Stressful experiences may occur at work, including violence, robbery and accidents, and such events may be hard to live with whether one is subjected to them personally or witnesses such things happening to others. When sudden and dramatic events occur, where life and health are endangered, our coping resources are strained and a crisis may occur. Depending on the intensity of the stress, situation factors and personal coping resources, such crises may develop in a traumatic direction and trigger various types of stress reactions. An acute stress reaction typically features high anxiety levels, jumpiness, depression or apathy, agitation or anger, and in extreme cases confusion or severe behavioural disorders. In some cases the symptoms may become chronic, and a post-traumatic stress disorder emerges (PTSD). This type of condition substantially increases the risk of suicide, proven by studies of numerous groups of traumatized persons (Mehlum 1993). However, much can be done to prevent PTSD and suicide in connection with traumatic experiences, both by preventing the events themselves and by applying follow-up measures afterwards (Mehlum and Mehlum 1999). We will examine this more closely in the following.

Violence

Violence at the workplace may be defined as events where a person is harassed, called names, threatened or attacked under circumstances relating to his or her work, and which imply an obvious or suggested threat against safety, well-being or health (Svanstrøm and Knudsen 1997). Violence and threats of violence in the workplace are not uncommon. According to the "Living Conditions Study of the working environment" from 1996, 6% of the female (7% in the 25-44 years age bracket) and 5% of the male (8% in the 16-24 years age bracket) respondents stated that they were subjected to violence or threats of violence twice a month or more frequently. Far more people are, however, affected by this problem, as though experiencing such problems more rarely, they will nevertheless be under a constant fear of such a thing happening.

Violence might occur in a number of occupations. Personnel in the health, social and care sector are particularly vulnerable, but violence is not uncommon in the transport industry, the hotel and restaurant industry, for police and prison staff, or in the school sector. A particularly vulnerable group comprises military personnel serving on international operations. Quite frequently episodes involving violence are not reported, and it appears that men report less than women do. A number of reasons may explain why such events are not reported. Some consider it a part of the job. Others are afraid that such events may be considered an indication they are not on top of their job, or they might blame themselves for what happened. Many find it difficult to reporting a client/student because of the relationship of trust or the fear of revenge. Some have no faith in the ability of their superiors or parents to do anything about the matter. If an
event goes unreported, however, it will be difficult to give the employee the necessary support and follow-up.

Robbery

Banks and post offices have long been particularly prone to robberies, but are gradually becoming more robbery-proof, and other workplaces have become more vulnerable. Corner stores, service stations, shops with long opening hours, taxis and some bus drivers are frequent venues or victims of robberies.

Accidents

Some workplaces have a high accident hazard. In 1998 more than 35 000 work accidents were reported to the Inspectorate of Labour, but there is a high degree of under-reporting. Only about 25% of the total number of work-related accidents are reported. Sixty-four of the reported accidents involved lethal injuries. The highest number of deaths occurred in the building and construction industries, agriculture and forestry, the manufacturing industry and transport/communications.

While workers in some professions are not particularly prone to accidents themselves, they are involved in accidents through the work they do, including the police, firemen, ambulance and healthcare personnel, and journalists. This type of work may cause severe stress and strain and so-called secondary traumas. It is particularly hard to witness the death of another person when one is unable to prevent it, and it is emotionally difficult to work on the retrieval of bodies from the scene of accidents or the clean up after fatal accidents. Regrettably we have had a great deal of experience of such situations through a number of tragic events in Norway during the last couple of decades. However, these events have also provided us with valuable knowledge that can be used in preventive interventions.

Prevention

It is vital that companies have drawn up action plans and that they have contingency planning for handling crises and for follow up, which is something that many companies have recently begun doing. Many companies have also developed a tradition for the personnel to talk together before going home after a tough experience, even if this has not been written down in their procedures and instructions.

First, it is essential to introduce accident-prevention activities by analysing the work and identifying risk situations (i.e. undertaking a risk analysis) and initiating various measures that may prevent accidents. This process is called systematic health, environment and safety activities (HES activities), which is something all companies are obliged to undertake. Systematic preventive activities have proven to yield results, for example in traditional industry where there has been a reduction in the number of accidents and near accidents, and in banks and post offices where there has been a reduction in the number of robberies in recent years.
However, it is not always possible to prevent traumatic experiences. In such cases it is essential to prevent serious reactions afterwards by preparing employees optimally and ensuring that they know how to conduct themselves during a situation and in the aftermath of the situation. Such preparation will increase the ability to cope and reduce the risk of aberrant behaviour that might place the person in question and colleagues at risk. This should be accomplished through regular theoretical and practical training. The theory might comprise a review of risk situations, safety measures, common reactions during and after such situations and follow-up afterward. It is important to learn how to behave in risk situations, including aggression-reducing conduct in cases where there is a danger of violence or robbery. Practical training is important, not to test individuals, but rather to increase their ability to cope and experience control in any given situation. It is easier for trained persons to behave optimally during a disaster, which bolsters the ability to survive and gives a more favourable post-trauma development.

After a traumatic event follow-up is essential. Procedures should have been planned in advance to clarify what needs to be done and who is responsible for doing what, including notification, providing information outside the company and follow-up of the concerned parties. The point is to calm down and create expectations for the victim and his or her closest relatives so that the situation will be normalized in a relatively short period of time.

Many practical matters must be arranged after a traumatic event. However, the need for follow-up and support for emotional needs must not be underestimated. Most people need to talk about what they have experienced, not only once, but many times. Talks between two persons in private where the other party listens, accepts, seeks to understand and expresses support are vital for most people. Frequently groups of people have been affected, and such cases lend themselves to what is called group stress debriefing (Weisæth and Mehlum 1993). This is a form of preventive intervention in a group format conducted by experienced personnel. The aim is a) to clear up any misunderstandings regarding the event and its consequences, b) to recognize, accept and discuss emotions and reactions, c) to alleviate symptoms, d) to facilitate the grieving process, e) to identify persons at risk, f) to strengthen the sense of group cohesion, and to enhance the ability of the participants to communicate among themselves and support each other.

Group stress debriefing is carried out as quickly as possible after the event, the optimal time being 24-72 hours afterward. However, basic human needs must be satisfied first, such as protection, sleep and rest, food and drink. The need for human contact, support and care is also great during the acute phase. Stress debriefing must be carried out in a safe and shielded location. The basic rule is that all the involved persons should participate, but that nobody must be forced to speak. The aim is not to find fault or to hang the blame on someone for what happened. An experienced group leader will be able to recognize possible risk reactions in individuals who should then be offered individual follow-up.

Learning from their mistakes, some companies have established a separate psychosocial support team for employees who have been subjected to strong traumas at their workplace, including the Royal Mail, banks, police and fire brigade. Such
Support teams include the corporate healthcare service, the personnel department and not least employees, who provide colleague support according to scheduled plans.

After a traumatic experience sick leave should be avoided as much as possible. The threshold for returning to work becomes higher the longer a person has been away. During the initial period extra support and relief may be needed to increase security and reduce stress and strain.

**Encountering suicide through the job**

Anyone may encounter suicide through his or her job when a colleague commits suicide or attempts suicide. In some cases (for example if it happens at work) this might represent a traumatic experience and should be dealt with as such. Moreover, the "survivor" issue must be addressed. Frequently there may be feelings of guilt, powerlessness or aggression. This may break down solidarity, motivation and the will to exert oneself, and may reduce confidence in management. Existing conflicts might degenerate, rumours might abound and there could be attempts to find a scapegoat. If conditions at the workplace might have been a contributing factor to the suicide, the event will be perceived as particularly difficult. It is thus important that such an event is not merely shrugged off in silence, but that it is dealt with proactively. Management should immediately initiate conversations with the closest colleagues about what has happened, enabling space and time to process the impressions. It should be clarified in advance who will take part in the conversation. It must also be clarified who will be the corporate representative at funerals and memorial ceremonies. To learn from the incident and prevent destructive trends in the aftermath, management could usefully review events in conjunction with union representatives/safety officers and the corporate healthcare service. Healthcare personnel may find it particularly hard to cope with the suicide of one of their patients, a not uncommon occurrence these days.

**Conclusion**

Today we have a great deal of knowledge about how to prevent traumatic experiences and delayed reactions after such events. Many companies have sound procedures in this area, but far too many have not considered this issue before they are suddenly confronted with it. Much could have been done prior to the fact, both to prevent the event itself and to ensure that suicide survivors have good follow-up afterwards. This will benefit all concerned parties, all the individuals concerned, the company and society in general.

**Literature**


The authors:

Ingrid Sivesind Mehlum MD, is a board specialist in Occupational Medicine. She is now working as a senior consultant with the Directorate for Labour Inspection.

Lars Mehlum MD PhD is a psychiatrist and professor of suicidology and heads the Department for Suicide Research and Prevention. He has carried out a number of research projects in the area of suicidology and crisis psychiatry.

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