"IF HE COULD DO BETTER, HE WOULD HAVE CHOSEN TO DO SO"

A qualitative study to investigate staff members' perception of controllability, responsibility, and police reporting of violence in residential care settings for people with intellectual disability.

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ABSTRACT

Acts of violence towards staff committed by people with intellectual disabilities in residential care settings are common. In the Swedish legal system, the requirement for criminal intent is the same for everyone over 15 years. This creates a gap between the law and the perceived ability to take criminal responsibility in this group since the consequences of the intellectual disability can be functioning on a lower level than your chronological age.

This study aims to explore the factors in reasoning about controllability, responsibility and police reporting in violent situations, with a focus on staff members working in residential care settings for people with intellectual disabilities.

The method for this was 7 semi-structured interviews with staff members working in care settings where violence and threats were occurring.

The thematic analysis of the interviews revealed that experience of violence was common and that communication problems are perceived as a common cause. Responsibility in violent situations was perceived as something that needs to be shared between the person displaying it and the staff involved. The reasoning around police reporting of violence shows that staff takes both the person's ability to take responsibility and level of understanding into account and in most cases this reasoning led to the decision not to file a police report. Another factor considered in staff reasoning is the legal process and the consequences of entering it for a person with intellectual disability. This implies that staff is trying to take responsibility in practice for the gap between the law and their perception of responsibility in the person they support.

The study concludes that there is a need for addressing this on a governmental level as well as on a practical level in care settings, to improve the work environment and strengthen the legal certainty for people with intellectual disabilities.

Keywords: Intellectual disability; violence; responsibility; professional reasoning; police reporting

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LIST OF ABBREVIATIONS

DSM5   Diagnostic and Statistical Manual of Mental Disorders (5th Edition)

ID   Intellectual disability

IQ   Intelligence quotient (IQ)

LSS   the Law regulating Support and Service to Persons with Certain

     Functional Disabilities

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1 INTRODUCTION

1.1 Background

Intellectual disability (ID) is defined as "reduced ability to understand new or complex information and to learn and apply new skills" (WHO, 2022). The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM5), (American Psychiatric Association, 2013) considers it to be two standard deviations below average in intelligence quotient (IQ), which is IQ 70 and under. The prevalence of ID is around 1% of the population (Harris, 2006). People with ID usually need some form of support in daily life that requires staff trained to understand their special needs. Support granted to people with ID in Sweden is regulated by the Act concerning Support and service for persons with certain functional impairments (LSS). People with ID (and/or autism) are one of three groups entitled to support. Support can include a variety of residential support, such as residential care settings with support from staff.

Working as a professional supporting people with ID can sometimes involve challenging situations and violence. Staff member's responses to violent situations are influenced by several things, such as amount of training for these situations (Rippon et al., 2020), their perception of how much the violent offender understands and the level of control the person with ID is perceived to have. This might also influence the tendency of staff to file a police report when being subjected to violence. The interdisciplinary question about to what extent an intellectual disability can influence accountability for violent acts is not only a philosophical and psychological conundrum, but how it is handled in different context also has criminological relevance.

Sweden differs from most countries in choosing not to practice insanity defense legislations in which offenders are not held responsible for criminal acts if they lack criminal intent (aka "mens rea") (Adjorlolo et al., 2019). In many legal systems, the "M'naughten rule" is used as standard, which states that the defendant must know what they were doing and know that what they did was wrong to be considered criminally responsible. This rule is used to divert defendants without criminal liability out of the legal process, but is not applied in Sweden (Radovic et al., 2015). The insanity defense legislation was removed in 1965 and replaced with a prison prohibition of those with severe mental disorder, which has been debated since and subjected to at least three government investigations[1].

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[1] Straffansvarsutredningen - Straffansvarets gränser: betänkande 1996
Psykisk störning, brott och ansvar SOU 2002:3
Psykiatrin och lagen - tvångsvård, straffansvar och samhällsskydd SOU 2012:17

1.2   Aim and research questions

The aim of this study is to increase the body of knowledge concerning staffs reasoning about violence and reporting acts of violence to the police in care settings for people with intellectual disabilities

How do staff members perceive the causes of violence in residential care settings?

How does staff members in residential care settings reason about controllability and responsibility when subjected to acts of violence?

How do staff reason when choosing if or not to report violence to the police?

2   PREVIOUS RESEARCH

2.1   Intellectual disability in the Swedish legal system

The age of criminal responsibility in Sweden is 15 years (Penal Code 1962:700 Chapter 1 section 6), which is of interest since the consequence of intellectual disability can be functioning and understanding on a level lower than the chronological age, but still be considered as an adult in the legal process. As argued by Tremblay (2006), aggression is present in all human beings, and violent behaviors are expected in early childhood but will typically be replaced with more pro-social behaviors as the child learns alternatives and develop the ability to self-regulate (Tremblay, 2006).

Intellectual disability is not in general a ground for exceptions from criminal liability in Sweden but could be considered in different parts of the legal process. If the consequences of ID is considered, it is done late in the process, after someone already is found guilty (Bennet, 2020).A prosecutor can decide abstention from prosecution for defendants already receiving sufficient care through LSS, regulated in the code of juridical procedure (SFS 1942:740). This means despite no prosecution or trial, a crime is still registered, inferring it can only be used if there is no doubt the offender is guilty. According to guidelines for abstention from prosecution (RåR 2021:1), the law allows for this to be used generously but must also be weighed against the risk of care settings being perceived as a place where the law does not apply if staff are subjected to violence or threats.

If abstention from prosecution is not used, there is the possibility to refer an offender to a pre-trial forensic psychiatric assessment to determine if the crime is committed under the influence of a severe mental disorder, regulated in SFS

1991:1137. If a severe mental disorder is concluded, the offender could get sentenced to forensic psychiatric care instead of prison, regulated in Forensic Psychiatric Care Act (SFS 1991:1129). Psychotic disorders are the most common diagnoses to be counted as a severe mental disorder, but ID can in some cases be classified as a severe mental disorder as well. A Swedish study by Edberg et al (2022) investigated the population referred to forensic psychiatric assessment comparing two groups -"ID" and "non-ID"- found that it psychotic disorders were less prevalent in the ID-group. The juridical proceedings following the psychiatric assessment was also investigated in the study, showing that 15 % of the ID group was sentenced to prison after the assessment, however a sentence to forensic psychiatric care was more common for those with ID compared to those without. This was especially true for those with moderate or severe ID (Edberg et al., 2022).

The prevalence of ID in prison in Sweden is not established, but Søndenaa et al (2008) established the prevalence in Norway to 10%, using a screening tool. However, unlike Sweden, Norway has a IQ limit of 55, stating that those under the limit is not legally responsible for violating the law and will therefore not be punished (Søndenaa et al., 2008).

European convention of human rights (1950) protects the right to a fair trial. Talbot and Jacobson (2010) concluded that learning disabilities in defendants can pose a challenge in providing a fair legal process, implying risk of insufficient understanding of proceedings and consequences. Significant learning disabilities are seldom met with sufficient adaptations to live up to the minimum human rights concerning a fair trial process, as the defendants are less likely to understand important information and more likely to make decisions that will fail to protect their rights in the legal process (Talbot & Jacobson, 2010).

2.2   Violence in care settings

Workplace violence for healthcare practitioners is an international phenomenon which is reflected in Statistics Sweden (SCB) data showing the highest amount of violence and threats at work in Sweden are directed towards healthcare workers. Whilst the prevalence of violent crimes in care settings is known to be high, when it comes to knowledge about how often they are reported, there is uncertainty and anticipated dark figures.

In a study by Magnavita (2014) threats and violence at work can become an expected part of the everyday work life in care and healthcare and can be viewed as an occupational hazard. This study also concluded that there is a bidirectional relationship between violence and work-related stress, where the stress facilitates aggressions and the aggression in turn causes job-strain. The level of support in the work organization has also been concluded to be linked in both direct and indirect ways to challenging behaviors in support services for people with intellectual disabilities (Olivier-Pijpers et al., 2019).

Schablon et al., (2012), supports the findings that experiencing violent at work in health and care settings has been connected to levels of work-related stress. This study also showed that greater years of experience and training to handle violent situations correlates to how often staff are subjected to violence and that training in handling violent situations also lowered the levels of work-related stress. In a

grounded theory study by Rippon and colleagues (Rippon et al., 2020) a number of factors influencing the stress levels at work in care settings were identified, such as factors in the physical work environment, or the tendency to worry about future incidents.

2.3   Factors impacting the response to violence in care settings

Perceptions as to what should be classified as violence and the propensity to report incidents to the police can be referred to as cultural sensitivity, which is a phenomenon investigated in a study by Kivivouri (2014). Cultural sensitivity differs over time and between societies, is shaped by cultural context, and can influence crime statistics (Kivivuori, 2014). From this starting point, a Swedish study (Vainik & Kassman, 2018) investigated the increased police reporting in schools regarding children between the age of 7-14 and found that the cultural sensitivity in this area affected specific groups, making reports more common in lower-socio-economic areas, creating or reinforcing segregation. Another finding in this study was that Zero-tolerance policy was sometimes interpreted as an argument for reporting all violence, instead of making an individual judgment.

When faced with recurring threats or violent behaviors in care settings, one thing known to influence the response of the staff is "controllability belief" (Dagnan et al., 2013). This refers to the extent of control that staff members perceive that person with ID has over themselves. This cognitive process is described in Weiner's model of judgment of responsibility (Weiner, 1996), which outlines how perception of causes of behavior have an impact on peoples emotional response which in turn impact the way they respond to the behavior. In Weiner's model, a distinction is made between controllability, as in the judgement of how much control an individual has over what cause his or her actions, and responsibility, which is the moral judgement as to what degree a person should held responsible or be blamed (Weiner, 1996).

Dagnan et al developed a scale for measuring controllability beliefs, The Controllability Belief Scale (Dagnan & Cairns, 2005), which has been used to demonstrate that the attributed control was lower in well-structured care with higher quality (Dilworth et al., 2011). The scale has been tested for validity and reliability (Dagnan et al., 2013). A study by Williams (Williams et al., 2015) concluded that attribution of controllability is moderated by communications skills, showing that apparent communication difficulties impact how staff view responsibility in violent situations with people with ID. This can also be seen in the light of a study (Purcell et al., 1999) concluding that communication skills in the ID-group is often over-estimated by staff .

3 METHOD

This research adopts a qualitative approach with interviews and reflexive thematic analysis, which are commonly used qualitative methods in social sciences (Swain, 2018). The reflexivity in this approach means for the author to continuously

reflect on every choice in every part of the process, and what those choices enable or excludes (Braun & Clarke, 2022).

The analysis was conducted with both inductive and deductive elements (see Braun & Clarke, 2022). The research questions are formulated from and viewed through the lens of the researchers existing practical knowledge of the subject which make parts of the analysis theoretically driven. The first steps of analyzing the data are in part inspired by a more inductive approach as the answer to the research question about staff's "perception" is to be found in what the participants express in the dataset. This allows for capturing a deeper understanding of an area with complex interactions.

Reflexive thematic analysis is considered Big Q, where Q stands for qualitative, which means the qualitative aspects are not only within the practical method and techniques used but also in the research values, which emphasizes that reality is always subjective (Braun & Clarke, 2022) and that the researcher's subjectivity should be considered a scientific resource (Braun & Clarke, 2021)

3.1 Procedure

Since the research questions could potentially generate data that could be considered sensitive, a request for ethical review was sent to the ethical committee at the faculty for Health and Society at Malmö University. The approval was received at 7th of march with reference number VT22/10 (see appendix 1).

After ethical approval, e-mails requesting contact information to managers responsible for residential care services were sent to the author's professional network. All respondents replied with e-mail addresses for one or more managers who were subsequently emailed, asking them to read the information letter (see appendix 2) and if comfortable, distribute it to their employees. Those interested in participating, were asked to confirm they had read the information, consented to participation, and understood the research process of handling personal data (GDPR). On agreement, interviews were booked according to participants preferred arrangements. Four respondents chose to be interviewed in person in the respondent's home or in connection to their workplace. Three interviews were digital, using MAU zoom. All interviews were recorded with a dictation machine without internet access after individual consent to record was obtained.

The interviews lasted around 30 minutes, ranging from 25 to 42 minutes.

3.2 Sample

The sample consisted of 7 respondents, six female and one male, all with experience of working in residential care settings classified as "LSS- Group 1" for people with ID and/or autism where violence or threats of violence has been occurring.

The participants length of experience in this type of work setting ranged from 1 to 40 years with the majority having 15 years' experience or more. The job titles and levels of education were diverse. The experience of this type of work was the only inclusion criteria, which means that the participants did not have to make a judgement of whether they themselves had been subjected to violence at work.

This was deliberately chosen as previous research shows that violence in care settings sometimes is normalized to an extent where some violence is perceived as a part of an ordinary work-day and not defined as violence (Magnavita, 2014).

3.3   Material and data

The research data consists of 7 interviews, collected in a semi-structured way using an interview-guide (see appendix 3).

All interviews were conducted and transcribed in Swedish, and included pauses, repeated words and sounds that express thinking or insecurity. The only things changed in the transcription process was names if the participants mentioned any. All interviews were transcribed the same day or the day after the interview, since it is important to ensure as little loss of information as possible in the process (Kvale & Brinkmann, 2014).

Quotes used in the result section have been carefully translated to English to preserve the original meaning of the respondent, with minor changes from the original transcriptions such as excluding repeated words or minor grammar correction. This strengthens anonymity, disguising identifiable styles of expression, and considers the respondent's experience when reading the text since a literal transcription never can do justice to a conversation between people (Kvale & Brinkmann, 2014). To ensure confidentiality of the 74 pages of transcribed written material, interviews were coded with numbers and code key was saved separately on an encrypted USB. Data was then analyzed with reflexive thematic analysis technique.

3.4   Analysis of data

Braun and Clarke (2022) identify six phases of reflexive thematic analysis, even if it is common and sometimes maybe necessary for the different steps to be intertwined and for the process to move in a non-linear way (Nowell et al., 2017)

The first step 'familiarizing oneself with the data' was done in multiple ways. The process of transcription is a way of getting to know the material. After transcription and before next step of the analysis, the recordings were listened to again, and the transcriptions were read multiple times and in a non-chronological order to allow a freer perception of the texts and what has been said in the interviews.

For the second step 'coding,' the software NVivo was used to systematically examine the data, sentence by sentence, searching for small building blocks of meaning. In this part of the process, Braun and Clarke (2022) suggest the researcher should strive to approach the data without attachment to ideas about patterns and themes that might have emerged earlier in the process.

After coding, themes were created by adding together items with shared patterns of meaning. This was done by printing the list of codes then making mind-maps of potential sub-themes, sorting the cut-out codes back and forth in different potential themes, and then compiling codes into candidate sub-themes in the

Nvivo software. The sub-themes were then categorized into larger candidate themes.

Phase 4 in thematic analysis is the process of taking the candidate themes and reviewing their relevance to both the data set as a whole and to the included codes (Braun & Clarke, 2022). The themes were analyzed in relation to the initial research question and previous research then revised multiple times.

In phase 5, themes are defined and renamed to capture and describe its content, ideally the name should intuitively paint a picture of story that the data set can tell (Braun & Clarke, 2022). In this step, theme definitions were also written to capture the central meaning of each theme in a few sentences.

Whilst writing is a part the earlier steps in the analysis (Braun & Clarke, 2022) the last step is the final writing and producing of the result by processing extracted quotes from the data set, used to show presence of themes, thereby strengthening validity of the analysis.

3.5 Ethical considerations

Ethical principles were adopted in all aspects especially regarding requirements for information collection, consent, confidentiality, and usage of data. This was done by providing information about the project and its purpose, including how information and personal data would be handled, and that the participation is voluntary and can be interrupted at any time from the participant's side.

The recording of all interviews was made on a dictating device not connected to the internet, and online interviews were done using a Malmö University Zoom account to ensure ethical standards were met. The interviews were transcribed directly using the dictation device and the audio file was never transferred to the computer. Names were removed directly in transcribing process and transcripts were coded with numbers and saved on computer, not online. The code key was stored separately on an encrypted USB.

The protection of communities, groups and individuals participating in research is very important and often referred to as the "criterion of protection of the individual" (Swedish research council, 2017). This protection needs to be considered against the possible benefits for the individual, group or society. To minimize the negative impact of participating, regarding time and energy, the place, length, and form of the interviews was adapted to the needs of the participants.

4 RESULTS

The result will be presented in themes and sub-themes, identified in the thematic analysis.

Table 1. Identified themes and sub-themes

	Themes		Sub-themes
A	Overwhelmed, misunderstood, or mean? - Judging controllability and causes of violence	o	Communication as a cause
		o	Involuntary movements, directed violence or uncontrolled tantrums?
		o	Taking levels of functioning into consideration
B	Control does not always equal the possibility to do better - Factors impacting judgment of Responsibility	o	Violence is common, reporting is not
		o	If you are not responsible, why should you be reported?
		o	Reporting as a tool for other things than justice
C	Being reflective and humane - Self-image and professional role	o	Reasoning as a part of the professional self-image
		o	Bringing the responsibility reasoning to the outside world
		o	Shared responsibility
D	What surrounds us also matters - Influence of external factors	o	Support and lack of support from managers and colleagues
		o	Meeting and interacting with the police
		o	Penalties, sanctions, and the legal system
		o	Societal changes and the maybe not so good old days

4.1 Overwhelmed, misunderstood or mean?
- Judging controllability and causes of violence

Examples of causes of violence mentioned were stress, communication or pain, but also an aggregative strain from not being able to navigate the world. The people with ID were perceived to have some control over their physical movements in the situation, but violence was not perceived as controllable in the sense that it could be discontinued by willpower.

4.1.1 Communication and stress as a cause

Communication and/or misunderstanding was perceived as the main factor causing violent situations, and it was sometimes described as language barriers. This was also highlighted in specific situations they had encountered.

> *He could say "I am not hungry, am I?" And that meant that he was hungry and if you didn't understand that he attacked you (5)*

Physical illness like epilepsy or pain, as well as psychiatric illness or psychotic symptoms were also perceived as possible causes. When the identified causes are diagnosed or when the difficulties are apparent or visible, this can also influence the extent to which the violence is seen as being under the persons control.

> *But I think it was a lot caused by hallucinations, so I think he had a very different perception about reality as it was, there and then (3)*

Violence could also be a consequence of demands and expectations from staff being to set too high. Perceptual issues and the world around being too hard to understand and make sense of came up, as well as the thought that violence can be a consequence of accumulated stress rooted in all the mentioned possible causes.

> *The stress was high all the time and the world were impossible to understand… then there is one little thing that makes it just tip over (4)*

4.1.2 Involuntary movements, directed violence or uncontrolled tantrums

The respondent perception and interpretation of the level of control the person with ID had in specific violent situations they encountered contained both specific judgements of the situation and general perceptions about how respondents viewed control in their workplace. They also reflected a view of violence as not always directed to the one subjected to it, it could also be just because that person is the closest at hand.

> *It is uncontrolled tantrums, like they attacked me because I was there, not because it was me (4)*

Some reasoned about the contradictions of the situation, experiences that the person had lost self-control and could not self-regulate, but still was able to have some control in directing the anger or aiming physically. But the aiming or directing was generally not interpreted as a desire to hurt staff. Instead, the reverse interpretation was made, that since the person with ID does not want to hurt anyone, the violence is a sign of lost control.

Both yes and no. He could apparently not control himself in that moment, because this is a person that do not want to hurt anyone (7)

There were perceived elements of control in violent situations, and some respondents had the feeling that the person to some degree tried to avoid hurting staff. This view or knowledge seemed helpful to deescalate the situation as they gave space and opportunity to choose less dangerous strategies.

I don't know about taking responsibility. In one way I think about it as a way of taking responsibility, when throwing things instead of hurting people, that is a way of taking responsibility, right? (1)

Verbal threats was sometimes described as indication of control, because if you state something verbally first before you do it, it adds a perception of the violence as more planned. This makes the violence seem to be under the violent person's control.

If a person with ID threatens me every day, and one day he does what he has threatened to do, then I would have to think about it, like is this a planned action? (6)

4.1.3 Taking level of functioning into consideration
In general, the ability to take responsibility is described as something assessed in each situation, and the concept of how much the person understands is central to this assessment. Some of the respondents that claimed that they would not report with regards to cognitive levels also stressed that they might reason differently if they worked with people in need of support but with a higher level of cognitive functioning and ability to understand.

I think it would be different if we had people from group 3 in LSS, with addiction problems and stuff. I worked for a long time and I kind of test the levels of the residents all the time, so I know what they understand or not. So, I think in any case it would be an individual assessment for me. If I think, yeah but this person, he will actually understand that if he hits me, he will hurt me (6)

Interestingly, the respondent working with people with highest independent level also claimed that no reports of violence to the police were made in that care setting, and that there was a high level of consensus in the staff group about this. This respondent expressed the perception that because of residents' higher levels of understanding, you could tell that when violence occurred it was because it was something really troubling them.

When the people we support do violent things or throw things it is because they really are not feeling okey, it is not like an everyday thing for them like it can be in another type of residential care. (1)

When talking about violence on a general level, some respondents explained that they would also take into consideration the level of violence and how serious its consequences would be.

> *Then of course there are limits, maybe, when you should file a police report.*
> *Like a serious assault against staff. In that case I might feel different (1)*

But in the actual situations described, there were no connections between how serious the violence was and what tendency the was to report it, in those situations the tendency to claim responsibility was based on much more on the level of understanding of the person with ID.

4.2 Control does not always equal the possibility to do better -Factors impacting judgment of responsibility

All respondents had multiple experiences of violence and threats at work but did mostly not interpret the violent person to be able to take responsibility, describing this like an ethical dilemma. The experience of reporting violence to the police was rare, and reporting was sometimes done with another aim than legal justice.

4.2.1 Violence is common, reporting is not

Some respondent claimed that they had to think before answering to if they experienced violence, initially hesitant about if they were really subjected to violence, describing that is has become to some degree normalized.

> *I have been thinking if there has been violence but actually yes, it has and I*
> *have been beaten up. But you get a bit jaded with time, or at least I am,*
> *because everywhere I worked there has been violence (4)*

Almost all respondents said the attitude or policy in their organization was that filing a police report is an individual decision for each employee. In some work settings this was written down as a policy or as a part of an action plan for handling violent situations. There were no examples of so called Zero-tolerance violence policies, even if some mentioned they had encountered them in other workplaces or heard about them.

Only three had reported to the police, and only on a single occasion. Almost all the respondents felt that there had been request or pressure at some point to report violent incidents, mostly from police officers. Only one respondent reported a violent situation and followed through all the way. One respondent filed a police report on request from police but took it back shortly after.

> *The police said I should report it because that's what you do and that is*
> *your duty and stuff like that, but after he left, I talked to the police*
> *authorities and told them I wanted to take it back. I think because he (the*
> *violent person) tried his best to stop himself. (2)*

4.2.2 If you are not responsible, should you be reported?

Four respondents had never reported violence in their professional role to the police, and for some, it had never been an option

> *No, it is weird because it never crossed my mind. I have heard some talking*
> *about it recently on a meeting then… well… I didn't exist to me (4)*

Almost all the respondents talked in different ways about choosing to not report based on the level of understanding in the person with ID conducting the act.

> *The only thing that can happen is that he gets information that he still does not understand, about that he did something wrong (3)*

A very common way of explaining the reasoning behind not reporting violence is the perception that the person would do better if he or she could, as a way of expressing that he or she is taking responsibility as well as they can. For some respondents, this view on people was true also in a wider sense.

> *If he could do better, he would have chosen to do so (3)*

Another way of making sense of not reporting is comparing with children, since there is a 15-year limit for prosecution in Sweden.

> *So maybe you are on the same level as a 6-year-old, even if you have 50 years of life experience, but still… you are on that level. And you wouldn't report a 6-year-old (7)*

Some also had thoughts about reporting people who don't understand what they have done wrong as an ethical dilemma.

> *If a person can't take the consequences and have an understanding about consequences… is it the right thing to do to report? (7)*

Some reflected upon the risk of the consequences being unfair as it depends on where you live and how your support staff reasons and react. The view of inequality in the relationship between staff and residents is also expressed, highlighting the vulnerability of people with ID who cannot, in the same way, express their side of the story, or advocate for themselves. The balance between having obligations yet lacking skills to live up to them is another reflection made by some respondents.

> *There is a risk that it will become a very unequal society because in the end it depends on where you are living and how the staff react. (---) and choosing to file a police report or not can probably be a culture at the workplace too (1)*

4.2.3   Reporting as a tool for things other than justice

The interviews indicated the tendency to report as a way of highlighting the levels of violence and risks using police reports to get the attention of the leaders and managers. This can be seen in the reasoning of respondents that are unsure how the system works, expressing an idea that filed police reports in LSS goes to other instances than the legal system, similar to how it works with children under 15 years of age. Reporting can then be perceived as a way of getting more resources or changing an organization.

There have been discussions sometimes that if we report to the police how it really is at work then maybe we get more resources, if it comes to the management's knowledge (7)

Being subjected to violence, or knowing that there is a risk for it, is described as a work environment problem. There is an idea that reporting to the police or reporting it as a work environment problem is an 'either/or' situation, and some feel that reporting to Work Environment Authority is more important than reporting to the police. Some respondents described reporting incidents in other ways, with the aim of keeping track of the prevalence, have been important in work settings with violence in LSS, because these were the foundations that gave extra funding to the workplace, and in some cases extra pay for working in a risky environment for the employees.

No, I did not report to the police, but to the Swedish Work Environment Authority instead (2)

Not only the actual violence but also threats and the strain of not knowing if and when it's going to happen can impact the work environment.

It is not easy because at the same time you are thinking about what kind of work environment it is when you go to work and get beaten up or the threat of it hangs in the air (7)

Police reporting can also be done as an intervention to help the person understand what went wrong and change behavior, rather than with the intention of punishing the person. In these cases, direct contact had been taken with the police, explaining the situation and the aim.

We had communication with the police, what we wanted to achieve in this case (---) so the purpose was for her to understand that you cannot do everything you like to do. It turned out good. The purpose was to show her that it was not okay, but that the information came from someone else, the police (3)

4.3 Being reflective and humane
-Self-image and the professional role

Taking the person's level of understanding into consideration could be a part of the professional self-image that is so integrated that it also influenced staff's judgment in situations outside the work settings. The responsibility for violence was viewed as something that needed to be shared between the violent person, staff involved and also and organizational factors.

4.3.1 Reasoning and professional self-image

The reasoning around responsibility and adapting responses and actions to the level of perceived understanding is viewed as a part of the professional self-image. The reasoning can be perceived as something you have or something you are, rather than just something you do.

I like people, and I am a person who especially like to help those who do not really have a voice of their own. (2)

When the reasoning lands in a decision to file a police report, this is something that seems to clash with the self-image and creating self-doubts. Especially if the decision is questioned by people around.

It made me question my professional role, did I really do the right thing? It is not like I just shake it off, thinking he could have it. That is not who I want to be. I want to be humane in my work and my thinking. And off course I understand that he does not feel good when he is violent either (5)

This view of oneself as victim of violence is not at all present in any of the discussions about the actual violence they been subjected to from people with ID. The only traces of feeling like a victim or feeling vulnerable in that sense was seen in relation to colleagues, managers or others when one's decisions where questioned or criticized.

I felt very vulnerable. I thought we should support each other… It made me really sad and upset (2)

4.3.2 Bringing the professional reasoning to the outside world

The way of including a judgment of understanding in reasoning is something that seems to be internationalized and incorporated into self-image, thereby also seeming to apply to more situations than just the workplace. All respondents claimed they would file a police report if they were subjected to the same violence while not in their work role, for example by a stranger outside. Still, many of them also spontaneously added they would make a judgement of the violent person and if they assessed the person to be entitled to support, that would influence the decision of reporting even if it was not implied that this presumptive violence would be perpetrated by someone with ID. Taking into consideration what will happen with an offender if you file a police report seems to be a part of the professional role that also expands to people in general that are perceived to have a need for support, even if they are outside the respondents' responsibilities.

If you have years of experience, you could scan a person and assess their level of understanding. And if I thought that it was someone not in their right mind, I might have considered filing a report, but not if my judgement was that there was no good coming out of it. (6)

Some respondents acknowledged their own role and responsibility also when interacting with the police, that information they give when calling in influencing behaviors and responses that the police had when arriving to the scene.

Communication is about what picture we give to them, because they get the information to the emergency dispatcher and then it is written down and someone reads it and so on… (…). I really think we need to be better at telling what is relevant and what we think can happen so they can assess the situation better (3)

4.3.3 Shared responsibility

Most respondents also expressed the view that if we are to talk about control and responsibility in violence, it should be looked at as a shared burden, because these situations don't occur in a vacuum but in interaction with staff and environment.

> *I guess all people have a responsibility for their actions, but I often think or try to think when we have situations that escalated, it is also often about how the staff has acted. So, the responsibility needs to be shared (1)*

The responsibility can also be attributed to the environmental factors and how the support is performed

> *"Many times, I think it about the staff. Not just how they treat people but also knowledge and cognitive support and aid, stuff that matters for people with cognitive disabilities" (6)*

4.4 What surrounds us also matters
-The influence of external factors

External factors impacting the reasoning could be opinions, reactions and support from other people. General thoughts about the legal system and its adequacy for the person with ID could also play a part in the decision about reporting.

4.4.1 Support and lack of support from managers and colleagues

Most respondents said there was an explicit policy that stated police reporting is always up to the employee as an individual, and that this seemed right, even if some respondents said that they never experienced any disagreement at their workplace about how to handle violence or when and if to report to the police. There were examples of the experience that unity was bigger in care settings where violence was more common.

> *When I started working at a place where the people we cared for were very violent I met a different kind of staff. People working with violent people are more active and focus on solutions, how we will make it better (4)*

The same respondent expressed that in workplaces with disagreements among colleagues, the support from the management and organization became more important

> *Some old-fashioned staff are still working, so some old thinking remains, but the management has always been very supportive and progressive, which makes it a good place to work (4)*

But for those who did experience disagreements it could sometimes be perceived as stressful and causing them to question their professional role.

There have been conflicts, yes, I guess you could call it that. This questioning - that you just should be able to accept that (violence) when working here. If you think it is hard, people tell you to get another job. And that makes you question your professionality; did I do the right thing? (5)

4.4.2 Meeting and interaction with the police
All respondents but one had experiences of the police being called to the workplace when situations got out of hand. Even if there were some examples were this had escalated the situation, the majority had positive experiences of police arriving, calming the situation.

Most of the police officers has been very kind, they have had an understanding about what kind of person they have in front of them. I have never seen a police officer being rude against a person with intellectual disability where I work (5)

A few respondents said that they had regular and planned meetings with the police authorities, as a preventive cooperation. This type of intervention was seen as positive from both sides.

We have a police officer coming here and talk about how it is from their side, and we can share our side. So you can understand each other's worlds and why they act like they do... so yes... that should be a thing in all organizations dealing with these kinds of situations (4)

4.4.3 Penalties, sanctions, and the legal system
Several respondents expressed that they did not know what the possible outcomes of a report would be in the legal system. There were examples that implied that the respondent did not know that a trial and a sentence were possible outcomes

I have heard a lot about that it is very hard for people enrolled in LSS to get sentenced. I don't know if it is true, but that is what they say (5)

But for the majority, what kind of penalty or sanction that could come in question was a part of the thought process when deciding whether to report or not. This was assessed through the lens of what good it would do for the person with ID or possible harm, assessing what the penalty would be, how it would affect the person and if they could understand it. Also in this regard, there were comparisons with children.

But at the same time, you would want to know, what is the point of is, were is it going? What's the aim? Is it that he gets a fine, in who's interest is that? (3)

4.4.4 Societal changes and the maybe not so good old days
Most respondents had extensive experience of working in the field, and many of them described big differences in how people with ID were viewed, especially concerning integrity, power, and influence over time. Both on a more general

level, like the language used when talking about the organizational goals and aim, but also manifested in the every-day practice.

> *In the old days when working with the old-fashion staff, there were no pedagogical thoughts at all, you were just told to do as you were told, there wasn't ever any talk about autonomy or participation or that kind of things (6)*

Some also drew parallels to how violence was viewed and handled back when they started working. There was a shared experience that the methods for handling violence have developed for the better over time, and that some incidents from the past might not had happened now.

> *It wasn't so much low arousal approach then, it was all on the staff's terms and conditions. We locked people in, a lot of power abuse. Big bunches of keys. I think if we had worked then the same way we do today the violence would really have been reduced (2)*

If violence in these types of settings has gone down or increased over the years is hard to know for sure, some respondents experienced a change in the attitudes towards reporting violence over the year, going from unspeakable to an individual decision today. Even if few of the respondents did report violence at work, some could still see at least theoretical advantages with incidents getting reported more often to the police, expressing a feeling that it is the way things should be handled, that everyone needs a fair judicial review of their case. This view was in opposition to a time were nothing was reported, and things were handled behind closed doors.

> *Still, I am happy that there is more order now, so you don't just lock people up. And let the staff be the ones judging, prosecute and deliver the punishment (2)*

5 DISCUSSION

The aim of this study was to explore staff members perception and reasoning about responsibility in violent situations, and how the reasoning impacted the tendency to report violence to the police.

The results indicate that communication difficulties are perceived as a prevalent cause of violent situations. Communication difficulties can mediate the level of responsibility that a person is perceived to be capable of taking, as communication skills influence perceived level of understanding (Williams et al., 2015). It can also thereby influence judgment of responsibility made by staff when considering police reporting. This tendency to judge levels of understanding and responsibility through the ability to communicate is important to understand, as it is also very

common for staff to over-estimate communication skills in adults with ID (Purcell et al., 1999). For autistic individuals with ID this can be anticipated to influence even more since the difference between communication skills and understanding can be more prominent. Both violence and threats of violence can be understood as an immature way of communicating feelings of loss of control, but the results show threats being perceived as an indication of control, heightening the probability that the violence will be perceived as planned and thereby something the person can take responsibility for. This difference between threats and violence could in some situations be an example of over-estimating communication skills.

Several of the respondents expressed the view of communication as a cause as a bi-directional problem rather that a deficit in the person in need of support. This was exemplified when describing situations when the person in need of support tried to communicate their need and staff didn't understand it or misread the signals. The communication problem was described as language confusion or misunderstanding, a view that is in line with the research on what is called "the double empathy problem", described and evolved by Milton (Milton, 2012), which explains communication difficulty as a something that can occur when we are communicating with someone who we differ a lot from in how we understand the world, and that this problem that is a shared responsibility. The perception of a shared responsibility is present in the results not only about communication, but also in the view that responsibility needs to be shared because violence can also be caused by staff actions that sometimes contribute to the violence, or fail to give the right support.

Some descriptions reflected on the unclear nature of the concept of having control over one's actions. Is it enough that a physical movement is not involuntary to claim control? Or is it about the possibility of making a different choice, which maybe should be viewed as the minimum requirement for someone to be punished. Punishments for violent and criminal behaviors can have differing aims: forward-looking, as in preventing or changing, and backwards-looking, focusing on what happened and who should deserved to be blamed (Duff & Garland, 1994). The results contained examples of positive experiences of preventive interactions with the police authorities, and also experiences of co-operating with the police handling situations with the goal of changing the persons behavior rather than a having a punitive or retaliating aim.

Zero-tolerance of violence in workplaces can seem intuitively right, however Vainik and Kassmans 2018 study indicates that zero-tolerance policies are easy to communicate, but that there is a risk that zero-tolerance policies can direct focus towards what to do when the violence has occurred and increases police reporting, rather than preventing violence. The respondents' perceptions of a shared responsibility in the situations suggest that the focus is better directed towards skills needed to prevent and handle situations, which is also in line with previous research (see Olivier-Pijpers et al., 2019; Schablon et al., 2012; Williams et al., 2012). This seem of special importance in care settings for people with severe ID since violence is common in earlier developmental stages (Tremblay, 2006) which might imply a heightened probability for violence in this group.

The results showed in some part an inconsistency between reasoning on a general level and reasoning about specific situations. In general discussions there were indications that the level of seriousness of violence might influence the tendency to file a police report but in specific situations this did not seem a factor. This implies that reasoning around violence is conducted on a more sub-conscious or intuitive level. As suggested by Weiner (1996), the first thing that happens when we observe a challenging behaviour is an attribution of control, and if we perceive high degree of control, we move on to trying to understand the behaviour, and look for mitigating factors. The absence or presence of mitigating factors then influences the degree of responsibility and thereby the response in the situation. Attribution of control and responsibility is a core human judgment (Dagnan et al., 2013), and the complex process can be on both conscious and sub-conscious levels.

Most respondents had long experience of working in the field, and many had witnessed the change in living conditions for this group - from big, institutional and partly locked to becoming more like residential support described in the LSS-law, striving to equal access to society and create living conditions similar to other citizens. The old institutions might have meant that this group to a lesser extent came in question for legal processes, while a more inclusive society and idea of living like anyone else poses bigger challenges when supporting people with intellectual disabilities and challenging behaviour. The view that violence is something that should be handled inside the walls of institutions is, for some, deeply intertwined with memories of an environment that also contained abuse of power and methods that had little to with equality and support. This might lead to the conclusion that the right way to handle violence is to let the legal system take care of it, so it can be handled with procedural justice. At the same time there is a view of the legal process having possible consequences as something that is not suitable for people with ID. The legal system is in general formed to handle offenders with a criminal liability and a possibility to understand what they are accused for. The group of offenders with ID, carrying out violent acts directed to staff might not live up to these criteria and is thereby at risk for not having a fair trial where their human rights are met (Talbot & Jacobson, 2010). The results indicate that injustice is a part of staffs reasoning about police reporting acts of violence, and that staff sometimes take on the responsibility of adjusting their response to offset the flaws of the legal system.

5.1   Limitations

The study is based on a limited sample and in qualitative research there is always a risk that the sample is not representing the group of interest in the study so the result may be interpreted with caution. There is also a risk that those who chose to participate does so because they already have an interest in the subject, or that the managers who chose to distribute the information letter came from care settings that shared traits. However, the aim of the study was not to produce generalizable results or create a representable sample, but instead create a deeper understanding of reasoning about violence and responsibility. The format of semi-structured interviews provided valuable insights of experiences and reasoning and considered suitable for the aim, however there is always a risk of failing in the analysis when doing it without a co-interviewer to share and discuss the codes and themes with. This risk has been reduced by carefully following the steps of thematic analysis as described by Clarke and Braun (2022), and by developing an interview guide to follow to strengthen the internal reliability.

5.2 Further research and implications

Violence in care settings lacks research to establish reliable prevalence data and also what proportion of the violence is reported to the police. This lack of knowledge makes it hard to draw conclusions from numbers in other parts of the legal process like the use of abstentions from prosecution or the probability of this group to end up in forensic psychiatric care or prison. A quantitative approach using the Controllability Belief Scale (Dagnan et al., 2013) in a Swedish care setting could be of interest to investigate differences between different types of care-settings, or other variables.

More research and increased knowledge of ID in different parts of the legal process could strengthen the human rights to a fair trial for this group. This type of research also needs to include people with ID as research participants.

To heighten the legal protection of this group, these are issues that needs to be discussed on a governmental level as well as on a practical level in care settings. The key to reducing violence and abate its consequences lies in the preventive work and the tools given to staff about preventing and handling violence. If zero-tolerance policies for violence is used, it should be with the awareness of the risk of drawing more attention to what to do when something has already occurred than on managing or preventing the situations.

6 CONCLUSION

When it comes to the decision-making processes determining whether violence in care settings would be reported to police, multi-faceted considerations are made for communication deficits, stress, and level of understanding. Staff may decide against filing police reports despite being subjected to violence, due to the perception that the violent person with ID is not able to take responsibility for their actions in the situation.

As long as the legal system and process is not better adapted to meet the needs in this group there will be a need for a raised awareness of the professional reasoning around reporting violence. Even if reporting has to be a decision made in each situation of the person subjected to violence, there is a risk that these decisions will be diverse in an unequal way if the judgements are not made with an awareness of the factors actually judged. There is a need for addressing these adaptations made on the individual level to strengthen the legal certainty for people with intellectual disabilities.

REFERENCES

Adjorlolo, S., Chan, H. C. (Oliver), & DeLisi, M. (2019). Mentally disordered offenders and the law: Research update on the insanity defense, 2004–2019. *International Journal of Law and Psychiatry*, *67*, 101507. https://doi.org/10.1016/j.ijlp.2019.101507

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. https://doi.org/10.1176/appi.books.9780890425596

Bennet, T. (2020). *Straffansvar vid atypiska sinnestillstånd*. Nordstedts Juridik AB.

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, *18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Braun, V., & Clarke, V. (2022). *Thematic analysis—A practical guide* (Vol. 2022). SAGE publication.

Dagnan, D., & Cairns, M. (2005). Staff judgements of responsibility for the challenging behaviour of adults with intellectual disabilities. *Journal of Intellectual Disability Research*, *49*(1), 95–101. https://doi.org/10.1111/j.1365-2788.2005.00665.x

Dagnan, D., Hull, A., & McDonnell, A. (2013). The Controllability Beliefs Scale used with carers of people with intellectual disabilities: Psychometric properties: Controllability Beliefs Scale. *Journal of Intellectual Disability Research*, *57*(5), 422–428. https://doi.org/10.1111/j.1365-2788.2012.01554.x

Dilworth, J. A., Phillips, N., & Rose, J. (2011). Factors Relating to Staff Attributions of Control Over Challenging Behaviour. *Journal of Applied Research in Intellectual Disabilities*, *24*(1), 29–38. https://doi.org/10.1111/j.1468-3148.2010.00570.x

Duff, A., & Garland, D. (1994). Introduction: Thinking about Punishment. In A. Duff & D. Garland (Eds.), *A Reader on Punishment* (pp. 1–43). Oxford University Press.

Edberg, H., Chen, Q., Andiné, P., Larsson, H., & Hirvikoski, T. (2022). Crimes and sentences in individuals with intellectual disability in a forensic psychiatric context: A register-based study. *Epidemiology and Psychiatric Sciences*, *31*, e2. https://doi.org/10.1017/S2045796021000718

Harris, J. (2006). *Intellectual Disability: Understanding Its Development, Causes, Classification, Evaluation, and Treatment*. Oxford university Press.

Kivivuori, J. (2014). Understanding Trends in Personal Violence: Does Cultural Sensitivity Matter? *Crime and Justice*, *43*(1), 289–340. https://doi.org/10.1086/677664

Kvale, S., & Brinkmann, S. (2014). *Den kvalitativa forskningsintervjun*. Studentlitteratur.

Magnavita, N. (2014). Workplace Violence and Occupational Stress in Healthcare Workers: A Chicken-and-Egg Situation-Results of a 6-Year Follow-up Study: Workplace Violence and Stress. *Journal of Nursing Scholarship*, *46*(5), 366–376. https://doi.org/10.1111/jnu.12088

Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, *27*(6), 883–887. https://doi.org/10.1080/09687599.2012.710008

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, *16*(1), 160940691773384. https://doi.org/10.1177/1609406917733847

Olivier-Pijpers, V. C., Cramm, J. M., & Nieboer, A. P. (2019). Influence of the organizational environment on challenging behaviour in people with intellectual disabilities: Professionals' views. *Journal of Applied Research in Intellectual Disabilities*, *32*(3), 610–621. https://doi.org/10.1111/jar.12555

Purcell, M., Morris, I., & McConkey, R. (1999). Staff Perceptions of the Communicative Competence of Adult Persons with Intellectual Disabilities. *The British Journal of Development Disabilities*, *45*(88), 16–25. https://doi.org/10.1179/096979599799155957

Radovic, S., Meynen, G., & Bennet, T. (2015). Introducing a standard of legal insanity: The case of Sweden compared to The Netherlands. *International Journal of Law and Psychiatry*, *40*, 43–49. https://doi.org/10.1016/j.ijlp.2015.04.009

Rippon, D., McDonnell, A., Smith, M., McCreadie, M., & Wetherell, M. (2020). A grounded theory study on work related stress in professionals who provide health & social care for people who exhibit behaviours that challenge. *PLOS ONE*, *15*(2), e0229706. https://doi.org/10.1371/journal.pone.0229706

Schablon, A., Zeh, A., Wendeler, D., Peters, C., Wohlert, C., Harling, M., & Nienhaus, A. (2012). Frequency and consequences of violence and aggression towards employees in the German healthcare and welfare system: A cross-sectional study. *BMJ Open*, *2*(5), e001420. https://doi.org/10.1136/bmjopen-2012-001420

Søndenaa, E., Rasmussen, K., Palmstierna, T., & Nøttestad, J. (2008). The prevalence and nature of intellectual disability in Norwegian prisons. *Journal of*

Intellectual Disability Research, *52*(12), 1129–1137.
https://doi.org/10.1111/j.1365-2788.2008.01072.x

Swain, J. (2018). *A Hybrid Approach to Thematic Analysis in Qualitative Research: Using a Practical Example*. SAGE Publications Ltd.
https://doi.org/10.4135/9781526435477

Swedish resarch council. (2017). *Good research practice*. Swedish research council.

Talbot, J., & Jacobson, J. (2010). Adult defendants with learning disabilities and the criminal courts. *Journal of Learning Disabilities and Offending Behaviour*, *1*(2), 16–26. https://doi.org/10.5042/jldob.2010.0416

Tremblay, R. E. (2006). Prevention of Youth Violence: Why not Start at the Beginning? *Journal of Abnormal Child Psychology*, *34*(4), 480–486.
https://doi.org/10.1007/s10802-006-9038-7

Vainik, A.-L., & Kassman, A. (2018). Police-reported school violence among children below the age of criminal responsibility in Sweden – signs of increased sensitivity and segregation? *Journal of Scandinavian Studies in Criminology and Crime Prevention*, *19*(1), 61–77. https://doi.org/10.1080/14043858.2017.1393875

Weiner, B. (1996). *Judgments of responsibility—A foundation for a theory of social conduct* (Vol. 1996). Guildford Publications.

WHO. (n.d.). *Definition: Intellectual disability*. Retrieved 5 April 2022, from
https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2010/15/childrens-right-to-family-life/definition-intellectual-disability

Williams, S., Dagnan, D., Rodgers, J., & Freeston, M. (2015). Exploring Carers' Judgements of Responsibility and Control in Response to the Challenging Behaviour of People with Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities*, *28*(6), 589–593. https://doi.org/10.1111/jar.12146

Williams, S., Dagnan, D., Rodgers, J., & McDowell, K. (2012). Changes in Attributions as a Consequence of Training for Challenging and Complex Behaviour for Carers of People with Learning Disabilities: A Systematic Review: Journal of Applied Research in Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities*, *25*(3), 203–216.
https://doi.org/10.1111/j.1468-3148.2011.00654.x

APPENDIX 1. ETHICAL APPROVAL LETTER

Fakulteten för Hälsa och samhälle
Etikrådet

Utlåtande

Datum: 2022-05-23   Termin/löpnr: VT22/10

Projekt:

A qualitative study to investigate staff members perception of controllability, responsibility, and police reporting of violence from residentials with intellectual disability in sheltered accomodations.

Student:

Therese Waldenborg

Utbildning:

Two-years Master of Criminology

Handledare:

My Lilja

Föredragande:

Matilda Svensson Chowdhury

Etikrådets utlåtande:

Etikrådet för studentarbeten vid Fakulteten för hälsa och samhälle, Malmö universitet, har inget att invända mot studenters genomförande av ovan nämnda projekt.

Matilda Svensson Chowdhury

Ledamot i Etikrådet för studentarbeten vid Fakulteten för hälsa och samhälle/Malmö universitet

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APPENDIX 2. INFORMATION LETTER

Projektets titel (obligatoriskt): A qualitative study to investigate staff members perception of controllability, responsibility, and police reporting of violence from residentials with intellectual disability in sheltered accommodations.	Datum: 2022-02-08
Studieansvarig/a: (student/er) Therese Waldenborg Din E-post Therese.waldenborg@gmail.com	Studerar vid Malmö universitet, Fakulteten vid hälsa och samhälle, 205 06 Malmö, Tfn 040- 6657000 Utbildning: Kriminologi Nivå: Master

Hej!

Mitt namn är Therese Waldenborg och jag studerar det sista året på min masterutbildning i kriminologi vid Malmö Universitet.

Som arbetsterapeut med lång erfarenhet av att arbeta LSS har jag intresserat mig för den målgruppen också under mina studier, men från ett kriminologiskt perspektiv.

Syftet med min uppsats är få ökade kunskaper och förståelse för hur boendepersonal i LSS som blir utsatta för våld resonerar kring ansvarsförmåga och självkontroll hos brukarna. Jag är också intresserad av att veta hur och om det resonerandet påverkat beslutet att polisanmäla det våld man blivit utsatt för.

Jag kommer att intervjua personer som i sin yrkesroll hamnar i situationer där brukare kommer i affekt och det uppstår våldsamma eller hotfulla situationer.

Intervjun kommer vara lite som ett samtal med öppna frågor om situationer du varit med om där våld förekommit, och om hur du i dessa resonerat kring stödtagarens ansvarsförmåga och självkontroll.

Intervjun kommer ta ungefär 40-60 minuter och du kan välja om du vill att den sker digitalt eller om vi ska träffas.

Om du har möjlighet att delta kommer vi överens om en dag och tid, och har du valt att ses digitalt så skickar jag då en länk till programmet Zoom (kamera behöver ej användas) med säker länk via Malmö Universitet. I båda fallen kommer intervjun spelas in enbart om du ger ditt godkännande.

Ditt deltagande i uppsatsen är helt frivilligt och du kan när som helst avbryta och du behöver inte berätta varför. Deltagandet och all behandling av all information och alla uppgifter är konfidentiellt och i det färdiga resultatet kommer namn på dig som deltagit att vara anonymiserat och avidentifierat. Resultatet kommer du kunna läsa i min examensuppsats som publiceras i DiVA (databas för akademiska arbeten) under våren.

Samtyckesblankett för att under uppsatsen registrera persondata som namn, email och telefonnummer kommer bifogas för underskrift om du väljer att delta.

Kontaktuppgifter:

Student och författare till uppsatsen:

Therese Waldenborg (therese.waldenborg@gmail.com)

Handledare: My Lilja, Docent i kriminologi, Malmö Universitet
(my.lilja@mau.se 040-6657104)

Du tillfrågas härmed om deltagande i denna undersökning. Välkommen att
kontakta mig om du har möjlighet att delta eller om du har några frågor.

Samtyckesblankett för behandling av personuppgifter

Vår behandling av dina personuppgifter bygger på att dina personuppgifter
behandlas med ditt samtycke. Du kan när som helst ta tillbaka samtycket och
uppgifterna får då inte bevaras eller behandlas vidare utan annan laglig grund.
Insamlade uppgifter om namn, e-postadress och uppgifter som framkommer i
intervju med Therese Waldenborg kommer Malmö universitet att använda i
arbetet med examensarbetet. Uppgifterna kommer att behandlas fram till
uppsatsens är godkänd, varefter de raderas/arkiveras.
Du kan ta del av det som registrerats om dig eller ha synpunkter på
behandlingen eller de uppgifter som samlats in genom att kontakta Therese
Waldenborg (therese.waldenborg@gmail.com), handledare My Lilja
(my.lilja@mau.se) eller lärosätets dataskyddsombud på
dataskyddsombud@mau.se. Klagomål som inte kan lösas med Malmö
universitet kan lämnas till berörd tillsynsmyndighet.

APPENDIX 3. INTERVIEW GUIDE

Intervjuguide	
~~**Studiens syfte**~~	• ~~Undersöka hur boendepersonal resonerar kring självkontroll och~~ ansvarsförmåga hos brukarna i samband med våldsincidenter • Undersöka inställningen till att polisanmäla våld från brukarna • Undersöka eventuella samband mellan resonerande om självkontroll och ansvarsförmåga och beslut om polisanmälan.
Samtycke	• Skriftligt samtycke att delta samt hantera personuppgifter inhämtas innan intervjutillfället (via mail eller blankett) • Inhämta samtycke för att spela in intervjun och informera om att materialet kommer förvaras säkert samt förstöras efter transkribering. • Påminna om att deltagandet är frivilligt och närsomhelst kan avbrytas av deltagaren • Påminna om att fokus för uppsatsen inte ligger på detaljer om våldshändelsen utan på resonerandet kring ansvar och självkontroll • Informera om att resultatet kommer publiceras i DIVA.

Hur länge har du arbetat i verksamheter för personer med intellektuell funktionsnedsättning?	Utbildning Ungefärligt antal år i yrket
Har du varit med om situationer där du blivit utsatt för våld från någon du arbetar med att ge stöd till?	
Vad tror det kan finnas för olika orsaker till att våldsamma situationer uppstår på ett LSS-boende?	
Kan du berätta om något tillfälle där du varit med om bli utsatt för våld av någon du arbetar med att ge stöd till?	• Vad tror du det fanns för orsaker till att den situationer uppstod?

	• Uppfattade du att brukaren kunde styra och kontrollera sina handlingar vid tillfället? • Hur uppfattade du brukarens möjligheter att ta ansvar för sina handlingar i den situationen?
Polisanmäldes händelsen?	Varför/Varför inte? Om du hade varit med om motsvarande handling i någon annan situation, ex på stan, hade du polisanmält då?
Har du varit med om att våld från brukare/boende polisanmälts?	Har du upplevt situationer där det funnits olika åsikter i arbetsgruppen eller organisationen om våld från brukare ska polisanmälas? Finns det nedskrivna regler eller rekommendationer för detta?
Information om var man vänder sig om händelser i yrket påverkar måendet.	