



**Forensic intellectual disability services: differences in staff perspectives in the Danish and Norwegian systems.**

Journal:	<i>Journal of Intellectual Disabilities and Offending Behavior</i>
Manuscript ID	JIDOB-01-2021-0001.R1
Manuscript Type:	Research Paper
Keywords:	intellectual disabilities, staff, forensic, offenders, Work conditions, nordic countries

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# Forensic intellectual disability services: differences in staff perspectives in the Danish and Norwegian systems.

## Abstract:

### Background

Persons with intellectual disabilities (ID) who offend are treated differently depending on the national jurisdiction. Norway and Denmark are two such examples. The differences in care models may also have an impact on staff perspectives. This article aimed to study the differences between Norwegian and Danish staff members within the secure forensic ID services.

### Methods

A cross-sectional study involving Norwegian (n=145) and Danish staff (n=279) in secure forensic LD services was conducted. The response rates were 50% in Denmark (n=147) and 69% in Norway (n=98) respectively. An electronic survey covering five sets of topics (demographic characteristics, working condition, workplace culture, work motivation and work resilience) was used. The data was statistically analysed using SPSS.

### Results

This study confirmed that staff in the two neighbouring countries have common conceptions of their employment. Danish staff were more exposed to violent incidents ( $t=4.1(237)$ ;  $p<0.001$ ). There was greater concern with workplace safety in Denmark ( $t=5.2(237)$ ;  $p<0.001$ ) compared to more team-based and rigid working conditions in Norway ( $t=-2.6(237)$ ;  $p<0.01$ ).

### Discussion

These differences are discussed in relation to some important national differences in professional culture, educational systems, service organisation and legal issues that possibly add realistic explanations to the findings.

## Introduction

The care and treatment of offenders with IDs is challenging in special ways compared to both the treatment of non ID offenders and the care of people with ID who are not offenders. Knowledge of ID, penalty systems, welfare services, risk management and behaviours that challenge treatment need to be explored and devaluated. Both Norway and Denmark have systems for sanctioning persons with ID who offend. The systems are different in each countries, in terms of criteria for being sentenced, the level of functioning of the person with ID, and how the sanction is to be carried out.

In Norway, people with ID can be sentenced to mandatory care in the forensic services, which follows the Norwegian principles that people with severe ID are not accountable for their actions. This sanction is not considered a punishment but a measure of social protection and to provide the offenders treatment for their behavioural problem(s). There are three criteria to be met for this to happen. First, there must be a high-grade ID, which in the Norwegian legal system is defined by an IQ < 55<sup>1</sup>, with adaptive behaviours corresponding to this level of cognitive ability. This is defined as the limit of criminal responsibility and shall exempt the person from regular penalty. Second, there must be a serious criminal offence, defined as violent offences, sexual offences, incarceration, incitement to violence or any other offence that has threatened the lives, health or freedom of others. Third, there must be a risk of reoffending. The sentence shall be reviewed every three years by the court, where it will be decided whether the sanction shall be continued or the convicted person should be released. A time-limited sentence of three years is also possible.

Unlike Norway, Denmark has a system of five levels of security reactions for people with ID who have offended. Type 1 is the strictest reaction and involves bringing the person into a secure institution. At the lowest end of the five-graded scale is a supervised sentence, which means that the convicted person can live independently in the community, with the municipality responsible for keeping track of the person, as well as guiding and supervising him/her to avoid new criminal offences. For those deemed type 1 or 2, there is a special institution, Kofoedsminde, which houses about 90 people. Those who are in care at Kofoedsminde have committed serious offences, such as serious violence, arson, murder or sexual assault. The offenders must also be diagnosed with ID, but in contrast to Norway, the limit for imposing such a reaction does not depend on a high-grade intellectual disability. The IQ limit is 70 in Denmark. Most sentences in Denmark are without time-limits in cases of serious criminal offences. Sentences will be reassessed after five years, and reassessments will then be repeated every two years, at a minimum.

In Norway, "mandatory care" is financed by the state, while in the case of Kofoedsminde in Denmark the offenders detained in the secure wards are financed by the state and those in open wards by the municipality. Furthermore, the Danish offenders pay rent for their accommodation.

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<sup>1</sup> According to the Norwegian penal law, the threshold for being considered criminally responsible has been changed from an IQ < 55 to an IQ < 60 as of October 2020. At the time of data collection, the limit was IQ < 55.

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3 A similarity between the countries is that, while having a social protection function, the sanction  
4 should also facilitate the individual's learning and coping in everyday life and maintaining a good  
5 quality of life. The way these sanctions are implemented are different in the two countries. In  
6 Denmark, the person is required to stay at Kofoedsminde, while in Norway the intention is that  
7 the convicted person serves their sentence in their home municipality, in an environment that  
8 will be as "normal" as possible. This means that they either live in a home with their own staff,  
9 with the necessary security equipment, or that they live in a home shared with other offenders  
10 with ID with staff provided by the municipality. Before being brought back to their municipality,  
11 anyone subject to this sanction lives in a secure forensic institution while an agreement between  
12 the state and the relevant municipality is clarified. Those who care for these groups of offenders  
13 also have different professional backgrounds in the two countries. The Norwegian model is  
14 rooted in health services, while the Danish model is rooted in social educational services.  
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19 National studies in Norway have shown that staff working with people with ID with challenging or  
20 aggressive behaviour are particularly exposed to violence and threats, as well as experiencing  
21 stress and burnout (NOA, 2018). In Denmark, similar studies support these findings (Høgsbro,  
22 Eskelinen, Fallov, Mejlig, & Berger, 2012; Jensen, Giver, & Andersen, 2006; Langager,  
23 Robenhagen, Højmark, & Allerup, 2009). Studies from both countries have argued that  
24 exposure to violent episodes is correlated with higher levels of sick-leave among employees in  
25 the caring professions (Aagestad, Tyssen, & Sterud, 2016; Rugulies et al., 2007). Several  
26 international studies have been conducted to investigate the causes of stress and burnout, as  
27 well as interventions to prevent turnover in this group (Ryan, Bergin, & Wells, 2019).  
28 Emotional responses of staff to challenging behaviour are thought of as an important factor in  
29 terms of perceived stress and thus potentially sustain the challenging behaviour (Ingham, Riley,  
30 Nevin, Evans, & Gair, 2013).

31 Working with individuals who are resistant to engagement in treatment may result in  
32 compassion fatigue, secondary stress symptoms and burnout. Positive collaboration between  
33 colleagues may prevent negative symptoms. Further, an increased understanding of the  
34 behaviour of resistance, peer support, respect between professional groups and professional  
35 supervision can prevent negative symptoms in staff (Lord, 2020).  
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40 Resilience is a personality trait that may moderate the relationship between work demands and  
41 work-related quality of life (Van Breda, 2018) (Kobasa, 1982). It has been described as a set of  
42 personality characteristics that function as resources to draw upon when encountering stressful  
43 demands (Kobasa, 1982; Van Breda, 2018). The key elements are control, commitment and  
44 challenge.  
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46 Persons high in resilience involve themselves in whatever they are doing (commitment), believe  
47 and act as if they can influence the events shaping their lives (control), and consider change to  
48 be not only normal but also a stimulus to developmental change (challenge) (Kobasa, 1982;  
49 Van Breda, 2018)  
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## Aim of this study

Over the course of more than 15 years, colleagues in Norway and Denmark have discussed the organisation of work with people with ID who offend. During this cooperation, we have focused on the importance of organisational differences in the treatment of offenders. It seems that those organisational differences also influence the way the staff experience their terms of work, and we are curious to explore the differences in the two countries. We planned the research to find out how staff experience their activities and work identity during their daily work concentrating on factor, which impacts several causes of psychological stress.

A survey would help us find out if differences exist, what's similar and what's different. We want this study to investigate differences and areas to establish hypotheses, suggesting what might influence the way staff do their daily work and what kind of influence daily tasks might have on their resilience. In the light of these two aims, the study intend to point out how the individual members of staff experience their activities and make sense of their working lives. We see this as a feasibility study, which will later allow us to do more qualitative studies, national as well as international to understand better the idea of how staff experience their terms of working. Our interest is especially to establish those hypotheses and find out which will be the most helpful for everyone to understand, to establish trends, and to understand how the staff are influenced by their identity.

## Methods

This study compared staff in Norway and Denmark with regard to their everyday working lives, work cultures, motivations, and resilience. Furthermore, we collected a range of demographic data, such as gender, age or years of experience, and professional qualifications.

### Study design and setting

The current study was set up as an exploratory cross-sectional online survey via a survey editor (SurveyXact) in Danish and Norwegian language versions. All staff members in the two systems were invited to participate; they received information about the objectives of the study and an appeal to respond. No inclusion or exclusion criteria were imposed, other than the requirement of being a staff member. Twice in the response period of six weeks. reminders were sent to the participants who had not yet answered the survey. Data collection was carried out between March and July 2019.

## Participants

The participants who worked in forensic disabilities services, both staff and residential leaders, were divided in two groups, Norwegians ( $n = 98$ ) and Danes ( $n = 147$ ). The Norwegians were based in several community-based forensic residences, managed and supervised by the national forensic ID unit in Brøset, Trondheim. The Danes were all in one place at the secured institution Kofoedsminde, Rødby. The institutional/residential populations comprised detained persons who were considered, in varying degrees, to be dangerous or violent and therefore in

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3 need of special care and treatment. The Norwegian response rate was 69%, and the Danish  
4 response rate was 50%.  
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## 8 Measurement

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10 The data was collected using an on-line electronic survey. The survey questions were divided  
11 into the following five groups: demography, work condition, work culture, work motivation and  
12 work resilience. Demographic data was limited to age, gender, education, work position and  
13 experience. Questionnaires were developed to measure working conditions, work culture and  
14 work motivation. Working conditions looked at the everyday work life of employees based on 17  
15 questions (e.g., experiences of violence, colleague and management relations and field  
16 knowledge). The responses to questions were rated on a five-point scale from “very rare = 0” to  
17 “very often = 4”. Work culture was based on five statements about the working climate that were  
18 rated on a 5-point scale from “incorrect = 0” to “correct = 4”. Work motivation compared actual  
19 employment to an ideal job based on 11 items. The items were rated on a five- point scale from  
20 “not important = 0” to “very important = 4”. Work resilience was studied by using the Norwegian  
21 version of the “Dispositional Resilience Scale 15” (DSR-15) (Hystad, Eid, Johnsen, Laberg, &  
22 Thomas Bartone, 2010). The DSR-15 is recognized as the best available measure of resilience  
23 (Funk, 1992). The DRS-15 consists of 15 statements requiring respondents to indicate  
24 agreement on a four-point scale (*not at all true to completely true*). To create resilience scores,  
25 six negatively keyed statements are reversed, and all scores are then added. In addition to a  
26 total score, three subscale scores can be created by adding the relevant five items for each of  
27 the facets of resilience: commitment, challenge, and control. The alpha reliability (measuring the  
28 internal consistency) of the total resilience scale items of the Norwegian version has been found  
29 to be 0.79 (Hystad et al., 2010).  
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## 36 Data analysis

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38 The primary data was transferred to, processed, and analysed in SPSS version 21. Descriptive  
39 data and frequencies were retrieved. To investigate associations between the responses of  
40 Danish and Norwegian staff and correlations between the groups we analysed with parametric  
41 statistics (t-test and Pearson's correlation). We used the chi-square test when analyzing the  
42 categorical variables ie. The level of formal education. The level of significance was set at  $p$   
43  $<.05$ .  
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## 49 Research ethics

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51 Data has been collected, stored and processed according to the “General Data Protection  
52 Regulation”. We anonymized all participants after having sent the last reminder. The advantage  
53 of anonymizing is, of course, that the participant could feel free when answering the survey, and  
54 we concluded that they would answer more honestly, without worrying about imaginary negative  
55 consequences of their answers. The disadvantage of anonymizing is that we excluded the  
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possibility for returning to respondents with clarifying, new or more detailed questions, but the balance between these options came out in favour of the first option.

## Results

The samples of this study were based on the answers of the questionnaire. In total,  $n=245$  staff members participated in this study (Danish  $n = 147$ , and Norwegian  $n = 98$ ). The gender proportions were almost the same in the two countries with two out of three staff members being male (65.7% in Denmark and 65.2% in Norway). Higher level of education (bachelor's degree) was found in 45.4% of Danish staff and in 49.7% of Norwegian staff, while 34.7% of the Norwegian staff had no formal education compared to 19.6% in Danish staff ( $X = 11.7(2)$ ;  $p = 0.002$ ). The mean age in Denmark (49.7 years/sd 11.0) was higher than in Norway (45.4 years/sd 11.5) ( $t = 2.9$  (239);  $p = 0.004$ ). Danish staff had significantly higher age compared to the Norwegian staff.

Although there were some differences in the two countries with respect to the assessed variables, there were several similarities and trends. Working conditions were dominated by descriptions of supporting colleagues and explicit expectations of work in accordance with the staffs' own personal and professional values. Having good colleagues was rated as the most motivating, and the work culture was generally described as encouraging. Beyond these common qualities, there were differences and further implications of differences.

The work condition questions with the largest differences were: "Does your job contain tasks that conflict with your personal values?", with the most frequent response being "very rare", and the question "Do you know what your area of responsibility is?", with the most frequent response being "very often". The work culture was rated "correct" for an "encouraging and supportive culture" and "incorrect" for a "distrustful and suspicious culture". Work motivation was rated highest for the item "to have good colleagues" and lowest for the item "being able to use my imagination and creativity in my work".

Differences in working conditions, work motivation and working culture were studied. Besides the differences (Table 1), there was an agreement between the two staff groups that the staff know their tasks and that their work is aligned with their personal and professional values, they are motivated by a supporting environment and colleagues and the culture is foremost encouraging.

Insert table 1 here

Resilience as assessed in the DSR-15 was compared for the Norwegian and Danish staff with no overall differences found, although differences were found in the resilience subscale "control" (Denmark: mean 11.0, SD 2.5; Norway: mean 11.6, SD 2.0;  $F = 4.1(1)$ ;  $p=0.004$ ). The normative

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3 data for the Norwegian DSR-15 was based on a sample of military cadets and indicated a mean  
4 of 30.03, (sd = 4.42) (Hystad et al., 2010) Both groups in the present study scored above these  
5 norms (Denmark: mean 32.7, SD 5.6; Norway: mean 33.5, SD 4.5), suggesting high levels of  
6 resilience in both groups.  
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## 12 Discussion

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14 The findings in this study confirmed that staff working with people with ID who have committed  
15 serious violent offences in the two neighbouring countries, Norway and Denmark, have common  
16 conceptions of their employment. The possible differences have been a main objective in the  
17 study, and there were some interesting findings. These findings were more exposure to violent  
18 incidents and more concerns about workplace safety in Denmark compared to a more team-  
19 based and structured working condition in Norway. The differences may be caused by some  
20 important national differences in professional culture, educational system, service organisation  
21 and legal issues, which are discussed below.  
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25 Norwegian and Danish staff differed in age. However, this demographic difference and further  
26 similarity in gender distribution was less interesting compared to the fundamental differences in  
27 the legal systems, professional qualities and service policies.

28 Differences in the staff working conditions were found in the reported episodes of violence or  
29 threats in Denmark, and more goal-oriented services in Norway. The impact of institutional  
30 services in Denmark with higher intellectual functioning clients can be one explanation. Another  
31 explanation can be that the clients in Denmark live within a more institutional framework and  
32 thereby in closer contact and relation to staff and fellow offenders. In Norway staff are solely  
33 occupied with individual clients and because each client has a significantly lower functional level  
34 this may provide for more focused and target-directed caring. The forensic mental health  
35 services in Norway are more structured compared to the social pedagogic services in Denmark.  
36 One reasonable consequence is a personal orientation to a "patient" in Norway compared to a  
37 wider systemic perspective in Denmark with regard to living condition and the offenders  
38 intellectual functional level. Differences in emotional reactions between staff to challenging  
39 behaviour has been found in several studies. Lambrechts et al. (Lambrechts, Kuppens, & Maes,  
40 2009) argue that staff beliefs and feelings can be associated with the reactions to challenging  
41 behaviour. Services with limited exposure to the different types of challenging behaviour also  
42 make it more possible to provide a structured and directed service.  
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47 A significant difference in the answers of both staffs on the topic of work culture is that the  
48 Norwegians experience their work culture as more *Rigid and Structured* while the Danes  
49 experience theirs as more *Distrustfulness and Suspiciousness*. However, some of the answers  
50 to the previous questions, which were discussed earlier in this article, could not explain why the  
51 Danes and Norwegians experience these differences in their work culture.  
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53 The Danes are more exposed to violence and this might be why the Danes focus more on the  
54 working environment than the Norwegians. A high risk of violence might contribute to a feeling  
55 of greater distrustfulness and suspiciousness in the everyday work life. On the other hand, it is  
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3 difficult to conclude why these differences between Norway and Denmark appear considering  
4 other answers in the survey.

5 One possible hypothesis for the differences of the experiences of informants/participants  
6 regarding their work culture might be found in the different origins of the professions in the two  
7 countries. In fact, the two countries base their care and treatment of people with ID on two  
8 different professions.  
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10 In Denmark, the care and treatment of people with LD has, for historic and political reasons,  
11 moved from a medical professional approach to a social and social pedagogic professional  
12 approach during the 1970s and 1980s. In Norway, however, the field has remained mostly that  
13 of a medical profession (Holst & Søndena, 2018). However, to explore if this could be the  
14 reason why the mentioned differences appear in the two work cultures, we will have to conduct  
15 further research in a subsequent project.  
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19 Differences in the organisational culture showed a greater distrustful and suspicious  
20 environment among Danes on one hand, and a more rigid and structured environment among  
21 Norwegians on the other hand. These findings may relate to and be explained by general  
22 cultural differences. However, an effect of the different levels of intellectual functioning of the  
23 offenders, individual approaches in Norway compared to an institutional setting in Denmark and  
24 the Danish social compared to the Norwegian health services should be considered for their  
25 impact on the results. With an institutional approach, as in Denmark, having more staff, more  
26 offenders, and more complex relations, the chance of unplanned incidents should be higher. A  
27 response of greater structure in Norway may then be a consequence of a lower ability to  
28 maintain the more structured environment found in Denmark.  
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30 Differences in staff motivation were found when the Danes prioritized the safety and physical  
31 working environment, whereas the Norwegians more often valued a conflict-free and orderly  
32 working place and a work with a prefixed income. Out of these findings, it looks that staff in  
33 Denmark were more occupied with protective measures to prevent harm at work, while the  
34 Norwegians looked at structure and well-being at work.  
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36 One of the differences we find interesting is the national organizations of services to offenders  
37 with ID. It points out that units are organized in different ways and with different professional  
38 approaches. The two kinds of professions respectively practice in organizations that anchor  
39 their work in medical science or the relational pedagogic carried paradigm. These differences  
40 might be one of the findings that could generate hypotheses of the differences in work  
41 motivation. Studies by Dagnan and Cairns point out four models that apply different choices of  
42 interventions: moral, enlightenment, compensatory and medical models, in which the staff try to  
43 understand the behaviour of the offenders (Dagnan & Cairns, 2005). One hypothesis could be  
44 that while the Norwegian system follows a medical model and the Danish ones the  
45 compensatory model, the staff in Norway relies on methods anchored in a scientific paradigm  
46 compared with their Danish colleagues who might compel to experience work as a more  
47 multiple choice of methods, because of different ontology in the way of working. .  
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49 Because of the individual way to provide support, it might make the Danes feel like they are  
50 standing alone with decisions during the working day, whereas the paradigm for the Norwegian  
51 staff point out the offenders as persons who neither are responsible for their behaviour nor the  
52 choice of their intervention.  
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3 Differences in staff resilience were found in the subscale “control”. The control subscale  
4 indicated a significantly greater sense of control in the Norwegian staff, and this may reflect their  
5 experience of greater independence in working practices than among Danish staff. Because the  
6 Danes being exposed to more diverse challenges by more colleagues and clients, who  
7 influence at conflicts and daily life in the organisations, the probability of having less control is  
8 reasonable. Although the differences between the services are significant, the systems have  
9 such different qualities as to make this comparison less meaningful.  
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13 One explanation for the differing results may depend on theories that institutional staff have a  
14 loyalty to the institutional setting (Mason & Phipps, 2010). Community services are more  
15 directed to relationships and personal well-being, where rehabilitation and individual adaptation  
16 are the major objectives. Institutions must balance services for each individual offender and  
17 secure a minimum of individual adaptations, within the limitations of institutional rules. A  
18 previous study in Norway found more exposure to violence and a tendency toward traumatic  
19 stress in staff working in community services caring for people with ID and challenging  
20 behaviour. Compared to staff in institutional settings, staff in the community setting were more  
21 compassionate in their work (Søndena, Whittington, Lauvrud, & Nonstad, 2015).  
22 All forensic ID services are mandated to protect the society and prevent reoffending. Such  
23 preventive strategies must be balanced toward rehabilitation adaptations. Security can be  
24 divided into relational, procedural, and physical security (Lindsay, 2004). A therapeutic  
25 relationship is secured by means of awareness, assessment, and management. Procedures  
26 and policy involve restrictions on visitors, levels of self-determination, policies of violence  
27 management and reporting of incidents. Physical security can set a standard of how relaxed the  
28 internal rehabilitation regime can be. The dynamics from assessments of high, medium, and low  
29 risk, as well as in community care/services, usually respond to physical security.  
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## 36 Final remarks

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38 Mostly, we have encountered similarities rather than differences between the Danish and the  
39 Norwegian way of coping with a complex and often stressful working field. But the differences  
40 we did experience made us curious to understand if these differences were in fact a  
41 consequence of two different professional approaches rather than national cultural differences.  
42 And if so, would it be possible to mix some of the best from the two worlds? To answer this, we  
43 have decided to launch a new research project where we, through interview with staff in Norway  
44 and Denmark, will investigate why, for example, the Danes view their working culture as more  
45 distrustful and suspicious and why the Norwegian think that their work culture is more rigid and  
46 structured, as well as some of the other differences. Although we tried to find differences in  
47 resilience, it could be interesting to study further on how the staffs stories and experience of  
48 resilience are told during those qualitative inquiries.  
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Table 1: Differences in work condition, work motivation and work culture between Denmark and Norway.

<b>Differences in work condition</b>	Denmark n = 147	Norway n = 98	Stats
Have you been exposed to threats or violence at work over the past 2 years?	M = 2.1 (SD = 1.5)	M = 1.3 (SD = 1.1)	T = 4.1(237); p < 0.001
How often do you make your own decisions on a daily basis, with no defined procedures or rules in place?	M = 2.9 (SD = 1.0)	M = 2.0 (SD = 0.9)	T = 6.7(237); p < 0.001
Are you satisfied with the quality of the work you do?	M = 3.6 (SD = 0.9)	M = 3.3 (SD = 0.5)	T = 2.6(237); p < 0.01
Are their clear goals for your work?	M = 3.1 (SD = 1.2)	M=3.5 (SD = 0.7)	T = -3.3(237); p < 0.001
Is communication good enough in your department?	M = 2.7 (SD = 1.2)	M = 3.1 (SD =0.8)	T = -2.9(237); p < 0.01
Has enough time been allocated to discuss resident conditions at the staff meeting?	M = 2.6 (SD = 1.4)	M = 3.3 (SD = 0.8)	T = -4.4(237); p < 0.001
<b>Differences in work motivation</b>			
That the physical working environment is safe and that injuries are avoided	M = 3.2 (SD = 0.8)	M = 2.6 (SD = 0.9)	T = 5.2(237); p < 0.001
That the work is conflict-free and orderly	M = 2.5 (SD = 1.0)	M = 2.9 (SD = 0.8)	T = -3.4(237); p < 0.001
That there is security in the job and a fixed income	M = 3.0 (S = 0.9)	M = 3.3 (SD = 0.8)	T = -2.9(237); p < 0.01
<b>Differences in work culture</b>			
Distrustful and suspicious	M = 1.3 (SD = 1.1)	M = 0.8 (SD = 0.8)	T = 3.8(237); p < 0.001
Rigid and regulated	M = 1.7 (SD = 1.3)	M = 2.1 (SD = 1.0)	T = -2.6(237); p < 0.01

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