

Intellectual and Developmental Disabilities

Empowering Healthcare Professionals: Exploring Experiences Leading a Violence Prevention Course for Adults with Intellectual Disabilities

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Preventing violence for adults with intellectual disabilities

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Abstract

Violence prevention approaches using social-ecological models inform interventions for people with intellectual disabilities, who often face barriers to accessing generalist courses. This study explores the experiences of healthcare professionals leading a prevention course specifically designed for adults with intellectual disabilities. Through semi-structured interviews, 12 Norwegian course leaders highlighted the importance of raising awareness and comprehension about rights, and the social and individual factors influencing experiences of violence and its prevention. Challenges were encountered in tailoring the course to the diverse lived experiences of participants with disabilities and addressing ongoing support needs for their safety. The study suggests that adopting a pedagogical or didactic model could serve as a foundation to enhance the planning and delivery of the course.

Keywords: Prevention, intellectual disabilities, violence, abuse

Violence and abuse affect all members of society, but people with intellectual disabilities (PWID) are at particular risk, especially in places and relationships where they are positioned as vulnerable by the systems and practices that mediate their lives (Hughes et al., 2012; Nixon et al., 2017; Tomsa et al., 2021). The prevalence of violence and abuse against PWID is estimated to be higher than in the general population, and as many as one in three adults with an intellectual disability is estimated to experience sexual abuse in adulthood (Mailhot Amborski et al., 2021; Tomsa et al., 2021). Such experiences have serious implications for their physical and mental health (Cook & Hole, 2021; Rowsell et al., 2013). Additionally, PWID encounter barriers to accessing violence and abuse services (Robinson et al., 2021), health care services (Matin et al., 2021) and the criminal justice system (Åker et al., 2020). Access to and engagement in prevention of violence courses for PWID is therefore vital (Mailhot Amborski et al., 2021). There is, therefore, a specific need to consider how PWID can be included in mainstream as well as specialist prevention programmes and courses (Fitzsimons, 2017; Frawley, 2023; Frawley & Anderson, 2014; Wacker et al., 2009).

The vision of the Norwegian government is to prevent violence and abuse and secure all citizens' rights to live a life without violence (Barne og likestillingsdepartementet, 2016; Justis- og beredskapsdepartementet, 2021; Kultur- og likestillingsdepartementet, 2022). However, in the Norwegian national action plans and in general prevention programmes, PWID are left out (Justis- og beredskapsdepartementet 2013; Justis- og beredskapsdepartementet, 2021) and little or no research is available in Norway to develop new knowledge to inform prevention work with PWID. Thus, the development of approaches to acknowledge the rights of PWID to safer lives relies on community organisations and municipal initiatives.

Social ecological models of violence and abuse

Internationally for more than two decades, mainstream prevention of violence programs have used a social ecological model of violence and abuse that acknowledges the systemic nature of violence and abuse, and the actions needed to prevent violence and abuse (Dahlberg & Krug, 2002). This model looks at risk and protective factors at the individual, relationship, community, and societal levels (World Health Organization, 2022). Built into this approach is multi-sectoral work that brings together those at the focus of the prevention programme, as well as professionals from across various fields and sectors, such as education, healthcare and other related services, researchers, and the government (Our Watch, 2021). Approaches that put PWID at the core of the preventative work have been informed by an ecological model, drawn from this broader model. This work has continued to develop since the mid-1990s when Canadian disability researcher Dick Sobsey put forward the integrated ecological model of disability, violence and abuse as a framework for prevention (Sobsey, 1994). This model aimed to replace approaches focused on the individual, which framed PWID as ‘inherently vulnerable’, by instead identifying the social factors that interact across the individual, relational, community and societal levels in their lives, thus increasing risk of violence and abuse.

In Australia this model was used to develop Sexual Lives and Respectful Relationships (SL&RR) – an approach that ensured PWID were kept at the centre of a prevention model (Frawley, 2023). In this model, PWID deliver a prevention of violence programme themselves, through peer education and in collaboration with professionals from community sexual health and sexual abuse services. The SL&RR programme aimed to empower PWID to know their sexuality and relationship rights, and through engaging in a co-developed programme using the narratives of others with intellectual disabilities, further develop awareness of the social and

relational factors that can enable them to have safer lives (Frawley, 2023; Frawley & O'Shea, 2020; Marks et al., 2020; O'Shea & Frawley, 2020). The SL&RR model uses adult learning principles embedded in a programme developed around using narratives of PWID as key educational tools. In 2011, researchers from Sweden began working with the Australian SL&RR team to co-develop the Very Important Person (VIP) course. A core aspect of prevention courses such as SL&RR and the VIP, is the opportunity for PWID to access information that actually relates to their lives (Muccigrosso, 1991; Stobbe et al., 2021). This includes developing increased knowledge about their rights, about violence and abuse, and about strategies to support a safer life. Using accessible teaching strategies is crucial to ensure success in such courses.

Didactic Relationship Model of Learning

The didactic relationship model may be a useful framework for understanding the different components in a teaching course, such as the VIP course. The didactic relationship model addresses six categories: student and teacher conditions (learning conditions), goals, framework, methods, content, and assessment, all of which relationally influence one another, depending on the choices of the teacher (Bjørndal & Lieberg, 1978; Vågan & Hvinden, 2020). The model emphasises that choices based on one category will then affect the other categories in turn, and it is this mutuality that forms a wholeness in the teaching and learning process. This model has had a great influence on educational practices in Norway and is widely used in teaching at all levels from primary school to higher education, including in group-based teaching about health education (Sylte & Sylte, 2021; Vågan, 2020; Vågan & Hvinden, 2020). In the present paper, we use the didactic relationship model to understand how the VIP course works as a violence prevention programme.

In this type of course, the course leaders are crucial in ensuring a positive outcome, as

they need to provide information that is accessible to the participants and is both correct and clear. They also need to be supportive and capable of handling information related to the participants' experiences of violence and abuse. Research in healthcare training has looked at course leaders' abilities to deliver group-based patient education. A scoping review revealed that training provided to healthcare professionals offering group-based patient education did not have a clear theoretical framework supporting the pedagogical methods they were taught (Kristjansdottir et al., 2021). In the same review, healthcare professionals reported that they were insecure in their new role as educators, particularly concerning group facilitation, despite the training they had received (Kristjansdottir et al., 2021). Healthcare professionals with a bachelor's degree in social education, nursing, or an equivalent vocational education in the field of healthcare are the most common professions employed by Norwegian municipalities to offer services to PWID, which also includes the VIP course. VIP course leaders will, therefore, have a professional identity as a healthcare professional, which have been developed and formed through their knowledge and experience from working in the healthcare sector (Grimen, 2008). Course leaders in the VIP course make up a group of healthcare professionals with a broad range of skills and training – however, little is known about how effective they feel they are in this work, and what exactly is needed to strengthen their skills and knowledge in order to successfully deliver this course.

The aim of this study is therefore to explore the course leaders' experiences of leading a violence and abuse prevention course, namely the VIP course, for adults with intellectual disabilities in Norway. The research question examined was: What are the experiences and challenges faced by course leaders while leading the VIP course for adults with intellectual disabilities in Norway?

Method

The study design consisted of qualitative semi-structured interviews, conducted to explore workers' experiences with leading a violence and abuse prevention programme (VIP) for PWID.

Participants

All VIP course leaders (n=45) who had conducted one or more courses in Norway in the period between 2020 and 2022 were invited to participate in the study. Twelve course leaders responded and gave their informed consent to participate. The course leaders were all employed by a municipality in the southeast of Norway. Nine of the course leaders were female and three were male. Seven of the participants had bachelor's degrees in social education or nursing and five had vocational degrees as healthcare assistants. All the participants had extensive experience working with PWID, mainly in assisted living housing, and had received a certification as a VIP course leader. Most of the participants had an interest or a designated responsibility at their workplace in topics concerning violence and abuse prevention.

Ethics

The Norwegian Centre for Research Data (NSD) approved the study (509154). All participants received written information about the study and signed a consent form before participating in the study. The video and audio files and personal data were stored on a secured hard drive at first author's workplace. Personal data were removed from the transcriptions before they were imported to NVivo.

VIP – violence and abuse prevention course in Norway

VIP is a violence and abuse prevention course for PWID. The course is a structured, pedagogical group course divided into different sections that address topics such as feelings, self-

determination, decision making, and what violence is and how it can be experienced. Each section follows the same structure with an introduction, a presentation of the day's topic, various exercises such as role play, interviews and writing, and then discussion tasks. All of the course sessions end in the same way, with the course leader reading parts of a poem about acceptance and change to reinforce the messages shared in the course.

The VIP course was developed in Sweden, with Eskilstuna municipality holding the copyright for the course. Eskilstuna municipality certified and provided both the Centre for Equality and the Nok. centre in Hamar (a support centre against incest and sexual abuse) permission to translate and develop a Norwegian version of the VIP course. The Centre for Equality and the Nok. centre are government-funded non-profit organisations which have adapted and translated the VIP course into Norwegian and also hold the copyright for the Norwegian version.

To be a VIP course leader you must complete a six-day (36 hour) training programme conducted by the Centre for Equality and the Nok. centre. The training is divided into two sessions of three days each with a two week break between the sessions. The VIP course, consisting of all 12 modules, is completed in its entirety during the training. This means that the course leaders have already received all the information and completed all the tasks themselves that they will then conduct when leading the VIP course. Training covered for the course leaders includes topics and practical tasks on how to lead groups and the implementation of the VIP course itself. They also receive further education about violence, abuse, equality, and discrimination. A minimum of 80% participation is required to become a VIP instructor and receive certification. The course leaders receive supervision half-way through the course, and again following completion of the course. The supervision is provided by consultants from the

Centre for Equality or the Nok. centre, and is either online or in person. In 2018, ten municipalities in the southeast of Norway engaged in the VIP project, where employees received training as course leaders, enabling them to implement and carry out VIP courses. The pilot project was supported by the Directorate for Children, Youth and Families (Bufdir) and The National Mediation Service in Norway. A research project was designed to focus on the implementation of the pilot project, including research about the course leaders' experiences of leading a VIP course. This paper reports on this research.

Data collection

Semi-structured interviews were conducted using the digital video communication platforms of either Teams or Zoom, depending on the interviewee's choice of platform. A semi-structured interview guide was developed by first and third author and discussed with the student researchers prior to the interviews.

The researchers were supervised by the first author. Two researchers conducted the interviews, and the interviews were video-recorded and transcribed verbatim by the researchers. The interviews were transcribed in Norwegian, and quotes presented in this manuscript were translated by a professional translator.

Data Analysis

Analysis of the data followed the Stepwise Deductive-Inductive (SDI) method (Tjora, 2019). The stepwise approach in the SDI method is suitable for working with smaller projects starting to explore the data inductively in the earlier steps, and in later steps focusing on developing theoretical concepts (Tjora, 2018, 2021). This approach moves between an inductive interpretation and theoretical proximity in the analytic process and is illustrated in Figure 1.

Figure 1 HERE*Illustration of the analytic process*

Each interview was reviewed and coded using NVivo – software suited to support the analytic process of the SDI method. The analysis started with an inductive coding where, according to the SDI method, the codes are closely linked to the empirical data. Examples of some of these inductive codes are presented in Figure 1. The inductive coding of each interview was performed by the first author, reading the transcripts line by line, followed by a review and a discussion with the second author. For the next step, the first and second authors worked with the inductive codes, grouping codes with similar content, identifying themes and organising them into six categories that related to the research question. Examples of the coding process from transcriptions to inductive codes and the categories are displayed in Table 1. In the next step of the analytic process, referred to as the abductive process, we used theory more actively to understand and interpret the categories, alternating between theory and the empirical work. In this phase, we read literature and theory addressing topics like prevention, teaching, health education and self-management programs. Through the process of reading and searching the literature and analysing the data, we were inspired by the theory of the didactic relationship model (Bjørndal & Lieberg, 1978; Vågan & Hvinden, 2020) and Social Identity Theory (Raaheim, 2019; Scheepers & Ellemers, 2019) and these theoretical perspectives aided in the identification of three overarching themes.

TABLE 1 - HERE

Results

The study aimed to explore the VIP course leaders' experience of leading a violence and abuse prevention course for adults with intellectual disabilities. Three themes emerged: a) VIP learning environment, b) VIP identity and c) VIP dilemmas. The themes will be described in turn and presented with quotes provided by the participants (each quote is presented with a number representing the participant).

VIP learning environment

The first theme involves topics related to the learning environment, including the setting and framework for the course. Course leaders describe experiences related to the setting for the course, including when and where the course was conducted and the broad range of experiences of the participants. Course leaders noted the importance of the course being valued by the participants because of how and when it was ran, as illustrated in the following quote:

But for the actual structure of the course, I think it was good that the course was run during the day, and not the evening. So people get the feeling that it's a 'real course'. We've received feedback on that (5)

Other aspects concerning the learning environment focused on the setting where the course was run, including the importance of having a regular meeting place with enough space for everyone to feel safe and comfortable, and the space to have access to resources to support the course including, for example, a printer.

Yes. That's it really... with that... I think it's very important to have a fixed meeting place, and that the course takes place on a fixed day at a fixed time, in a fixed place that can create a safe

environment. Then we have to try as best we can to ensure the same, fixed instructors and together, all of this creates a safe atmosphere. We've received feedback that many of them hadn't heard or spoken about feelings or anything like this before, but they were very much able to open up on the VIP course, so it was very important we created a safe space where they could share, what it was they were keeping inside (10).

Another topic raised by the course leaders in terms of the implementation of the programme was the heterogeneity of the participants, specifically in relation to their experiences of intellectual disability and the impact of this on learning and working in a group. The course leaders reflected on the challenges they experienced in their effort to meet everyone's needs: *So then we also try to put the groups together so that the participants in each group have a reasonably similar functional level. To be able to adapt the content in the best way we can. The facilitating part, that was very difficult (7)*

Implementing the VIP course required course leaders to consider the 'whole' learning environment, including: the participants, their ways of learning, their ways of communicating and ways of coping in a group, as well as the physical layout that the rooms the courses were conducted in:

So, there are several different challenges involved. We also have some participants who may display challenging behaviour, so there's a lot of adaptation and thinking to do, and like I said, both the physical environment of the room itself, choosing the room and how it was organised. The adaptation of the course, that preparation, it is very important that you do that before you even start the course. For example, with organising the room, if you're lucky enough to have a meeting room with a glass door, you learn pretty quickly that, for example, one of the course participants needs to sit on a certain side of the room, because they want to follow whatever's

happening out in the hall. You quickly find out how everything should be allocated and organised, and the frameworks around it all, to ensure the course runs as best it can (1).

VIP Identity

In addition to topics concerning the learning environment, the analysis revealed that the course leaders also had positive experiences of being part of a group, being part of something important and achieving professional and personal growth. The support from colleagues was crucial and created a strong feeling among the team of mutual responsibility and a common wish to succeed, as expressed in the following quotes:

That was something we were passionate about, making sure that we were flexible. We wouldn't have been able to make it work had we not jumped in and taken over. If someone was contagious, it wasn't a problem, as I'd take two courses two days in a row, or someone else would take a half day here or there, so we were very flexible. I think that is the alpha and omega, that we had the course in the first place, and that we were confident in each other, so there weren't any problems (1)

And I think it has been an honour to be given the opportunity to be the instructor, and to be allowed to lead such group meetings

The VIP course leaders also said that they developed their skills both personally and professionally by attending and completing the VIP course leader certification and by being a part of the VIP community:

the reason is because I, I actually wanted to, but it was actually my boss who had signed me up. Partly because I already conduct courses on violence and threatening behaviour in Kristiansand municipality, so about how to handle challenging behaviour. So she thought that

was something I could bring with me here, I don't take things so personally given that we work with violence and threats. I've worked a lot in housing, so that was probably the first reason she just signed me up, as if to say that I think you should go for this, because of course I do have experience in conducting courses anyway. I run a lot of courses. And when she mentioned it, I thought it sounded really exciting. I'm very, very happy I said yes, so yes, I'm very pleased that I was given the opportunity to attend this course. To become an instructor for something like that, I've spoken a lot since about how I learnt a lot myself, which we hope is something we can then transfer over to our participants (12)

VIP Dilemmas

The third theme concerned dilemmas the course leaders struggled with during the course. This included lack of knowledge concerning violence and abuse among staff from the services supporting PWID, and a lack of understanding about the VIP course content and how this course might strengthen the participants' human rights. Another dilemma was the course leaders' limited capacity in being able to offer the participants more information, education or follow-up conversations after the end of a course session and their concerns for the participants' health: *And through that, bring up some of the trauma from their past, which they then take back home with them, when the course is over. And can start to think through some things a bit. Or, not just a bit – there are a lot, or, were a lot, who actually dropped out (of the course) because they thought it would be too difficult (5)*

Another topic that emerged was that parents and others who are often gatekeepers of information and opportunities for PWID had limited knowledge about the course. While staff from the support services knew about the course from their contact with course participants, they

did not pass this information on to parents and other services. The fact that these groups did not have knowledge about the VIP course was considered a challenge and an obstacle in the recruitment of new course participants. Furthermore, the limited knowledge of such support staff regarding violence and abuse generally was a concern, given they have daily contact with people with intellectual disabilities:

Perhaps it's a bit of a weak spot that it is... I mean, everyone here has done the course themselves in advance, and all of us, the employees took the 'Confident in your own sexuality' course a few years ago, so there's maybe too little information and little material for other employees then, so like, what the course is about, what exactly the topic consists of, what are we going to do that day, how we are going to interact with the users afterwards if something comes up, as things don't necessarily come up there and then while on the course, but they may come to the surface a few days later. How will the other employees then deal with it all, as it's not always certain that those who've undergone the course training themselves will be at work that day, so that's something we're missing a bit, there needs to be a bit more material for other employees

(3)

Lastly, the analysis revealed an eagerness by the course leaders to describe the VIP course as a tool for strengthening and addressing the human rights of PWID. Some of the course leaders expressed that this was the first time in their career as healthcare professionals that they had ever offered a course to PWID. They considered the course an important step, not just for the fact that it was because of the course that they were able to learn about violence and abuse but also that it gave them a tool to fight for the human rights of this vulnerable group:

For me, this is about user participation on a whole different level, after all, what we do on the VIP course is CRPD in practice. So, you can't just stop doing that work. It's simply a matter of

continuing and adding more and more and more. A lot of it is about the future of user participation. They're learning to set boundaries and take responsibility. It couldn't have gone any better. So we'll keep doing it (9)

Summary of results

In this study, we aimed to explore course leaders' experiences in leading the VIP violence and abuse prevention course for PWID. The findings indicate that the VIP course leaders identified important practical issues that impacted the running of the courses, including skills in adapting the course for all participants (VIP learning environment). Furthermore, the results imply that the course leaders experienced a strong feeling of being part of a team and that the course leader role offered them formal and personal growth (VIP identity). Finally, the course leaders talked about the dilemmas they faced in their roles as course leaders and healthcare professionals, in particular when the ethos and approach of the VIP course challenged the disability services and families (VIP dilemmas). As the VIP course serves as a violence prevention programme, the course leaders were trained in how to support engagement with this complex topic, which can be triggering for participants. However, the course leaders also expressed some concerns about their own capacity to fully support the PWID who participated in the course both during and after the course had ended. Some course leaders reflected on the fact that, in comparison to their general role as leaders for the whole group, they did not have the same time and space to give one to one support to the PWID they were working with through the VIP course. The role of a VIP course leader, leading a group-based educational course, requires competencies in several topics such as knowing how different factors may influence the learning outcomes of the course participants. Based on the results of this study we suggest that a

pedagogical framework, see Figure 2, might be useful to empower health professionals in leading a VIP course.

FIGURE 2 - HERE

Discussion

Our findings indicate that an overarching theoretical framework may be beneficial in the VIP course and in the leaders' training to improve their understanding of how they can design a positive learning environment, including the learning environment for the course and for managing related dilemmas. The didactic relationship model offers a way of both understanding the experiences of the VIP course leaders while also providing a framework that could be applied to future VIP training. The six categories of the model could be applied to the VIP course and the approach to leading the course. As aforementioned, the VIP course is a structured programme outlined in a course manual with specific content defined for each session and different pedagogical tools provided for use in the learning process. Additionally, each session has a stated goal, and an assessment is conducted after each session has concluded. Due to the structured nature of the VIP course, we argue that the following categories of the didactic relationship model are already addressed in the course manual: 1) content; 2) learning process; 3) assessment and; 4) goals. However, the findings in this study indicate that the two remaining categories of the didactic relationship model of 5) setting and 6) learning conditions were not addressed in the VIP course and also happened to be the categories that the VIP course leaders reported as challenging (Bjørndal & Lieberg, 1978; Vågan & Hvinden, 2020). An explanation of why the categories of *setting* and *learning conditions* were absent in the course manual may relate to a missing theoretical framework supporting and aiding the pedagogical practice. Our study echoes the findings addressed by Kristjansdottir et al. (2021) which concerns a missing theoretical

framework to support the VIP course. Hence, we suggest that the didactic relationship model may offer a theoretical framework that includes all factors that influence pedagogical activity, such as the VIP course.

The category *setting*, as related to the theme of learning environment in this study relates to where and when the course should be arranged. One main finding of this study is the positive experience reported of organising the course in the daytime. Arranging the course during the daytime might not be suitable or possible for everyone. However, decisions about where and when to run the course are an important part of the *setting* – what we refer to as the learning environment. Using the didactic relationship model, it is clear that this category can have a significant influence on other categories including the learning process and conditions.

Furthermore, in the didactic relationship model, the *learning conditions* involve both the learners and the teachers (Bjørndal & Lieberg, 1978; Vågan, 2020). In this study, the course leaders were healthcare professionals who either held a bachelor's degree or a vocational degree. Our findings may indicate that course leaders struggled with the balance between their role as a teacher and their role as healthcare professionals. These roles are of course intertwined but less experience and knowledge about didactic and learning processes might mean the course leaders focus more on the care of course participants and less on teaching and learning. Similar challenges are reported in studies involving group-based patient education where healthcare professionals call for more knowledge to improve their competencies in delivering such education (Kristjansdottir et al., 2021). The didactic relationship model has been adapted and used in group-based patient education too, for example in teaching patients to live with chronic illness (Vågan et al., 2016; Vågan & Hvinden, 2020). As stated, all six factors of the model are interdependent in a learning process and need to be considered carefully as a whole, to reach the

best possible learning outcome (Bjørndal & Lieberg, 1978; Vågan, 2020). The didactic relationship model might therefore be a helpful tool to aid the course leaders in planning and further developing the courses by including all of the didactic factors involved and understand how these affect one another.

Another interesting finding is how the course leaders described the VIP course as a tool to fight for PWID human rights. As described earlier, course leaders connect the VIP course to heightened self-determination and the CRPD. Indeed, the course addresses self-determination in terms of teaching skills related to the right to determine the parameters of relationships and the right to report abuse. However, there might be different understandings of why the CRPD and self-determination were highlighted as important by the VIP course leaders in this study. One explanation might be the present public discussion in Norway on whether the CRPD should be incorporated into Norwegian law, which the Norwegian parliament dismissed in March 2021. Another explanation might be that the Centre for Equality and the values they frame have contributed to the shaping of the course. An interesting development of the VIP course that would strengthen the course participants' own voices, would be to take active measures to include PWID in the design and implementation of the courses, as has successfully been carried in the SL&RR in Australia through peer education (Frawley & O'Shea, 2020). This approach would also reflect the ecological model of disability violence and abuse that emphasises that at the individual level prevention is about empowerment not protection.

How the course leaders took on their role as a VIP course leader and developed an understanding of their new role in relation to their other roles, was interesting. This was referred to as the VIP identity. The findings suggest that building a team or network of VIP course leaders could be important for the successful outcome of a course and might be understood

through the lens of Social Identity Theory (Scheepers & Ellemers, 2019). It has been suggested that Social Identity Theory can boost a person's self-efficacy in terms of the feeling of belonging to and identifying with a group, which increases a person's experiences of support and positively influences their self-efficacy (Guan & So, 2016). Leading a prevention course like the VIP course is a qualitatively different role than other roles that involve working with PWID, including providing health services or working in group-homes. Being asked or selected to lead a VIP course required the healthcare professionals to move into a different role in which they work collaboratively with other VIP course leaders, and thus contribute to building a group identity. Through this group affiliation, their role as course leader also gradually developed. The importance of being part of a group – sharing and discussing barriers and becoming facilitators in the development of each other's competence as course leaders – has also been reported in similar research addressing training of healthcare professionals who lead group-based education (Kristjansdottir et al., 2021; Stockton et al., 2004). Research with course facilitators and peer educators in the SL&RR programme in Australia had similar findings, as reflected in statements about the value of leading the course at a personal and professional level (Frawley & Bigby, 2014). However, the VIP course leader role and their professional identity as healthcare professional seemed to raise certain dilemmas. Our analysis showed that one such dilemma was related to course participants' stories of abusive experiences and the course leaders' lack of resources in being able to offer them help to cope with their experiences. Similar challenges are reported in another study, where teachers were questioned as to whether they were the right profession to teach PWID about sexual health, violence, and abuse, given that they lacked the right healthcare-related competence (Nelson et al., 2020). To sum up, these findings shed light on the need for increased awareness of both the abuse that PWID face, and the need to develop

resources that can be used to offer PWID information and support. The SL&RR programme has a large range of resources that have been co-developed with PWID, thus are accessible in terms of language and concepts used. While some are relevant to an Australian context, others could be used or revised for use in the Norwegian context, such as for the VIP Norway course. This includes a set of resources called the ‘Talk about it series’, which offer information for support workers and fact sheets for PWID (Sexual Lives & Respectful Relationships, 2023).

In the current study, we interviewed course leaders about their experiences leading a VIP course. Some barriers relating to the COVID-19 pandemic impacted the provision of VIP courses and can be understood as a limitation of this study. Some of the course leaders had only conducted VIP courses during the ongoing COVID-19 pandemic, when strict Norwegian governmental restrictions were in place, affecting the provision of public services during that time. As a result of this, some of the course leaders had not led many courses and found that there were limited opportunities for course leaders to meet, debrief and revise their course leadership approaches, depending on where in the country they were based. Our findings, especially related to how the course leaders found support and encouragement in the VIP groups they established, might have actually been strengthened due to the restrictions introduced by the COVID-19 pandemic.

The main findings in the current study suggest that VIP course leaders in Norway may benefit from using a didactic relationship framework in planning and running the courses. The reasoning behind this is that it seems of particular importance in this context to build strong teams who can support and help each other to adapt the courses and develop ways of dealing with dilemmas they face as VIP course leaders. These findings pose interesting new questions about how to improve the didactic competencies of course leaders, and how they can cope with

encountering challenges relating to their being able to provide ongoing support to VIP course participants.

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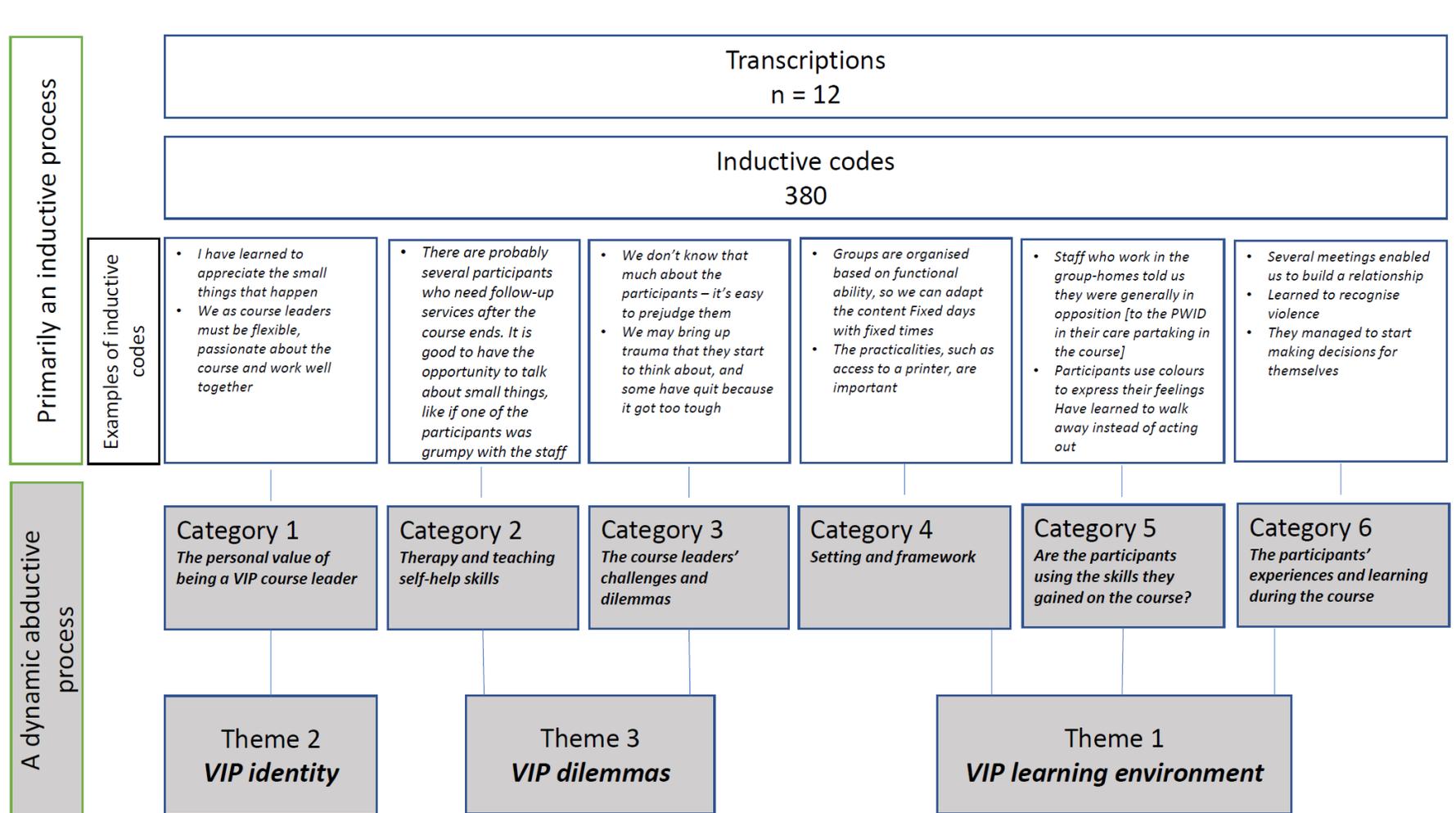
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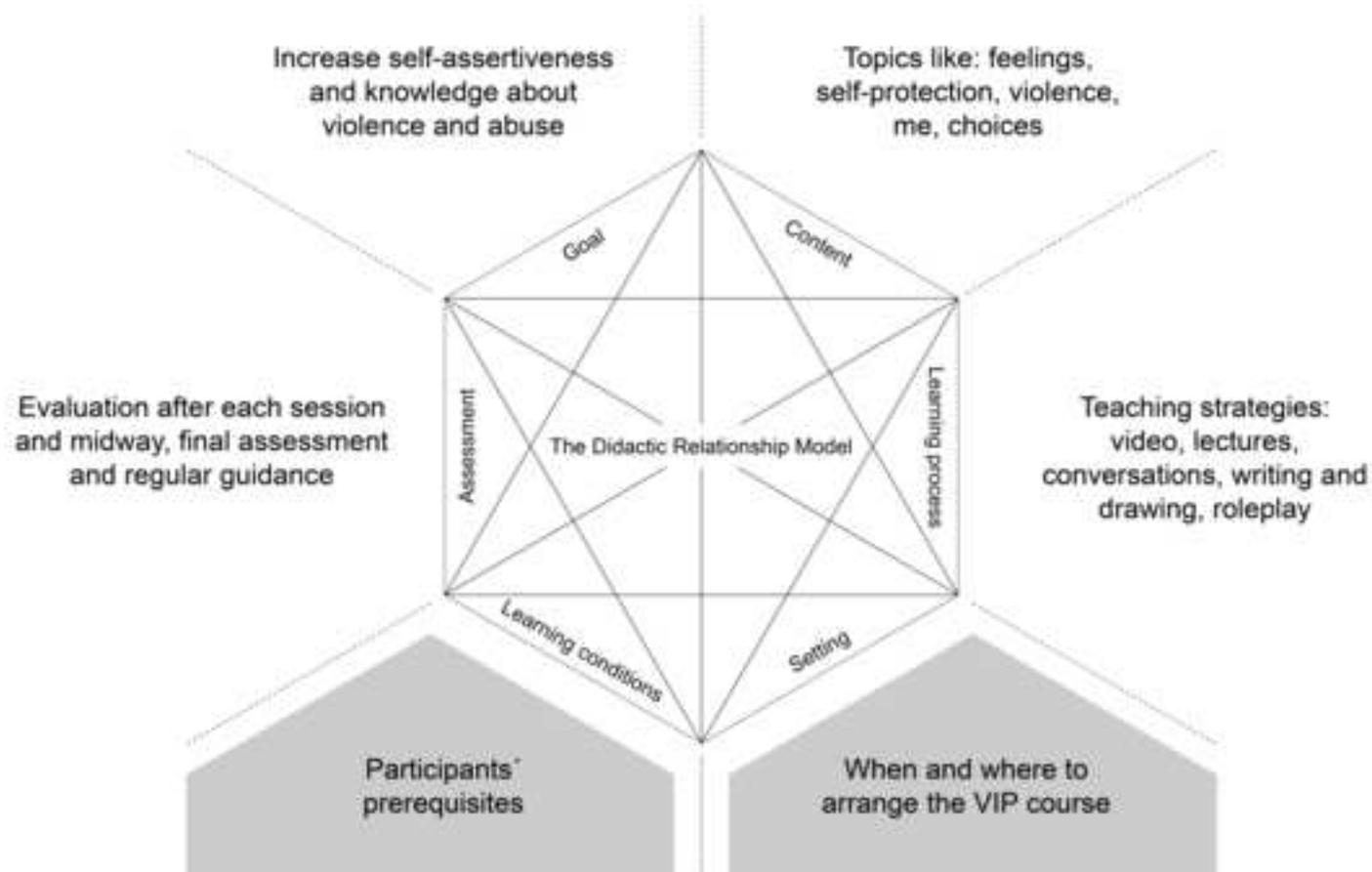
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Figure 1

Analytic process



Note. The analytic process begins with a primarily inductive process in the transcription and coding phase and ends with a more dynamic abductive phase with categorization and themes.

Figure 2*VIP Pedagogical Framework**Note:*

The figure illustrates The Didactic Relationship Model developed by Bjørndal & Lieberg, 1978, and how four of the six categories align with the VIP program's Goal, Content, Learning process and Assessment. The categories Learning conditions; Participants prerequisite and Setting: When and where to arrange the course, are shaded to illustrate how these categories can be implemented in a VIP Pedagogical Framework.

Table 1

Analytic process with examples from transcription to organisation into categories

Transcription	Inductive codes	Categories
<p>And then they may say that we talk about things like that, which isn't good, and then say "oh no, but that happened to me, and he did that, and that's what uncle does, etc." Things like that may arise, and then everything suddenly collapses. And the whole time there's that "if you want to talk to somebody alone, we can go out into the hall, or we can continue the conversation in the room", while the other instructor is sitting in the room with the others. So we're sitting there observing the entire time, trying to detect things. If someone becomes quiet ... well, we have to observe that too.</p>	<p>We are constantly observing, and if someone feels the need to talk to us alone in the hall, we can do that.</p>	<p>Therapy and teaching self-help skills</p>
<p>And during the course, we found that this had been difficult for some people. That we brought up topics that they may have stored away or repressed, or are trying not to deal with because they are too difficult. And we've talked a lot about being able to ... because we're just touching on a few things, you know, two hours a week. And they have no one to talk to about it ... there was one who said ... "My head hurts so much after I've been at a VIP course". "My head hurts so much." Because we've begun ... it takes a little time to get used to the stuff we talk about and things like that.</p>	<p>We're just touching on things, and they have no one to talk to afterwards.</p>	<p>Course leaders' challenges and dilemmas</p>
<p>So then we also try to put the groups together so that the participants in each group have a reasonably similar functional level. To be able to adapt the content in the best way we can. Facilitating things was very difficult.</p>	<p>Putting together the group based on a functional level in order to adapt the content as well as possible.</p>	<p>Setting and framework</p>