

The Business Brain

When violence explodes in the workplace

Monday, January 17, 2011

SUSAN PINKER

The attack by a deranged gunman on U.S. congresswoman Gabrielle Giffords in a Tucson crowd occurred in a public setting, but it was also a workplace disaster. Ms. Giffords and her staff – one of whom was among the six people killed, two of whom were among the 13 injured – were on the job, fulfilling their duties, when they were gunned down.

Violence in the workplace isn't uncommon, even in Canada (think of the 1992 murders of four Concordia University professors by a colleague). And the devastating effect on employees lingers long after the violence ends.

Three recent studies shed light on the risk factors for extreme violence, and the impact of traumatic workplace events on employees. The evidence shatters many assumptions. First, mental illness does not predict future violence without the kindling effect of alcohol or drugs, according to data and the clinical experts.

"People with schizophrenia who become violent are people who have substance abuse problems," says Warren Steiner, psychiatrist-in-chief at McGill University Health Centre and one of the principal investigators of a study on the impact of the 2006 Dawson College shooting that killed one person and injured 19. "The two major risks [for violence] are really substance abuse and a previous history of violence," he says. "That's what employers should think about, not marginalizing those with mental illness."

His comments reflect the results of two major studies. One study, by Eric Elbogen and Sally Johnson at the University of North Carolina School of Medicine, followed 35,000 people for five years and found that people with a history of mental illness were no more prone to violence than the average person – unless they also had a problem with alcohol or drugs. Oxford University psychiatry professor Seena Fazel and his colleagues analyzed 40 years of studies on interpersonal violence and found that severe mental illness doesn't predict it. Substance abuse does.

The confusion may stem from the fact that people with mental illness who don't get timely professional help often self-medicate with alcohol or street drugs. This volatile mix was apparently true of Jared Loughner, the accused gunman in Tucson. Although the young man had not been medically evaluated, he was "probably developing schizophrenia," Dr. Steiner says. "Here was a kid who started to show signs of delusional behaviour at least a year before the incident," who had a drug habit that prevented him from enlisting in the army, and who was given to wild outbursts in classes at a local college. "The school did the right thing by saying he needs an evaluation," Dr. Steiner says. "But there's also a moral obligation to offer services" and not to expect a troubled person to find help on his own.

Dr. Steiner's Dawson study suggests that people who experience a violent event may not recognize that they need help in its aftermath. And when they do, they often don't get assistance. Even though there were a hundred mental health professionals on site after the shooting, only 13 per cent of Dawson's staff and students consulted one at the time. Eighteen months after the attack, researchers found twice the rate of alcoholism, depression and suicidal thoughts as in the general population. Among the 950 people surveyed, half said additional services would have been helpful. "Major depression and substance abuse are huge after a traumatic event," he notes.

So what can businesses do with this information? Any organization concerned about someone's behaviour has a duty to offer professional assistance, not simply dismiss the person, Dr. Steiner says. "Someone should say, 'We're concerned about you. And we can set up some follow-up with a mental health professional.'"

*Susan Pinker is a psychologist and author of *The Sexual Paradox: Extreme Men, Gifted Women and the Real Gender Gap*.*

©Copyright Susan Pinker 2011