storage, analysis, and use of information were conducted in a manner that ensured the dignity and anonymity of participants (Pettersen, 2009). Widerberg (2001) argues that dignity requires that we not only listen to the informants but also show them respect. It is important to respect the informants' right to decide on what they do and do not wish to comment on. The general rules of ethics set forth by the National Research Ethics Committee for Social Sciences and Humanities (NESH) were followed in all phases of the project. This was done through constant reflection on how research is conducted in order to avoid the negative ethical implications for individuals, groups of individuals, or society.

Findings

Child sexual abuse: a violation to dignity

All of the incest centres in this study defined childhood sexual abuse as stated in the Norwegian General Civil Penal Code, but they also said that they need to expand the judicial definition to include the violation of a child's dignity. Most of the centres

have therefore agreed on a common understanding of child sexual abuse:

Child sexual abuse is a physical or psychological exploitation of the sexual integrity (dignity) of children committed by one or more persons whom the child is dependent on or is in a relation of trust with. (Pettersen 2009, p.42)

The incest centres placed emphasis on abuse that has been committed by a person that the child is dependent on or in a trusting relationship with. The annual statistics for the incest centre in Vestfold for the period 1991-2006 shows that of the 8051 reported child sexual abuse cases they have in their statistics, 63 per cent were committed within the family home, and 20 per cent of the perpetrators did not belong to the family. This seems to be the reason for why the incest centres focus on depending and trusting relationships in their definition of child sexual abuse, and indeed why they call their centres incest centres.

Working with dignity

All of the incest centres emphasised that dealing with a violated dignity consisted of working with security, intimacy, love, belonging, recognition, and respect. One of the workers at the incest centre in Vestfold, Nina, says that:

Nina: I had contact with one woman here that said to me once that she never had a real mother that was there for her when she needed one, but now she had 13 mothers at the incest centre. That say's just about everything of how we work here.

An important part of the work carried out by the incest centres in Norway, was to help people increase their sense of security and self-respect. In this way they try to help victims of childhood sexual abuse to apprehend their own capacities, talents, and interests. The centres help service users to exercise an appropriate and rational self-control. The centres also place great emphasis on personal growth and independence. One of the workers at the incest centre in Vestfold, Pia, said that to disrespect a victims' right to keep certain doors closed is a new violation to their dignity.

Pia: It's so important to respect the victims of childhood sexual abuse that we meet here, and the doors they wish to keep closed. If they are really afraid to open a door and look in, it's very important to say that they should keep control of these doors. Such doors should be opened from the inside. If I press on to open a closed door, and disrespect their right to keep doors closed, I'm just committing a new violation of their dignity.

Help to self-help

The aim of incest centres in Norway, has from the very beginning in the mid 1980s, been to provide advice, support and guidance to victims of child sexual abuse and their families based on a help to self-help ideology. They act as a supplement to the professional health and social services. Help to self-help is a fundamental principle in all of the incest centres: helping people regain control over their lives, so that they are able to manage their own lives even after the assistance ceases (Helland, 2010). People who have experienced child sexual abuse often seem to lack self-confidence and the ability to use their own abilities and skills (Pettersen, 2009). Help to self-help tries to create lasting change and improve people's dignity by allowing them to use their own capacities. Focus is put on: strengthening the victim's dignity, motivating the victim to take responsibility for their own development, and to advance their abilities and resources (Helland, 2010). One of the workers, Ruth, said that help to self-help is about finding solutions with victims of childhood sexual abuse, encourage them to take responsibility over their lives and support them in implementing solutions.

Ruth: We always try to find solutions. I've had conversations with one man who had very little self-esteem. He was unemployed and wanted to find a job, but, there's always a but. We worked together on solutions. Solutions are good, but only when they are implemented. He had to make a choice and take responsibility. I said to him: 'Ok it's your choice. What do you want to do now? You want to do a lot, but do you do anything about it? No.' So I challenged him carefully about taking responsibility, about taking control over his own life. He became a little frustrated because I touched a sore area in his life. But that's what works.

Being a fellow human being

The two main helping techniques used by the workers were active listening and empathy. Several of the leaders said that just to 'be there' has a special meaning for many victims and helps to restore a violated dignity. The 13 workers at the incest centre in Vestfold seemed to reluctant to describe what they do as 'therapy'. This might be because they believe that therapy has a tendency to put people into categories, something that they have experienced as difficult for many victims. Many feel that their dignity is violated when placed in category, such as being called mentally ill. Being different from others can be experienced as being excluded from society (Sennett, 2003). The 13 workers at the incest centre in Vestfold all said that giving advice is not a goal. Instead the goal is to help victims of child sexual abuse to dare make their own choices. Being patient was also seen as important quality among workers in the incest centres in order to help victims rebuild their violated dignity. One of these three workers, Trude, stated that she does not have therapeutic expertise, and that she spends most of her time being supportive. Trude had been employed by the

incest centre in Vestfold for 16 years. She says:

Trude: I support users by following them to the dentist, social services, child welfare, lawyer, doctor, psychologist, hospital, courtroom, and often participate with them in meetings, such as in court. I'm with them where they ask me to be in support.

Having workers who demonstrate continuity and stability seemed to contribute to a feeling of trust and security for many victims who are users of the incest centre in Vestfold. Trude said that:

Trude: I have had contact with some of the users for 16 years. It is important to have continuity over time with some of the users. This gives a sense of security and stability. It is not unusual to have conversations with victims for several years. The longest I've had a coherent conversational contact with a user is four years.

Worker qualifications

The 19 leaders of the Norwegian incest centres said they had 151 people working for them. All workers were employed in permanent positions with regular wages, and none of them were unpaid voluntary workers. 135 (89 per cent) of the workers were women while 16 (11 per cent) were men. They were between 29 and 62 years old, with an average age of 47 years. Of the 151 persons who worked at the 19 incest centres, 97 workers (64 per cent) had three years of higher education or more. The average time of employment was seven years, with a range from one year to 20 years. The work was described as demanding, and many workers choose to quit or take a break after five years because of stomach problems, stiffness in the neck, back pain, and other pains. Being awake all night in combination with listening to difficult life stories was described as challenging. The long-term employment of workers seemed to help create continuity, trust, and security for victims of child sexual abuse who need several years to heal their violated dignity.

When the Norwegian incest centre movement started in the mid 1980s, all of those who worked in the centres had personal experience with child sexual abuse. That was a part of their philosophy, victims helping other victims. This has now changed and it is not any longer a requirement for workers at an incest centre in Norway to have personal experience of child sexual abuse, yet 54 per cent of the workers at the incest centre in Vestfold had such experiences. The survey among the 19 incest centres showed that four of the centres do not ask their employees if they have personal experiences of sexual abuse. They regarded this as personal information which was of no concern to the incest centre. 15 of the centres considered this differently and asked those seeking employment about this. Among these 15 centres, the leaders reported that 53 of 110 employees (43 per cent) had been sexually abused as children.

The survey does not specify what form of sexual abuse they had experienced. This seems to suggest that such experiences still seems to be seen as important in dealing with a violated dignity when combined with a reflected self-knowledge. Two of the interviewed workers at the incest centre in Vestfold, Pia and Sally reflected upon this:

Pia: My own experience with being a victim of childhood sexual abuse comes forth naturally in the way I express myself. And that often makes a difference. Those I speak with can feel it, they feel it in my voice, how my tone is, what words I actually use, and we understand each other through a common experience

Sally: I think that when one has a reflected stand to one's own experience of a violated dignity, you can go so much further in a conversation. I think I am able to listen and speak in a completely different manner than someone who has not acknowledged their violated dignity. I think victims of childhood sexual abuse can feel this when they come here, and that is why they choose to use us. We are able to take a negative experience and turn it into something positive by restoring a violated dignity.

A prevalence of sexual abuse of 43 per cent among workers in 15 Norwegian incest centres seems to be higher than in the general Norwegian population. A prevalence study carried out by Mossige and Stefansen (2007) consisting of a survey among 7033 students from 67 secondary schools in Norway concluded that 22 per cent of all girls and eight per cent of all boys have experienced less severe forms of child sexual abuse (General Civil Penal Code, chapter 19: sexual behaviour and sexual actions). It also states that 15 per cent of all girls and seven per cent of all boys have experienced severe child sexual abuse, and that nine per cent of all girls have experienced attempted rape or have been raped. (General civil penal code, chapter 19: sexual intercourse).

Workers at all of the incest centres who had experienced child sexual abuse, were expected to show that they had worked through their childhood experiences and could acknowledge their previous feelings of indignity. The workers who had been victims of sexual abuse seemed to be able to understand the abuse others had suffered at a deeper level than those who heard these stories for the first time. Their experience seemed to enhance their ability to relate to the victims in a meaningful way, and the ability to be patient with regard to the time needed to create a new identity. Linda, who had worked at the incest centre in Vestfold since it started in 1986, concluded that being able to relate to the pain victims show in conversations, is important.

Linda: When victims of childhood sexual abuse show me their pain, I know what that pain feels like. I've had that pain myself. I think that's important. I've learned to deal with my own pain by going to years of therapy, speaking to other victims of childhood sexual abuse, and that helps me to deal with the pain of others.

Överlien and Hyden (2003) say that talking about sexual abuse with others, to put into words the unspeakable, and to construct narratives, are important parts of the healing process for those who have been victims of sexual abuse.

Discussion

Helping people who have experienced different forms of mistreatment, includes working with a violated dignity (Retzinger, 1995; Scheff, 2003). Dealing with a violated dignity requires a great amount of courage from the victim how needs to deal with his or her past, and acknowledge ones indignity (Pettersen, 2002). Skårderud (2001) argues that courage is about daring to share oneself with others and that courage is a relationship that develops through emotional work. Reducing the feeling of indignity requires developing a relationship that allows the person with injured dignity the courage to disclose his or her innermost self to others. Skårderud and Ekern (1990) argue that people who lack the courage to cooperate with professional therapeutic institutions are seen as difficult patients. To feel indignity is a source of hardship for many who seek help, and seem to be relevant with respect to a number of personal problems (Gilbert, 1998; Harder, 1995; Tantam, 1998).

The incest centres in Norway are not professional therapeutic institutions and seek instead to be a low threshold supplement to such institutions. They seek to deal with the suffering that victims of child sexual abuse are left with because of a violated dignity. Through recognition and empathy, the workers at the Norwegian incest centres try to help victims develop confidence in themselves and others. This also gives victims the confidence needed to acknowledge difficult emotions such as shame and guilt. Dialogue between workers and victims is orientated towards finding solution to cope with daily problems, and does not focus primarily on all the negative aspects of the victim's life story. The goal is to help victims develop a more positive self-identity over time by working with dignity. This is done by being fellow human beings and by focusing on help to self-help. An important part of working with dignity is to encourage and support victims to take control and responsibility over their lives by using security, intimacy, love, belonging, recognition, and respect.

Limitations

This is a limited single culture study based on data collected through interviews with a group of 13 workers at the incest centre of Vestfold and a survey with the leaders of 19 of Norway's 20 incest centres. The study has not been able to identify similar institutions in other countries, and it might seem that the incest centre movement

is a typical Norwegian phenomenon. This limitation should be carefully considered in reading this research. The participants in this study have all chosen to participate voluntarily and they have been encouraged to speak freely. The interviews must be understood as subjective opinions given by the workers who were interviewed and the leaders of the incest centres who responded to the survey.

It is important to have in mind that many victims of child sexual abuse have significant mental health and emotional problems because of the sexual abuse they have experienced, while others seem to have very limited problems. The participants in this study must not be understood as speaking for all victims of sexual abuse. Since dignity in this study is defined as 'an internal state of peace that comes with the recognition and acceptance of the value and vulnerability of all living things' (Hicks, 2011), and both social and moral elements are therefore involved in how this 'internal state of peace' is conceived, the expression of dignity and indignity will naturally vary from one culture to another (Wo, 2005). Despite these limitations, it is my hope that the study will help contribute to social work with victims of child sexual abuse.

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