Workplace Violence: Practical Policies and Strategies for Prevention, Response, and Recovery

Laurence Miller
Independent Practice
Boca Raton, Florida

Abstract: The design and maintenance of behaviorally safe workplaces represents a vital collaboration between industry and the mental health professions. Employers must take all threats to worker safety seriously and take appropriate action to deal with those threats. They must have measures in place to handle disciplinary matters, safe hiring and firing, escalating crises, ongoing emergencies, and aftermath effects. This article describes the essentials of research and practice in the field of workplace violence and provides guidelines for crisis counselors, trauma therapists, and emergency mental health clinicians who consult with organizations and who provide direct clinical services to victims of violence. Finally, workplace violence prevention and response comprise one facet of the comprehensive management consultation role in which increasing numbers of behavioral and mental health specialists will find themselves at the start of our new century.[International Journal of Emergency Mental Health, 2007, 9(4), pp. 259-280].

Key words: workplace violence, workplace safety, corporate crisis intervention, emergency mental health, business psychology, industrial/organizational psychology

“A disgruntled [pick one: postal worker, law client, insurance claimant, store customer, hospital patient, factory worker] stormed into his place of business yesterday, killing three people and wounding several more, before turning the gun on himself. Film at 11:00.”

You’ve heard this one before. Often the lead story is followed by interviews with coworkers or associates whose comments almost invariably follow one of two main themes:

“He was always a little strange, you know, quiet.

Kept to himself a lot, didn’t get along with too many people, but came in, did his job, and never caused any real trouble. But nobody ever figured him for a stone killer. Man, we didn’t see this one coming.”

Or:

“Dammit, I knew it was just a matter of time till something like this happened. This guy was bad news, a ticking bomb, and we all knew it. But there were no precautions or any real kind of discipline at all. We tried to tell management, but they just got annoyed, said there was nothing they could do, and told us not to stir up trouble. When he finally snapped, we were sitting ducks.”
Most traumatic events encountered in life—earthquakes, chemical spills, terrorist attacks, plane crashes, street crimes—strike suddenly, without warning, and with little control. Correspondingly, medical, mental health, law enforcement, and administrative efforts typically focus on treating victims, survivors, their families, and other affected persons after the fact.

But one of the cardinal principles of crisis management (Miller, 1998c, 2006d, in press) states that, “The best form of crisis intervention is crisis prevention.” And for virtually no other type of major tragedy is education, training, and preparation so important in foreseeing and planning for emergencies as in the area of workplace aggression and violence. Consequently, in this article, special attention will be given to what crisis counselors and emergency mental health clinicians can do to help the public organizations and private companies they consult with reduce the risk of this kind of tragedy. Then the article will describe the measures that organizations can take to mitigate the short- and long-term traumatic effects of this special kind of traumatic event (Miller, 2008a, 2008b).

**Workplace Violence: Facts and Stats**


Homicide is the number one killer of women and the third leading cause of death for men in the workplace, after motor vehicle accidents and machine-related fatalities. You are about twice as likely to be murdered at work as to die from a fall, four times more likely than to be accidentally electrocuted, five times more likely than to go down in a plane crash, and many times more likely than to be killed in a terrorist attack. The majority of workplace homicides are committed by firearms. Most violence is perpetrated by people outside the company, but intracompany violence by employees or ex-employees is common, and most people find the prospect of being harmed by a coworker far more frightening than by an outsider.

Workplace violence costs American business approximately $4.2 billion a year. To put this in a more personal perspective, it boils down to a conservative estimate of more than $250,000 per incident in terms of lost work time, employee medical benefits, decreased productivity, diversion of management resources from other productive business, increased insurance premiums, increased security costs, bad publicity, lost business, and expensive litigation costs. In terms of the human cost, most workers polled after an incident say that they are psychologically traumatized by the threat of future workplace violence, and a sizable proportion lose work time due to stress disability.

For every actual workplace killing, there occur more than 100 acts of sublethal violence, including fistfights, nonfatal shootings, stabbings, sexual assaults, vandalism, sabotage, bombings, and arson. Perpetrators who turn deadly often engage in threats and harassing behaviors before their actions escalate to killing, emphasizing the need for early boundary-setting and other preventive interventions. Verbal abuse and harassment can be even more destructive to employee morale and productivity than physical assault. The ironic reason is that employees who resort to fisticuffs create a palpable disturbance, cause potentially costly injury, and are an embarrassment to the company; consequently, they are likely to be assertively disciplined. But “mere” verbal threats, curses, snide remarks, and personal property sabotage (one of my patients had rotten food regularly placed in her desk drawer) typically aren’t taken as seriously, since they seem to affect few employees or stakeholders outside the direct targets of the nastiness.

Complaints about “minor” obnoxious and non-overtly violent antisocial workplace behavior are often treated by management as nuisances that get in the way of doing business and are thus dismissed with comments such as, “Grow up,” “Deal with it,” or “Work it out yourselves.” Ignoring the problem, however, typically emboldens the malefactor to escalate the abuse to more overtly physical aggression that eventually causes serious damage. Alternatively, the persecuted victim, rebuffed by management, feels that he has no choice but to take matters into his own hands and retaliates explosively, becoming himself the perpetrator of workplace violence, a dynamic very similar to that noted in many episodes of school violence over the past decade (Bender &

The Workplace Violence Cycle

Accounting for individual variations, there appears to be a certain predictable pattern in the evolution of many workplace violence incidents (Denenberg & Braverman, 1999; Kinney, 1995, 1996; Labig, 1995; Mack, Shannon, Quick, & Quick, 1998; Neuman & Baron, 2005; Potter-Efron, 1998; Simon, 1996). The cycle typically begins when the employee encounters a situation (actual or imagined) that he or she experiences as antagonistic or stressful. This may be a single overwhelming incident or a capping event to a cumulative series of stressors—the proverbial “last straw.” The worker reacts to this event cognitively and emotionally based on his predisposing personality, psychopathology, and life experiences. In the typical workplace violence perpetrator, this reaction often involves a noxious stew of persecutory ideation, projection of blame, and violent revenge fantasies.

As these thoughts and emotions continue to percolate, the individual increasingly isolates himself from the input of others and accretes a mindset of self-protection and self-justification in which a violent act may come to be perceived as “the only way out.” Blame continues to be externalized and vengeance brews as the worker broods on some version of, “I’ll show them they can’t do this to me and get away with it.” For some individuals, the intolerability of the perceived workplace injustice leads to hopeless suicidality with a retaliatory tinge:

“If they can screw me, I can screw them back—big time. Why should other people go on having what they want and enjoying themselves, when I can’t? I’ll show them they can’t do this to me and get away with it. I may be going out, but I’m not going out alone.”

The perpetrator fantasizes that, after he’s gone, his Ramboesque exploits will be reported to millions of people around the world; his name will be a household word. Far from meekly slinking away, our hero will leave this world in a blaze of martial glory—just like in the movies.

The actual means of carrying out this commando action will be dictated by availability and, in our society, the easy obtainability of firearms usually makes this the method of choice. The operational plan may be executed impulsively and immediately, or it may undergo meticulous planning with numerous revisions. The final step is the violent act itself, which may occur any time from hours to months to years following the final perceived injustice.

Workplace Violence Prevention

Remember, the best form of crisis intervention is crisis prevention. But despite the growing recognition of workplace violence as an occupational problem, denial still appears to be the coping method of choice among American employers. Only 25% of the companies surveyed offer formal training to any employees in dealing with workplace violence, and less than 10% offer such training to all employees in the company.

It doesn’t take much to correct this situation and the practical payoff can be palpable. For example, at the start of the 21st century, if someone is going to “go postal” on the job, that person is probably least likely to be an actual postal worker. That’s because, in the past two decades, the U.S. Post Office has undertaken a concerted and effective program to reduce violence at work. By responding in a similarly forthright manner, the retail trade, which in the 1980s and 1990s had accounted for more than one-third of workplace violence deaths, has managed to cut its rate of homicide in half over the past decade.

Companies can do a number of things to reduce the chances of violence at work (Albrecht, 1996, 1997; Blount, 2003; Blythe, 2002; Caponigro, 2000; Crawley, 1992; Dezenhall & Weber, 2007; Flannery, 1995; Grote, 1995; Kinney, 1995, 1996; Labig, 1995; Mack et al., 1998; Martinko, Douglas, Harvey, & Joseph, 2005; Miller, 1998c, 1999b, 2001a, 2001b, 2005c, 2008a; Mitroff, 2001; Nicoletti & Spooner, 1996; Schneid, 1999; Simon, 1996; Yandrick, 1996): They can have clear, strong, fair, consistent, and clearly written policies against violence and harassment and institute effective grievance procedures; they can maintain a firm security program at the same time as they cultivate a supportive managerial environment that strikes a balance between reasonable employee autonomy and control over their work, and effective supervision and communication when necessary; they can provide periodic training in resolving conflicts through teambuilding and negotiation skills.
Organizations should have a clearly stated policy of zero tolerance for violence. This should be contextualized as a safety issue, the same as with rules about fire prevention or disaster emergency drills. Company policies should state clearly that any manner of threatening remark or gesture in the workplace is unacceptable and that anyone who engages in such behavior will face disciplinary action. All threats should be thoroughly investigated, albeit with reasonable sensitivity to all parties. Having official rules that apply equally to everyone makes enforcement objective and impersonal.

But in order to prevent the workplace from becoming a caricature of some totalitarian, thought-police regime of political correctness, these policies and procedures should leave room for well-informed managerial discretion and basic common sense. Definitions of reportable behavior, with specific examples, should be established, distributed, and role-played, as necessary. Plans should be put in place that specify how and to whom threats and offenses are to be reported, as well as a standardized protocol for investigating threats. Other policy and procedure points include security measures, complaint and grievance procedures, and services available for dispute mediation, conflict resolution, stress management, safety training, and mental health services. Most companies can develop and write up these protocols themselves. Organizations with a large, diverse, and/or complex work force may want to avail themselves of qualified outside consultants.

Workplace Violence: Response to Emergencies

Sometimes, despite the best efforts at prevention, a dangerous situation begins to brew and a violent confrontation seems imminent. Other times, the incident just explodes and personnel have to respond on the spot. Part of the pre-incident emergency planning should include a contingency for evacuating employees and others and for alerting authorities, but employees and managers still may find themselves trapped in the position of having to stabilize the situation until help arrives.

The following guidelines for handling workplace violence emergencies have been adapted from several sources (Blythe, 2002; Caraulia & Steiger, 1997; Gilliland & James, 1993; Labig, 1995; Miller, 1999b, 2000a, 2000b, 2002c, 2005a, 2007a, 2007c, 2008a, 2008b, in press), along with my own comments and suggestions. As always, these recommendations do not take the place of comprehensive on-site planning, preparation, and training, but they can serve as an interim practical guide to responding to behavior-based emergencies of many types, including workplace violence.

Recognizing Warning Signs of Impending Violence

Nonspecific “red flags” that an employee may on the verge of losing control may include: disorganized physical appearance and dress; tense facial expression or other distressed body language; signs of intoxication or inappropriate use of dark glasses or breath mints to mask alcohol or substance abuse; severe agitation, verbal argumentativeness, or outright threats, especially to specific persons; and/or the presence or evidence of weapons.

However, in many cases, there may be no perceptible warning signs. Aside from these general indicators, managers and employees should try to know the people they work with as well as possible so they can be alert to any significant changes in their appearance, mood, or behavior and take action as early as possible to prevent things from boiling over into a violent confrontation (Miller, 2003a, 2008a).

Defusing a Potentially Dangerous Situation

A potential workplace violence crisis can be thought of as occurring in several stages, each with its own set of recommendations for defusing danger. Like all protocols, don’t think of these as an unvarying sequence of discrete steps but rather as general categories of response that can change course or blend into one another, depending on the person and the circumstances (Caraulia & Steiger, 1997; Labig, 1995).

In the anxiety phase, the employee is becoming increasingly overwhelmed and agitated, and the response that is most needed at this stage is support. The focus of the intervention should be on how the employee feels and what his concerns are. This involves rapport building and active listening, the mainstay of crisis intervention.

“You seem upset about something, Fred. Whatever’s going on, I hope you’ll let me help you out.”

In the defensive phase, the employee comes to feel increasingly trapped and out of options. The response needed here is a directive one in which the employee is shown a safe and dignified way out of the danger zone. Helpful tech-
niques involve encouraging and modeling self-control, redirecting anger, using calming body language, giving limited choices, and gently but firmly setting limits.

“I know you’re angry about the last suspension, but I don’t want you to do anything that’s going to hurt you further. C’mon, take a deep breath and let’s step into the atrium and talk this out. Or do you want to go down to the cafeteria and get a cup of coffee? I’m buying.”

In the acting-out phase, the employee has already lost some control. The appropriate response is containment. Until the cavalry arrives, focus on the employee’s immediate behavior, set clear and reasonable limits, and use calming speech and body language. If the employee has not yet been violent, and security or law enforcement personnel have arrived, you may sometimes be able to use them to leverage cooperation from the employee.

“Okay, Fred, I hear you, you made your point. Let’s pull this thing back, okay? We can replace the computer, but I need you put down the fire extinguisher and do whatever the security people tell you till we get this thing sorted out. I called the authorities here because I don’t want you or anyone else to get hurt.”

In the tension-reduction phase, the crisis has largely passed and the employee should be ready to accept help in reducing his level of anxiety and anger. Assuming no serious harm was done and the employee is not actually in custody, the appropriate response is a supportive type of rapport that is helpful, understanding, and calm. Reinforcing a controlled and face-saving ending to the potentially dangerous episode is often the best insurance that it won’t be repeated, even if the employee’s behavior eventually results in disciplinary action, termination, or arrest.

“I’m glad we were able to settle this, Fred. It took guts to do the right thing. We’re going to let the medics check you out and the police ask their questions, and then, when the dust settles a little, we’re going to figure out what to do next, okay?”

Handling a Violent Episode

When the situation looks like it’s getting beyond the point where it can be defused adequately, then safety comes first. The rule is: When in doubt, get the hell out. Pay attention to the environment and to potential dangers, make a mental note of possible escape routes, and think about how to call for outside help. If you find yourself absolutely trapped in a potentially dangerous situation, heed the following guidelines (Blythe, 2002; Caraulia & Steiger, 1997; Flannery, 1995; Gilliland & James, 1993; Labig, 1995), supplemented by adequate training and practice.

Initial action: If possible, don’t become isolated with a potentially dangerous employee or customer unless you have made sure that security precautions have been taken to prevent or limit a violent outburst. But sometimes an interview or disciplinary session begins benignly enough, only to quickly start spiraling out of control. If this happens, casually interrupt the interview to call and request something, while actually calling for help. That’s why it is important to have a prearranged signal for just such an emergency. Some authorities recommend directly telling the subject you are summoning help in order to maintain credibility in the interaction and because this may actually reassure some subjects who are feeling out of control. Other subjects may panic and attack you if they think you’re calling for backup. Assess the situation and use your judgment.

Body language: Don’t behave in ways that could be interpreted as aggressive or threatening, such as moving too close, staring, pointing, or displaying provocative facial expressions or postures. Try to stand at an oblique angle facing the employee: Not directly in front of him, which could be interpreted as a challenge, and not behind him, which may signify a possible “sneak attack.” Observe the general rule of standing “two quick steps” away from a dangerous subject. Some authorities recommend asking the employee if you can sit down, as this may constitute a less threatening figure. Then encourage him to be seated as well. If you’re already standing, and it looks safe, try to slowly and unobtrusively maneuver yourself toward a doorway or other point of quick exit and always be scanning the environment for points of escape, but be careful not to be too obvious about doing this, which may antagonize the subject. Always move slowly and keep your hands where they can be seen.

Communication style: Keep the employee engaged in conversation about his feelings or about a specific problem, but avoid “egging him on.” Venting should not escalate to ranting. Keep the conversation going, pace it, and modulate your voice. Don’t shout, put a sharp edge on your voice, or use threats. Conversely, don’t mumble or speak hesitantly so that the employee has trouble understanding you, which
he may find irritating. Give the employee your undivided attention and use empathic listening skills, such as simple restatement of the employee’s concerns to show you’re “getting it.”

Use common sense and your own good judgment, but generally don’t attempt to logically reason with a subject who is under the influence of drugs or alcohol or is clearly irrational or psychotic. The purpose of your communication is not to try to “talk him out of” his gripes or delusions: You won’t. Conversely, don’t pretend to agree with the subject’s distorted point of view, because the perceptible deceptiveness and insincerity of this gesture may further infuriate him. Rather, show empathy and concern for his real or imagined plight and suggest alternative ways of resolving the crisis.

Another principle of crisis communication: When in doubt, shut up. Use silence as a tactic and let the employee talk, as the more energy and adrenalin he expends, the sooner he will fatigue and the easier it will be to control the situation. However, avoid seeming like you’re totally ignoring the employee and be sure to answer when spoken to. Also, if his own speech seems to be agitating him further, use verbal and nonverbal calming techniques to ratchet down the tension level while continuing to let him talk.

**Communication content:** Don’t argue, give orders, or disagree when not absolutely necessary. Don’t push your own authority or blather on in an officious, know-it-all manner. Conversely, don’t be overly placating or patronizing, and don’t condescend by using childish responses that are cynical, satirical, or insulting. Be careful with attempts to lighten the situation with humor. Persons under extreme stress tend to be very literal and concrete, and even well-intentioned levity may be misinterpreted as mocking or belittling his plight.

Don’t make promises you can’t keep, except possibly to buy time in an emergency situation. Avoid complex “why” and “what” inquiries that put the employee on the defensive; rather, use simple, direct, close-ended, yes-or-no questions. Calmly and simply explain the consequences of further violent behavior without provocation or condemnation. Set limits and give choices between two alternatives: “I want to talk with you about this, Fred. Do you want to sit down here or go outside for a smoke?” Try to de-escalate slowly, moving from step to step toward less agitated behavior.

**Scene control:** Whenever there’s a commotion, people may flock to the scene, either to help or just gawk. Don’t allow a number of interveners to interact simultaneously with the employee in multiple dialogues, as this can be confusing and irritating. Have one intervener take charge. If this person is clearly ignored or rejected by the subject, try to find someone who can establish better rapport. Any physical restraint or take-down procedures should be carried out by personnel with specialized training in this area. Don’t allow an audience to gather around the employee, cheer him on, insult him, or shout at him from a distance; this includes the media. Anyone who has no business being there should leave immediately. If professional crisis negotiators or law enforcement officers show up at the scene, brief them as thoroughly as possible and then let them take charge.

**Guns and Weapons**

In many cases of workplace violence, the subject is armed (Schaner, 1996). An employee may have brought a weapon to the scene with the clear intention of using it or kept it with him during his conversations with his boss or coworkers, “just in case.” In other situations, a customer may have a dispute with the company and bring along a weapon for backup, or it may just represent a robbery attempt. In any of these cases, when abruptly faced with an armed life-and-death confrontation, some basic recommendations (Dubin, 1995; Flannery, 1995) apply, to be supplemented by adequate training and practice.

The first thing to do upon seeing the weapon is to acknowledge it with a neutral and obvious remark (e.g., “I see the gun”). Maintain your distance, keep your hands visible, and move slowly. Never tell the subject to drop the gun or attempt to grab it, as he may have another weapon concealed or may simply overpower you. As rapport develops, and if the subject appears ambivalent about using the weapon, request that he point it away while you talk. Appeal to his sense of competence and control: To avoid an “accident,” ask if he will at least decock the gun (revolver) or put the safety catch on (semiautomatic pistol). If he flat out refuses, let it go and just be cautious.

If the subject seems willing to surrender the weapon, don’t ask him to hand it over, but rather have him unload it, place it down in a safe, neutral corner, and back away. Some authorities recommend that the intervener then slowly pick up the gun and neutralize it. If you do this, be careful not to point it at the subject, as this may give him an “excuse” to pull another concealed weapon or otherwise attack you.
However, any contact with the weapon on your part can be dangerous because you don’t know whether he’ll suddenly change his mind and think you’re trying to attack him. Therefore, to avoid being baited into going for the gun, wait till the subject has put it down safely, then ask him to calmly walk out of the room with you, leaving the weapon behind.

One of the principles of crisis negotiation is that the more time that passes without the subject’s firing the weapon or otherwise injuring anyone, the lower the overall likelihood of violence occurring (Gilliland & James, 1993; McMains & Mullins, 1996; Miller, 2005a, 2006d, 2007a, 2007c). Initially, however, you should comply with whatever reasonable and safe demands the armed subject may make (“Sit over there.” “Get my supervisor on the phone.” “Hand over the money.”), taking special care to avoid agitating him further. Continue to talk to the subject (unless he tells you to be quiet), reasonably empathize with the perceived grievance or his feelings about it, and acknowledge that he’s in control of the situation.

Try to appear calm, but not nonchalant or cocky, and not intimidating, confrontational, or argumentative. Encourage the armed subject to talk out his concerns, but remember the difference between venting and ranting; the former serves to blow off steam, the latter can cause the pot to explode. Employ the relevant defusing strategies discussed above (and reinforced by your training) until the crisis is safely and successfully resolved or until qualified professionals have taken control of the scene.

**Workplace Violence Recovery**

Sometimes the worst case scenario happens and a violent incident stuns and horrifies the workplace. People may be killed, others physically wounded, some held hostage, and many emotionally traumatized. It is in the aftermath of such a dramatic episode that executives, managers, and the mental health clinicians they consult with typically engage in the most intensive collaboration to facilitate the recovery of affected personnel and the company as a whole (Miller, 1998c, 1999b, 2008a).

**Plans, Policies, and Procedures**

A particularly fruitful collaboration among executives, managers, and mental health professionals concerns proactively setting up policies and procedures for responding to the aftermath of a workplace violence incident. Many of these originated in specialized settings such as mental health clinics or law enforcement agencies and have been developed and adapted for the corporate world by psychology and management experts (Albrecht, 1996, 1997; Blythe, 2002; Caponigro, 2000; Dezenhall & Weber, 2007; Flannery, 1995; Kinney, 1995, 1996; Mantell & Albrecht, 1994; Miller, 1998c, 1999b, 2008a; Mitroff, 2001; Yandrick, 1996).

**Media and public relations:** A specially designated media spokesperson should brief the media and, more importantly, shepherd them away from grieving employees, family members, and eyewitnesses. A firm, forthright, proactive, and sincere approach to providing information is preferred, from someone in a high position within the organization or, alternatively, a qualified outside public relations spokesperson or firm. Companies should always be prepared to offer a concerned and honest answer to the question: “What is this organization doing for the survivors and the victims’ families?”

**Employees and families:** Someone should be designated to notify the victims’ families of the incident and be ready to offer them immediate support, counseling, and other services. Personnel managers should arrange time off for grieving and traumatized employees as appropriate. Following the initial stages of the incident, the mental health clinician should help managers and supervisors find ways for the employees to memorialize slain victims.

**Law enforcement, physical security, and cleanup:** Someone should be assigned to immediately check, protect, and/or restore the integrity of the company’s data systems, computers, and files. A representative should be designated to work with local law enforcement. The crime scene should be kept intact until the police have gone over the area. A cleanup crew for the site of the attack should be available, pending approval from law enforcement investigators. Exquisite sensitivity to surviving staff’s feelings about “cleaning up the mess, like nothing happened” is crucial, and such cleanup operations should be conducted in as respectful, even solemn, a manner as possible.

**Legal measures:** In-house legal counsel or the company’s outside law firm should be notified about the incident and, if necessary, asked to respond to the scene. They should advise company executives and managers as to appropriate actions immediately following the incident and in the weeks and months ahead. Always remember that the greater the
sincere concern shown by the company for their employees, families, and stakeholders, the lower the level of contentious litigation that is likely to occur in the months and years to follow.

Mental health mobilization: In the best case, planning will have included detailed preparation and practice drills with the company psychologist or outside mental health consultant. In most cases, it simply means that the mental health clinician has become sufficiently familiar with the organization to know how to gather critical information and respond promptly and effectively at the time of a crisis. Unfortunately, in many organizations, post-incident mental health services are farmed out to generic EAP counselors who, competent enough to handle routine mental health issues, have little or no training in posttraumatic stress syndromes or corporate crisis intervention.

Company representatives should know how to contact their mental health professionals immediately, arranging for the clinicians to meet first at top levels of the organization for executive briefings and then scheduling meetings with anyone in the organization who needs to talk about what happened. A critical incident debriefing area (see below) should be established for the responding mental health professionals. Optional crisis intervention services should be made available for all potential workplace violence victims, not just immediate survivors or employees. A follow-up schedule should be arranged for the clinicians to return to the site for further services as needed or for referral of employees to their private offices or clinics for follow-up counseling.

Restoring Order: Posttrauma Crisis Management

In the immediate aftermath of a workplace violence incident, available personnel must begin the process of accounting for slain, injured, and surviving employees while awaiting the arrival of post-trauma professional service providers. Company officials must communicate the message that all personnel and family members will be provided the utmost care and concern. Mental health consultants should advise managers and executives that many of their employees will be destabilized, demoralized, and disoriented and that they will be looking to company authorities to restore order and their sense of confidence and psychological equilibrium. This is a critical time. Failure to demonstrate constructive grief leadership following a crisis can leave a corrosive stain on the morale of the company that will be hard to expunge. The following are steps that mental health consultants can assist companies in taking that are designed to facilitate the expression of concern and restore order following a workplace violence trauma:

- **Demonstrate concern and caring** for those who have been harmed by the trauma. The clear message that employees and other organizational stakeholders need to hear is that management is going to do everything humanly and administratively possible to care for those affected by this tragedy.

- **Within the limits of privacy and security, open up communication channels and control rumors.** Describe what actions the company is taking to assist in recovery and what measures are being developed to reduce the risk of this kind of trauma happening again.

- **Assess the organization’s personnel and business requirements** in order to restore business performance. Inform employees what it will take to get back to normal and approximately how long it will take.

- **Following the immediate and short-term crisis interventions, arrange for the post-trauma mental health team to return to the workplace on a periodic basis to counsel and debrief employees as needed.**

- **Conduct a thorough postincident investigation.** Remember another principle of crisis intervention: **20/20 hindsight = 20/20 insight = 20/20 foresight** (Miller, 2006d, 2008b). Questions asked during the postincident investigation may concern the nature of the perpetrator, his relationship to the organization and with coworkers and supervisors, his history of disciplinary action or termination, his role as a customer or other outsider, the actions that led to his dissatisfaction as an employee or customer, any restraining orders or other legal actions and their enforcement, the workplace stressors that may have been involved, financial pressures, drugs, alcohol, mental illness or personality disorders, any warning signs that should have been heeded, and the company’s overall security and threat assessment procedures.

In general, if there is any positive outcome that can emerge from a workplace violence incident, it is what can be learned in order to reduce the chances of the same kind of tragedy happening in the future. To the extent that this is accomplished, a greater sense of control and safety will allow
the traumatized company to heal itself and get back to business.

**Role of Executives and Leaders**

This sense of control and safety begins with a strong message from top management that emphasizes the company’s willingness to take appropriate responsibility, address the causes of the incident in a forthright manner, provide services for all who need them, and pursue every necessary step and reasonable action to ensure, as much as humanly and organizationally possible, that something like this never again catches the company unprepared. Indeed, all successful managers, at any level, manifest the qualities of true leadership in both ordinary and critical circumstances (Miller, 2008a).

**Workplace Violence: Psychological Effects**

Here is where the mental health clinician can have the greatest impact on corporate crisis intervention, both in terms of direct clinical services and in a consultative role (Miller, 1998c, 1999b, 2008a, 2008b).

**Workplace Violence Response Patterns and Syndromes**

Individuals affected by workplace traumatic events may include injured employees, employees remote from the scene, witnesses, family members, first responders such as police or paramedics, stakeholders such as suppliers or customers who knew the victims, or any others connected to the trauma (Kinney, 1995, 1996; LeBlanc & Barling, 2005; Mantell & Albrecht, 1994; Neuman & Baron, 1998, 2005).

According to one model (Kinney, 1995), employees can be conceptualized as falling into three general groups, following a trauma, composed of those who:

- **Recover quickly.** Many individuals will show a relatively rapid, spontaneous recovery, seemingly without the assistance of any type of mental health intervention. Some of these apparently stoic souls, however, may be internalizing their pain and grief, only to unload their suppressed emotional burden at a later date.

- **Require modest psychological counseling.** These individuals may need some mental health assistance in order to regain their previous level of confidence, security, and safety but are unlikely to become long-term patients.

- Develop serious psychological disorders. These may include PTSD, severe anxiety or depression, or somatoform disorders that require more extensive psychotherapy and/or other clinical services.

Some authorities (Flannery, 1995; Mantell & Albrecht, 1994) have identified three basic stages of reaction in the aftermath of a workplace violence incident, which appear to bear some similarity to the stages of response to many kinds of disasters.

**Stage one:** **Shock, disbelief, and denial.** This stage of the workplace violence response begins immediately after the incident and may last anywhere from minutes to hours to days, occasionally for weeks or even months. In severe trauma cases, people may wander about, stunned and dazed by the event they have just experienced. This reaction usually dissipates over time, shading into the remaining stages.

**Stage two:** **Cataclysm of emotions.** Here, the victims may run a gauntlet of different feelings as they try to come to terms with their experience. This stage can last for a few days or linger for years and can include feelings of vengeance directed against the perpetrator of the violence, anger against the company for failing to protect them, rage against God, fate, society, or the criminal justice system, and self-blame for failing to take the proper action, misperceiving the obscure warning signs, or just being in the wrong place at the wrong time. Survivors may experience fear and terror, suffer from phobias and panic attacks as they attempt to return to the workplace, and develop hypervigilance, intrusive imagery, withdrawal, sleep disorders, and health problems. They may experience grief, sorrow, survivor guilt, self-loathing, confusion, and depression as they return to the workplace and are reminded of fallen coworkers by worksite “grief anchors,” such as a desk, workstation, or locker, photos, nameplates, media accounts, anniversary dates, and so on.

**Stage three:** **Reconstruction of equilibrium.** By this time, the survivors have finally begun to regain their emotional and mental balance. They have a new outlook, not just about what happened, but about themselves and how they have coped and will continue to cope. There are still good days and bad days, but the movement is definitely in the direction of recovery.
Posttraumatic Stress Disorder (PTSD) in Workplace Violence

When the serious psychological impact of the workplace violence event persists beyond a month, employee victims may develop full-blown posttraumatic stress disorder, or PTSD (Miller, 1994, 1996, 1998b, 1998c, 2006c, 2007f, 2007g, 2008b; Miller, Agresti, & D’Eusanio, 1999). The symptoms of PTSD may include increased physiological arousal and hypervigilance, intrusive thoughts and imagery, numbing and dissociation, nightmares and flashbacks, and associated cognitive, emotional and behavioral disturbances.

According to Flannery (1995), PTSD symptoms seen in victims of workplace violence may have their own particular form and rationale. Traumatic events destroy one’s sense of reasonable mastery and personal control. Some victims assume a stance of over-control, trying to avoid ever being vulnerable again. Others try to regain control by blaming themselves for what happened. The implicit assumption is that if the victim did something to put himself in harm’s way, then he can somehow change this so that it will never happen again; blaming the company, supervisor, or coworkers is an analogous process. Still others give up completely and descend into drugs and alcohol. They seem to have developed the assumption that because they were unable to avert the violence at work, they are unable to control anything in their lives.

Disruption of caring attachments and basic human trust is related to the fact that workplace violence is perpetrated by other human beings. To make matters worse, other employees may distance themselves from the surviving victims in order to avoid “contagion” or to self-protectively search for some aspect of the victim’s behavior that “caused” the violence. This reinforces the employee-victim’s withdrawal and produces a vicious cycle of alienation and recrimination.

A sense of meaningful purpose in life is disrupted in the wake of workplace violence. Victims don’t feel safe, no longer regard daily life at work or home as predictable or controllable, and lose their motivation to “carry on.” The deliberate, conscious threat to or destruction of human life by others is frightening and demoralizing, raising the existential problem of evil that must be addressed before the victims can once again begin to invest their time and energy in work, family, and recreational activities (Flannery, 1995).

Impact of Mass Violence at Work

Most recent studies of workplace violence have focused on dramatic events such as mass shootings (Classen, Koopman, Hales, & Spiegel, 1998; Fergusson & Horwood, 1987; Hough, 1985; North, Smith, McCool, & Shea, 1989; North, Smith, & Spitznagel, 1997; North et al., 1999; Schwartz & Kowalski, 1991; Smith, North, McCool, & Shea, 1990; Trappler & Friedman, 1996). These studies have documented considerable psychological impact on victims, witnesses, and families.

Gore-Felton, Gill, Koopman, and Spiegel (1999) studied the psychological effects of a 1993 mass shooting at an office building in San Francisco. In this incident, 14 people were shot and many employees were trapped in the building for several hours. Within 8 days of the shooting, one third of the 36 employees who worked in the building where the shootings took place were found to meet clinical criteria for acute stress disorder, or ASD, and it was mainly these employees who went on to develop PTSD later.

In 1991, a gunman drove his truck into the front of a crowded cafeteria in Killeen, Texas, and began shooting customers indiscriminately, many at point-blank range. After being wounded by police, the gunman fatally shot himself. He killed a total of 24 people, including himself. North, Smith, & Spitznagel (1994) examined acute traumatic stress symptoms in the men and women who were present during the mass shooting. More than 80% of those who witnessed the violence reported experiencing intrusive recall of the traumatic event, and one-half to three-quarters of these individuals experienced hyperstartle responses, insomnia, and nightmares.

On May 5, 1992, during closing arguments of a divorce proceeding in the local courthouse of the small upscale St. Louis suburb of Clayton, Missouri, the estranged husband pulled two revolvers from his briefcase and shot his wife and both parties’ lawyers. He fired at the judge, missing him, and then strode through the back hallway, firing at several people. By the time police shot and wounded the gunman, his wife lay dead and five others were wounded. The whole episode lasted less than 10 minutes.

Johnson, North, and Smith (2002) studied the aftermath of the Clayton courthouse shooting by interviewing employees who were present that day. They found that one-fourth
of the participants in the study had a diagnosable psychiatric disorder after the courthouse shooting incident. However, three-quarters of the affected subsample had histories of preexisting psychiatric disorder, which was believed to be a risk factor for an adverse posttraumatic reaction. Only 10% of the sample developed a new psychiatric disorder that they had not experienced prior to the incident, and half of these represented classic PTSD syndromes.

Despite the relatively low rates of psychiatric disorder after the courthouse shooting, mental health services were mobilized and used abundantly. Nearly half the sample received some form of mental health intervention, which may have reduced the rates of psychopathology. In fact, although almost all respondents reported some degree of psychological distress from the incident, most reported relatively good levels of functioning by the time of the study and described relatively minor long-term effects of this incident on their lives. This argues for the importance of timely mental health intervention.

Johnson and colleagues (2002) speculate that the higher rates of PTSD following the Killeen, Texas, massacre may relate to the larger scope and greater intensity of that incident, with 24 fatalities and the associated terror and horror for victims trapped by a gunman shooting them at point-blank range for a period of a quarter of an hour. In comparison, the Clayton courthouse shooting involved one fatality, a shorter period of activity (less than 10 minutes), and less intense exposure (few individuals even seeing the gunman). It is also possible that individuals regularly frequenting a courthouse are more mentally prepared for the possibility of such an event, or at least more used to being in the presence of assorted rough characters, and thus might experience fewer psychological problems afterward.

**Psychological Interventions for Workplace Violence**

In addition to policies and procedures consultation with company managers and executives, trauma therapists and crisis counselors may be involved directly in providing clinical services to surviving victims of workplace violence and their coworkers, as well as to families of surviving or slain victims. Although many of the principles of effective counseling and therapy are universal (Miller, 1998c, 2006d, 2008b), some special challenges and considerations apply to providing mental healthcare in the workplace context.

**Benefits of Organization-Based Workplace Violence Interventions**

First, although most authorities emphasize the advantage of early identification and treatment of workplace trauma and other PTSD syndromes, many companies, agencies, and insurance carriers are still reluctant to make psychological referrals after a traumatic incident at work, fearing that such actions will lead to increased legal action against them or excessive outlays for treatment and disability benefits. In fact, actual experience documents the opposite: Prompt and appropriate psychological care of traumatized employees can reduce the number of stress claims and the cash amount of legal settlements, because responsible action makes a positive statement about the company’s commitment to employee well-being. Further, with proper intervention, the affected employees are less likely to develop costly substance abuse, chronic pain, somatization, or other traumatic disability syndromes (Albrecht, 1996; Denenberg & Braverman, 1999; Everstine & Everstine, 1993; Flannery, 1995; Martinko et al., 2005; Miller, 1998c, 1999a, 2001a, 2001b, 2005c, 2008a, 2008b; Schneid, 1999; Yandrick, 1996).

**Model Psychological Intervention Programs for Workplace Violence**

In the past few years, a number of preventive and reparative trauma treatment programs have been developed for the psychological management of workplace violence. These have been developed for diverse needs and populations, including responding to a wave of terrorist robberies at financial institutions in the Netherlands (Brom & Kleber, 1989), dealing with American workplace accidents and violence (Everstine & Everstine, 1993), handling the stressors sustained by law enforcement and emergency services personnel during critical incidents (Mitchell & Everly, 1996), managing workplace violence in the healthcare setting (Flannery, 1995), and addressing the trauma of bank robberies in the United States (Jones, 2002).

**Organizationally-Supported, Clinician-Guided Approaches**

Brom and Kleber (1989) outline several principles of intervention that underlie their program. To avoid the potentially stigmatizing effect of singling out individuals, assistance offered to traumatized employees is standardized and all involved personnel are asked to participate. Assistance is for-
mulated as an official program within the organization, with a clear delineation of staff roles and responsibilities. Management assigns a skilled staff member or clinical consultant who is in charge of victim assistance, has no direct association with the career of the traumatized employees, and is not bound to report on the employees.

In this model, the clinician’s function is solely to support the traumatized employees immediately after the event and in the longer-term recovery period. Organizations develop clear policies and procedures with regard to the temporary absence of traumatized employees and, if necessary, the transfer of an employee to another position within the organization without penalty or repercussions.

Everstine and Everstine’s (1993) program is similar. Treatment of traumatized employees is carried out by mental health professionals with specialized training and experience in crisis intervention and trauma therapy. All employees are encouraged to participate, but those who are particularly resistant to the group process may be referred for individual counseling or psychotherapy. The treatment services are individualized to meet the needs of each particular employee and his or her job environment. Where return to the original worksite is not possible, retraining and reassignment are implemented.

According to this model, when a traumatic event occurs at the workplace, it is management’s responsibility to take decisive steps toward facilitating stabilization and recovery. For example, time should be set aside for employees to discuss and work through their reactions to the event. Employees should be given as much factual information as possible about the incident, as well as the condition of coworkers (within the limits of privacy), to mitigate dangerous rumors and restore a sense of control. Employees who are in the hospital or recuperating at home need information and support as well, and efforts should be made to prevent them from being alienated from their fellow workers.

Workplace superstitions about “bad luck” often take the form of unaffected workers avoiding or actively ostracizing the trauma survivors for fear that the victims’ ill fortune could “rub off” on them or because the victims are defensively regarded as somehow responsible for their fate, similar to the circumstance surrounding some sexual assault and other crime victims (Miller, 2008b). These potential sources of conflict may be defused in group meetings, restoring needed cohesion and workplace support (Everstine & Everstine, 1993).

**Critical Incident Stress Debriefing (CISD)**

Critical incident stress debriefing, or CISD, is a structured group intervention that was originally developed for law enforcement and emergency services personnel but has been adapted for use in a wide variety of settings, including the workplace, disaster management, healthcare settings, and the military (Clark, 2007; Dyregrov, 1997; Everly, Flannery, and Mitchell, 1999; Miller, 1998c, 1999e, 2005b, 2006b, 2006d, 2007e, 2008b; Mitchell & Everly, 1996, 2003; Mitchell & Levenson, 2006). The CISD process is designed to promote the emotional processing of traumatic events through the ventilation and normalization of reactions, as well as prepare for possible future crises. A CISD debriefing typically is a peer-led, clinician-guided process, although the individual roles of clinicians and peers may vary from setting to setting. The staffing of a debriefing usually consists of a mental health clinician and one or more peer debriefers (i.e., fellow workers who have been trained in the CISD process and who may have been through critical incidents and debriefings in their own careers).

A typical debriefing takes place within 24 to 72 hours after the critical incident and consists of a single group meeting that lasts 2 to 3 hours, although shorter or longer meetings may be dictated by circumstances. The determining factor in group size is usually how many people will have time to fully express themselves in the number of hours allotted for the debriefing; for this reason the group can be anywhere from 5 to 20 personnel. Where large numbers of workers are involved, such as in mass disaster rescues, consecutive debriefings may be held successively over the course of several days to accommodate all the personnel involved.

The International Critical Incident Stress Foundation protocol — or “ICISF model” — for a CISD consists of seven key phases, designed to assist psychological processing from the objective and descriptive, to the more personal and emotional, and back to the educative and integrative levels, focusing on both cognitive and emotional mastery of the traumatic event:

1. **Introduction.** The introduction phase of a debriefing is the time when the team leader — either a mental health professional or peer debriefer, depending on the composition of the group — gradually introduces the CISD process, encourages participation by the group, and sets the ground rules by which the debriefing will operate. Generally, these involve confi-
dentiality, attendance for the full session, unforced participation in the discussions, and the establishment of a noncritical atmosphere.

2. **Fact phase.** During this phase, the group members are asked to briefly describe their job or role during the incident and, from their own perspective, provide some facts about what happened. The basic question is: “What did you do?”

3. **Thought phase.** The CISD leader asks the group members to discuss their first and subsequent thoughts during the critical incident: “What went through your mind?”

4. **Reaction phase.** This phase is designed to move the group participants from a predominantly cognitive mode of processing to a more cathartic, emotional level: “What was the worst part of the incident for you?” It is usually at this point that the meeting gets intense, as members take their cues from one another and begin to vent their distress. Clinicians and peer debriefers keep a keen eye out for any adverse or unusual reactions among the participants.

5. **Symptom phase.** This begins the movement back from the predominantly emotional processing level toward the cognitive processing level. Participants are asked to describe cognitive, physical, emotional, and behavioral signs of distress that appeared (1) immediately at the scene or within several hours of the incident; (2) a few days after the incident; and (3) continuously, even at the time of the debriefing: “What have you been experiencing since the incident?”

6. **Education (or Teaching) phase.** Continuing the move back toward intellectual processing, didactic information is provided about the nature of the stress response and the expected physiological and psychological reactions to critical incidents. This serves to normalize the stress and coping responses and provides a basis for questions and answers.

7. **Reentry phase.** This is the wrap-up, during which any additional questions or statements are addressed, referrals for individual follow-ups are made, and general group bonding is reinforced: “What have you learned?” “Is there anything positive that can come out of this experience that can help you grow personally or professionally?” “How can you help one another in the future?” “Is there anything we left out?”

This is not to suggest that these phases always follow one another in an unvarying, mechanical sequence. I’ve found that in practice, once group participants feel comfortable with the debriefing process and start talking, there is a tendency for the fact, thought, and reaction phases to blend together (Miller, 1999c, 2006b, 2006d, 2007e, 2008b). Indeed, as Mitchell and Everly (1996, 2003) recognize, it would seem artificial and forced to abruptly interrupt someone expressing emotion just because “it’s not the right phase.” As long as the basic rationale and structure of the debriefing are maintained, the therapeutic process will usually ensue. Indeed, on a number of occasions, previously silent members have spoken up at literally the last moment, when the group was all but getting up to leave. Clinician team leaders typically have to step in only when emotional reactions become particularly intense, or where one or more members begin to blame or criticize others.

### Assaulted Staff Action Program

Increasingly, medical and mental health care professionals are finding themselves at risk for violence at their jobs (Miller, 1997a, 1998a, 2000a, 2000b, 2000c, 2000f, 2002c, 2007e, 2008b). Building on the work of Mitchell and Everly (1996), Flannery and colleagues (Flannery, 1995; Flannery, Fulton, Tausch, & DeLoffi, 1991; Flannery, Penk, Hanson, & Flannery, 1996; Flannery et al., 1998) have designed a comprehensive, voluntary, peer help systems approach called the **Assaulted Staff Action Program (ASAP)**, for health care staff who are assaulted by patients at work. The program provides a range of services, including individual critical incident stress debriefings of assaulted staff; debriefings of entire hospital units; a staff victims’ support group; employee victim family debriefing and counseling; and referrals for follow-up psychotherapy, as indicated.

The ASAP team structure is comprised of 15 direct-care staff volunteers. To depathologize the process and maximize its appeal, the approach is conceptualized as psychoeducational, rather than as formal clinical counseling or psychotherapy per se. The ASAP has three supervisors, and the ASAP team director is responsible for administering the entire program and for ensuring the quality of the services.
When combined with preincident training and stress management, the ASAP approach has reportedly proven effective in ameliorating the psychological impact of patient assaults on employees and in significantly reducing the overall level of violence institution-wide. In facilities where it has been applied, the program has proven to be cost effective in terms of reduced staff turnover, less use of sick leave, fewer industrial accident claims, and a reduction in medical expense as overall assault rates have declined. Indeed, Flannery and colleagues (1991, 1996, 1998) make the practical, bottom-line point that the costs associated with the entire program are far less than that of one successful lawsuit.

Flannery and colleagues (1995, 1996) recommend the following basic steps in implementing an organization’s own ASAP: (1) develop administrative support for the program; (2) tailor the model for the individual facility; (3) recruit the team members; (4) train the team; (5) field the completed service. Each step reportedly takes about a month, so teams can be online within about 6 months.

Enhanced Debriefing Model

Jones (2002) has developed a specialized debriefing model for employee victims of bank robbery trauma who, he believes, may suffer the additional stress and trauma associated with repeated exposure to workplace triggers and cues. This enhanced debriefing model (EDM) incorporates a structured, time-limited, group-based intervention much like CISD but places special attention on workplace support in the recovery process. Another aspect of this model is its emphasis on consultation and training of managers before an incident occurs, although, as we’ve seen, most CISD-based models, including ASAP, emphasize proactive training.

The importance of work environment support in the recovery process is emphasized to the organization through ongoing consultation with human resource directors and managers. Accordingly, the EDM program begins in a consultative mode by providing an appraisal of workplace support and making suggestions designed to increase organizational cohesiveness, especially during the critical moments immediately following the trauma. For example, EDM may help the managerial staff of an organization identify possible non-supportive aspects of the work environment that may interfere with victim recovery.

Based on numerous individual and group interventions I’ve carried out with survivors of workplace violence, I cannot stress enough the importance of organizational support and commitment to the process of helping traumatized employees. In one of the worst cases I can remember, a bank branch grudgingly arranged for a staff debriefing after a holdup, only because the service was mandated by their managed care contract. The branch managers clearly regarded the whole thing as a waste of time that cut into the employees’ work hours. The most uncomfortable back room in the storage and lunch area was found for the debriefing, which was frequently interrupted by other employees coming in and out to get coffee or use the bathroom. Entering coworkers (who had not been involved in the robbery) gawked at the seated debriefees, and a few made audible sarcastic comments about “free time.” Needless to say, the participants wanted the whole thing over with as quickly as possible, and little therapeutic work was accomplished.

The best case I can remember, in terms of company support, involved a hostage and shooting crisis perpetrated by a disturbed customer of a medium-sized investment firm, which resulted in two deaths and several injuries. Almost immediately, the firm’s president suspended business as usual, arranged for temps to cover the basic needs of the company, offered his home to be used for almost round-the-clock debriefings of the almost 100 employees, and provided food, beverages, and in a few cases, bed and board to employees who were too upset to drive home. He and the senior management staff offered any kind of practical help they could to survivors and their families, personally checked on proper funeral arrangements for the slain employees, visited the employees who were in the hospital, and generally shared in the grief and recovery of the members of their staff. Far more than any specific clinical services I could provide, this natural, unselfish, human response to tragedy within the ranks on the part of senior staff – the true definition of “leadership” – helped this firm to heal quickly and move on, always holding a place of respect for their slain comrades, but honoring their memories by productively continuing their work.

Workplace Violence and Women

As more women join the workforce, they increasingly become the targets of violence. Certain special considerations affecting women on the job warrant special attention.

Homicide is the number one cause of death for women in the workplace. Although the leading instrument of death on the job for both sexes is a firearm, women are six times more
likely than men to be strangled to death. In the United States, while only one out of five people murdered at work is a woman, 40% of women who die on the job will die from homicide, compared to 10% of men. In other words, while men are more likely to die from falls, electrocution, or other industrial accidents, women are more likely to die from workplace violence (Kinney, 1995; Simon, 1996).

Types of Workplace Violence Against Women

Women are at increased risk for many different forms of workplace violence, including homicide, sexual assault, sexual abuse and harassment, gunshot wounds, stabbing, strangulation, physical beatings, verbal abuse, and psychological trauma. Both the number and the percentage of women who work outside the home have increased steadily throughout the 20th and early 21st centuries. At the same time, divorce rates are high and single motherhood continues to increase. Many women are relegated to low-wage and low-status service or clerical jobs that place them on the front lines as cashiers, waitresses, and so on, where workplace security measures are often meager or nonexistent. When violence does strike women, the repercussions are likely to impair both the financial and emotional well-being of their families (Kinney, 1995).

More women than men work in the retail industry, and women in these settings often work alone and unprotected, at high risk of being injured or killed. Moreover, employees in these low-status positions are less likely to have the clout to persuade employers to take threats seriously or to invest money in security precautions. In some cases, workers who “make trouble” are simply fired. In addition, the entry of greater numbers of women into the workforce is frequently accompanied by resentment by insecure men, who may feel that their jobs or promotions have been unfairly stolen by women or that working side-by-side with women diminishes the traditional manliness of their occupation (Kinney, 1995; Simon, 1996).

Sexual Harassment and Domestic Violence

Sexual harassment has become the quintessential form of interpersonal violation experienced by women on the job (Hoffman & Baron, 2001), and severe forms of sexual harassment can be regarded as a form of workplace violence. Even “mere” verbal intimidation or harassment can inflict acute and long-lasting emotional harm. In addition, sexual harassment is sometimes a precursor of more overt forms of physical violence such as stalking, assault, rape, or murder in the workplace (Kinney, 1995; Schouten, 1996).

Domestic disputes have become the third major source of conflict leading to homicide in the workplace. A sagging economy usually brings an increase in domestic violence as unemployed husbands or boyfriends project their anger and frustration onto their wives or their female workmates. Rejection of on-the-job suitors or workplace harassers often places these women at increased risk of violence at the hands of the spurned and the jilted. When even initially consensual romances inside or outside the workplace sour, the rejected male abuser may become a stalker who usually knows where the woman works and generally has ready access to her place of employment. A common response of employers who are fed up with all the trouble is simply to fire the woman (Brownell, 1996; Friedman, Tucker, Neville, & Imperial, 1996; Hamberger & Holtzworth-Munroe, 1994; Hoffman & Baron, 2001; Kinney, 1995; Labig, 1995; Meloy, 1997; Miller, 1995, 1997b, 1998c, 2001c, 2008b; Walker, 1994).

How Women Can Protect Themselves

With regard to domestic violence spillover, sometimes legal restraining orders work and sometimes they just make matters worse. Much depends on the ability and willingness of local police to enforce them. Many domestic violence cases involve a victim who is ambivalent about leaving or staying with the abuser, which can prove extremely frustrating for bosses and coworkers who are trying to be helpful, because their well-intentioned suggestions may be rejected or misinterpreted by the confused or frightened employee: “Does she want our help or not?” People’s privacy at work should of course be respected, but if they are going through messy domestic battles or, for that matter, other personal crises that affect their jobs and their lives, they need to know that it is all right to confide in the right persons at work and that the proper protective or other assistive measures will be taken. At the same time, they may also need to be reminded of their obligation and responsibility to deal with personal problems that impair their job functioning and that might put other employees at risk (Hoffman & Baron, 2001; Labig, 1995; Pierce & Aguinis, 1997).

Companies can take several steps to protect employees from stalkers (Flannery, 1995; Hoffman & Baron, 2001; Kinney,
The first priority is to establish a policy providing reasonable protective services to threatened employees. If possible, the employee’s office or work station should be relocated to a place unknown to the stalker, and her work schedule altered to confuse the pursuer. Descriptions or photographs of the stalker should be provided to receptionists, security officers, and other relevant personnel. Law enforcement can be encouraged to enforce restraining orders by forging links between company security and local police. If the threat is acute, the employee at risk should be given time off. Silent alarms or buzzers should be placed at the threatened employee’s work station, and security cameras should be deployed near entrances to her work area. Security measures work best when they are planned, coordinated, and integrated.

With regard to sexual harassment, companies can take several effective measures (Kinney, 1995; Schouten, 1996, 2006; Martinko et al, 2005; Miller, 1998c, 2008a, 2008b; Yandrick, 1996). A serious sexual harassment policy should describe the specific conduct that constitutes harassment and state unequivocally that such conduct is tolerated neither by the company nor by state and federal law. The policy should explain the employee’s right to report sexual harassment without fear of retaliation and without having to directly confront the harasser, at least at the time of the initial complaint. The policy should have a grievance procedure that the harassed employee can follow, as well as sexual harassment hotlines for emergency situations; such hotlines are now required by law in at least 30 states.

Conclusions

The design and maintenance of behaviorally safe workplaces represents a vital collaboration between industry and the mental health professions. Employers must learn to take all threats to worker safety seriously and take action to deal with those threats. They must encourage all employees, men and women, to report any breaches of personal or company security. Violence prevention should be an equal priority with fire prevention as a corporate safety issue. Companies must have measures in place to deal with disciplinary matters, safe hiring and firing, escalating crises, ongoing emergencies, and aftermath effects. These measures will reduce the risk of avoidable tragedies.

Just as importantly, companies that encourage a fair and honorable corporate culture are more likely to earn the respect and loyalty of their employees (Miller, 2008a). These employees will be more productive, and higher productivity means greater profitability. Indeed, appropriate response to a workplace violence incident can often make the difference as to whether a small-to-medium-sized company or local branch can survive and continue doing business. Mental health professionals and organizational behavior specialists will have an increasingly vital role to play in advising, consulting, and providing direct clinical services to public organizations and private companies of all types at the start of this new century.

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*Manuscript received: September 1, 2007
Manuscript revised: December 15, 2007
Accepted: January 16, 2008*