

Critical Incident Response for Workplace Violence

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Critical incidents involving workplace violence are sudden, unexpected, often life-threatening time-limited events that can inhibit an individual's capacity to respond adaptively. This report summarizes the extent of the problem, the psychological aspects of trauma from workplace violence, how it is treated through critical incident response services, and the business value of providing a proper response and prevention strategy.

Workplace Violence Prevalence

A survey by the United States Bureau of Labor Statistics found that about 5% of all businesses experienced an incident of workplace violence each year, with this rate being much higher at 50% for larger size organizations with over 1,000 workers.¹ An average of 5 violent crimes are committed at work each year per 1,000 employees in the US.² Data from crime reports in the US indicates that in 2009 there were over 500 homicides in which someone was killed at work.² In addition, of the non-fatal violence at work, 78% were simple assaults and 22% were serious violent crimes (i.e., aggravated assault 17%, robbery 3% and rape/sexual assault 2%).²

Workplace Violence Consequences

The impact of violent incidents experienced at work can be debilitating and stems from recurrent intrusive images, persistent fear, displaced anger, guilt, and isolation. Extreme critical incident stressors can even result in personal crises, traumatic stress, and post-traumatic stress disorder (PTSD). When one person willfully harms another it breaches legal, ethical, and “the way it’s supposed to be” boundaries. Persons bereaved by violent causes have more PTSD, grief, and depression symptoms than those bereaved by natural causes. In addition to their human toll, workplace violence incidents are disruptive to both corporate business and workplace operations. Productivity, quality, profitability, and other financial measures are adversely affected by such events.

Critical Incident Response to Trauma

Immediate application of psychological first aid that helps people access personal strengths and resiliency supports is crucial to reverse self-attribution from victim to survivor.³ Critical Incident Response (CIR) refers to an integrated comprehensive, multi-component, crisis intervention approach for addressing the psychological consequences of critical incidents.⁴ CIR can accomplish psychological closure, prevention, and mitigation of traumatic stress, and promote return to normalcy, benefiting the individual, organization, and the community at large. CIR services are now commonly used in the United States and in many other countries around the world and are often included as part of a broad range of services offered to organizations by employee assistance programs.

Clinical Effectiveness of CIR

According to the dozens of research studies, when CIR services are properly delivered they are often helpful in reducing the symptoms of severe stress that affect individuals who have

experienced a workplace trauma or other critical incidents – such as violence.⁵ Many studies also support for the general effectiveness of trauma-focused cognitive-behavioral therapy (CBT) and other acute care psychotherapies in the treatment of individuals with more serious kinds of post crisis mental health problems.⁶

Business Outcomes of CIR

A recent literature review examined the evidence for the business value for employers who provide CIR services.⁷ In addition to risk management and reducing company legal exposure for workplace-related traumatic incidents, financial benefits have most often been found in reductions in disability claims, workers' compensation claim costs, absence days, health care costs and also in avoided employee turnover. Some case examples offer evidence of the business impact of CIR services:

Case Example 1. A study examined company data before and after initiating a CIR program following violent bank robberies.⁸ Data from over 100 employees was used to compare worker absence days and combined medical and worker's compensation costs for the year before the CIR program to the following year after implementing a CIR program. Results showed that worker absence days experienced in the week just after the robbery were reduced by 60% (from average of 2.81 days missed per employee before CIR to 1.12 days after) and were also reduced by 60% in the longer term in the six month period following the robbery (from 6.68 days per employee before to 2.65 days after) and average medical benefits and other workers' compensation costs were reduced by 66% (from \$18,488 average per employee for the period before CIR to \$6,326 after).

Case Example 2. *Family Dollar* is a chain of over 6,700 retail stores in the US.⁹ In 2007, the company put in place additional services to increase the number of employees returning to

work where serious injury had occurred or the employee had not returned to work after the CIR intervention. When team members received professional support immediately after a traumatic incident (i.e., within 2 to 24 hours) the company retained 86% of their employees and only 6% of employees filed a worker's compensation claim. In addition, the costs for these workers' compensation claims were 15% less costly than those from prior periods before the CIR program.

Summary

There is strong research support the clinical effectiveness of CIR and related "psychological first aid" kinds of workplace mental health support services. The research support for the business case for CIR is positive but only emerging in terms of the number of studies and of the sophistication of the study designs. Of course, it is far better to avoid a violent incident at work than to treat the trauma that can result. There are workplace violence prevention programs that have been shown in research to reduce the incidence rates for violent crime in high-risk settings of hospitals¹⁰ and retail and service establishments.¹¹ Thus, organizations are advised to consider adopting prevention and intervention programs for potential workplace violence. A useful resource for employers is the 2009 report by the US Occupational Safety and Health Administration (OSHA) on evidence-based recommendations for workplace violence prevention programs.¹²

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