Paper presented to the International Conference on Workplace Violence in the Health Sector. Amsterdam, Netherlands, October 22-24, 2008.

Werner Tschan MD

Letters: PO Box 52 4012 Basel
e-mail: werner.tschan@aetap.eu
http://www.threat-management.ch

key words: threat assessment, threat management, workplace violence

Threat assessment of workplace violence

Threat assessment of workplace violence is a challenge. The identification of risks is an ongoing process which requires continuous evaluation. Neither threat nor violence are static phenomenons. There always exists a path to violence where interventions are possible. A crucial point is the integration of information from collateral sources. The threat assessment is best performed by an interdisciplinary team.

Threat management of workplace violence in the health care sector offers a strategy that moves away from the prediction of danger to the identification and handling of risks. This approach does not only focus on the direct target but on associated victims as well.

The presentation provides knowledge on threat assessment based on practical and scientific facts.

Threat assessment of workplace violence is a challenge

In the health care sector professionals are dedicated in their work to the needs of patients; professionals are not trained in coping with violence at their workplace. They often believe that this will not happen to them; and they do not expect that their patients or even themselves can become the target of violence whilst in treatment.

In general, threatening and/or violent behavior at the workplace is seen in four different forms:

- threats
- harassment
- violent behavior
- lethal actions

In the majority of cases the perpetrator is acting on a real or perceived grievance (Barton 2008). For the offender, threatening behavior and/or violence is seen as a coping strategy and as a solution of his or her problems. The relationship between the threatening person and the workplace can be described as follows:

- no personal connection
- clients/patients or their relatives targeting the workplace
- co-workers against the workplace
- personal relationship (e.g. domestic violence)

When someone carries out threatening and/or violent behavior outside the workplace and it then comes to the knowledge of the workplace environment, this would raise special concerns.

Threats and violence take place in a continuum. The magnitude of violent acts in the workplace situation in general is illustrated by the following figures from the United States (Turner, Gelles, 2003):

- 1000 deaths annually due to workplace violence
- 1'000'000 workers annually are attacked
- 6'000'000 are threatened annually
- 16'000'000 are harassed at work

For the health care sector it can be expected that around 50% of professionals experience threats and/or violent attacks while on duty. Depending on the definition used up to 20-30% of all co-workers in the health care sector became the target of serious stalking. In a Canadian Survey around 14% of physicians indicated that they have been the victim of stalking; 57% were male and 36% were female. Only 9% of the physicians indicated that they received some training in coping with stalking (Abrams 2008).

Risk Assessment

The identification of risks is an ongoing process which requires continuous evaluation. Risk assessment is not a single event! The assessment has to clarify how serious a threat is, and how to react to it. The most effective way of intervention is the prevention of violence (before serious problems take place). Violence is not a charateristic trait of a person, rather it is a behavior multifactorially influenced. The path to violence is best regarded as a process where dramatic moments (Meloy 1992) contribute to its escalation. During this step by step process various interventions are possible (adapted from Calhound and Weston, 2003):

grievance – ideation – planning – preparation – action (path to violence)

A threat may be: (1) direct, (2) indirect, (3) veiled, or (4) conditional (according to Mary Ellen O'Toole, FBI Profiler, quoted in Barton 2008). The threat may be expressed: (1) spoken, (2) written, or (3) gestured. Any threat using a weapon is considered as a serious threat as long as it is not proven otherwise.

Various medical conditions are associated with an increased risk of violent behavior due to impaired executive functions, especially those disorders affecting the central nervous system (neurological and psychiatric disorders, e.g. substance abuse, personality disorders) (Simon et Tardiff, 2008). However, past violent behavior can best predict future violence.

The gathering of collateral information is crucial in threat assessment. Relatives are often an excellent source; in most cases they know about access to weapons (e.g. guns); they know about suicidal and/or homicidal ideations; and they are often informed about those targeted by the perpetrator.

Protection of reporters/whistleblowers

Any organisation requires a reporting facility independend from the institutional structure and not part of the executive board. The facility operates on a counselling level and reports to the management/security department. Co-workers will only report cases when they feel protected and when their reporting has a significant effect. In the ILO report this is underlined: *Reporting is an essential precondition for an effective response* (Di Martino, 2002). Without reporting the awareness of workplace violence remains a hidden topic.

The effects of threats and violence

Violence can be targeted towards:

- people
  - physical
  - psychological
- property

The consequences of threats and/or experience of violent outbursts are psychotraumatic in their nature – no matter whether directly targeted or witnessed. Often we see a polyvictimisation due to various aspects of the traumatic experience. Whether an event is perceived as traumatic depends on a variety of factors: (1) cultural aspects, (2) individual vulnerability or resilience, (3) level of personal functioning, (4) intensity of exposure, (5) protective factors, and (6) level of support. The resulting impairment may be considerable and often requires professional support and treatment. Exposure to traumatic experiences leads to a continuum of psychological symptoms ranging from simple grievance to severe and prolonged personality disorders. Cognitive behavioural treatment has the best documented effect on overcoming traumatic experiences.

Threat Management

The first step of any effective management is acknowledging the problem and to make it an institutional subject. The following flow chart illustrates the decision making process:

threat
management desicion
desicion making process
how serious?
what are the targets?
emergency interventions?
who is in charge for the case-management?
information management
gathering all available information
threat assessment
interdisciplinary approach
threat assessment is a process!
external risk consultant
reaction
support for targeted co-workes
legal actions?
information
security management
improving security
review the case management

Fig. 1 Risk Management Flow Chart

The crisis management is more effective when implemented and trained without a real threat. Security personell have not to react under pressure and feel well prepared if a threat is posed. The intervention dilemma addresses the issue that each intervention can contribute to further escalation – sometimes the best approach is not to intervene directly; indirect interventions may help victims to cope better with the situation. The threat assessment helps in the decision making process over which type of reaction is more appropriate.

Help for (potential) offenders

At first glance the idea of helping offenders sounds weird. However, when we achieve in helping a person to find other conflict resolution strategies then we contribute in avoiding violent and threatening behavior. In many cases therapeutic interventions are possible. Four factors have been identified which contribute in helping people avoid committing serious crimes: (1) attachment, (2) commitment, (3) involvement and (4) belief (Hirschi 2008). For the offender violence is their way of coping with the situation; he or she feels completely legitimated. Only if this person can identify other ways of handling the situation, he or she will do so. Therapeutic interventions should therefore not be considered as a kind of last resort – when they often fail – rather they should be discussed as one possible approach along with other strategies right at the beginning of problems arising.

Conclusion

Health care institutions can learn from others that have experienced threats and crisis in the past. Threat assessment is more than focussing on overtly violent behavior, as it starts with more subtle signs. Threat assessment offers a strategy to identify risks and how to handle them. Two crucial preconditions for successful responses are reporting facilities and the training of professionals on workplace violence. The confrontation with threatening and violent behavior must be considered as a risk inherent in the profession and preventive strategies must be implemented – the best way to cope with workplace violence is to prevent these situations from escalating by early interventions. Therapeutic approaches for (potential) offenders may help to overcome grievances and may also contribute in finding other solutions.

References

Barton L.: Crisis leadership now. New York, McGrawHill, 2008.
Di Martino V.: Workplace violence in the health sector. Country case studies. Geneva, International Labour Organisation, International Council of Nurses, World Health Organization and Public Services International, 2002.
Hirschi T.: Causes of Delinquency. New Brunswick, Transaction, 2008.
Meloy J.R.: Violent Attachments. Northvale, Jason Aronson, 1992.
Abrams K.M.: Stalking Intervention and Treatment. Paper presented to the 161th American Psychiatric Association Annual Meeting. Washington DC, May 3-8, 2008.
Simon R.I., Tardiff K. (eds.): Violence Assessment and Management. Washington DC, American Psychatric Publ., 2008.
Turner J.T., Gelles M.G.: Threat assessment. A risk management approach. New York, Haworth, 2003.