Dealing with the Fear of Violence

What an Organizational Ombudsperson Might Want to Know

By Mary Rowe, Ph.D. and Linda Wilcox, M.A., CAS

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OVERVIEW

- Perceived humiliation is a powerful root cause of destructive behavior.

- Respectful behavior throughout an organization may help prevent violence.

- Violence is the end result of an understandable and usually discernible process.

- Some persons who pose threats make threats. Some persons who pose threats do not make threats. There is a difference between being a threat and making a threat.

- Some persons who make threats do pose threats. Take all threats seriously.

- Assessment of gender-related tensions requires care, especially if there is sexism in the situation. Females, as well as males, are quite capable of acts of violence.

- Cross-cultural assessment requires care, especially if there is intense racist, ethnic, religious or political tension in the environment.

- Mental illness, by itself, does not predict violence. Most mentally ill people are not violent. Most violent people are not mentally ill. Consider, instead, if the person is capable of planned and organized thinking and behavior.

- A person who is prepared to kill him or herself may also pose a risk to others and vice versa. A person who is prepared to kill or harm one person may harm more people.

- Some people don’t know the rules. Some people can’t, or won’t, hear or abide by the rules. Different strategies apply to different situations.

- The “fear of violence” includes a wide spectrum of issues to consider. Be alert for related problems, such as harassment, infliction of emotional distress, vandalism and sabotage, etc.

- In specific situations: Assess the whole situation, not just the “person of concern.” Think also about the setting, recent events and possible targets. Determine if this is an emergency. Take a systems approach—work with others.

The information we provide is meant to be used as a general guideline for thought. It is not intended as legal advice, or advice about specific situations. When confronted with specific cases the Ombudsperson should always consider consultation with appropriate professionals.
VIOLENCE AND FEAR OF VIOLENCE

Given the nature of organizational ombuds work in an institution, it is reasonable to expect that, sooner or later, an ombudsperson will hear that a visitor, or someone a visitor knows, is considering harming him or herself, harming others, or even harming the ombudsperson. Each ombuds will need to assess what is a reasonable course of action under the circumstances, which will depend largely on how quickly a response is needed. The intent of this publication is to help you perform your job function in a reasoned and responsible manner when confronted with these circumstances. If in doubt, review The Ombudsman Association's Code of Ethics and Standards of Practice, which will help guide you (see Appendix I and II). Recognize that there may be times when your best efforts, as well as those around you, may fail to result in a desired outcome. However, thoughtful analysis may help.

Have you ever heard, or worried about hearing, statements such as these?

*He can't do that to me. He'll be sorry, just wait. I'll fix him!*

*I can't take it anymore. I just can't do it anymore.*

*God damn it, I could kill the bitch.*

*He's so strange and different. I'm afraid.*

*We don't need people like that around here. Who knows what they might do?*

*...then she said she planned to end it all.*

*His words sounded so menacing. I was too afraid to go back to work, or even go home.*

*You hear me; no one will treat me that way again. I don't care if she's the boss.*

*I can't fight it anymore. It's over. I've got nothing left.*

Ombudspersons do not face these kinds of concerns often. But when they do, determining what is a reasonable and appropriate course of action can be daunting. The TOA Code of Ethics and Standards of Practice tell us that we are expected to respect the confidentiality of a visitor absolutely, with the exception of one who tells us something that may indicate that there exists an imminent threat of serious harm. When a potentially dangerous situation exists—but you have not been given permission to act and can find no other immediate responsible option—it is burdensome to decide between involving others or remaining silent. The consequences of a wrong judgment can be devastating. If one chooses to do nothing and a tragedy occurs, serious harm may result to an individual, multiple individuals, or the entire organization. However, choosing to involve others may bring unnecessary attention and irrevocable harm to a person whose comments were spoken to "let off steam," with no intention of acting out a threat. The consequence of a wrong judgment makes this subject a difficult dilemma for even the most experienced ombudsperson.
This booklet is designed to provide information and tools to help you address concerns about targeted violence in the workplace. It will discuss the problem in its broadest context—as an institutional problem. It will suggest how you may help the organization prevent—and deal with—the fear of violence in the workplace. It will provide guidelines to help analyze situations so you will act reasonably and responsibly.

THE SCOPE OF THE PROBLEM

Information from the National Institute for Occupational Safety and Health (NIOSH) suggests that actual violence in the workplace has diminished in the United States. However, the fear of violence has risen, in the sense that more people are coming to Ombuds offices concerned about their safety at the hands of others. It is not clear just why this may be true. Some of the fear may be overreaction to media celebration of rare attacks. Some apparent fear may be due to conscious or unconscious dislike of people who are perceived as “different.” On the other hand, recent data do suggest significant stalking behavior in the U.S. and this may have led to a generalized fear, even in the workplace, that “someone may be after me.” It seems understandable that the fear of targeted violence may be quite different in different organizations.

USING THE SYSTEMS APPROACH

Think of your information in context. Think of your resources in context. Work with appropriate others. Don’t handle this alone. Ask others to help evaluate the information you have and the options, anonymously and identity-free, if necessary. Call another ombudsperson, if you have time. This is especially important if there are cross-cultural, gender, ethnic or other situation-specific issues to consider.

Using the systems approach includes working with others in the organization. Consider your role within the organization, and how you and the organization might think about the targets or people of concern when brought to either one’s attention. Each part will be discussed in this booklet.

I. THE ORGANIZATION

This section discusses factors an organization should consider when it creates an integrated system for dealing with violence and the fear of violence. First, it recommends that an organization establish an integrated organizational system such as the one suggested by the following diagram. A true systems approach links resources both inside and outside the organization. For example, inside the organization, line management should be linked with all the appropriate specialized offices such as security, medical department, safety office, human resources department, etc. These structures also need linkage to the appropriate resources outside the organization: police and criminal justice, mental health providers, and consultants.
A SYSTEMS APPROACH TO VIOLENCE AND RELATED ISSUES

THE ORGANIZATION'S INTERNAL SYSTEM
- Built on policies and procedures
- Sustained by line managers and relevant specialized offices
- Fostered by training employees and managers
- Overseen by "Difficult Problems" group
- Supported by Emergency Assessment Team with a Crisis Plan and Post-Crisis Assessment and Plan

EXTERNAL RESOURCES
- Police/Criminal Justice System
- Mental Health System
- Crisis Consultants

SOME TASKS FOR THE ORGANIZATION
- Assess and link internal resources to each other: they must work together.
- Build from these resources a "difficult problems" group (not a "crisis team") that meets regularly and frequently.
- The appropriate office or group should review applicable OSHA requirements, other relevant state and federal laws, and NIOSH data, and compare to the organization’s own internal reports of violence and the fear of violence.
- The appropriate office or group should review and develop policies and procedures. (Consider outplacement services for individuals who may need to leave the organization.)
- The appropriate office or group should consider how vulnerable employees will be protected. (Consider those who are deciding if and how to return to work, and those who are involved in treatment programs as part of their efforts to recover.) Human Resources departments may be in the best position to help oversee these situations.
- The appropriate office or group should provide training to prevent humiliation and foster respectful behavior.
- The appropriate office or group should assemble plans for assessment teams based upon the nature of each crisis.
- The appropriate office or group should think through crisis planning, including consultants.
- The appropriate office or group should be prepared to quickly appoint members to a crisis team when specific situations arise. Consideration should be given to whether, and under what circumstances, the ombuds should be a member of such a team.
- Decide if the plan to form crisis teams should be advertised. There may be benefits to assuring people that the organization is prepared to deal with crises in a thoughtful way. Determine how the team will be evaluated (by the team itself or by others), and how learning from experience will be shared.
ZERO TOLERANCE REQUIRES ZERO BARRIERS

In recent years, many organizations have tried to limit violence and other kinds of illegal and disruptive behavior through so-called “zero tolerance” policies. In these policies the employer may state that it will not permit even a flicker of the proscribed activity. Typically these organizations back up such policies with mandatory reporting, mandatory investigation and mandatory punishment of the forbidden behavior.

Virtually all such organizations with which the authors have had contact have learned that zero tolerance policies, by themselves, simply do not work. Faced with getting other people into trouble, most people do not want to report the forbidden behavior on a timely basis. This is especially true if they are not absolutely certain that forbidden behavior occurred, and especially if they believe that they will become known as a whistleblower. The result is that the more the employer pursues draconian words and policies, the less will people in the organization want to report their suspicions of bad behavior.

One answer, if the employer decides it must have zero tolerance policies, is simultaneously to pursue “zero barriers.” This means taking a systems approach to conflict management such that the barriers for a person to come forward are close to zero. In a zero barriers approach, the employer sets up multiple options for coming forward and makes sure that there is at least one confidential office where people can go with little fear of bad consequences. This is one of the leading reasons to have an ombuds office—to deal with very serious concerns. Of course, an organizational ombuds office must, in turn, be a collegial part of a system, in order for unacceptable behavior to be surfaced and dealt with in a timely way. The ombuds should endeavor to see that the people who have come forward feel reasonably satisfied, if possible, with how the ombuds has dealt with them. The ombuds must know how to:

- help people surface their information directly, if they are willing to do so,
- help people to be able to stop their own and other people’s unacceptable behavior whenever possible,
- help people report relevant information anonymously through the Ombuds,
- help other offices to find relevant evidence without compromising confidentiality,
- trigger training which will deter people from behaving badly, and prevent serious humiliation whenever possible,
- follow-up with complainants to see if the behavior has stopped.
II. THE ROLE OF THE OMBUDS IN A SYSTEMS APPROACH

Many of the people who come to see an ombudsperson are under severe stress. They may be unclear about where they should turn for understanding and help. Many are unsure whom they can trust. One cannot predict or choose who will visit the ombuds office or how that person will behave when experiencing high levels of frustration or feeling angry, humiliated, or ashamed. The safety of the ombudsperson may be at risk during these occasions. Here are six ideas that can help create an office that feels comfortable and safe.
You and Your Office

1. Easy access to obtaining help when needed.

Some ombudspeople have installed a ‘Panic’ button in a location that is easily accessible, though hidden from view. The button engages by the press of a finger, knee or toe. If an ombuds suspects that danger is imminent, it may be easier to move to the hidden button without further agitating the individual than it will be to attempt to “run for the door.” Some people have two buttons. One alerts the police or security. The other summons a support person who has been instructed to interrupt a meeting primarily to break the tension. If you choose a multi-button system, consider the location of the buttons so they will not be confused. The police/security button should be selected only if it is obvious that all attempts to stop the potentially violent behavior seem to be useless and you believe that you may be harmed as a result. (It should go without saying that you should occasionally make sure the system works.)

A prearranged plan for a designated person to stay in the area, if you suspect trouble, can also be helpful in allaying your fears. If you are anticipating a problem, consider contacting building security or the campus police. Be aware that alerting others who can help in the event of a serious problem may sacrifice confidentiality.

Establish relationships with the campus police or security people prior to any problems. You can describe to them the nature of ombuds work so they understand the potential for difficulties to arise and why you may need to call upon their assistance. Be sure you discuss all laws and policies they and you think are relevant. Having safeguards in place, such as the ones mentioned here, can enable one to think more calmly in times of high tension and uncertainty.

If a visitor will not give permission to surface information, it may be possible to get some kinds of help, without divulging specific details told to you in confidence. It is also possible to agree with the visitor to keep meeting until a responsible option is found. However, if you are unable to get permission to speak to others, and getting help without permission is not a reasonable option, you will need to evaluate your need to get help against the promise of confidentiality, in accordance with TOA’s Code of Ethics and Standards of Practice.

2. Office furniture and layout that is not threatening or confining.

Design a floor plan that allows the individual an unobstructed exit way. It may also be wise to have the individual sit nearer than you to the door. An agitated person who has come with no intent to harm, or who has second thoughts about doing so, may find it easier to leave if no object or person is in his or her way. If you are anticipating a problem and if it is possible, leave the door slightly ajar. This may be difficult to do, but give thought to the idea. You can easily make sure your door, while closed, is unlocked. This would at least allow someone to open it from the outside should the need arise. Finally, avoid leaving implements around that might prove dangerous if grabbed by an angry person.
3. Decorations that might suggest a safe and caring place.

People coming to the office are often very anxious. They may be feeling helpless and view the visit as very risky. They may be suspicious about what you can do to help them. You need to establish trust in order to proceed effectively. How you communicate your service is critical and the physical appearance of the office can help to create an environment that suggests safety and respect. Having personal memorabilia such as pictures, art or crafts can help establish a more human, less institutional interaction. Imagine how difficult it is for people to muster up the courage to share a serious and painful problem with someone they have never met, whom they may have heard about only through a flyer or word-of-mouth. To help visitors feel comfortable, one ombudsperson keeps a sculpture of a dinosaur gently holding a small bird. This sculpture manifests a place that will be understanding and caring. The same ombudsperson keeps a replica of Don Quixote standing very visibly on the desk. This is often the focal point of a visitor’s attention and provides an easy first dialogue. Symbolically, the character suggests someone who cares and will persist in trying to help even if the chances for change may be slim. (You may recall that Don Quixote spent his life tilting at windmills, as do many ombudspeople.)

Wall hangings can also say much about the office and its safety. For instance, ethnic pictures or calendars can suggest an open-mindedness and respect for all people and cultures.


Visitors with a clear understanding of what to expect are less likely to react negatively if their hopes are not realized. You can provide a clear, simple explanation of the role of the ombudsperson in a brochure or other written document, which can be posted on the door. Giving people a written statement about the office upon first arriving can help explain the role of the office and point out its limitations. The information should include what can and cannot be done through the office. For instance, it might be useful to tell someone that the ombudsperson can help an individual help him or herself, speak to someone else on behalf of the individual if given permission, or engage in some informal interventions such as shuttle diplomacy or mediation when all parties agree. At the same time, point out that an ombudsperson cannot act as an advocate, or judge, and does not have the authority or power to force any particular action to be taken by others no matter how reasonable and fair that may seem.

It may be wise to remind individuals of these facts a number of times during the course of the relationship. When people are under stress they often do not process the many things they are being told at any one time.
5. Delivering respect and fostering respectful behavior.

While we are not intending a psychological commentary, we know that people who are seriously humiliated have a difficult time processing their circumstances and letting go of their feelings. Recovery from feeling humiliated can be far more difficult than recovery from just feeling embarrassed, foolish or ashamed. When people are severely humiliated, they may entertain ideas of harming those who they perceive to have humiliated them, or harming themselves, as ways to make an unbearable, painful situation go away.

You may be able to help people recover from feeling humiliated by respectfully listening. Respect may help people feel it is safe to tell their story without feeling they are being judged or misjudged. Showing respect can go a long way in helping people regain their sense of self-worth and dignity despite their problems. It can help with the healing process. When the time seems right, you can begin the discussion of what options are available under the circumstances, to help a person move forward with some sense of having options.

In an emergency situation, it may be possible that this delivery of respect will enable you to diffuse a potentially volatile situation so people will be able to better deal with their feelings and be less likely to direct their anger inappropriately towards self or others. It may be easier for you to perform this valuable function knowing that steps have been taken to promote your own safety when interacting with those who come to the office, such as having a security person nearby.

You can also encourage the organization to become alert to the effect that humiliation can play in the potential for violence—and the importance of creating a culture of respect.

6. Use of generic responses:

A generic response is a tool in your toolbox that can be used to keep an individual’s identity confidential but help make the organization aware of problems. It is especially useful if you have not been given permission to act, but “doing nothing” would be irresponsible to the organization. For instance, if you hear that someone is making threatening comments at work that are frightening people, you can suggest that a zero tolerance/zero barriers statement be reissued to the employees, or be discussed at a staff meeting. (Other options may also be necessary.)

III. WHEN TARGETS OR PERSONS OF CONCERN COME TO THE OMBUDS

This section begins with a list of “Do’s” and “Don’ts” for personal conduct when dealing with people who are under great stress. This list may be useful for anyone in your organization who might be facing a violent situation.
**Personal Conduct to Minimize Violence**

Follow these suggestions in your daily interactions with people to de-escalate potentially violent situations. If at any time a person’s behavior starts to escalate beyond your comfort zone, disengage.

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td>• Project calmness: move and speak slowly, quietly and confidently.</td>
<td>• Use styles of communication which generate hostility such as apathy, brush off, coldness, condescension, robotism, going strictly by the rules or giving the run-around</td>
</tr>
<tr>
<td>• Be an empathetic listener: encourage the person to talk and listen patiently.</td>
<td>• Reject all of a client’s demands from the start.</td>
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<tr>
<td>• Focus your attention on the other person to let them know you are interested in what they have to say.</td>
<td>• Pose in challenging stances such as standing directly opposite someone, hands on hips or crossing your arms. Avoid any physical contact, finger pointing or long periods of fixed eye contact.</td>
</tr>
<tr>
<td>• Maintain a relaxed yet attentive posture and position yourself at a right angle rather than directly in front of the other person.</td>
<td>• Invade the individual’s personal space. Make sure there is a space of 3’ to 6’ between you and the person.</td>
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<tr>
<td>• Acknowledge the person’s feelings. Indicate that you can see he or she is upset.</td>
<td>• Make sudden movements, which can be seen as threatening. Notice the tone, volume and rate of your speech.</td>
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<tr>
<td>• Make small, specific requests such as asking the person to move to a quieter area.</td>
<td>• Challenge, threaten, or dare the individual. Never belittle the person or make him/her feel foolish.</td>
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<tr>
<td>• Establish ground rules if unreasonable behavior persists. Calmly describe the consequences of any violent behavior.</td>
<td>• Criticize or act impatiently toward the agitated individual.</td>
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<tr>
<td>• Use delaying tactics that will give the person time to calm down. For example, offer a drink of water (in a disposable cup).</td>
<td>• Attempt to bargain with a threatening individual.</td>
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<tr>
<td>• Be reassuring and point out choices. Break big problems into smaller, more manageable problems.</td>
<td>• Try to make the situation seem less serious that it is.</td>
</tr>
<tr>
<td>• Accept criticism in a positive way. When a complaint might be true, use statements like, “You’re probably right,” or “It was my fault.” If the criticism seems unwarranted, ask clarifying questions.</td>
<td>• Make false statements or promises you cannot keep.</td>
</tr>
<tr>
<td>• Ask for recommendations. Repeat back what you feel is being requested of you.</td>
<td>• Try to impart a lot of technical or complicated information when emotions are high.</td>
</tr>
<tr>
<td>• Arrange yourself so that a visitor cannot block your access to an exit, nor is the visitor blocked from exiting.</td>
<td>• Take sides or agree with distortions.</td>
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</table>
Assess The Whole Situation, Not Just The Person Of Concern

Evaluate your information and your time frame. Is this an emergency? If so, act accordingly and call your security department or the campus police. If you have a little time, read these pages, evaluate your information, and see what you do and do not know, what you might find out unobtrusively, what would be difficult to find out. As in any situation brought to you, people often give you a only partial perspective. Learning about other perspectives may help you decide what to do. Remember you can often seek advice without identifying the people involved in a situation.

You may want to act immediately if the answers to the following questions (about the person of concern, the setting, the situation, and the potential targets) suggest that this is a dangerous situation. This is the circumstance in which you must consider whether, and how, you will break confidentiality and call upon others (from your crisis team or from those who are trained to respond to such situations) to further assess the situation and to determine a reasonable course of action. If there are no other responsible options available, than to break confidentiality, try not to deal with the matter alone.

Contrary to some newspaper accounts, people who behave violently do not usually “just snap,” without any prior indicators that they are troubled. Think of violence as a process. Try to assess how far along things are on a path that might lead to violence.

Consider violence as a process in which a certain set of circumstances needs to exist in order to have actual violence occur. One way of determining the gravity of the situation and how fast you may need to act is by analyzing what you do know, or need to quickly find out, about:

1. the person of concern,
2. the characteristics of the work settings in which the violence may possibly take place,
3. the events which have been building up or have recently taken place that may make a situation less bearable and,
4. any information you can gain about the possible target or targets, and their safety.

Since almost anybody could be dangerous under certain circumstances, it is less effective to ask, “Is this a dangerous person,” and more useful to ask, “Is this a dangerous situation?” You might want to use the following list to think about the person(s) of concern, about targets, about the setting, about recent events. Profiling people is likely to be worse than useless. Analyzing people’s behavior and the whole situation is your goal.

As you read through these next pages of questions, think, “what is motivating the person of concern, within the present situation? Why has this person come to attention now? May this person come to see violence as a solution to life issues? How desperate may this person be? What might make this situation better?
1. What do you know about the person of concern?

- Does the person of concern use alcohol inappropriately or use illegal drugs?
- Is this person seen to be very rigid and inflexible, or sullen, angry, depressed? Does the person say he or she “has no options,” or say, “there is no hope (or no way out) for me?” or otherwise seem suicidal?
- Does there appear to have been a drastic change in his or her belief systems? A drastic change in productivity and/or attendance?
- Does the person make jokes and comments about weapons and/or seem obsessed with weapons and their usefulness to him or her? Does the person have a weapon or easy access to a weapon or dangerous materials?
- Does this person seem to identify with perpetrators, or praise workplace violence or other violent acts—or hit people, or physically threaten, or throw objects at others?
- Are co-workers afraid of this person? Is there a history of making threats, of using intimidation, and especially of escalations of intimidating behavior?
- Does the person engage in property damage or sabotage of equipment or projects?
- Is this person suspicious of others? Very adverse to any kind of criticism? Does this person constantly blame others and refuse to take responsibility?
- Does the person appear to have unreasonable expectations, and fail to understand the reasonable consequences of actions by self and others?
- Does this person inappropriately feel justified in his or her anger or unacceptable behavior toward another person? In particular, does this person focus attention on people of a particular race, gender, religion, etc?
- Does this person inappropriately join crusades at work—especially, starting one-man or one-woman wars?
- Is there any grievance pending, the denial of which might be a shock? Is there a history of grievances that are generally seen to be unreasonable?
- Does this person inappropriately monitor the behavior and the performance of others?
- Has there been any recent major loss or stress for this person at home or at work?
- Does the person perceive him or herself to have been humiliated? For example, does this person believe him or herself to have been harshly supervised and publicly shamed?
- Is there any known history of obsessively following other people, or of stalking?
- Have there been encounters with the police? If there is a record of violence, what kinds of violence did the person engage in, and under what circumstances?
- Has the person been suspended or fired, and refused to leave, or refused to let go of contact with others in the workplace? Or tried to circumvent security?
• Has the person named a specific target (self or others) or talked to others about any specific plans to do harm, or spoken in dire terms of a time or date when “something will happen”? If you can, find out if the person has ever “targeted” someone (self or others) before. Is the person’s recent behavior consistent with what he or she says?

• Whether you believe this person to be well or ill, does the person have the capacity to plan and execute harm? Learning if the person is “organized” is more important than learning if the person is mentally ill.

2. What are the characteristics of the setting?
• Are alcohol and illegal drugs commonly used?
• Do people in this setting have access to and use weapons (of any kind)?
• Does the organization have a policy and well-known procedures about harassment and violent behavior or is the organization very inconsistent and/or laissez-faire?
• Are there policies and options for conflict resolution and is there training about conflict management?
• Is there an emphasis on civil and respectful behavior or do people “get away” with a lot?
• How does the organization actually deal with common conflicts?
• Does this organization tolerate, or foster, unfair treatment of people of different backgrounds, race, gender, etc.?
• Does the organization have and practice “airport rules,” that is, paying attention to comments made in the workplace about potential violence?
• Does the organization offer options to learn about, monitor, support and work with people who are under great stress and have serious problems?

3. What has happened recently?
• Have there been recent stories about workplace violence in the media?
• Have there recently been lay-offs, mergers, major reorganizations, or people fired, or are lay-offs planned, or are layoffs feared by many?
• Are people in this part of the organization under high stress—do they feel seriously overloaded? Is there an atmosphere of fear or hate or betrayal or despair?
• Has the organization responded to increases in stress with adequate resources for people in need? Are these resources for people widely understood and actually being used?

4. What do you know about possible targets?
• Has any individual (or the subject himself or herself) or valuable property been named as a target?
• Does the person of concern have access to the target(s)?
• Is any named target strongly emotionally engaged (positively or negatively) with the person of concern?
• Do the potential targets use illegal drugs or use alcohol inappropriately?
• Is any named target behaving in any other imprudent fashion?
• Has a particular time—especially an imminent time and date—been named as a time for revenge or for “settling a problem” or for explicit harm?
• If a named target were attacked, would anyone else also be at risk? Include the possibility that the person of concern might injure both himself or herself and others.

If your evaluation of these questions suggest that violence may likely occur, consider what kind of intervention may diminish or eliminate some of these circumstances. It may be possible to avert an immediate crisis, so that there is more time to consider further actions.

If you are concerned about suicide, refer to the Appendix for guidance on suicide assessment.

The most common problems encountered by ombuds will include behaviors that are seen as threatening, but do not require immediate action. The chart below can serve as a guideline to categorize problems and help you determine appropriate options and responses. For instance, you might respond differently if your visitor is feeling like a victim or being victimized, than if your visitor is considering harming, or has harmed, others. To complete this analysis, explore who may be affected by the problem and what course of action will account for the needs of all those involved.

These issues are complex. Keep in mind that all parties have rights to be protected from harm, and not to be victimized by false charges. Once an accusation is made, and as additional people become aware or involved, damage will be done to a person’s reputation even if an accusation is eventually proven false. Individual privacy rights must be respected. Further:

• You may discover that there are illegal activities occurring beyond the situation brought to your attention. These may involve the visitor or others in the organization and may be criminal or civil in nature.
• Some people may bring forward a concern that may unconsciously, or maliciously, be defaming to another.
• Third party and anonymous complainants can be sincerely concerned—or may come forward harboring motives to cause trouble for someone else.
• Cultural misunderstanding, stereotyping or dislikes for certain types of people may create ungrounded and imagined fears.
• Strong feelings of humiliation may make it difficult to restore people’s self-respect enough to focus on positive options.

Complexities such as the ones above may make it difficult to determine accurately the intent of the complainant and an appropriate course of action. An ombuds needs to be aware of many different possibilities when looking at fear of violence in the workplace.
THE FEAR OF VIOLENCE MAY INCLUDE A WIDE SPECTRUM OF ISSUES TO CONSIDER:

<table>
<thead>
<tr>
<th>WHAT KIND OF PROBLEM</th>
<th>CHARACTERISTICS OF THE VISITOR</th>
<th>WHO MAY BE AFFECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must act immediately</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
<tr>
<td>Not emergency (but serious concern about potential violence)</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
<tr>
<td>Other Illegal Behavior Becomes Apparent</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
<tr>
<td>Workplace Mistreatment, Meanness, Harassment</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
<tr>
<td>Dealing with Anonymous Complaints</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
<tr>
<td>Cross-cultural Misunderstanding*</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
<tr>
<td>Malicious Defamation</td>
<td>Visitor as Target</td>
<td>Violator</td>
</tr>
<tr>
<td></td>
<td>Visitor as Violator</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>Third Parties</td>
</tr>
<tr>
<td></td>
<td>Third Party Reporter</td>
<td>Institution</td>
</tr>
</tbody>
</table>

* For example, anecdotal evidence suggests that minority males may be the subject of misunderstandings and fear in predominantly Anglo organizations.
APPENDICES

I. The Ombudsman Association’s Code of Ethics
II. The Ombudsman Association’s Standards of Practice
III. One Example of a Company Statement on Non-Violence
IV. Questions to Ask Potential Consultants
V. Notes on Suicide Assessment
VI. Common Misconceptions about Suicide
VII. Risk Factors to Consider
VIII. Intensity of Risk Factors
IX. Bibliography
THE OMBUDSMAN ASSOCIATION

Code of Ethics

The ombudsman, as a designated neutral, has the responsibility of maintaining strict confidentiality concerning matters that are brought to his/her attention unless given permission to do otherwise. The only exceptions, at the sole discretion of the ombudsman, are where there appears to be imminent threat of serious harm.

The ombudsman must take all reasonable steps to protect any records and files pertaining to confidential discussions from inspection by all other persons, including management.

The ombudsman should not testify in any formal judicial or administrative hearing about concerns brought to his/her attention.

When making recommendations, the ombudsman has the responsibility to suggest actions or policies that will be equitable to all parties.
APPENDIX II.

THE OMBUDSMAN ASSOCIATION

Standards of Practice

The mission of the organizational ombudsman is to provide a confidential, neutral, and informal process that facilitates fair and equitable resolutions to concerns that arise in organizations. In performing this mission, the ombudsman serves as an information and communication resource, upward feedback channel, advisor, dispute resolution expert, and change agent.

While serving in this role:

1. We adhere to The Ombudsman Association Code of Ethics:

2. We base our practice on confidentiality
   
   2.1 An ombudsman should not use the names of individuals or mention their employers without express permission.
   
   2.2 During the problem-solving process an ombudsman may make known information as long as the identity of the individual contacting the office is not compromised.
   
   2.3 Any data that we prepare should be scrutinized carefully to safeguard the identity of each individual whose concerns are represented.
   
   2.4 Publicity about our office conveys the confidential nature of our work.

3. We assert that there is a privilege with respect to communications with the ombudsman and we resist testifying in any formal process inside or outside the organization.

   3.1 Communications between an ombudsman and others (made while the ombudsman is serving in that capacity) are considered privileged. Others cannot waive this privilege.

   3.2 We do not serve in any additional function in an organization that would undermine the privileged nature of our work (such as compliance officer, arbitrator, etc.)

   3.3 An ombudsman keeps no case records on behalf of the organization. If an ombudsman finds case notes are necessary to manage the work, the ombudsman should establish and follow a consistent and standard practice for the destruction of any such written notes.

   3.4 When necessary, the ombudsman’s office will seek judicial protection for staff and records of the office. It may be necessary to seek representation by separate legal counsel to protect the privilege of the office.

1 Confidential describes communications, or a source of communications, which are intended to be held in secret. In an ombudsman’s work confidentiality is often accomplished by providing anonymity to the source of communications. When the source of a communication is kept secret or private, this is known as an anonymous communication.

2 Privilege is a legal term, which describes a relationship, which the law protects from forced disclosure. Traditional privileges are client/lawyer, doctor/patient, priest/penitent, husband/wife. An ombudsman privilege differs from these because the office holds the privilege and it cannot be waived by others. The privilege is necessary to preserve the process that allows people to come forward to resolve their concerns in a confidential setting without the risk of reprisal.
4. We exercise discretion whether to act upon a concern of an individual contacting the office. An ombudsman may initiate action on a problem her or she perceives directly.

5. We are designated neutrals and remain independent of ordinary line and staff structures. We serve no additional role (within an organization where we serve as ombudsman) which would compromise this neutrality.

5.1 An ombudsman strives for objectivity and impartiality.

5.2 The ombudsman has a responsibility to consider the concerns of all parties known to be involved in a dispute.

5.3 We do not serve as advocates for any person in a dispute within the organization; however, we do advocate for fair processes and their fair administration.

5.4 We help develop a range of responsible options to resolve problems and facilitate discussion to identify the best options. When possible, we help people develop new ways to solve problems themselves.

5.5 An ombudsman should exercise discretion before entering into any additional affiliations, roles or actions that may impact the neutrality of the function within the organization.

5.6 We do not make binding decisions, mandate policies or adjudicate issues for the organization.

6. We remain an informal and off-the-record source of help. Formal investigations—for the purpose of adjudication—should be done by others. In the event that an ombudsman accepts a request to conduct a formal investigation, a memo should be written to the file noting this action as an exception to the ombudsman role. Such investigations should not be considered privileged.

6.1 We do not act as an agent for the organization and we do not accept notice on behalf of the organization. We always refer individuals to the appropriate place where formal notice can be made.

6.2 Individuals should not be required to meet with an ombudsman. All interactions with the ombudsman should be voluntary.

7. We foster communication about the philosophy and function of the ombudsman’s office with the people we serve.

8. We provide feedback on trends, issues, policies and practices without breaching confidentiality or anonymity. We identify new problems and we provide support for responsible systems change.

9. We keep professionally current and competent by pursuing continuing education and training relevant to the ombudsman profession.

10. We will endeavor to be worthy of the trust placed in us.
APPENDIX III

ONE EXAMPLE OF A COMPANY NON-VIOLENCE STATEMENT

TO: All Employees

Our company is making the work environment as safe and healthy as is reasonably possible for its employees and others.

To help maintain such an environment, all employees should be aware that the Code of Conduct and other corporate policies prohibit the following activities:

- Threatening, intimidating, coercive, abusive, harassing, or violent verbal, written, or physical behavior, or the suggestion of such behavior, toward others, including coworkers, customers, suppliers and visitors to our buildings. (Threats can be interpreted as those situations that may reasonably be considered to be physically intimidating or fearful by the receiver of the threat.)

- Possession of firearms, explosives, or other weapons anywhere on company property (including company vehicles) or while conducting company business.

- Fighting on the job, on company premises, or while conducting company business.

- Willful destruction of company property or the property of others.

Our company supports this policy and is committed to swiftly responding to any of these situations. Violations of this policy will result in disciplinary action, up to and including dismissal.

If your safety or the safety of others is in immediate danger, call XXXXXXXXXX.

For situations that you feel do not require immediate action, contact your supervisor/manager, or other internal resources (listed on the reverse of this letter) or call our Crisis Line at XXXXXXXXXX. This number is available 24 hours a day.
APPENDIX IV

QUESTIONS TO ASK POTENTIAL CRISIS CONSULTANTS

Some questions the employer or ombuds might want to ask potential consultants when searching for help with a crisis event or for concerns about violence and the fear of violence in the workplace.

PREVIOUS CRISIS WORK EXPERIENCE OF THIS CONSULTING GROUP

- Geographical Areas Covered, in the US and elsewhere.
- How many cases have they handled per year, for how many years? What kinds of cases? Do they keep records and do they talk discreetly—or inappropriately—about other employers?
- Response time (is this guaranteed?) Phone and in-person response time?
- What is the number of professionals in the consulting group and the number available in your area of the country?
- What languages, cultural experience, genders, professional degrees, relevant professional experience, or other special expertise are included on the team or available to the team?
- How do they work? Alone/in teams?
- Ask for cost per hour? Retainer fees?
- Ask for copies of literature and brochures, etc. Read these carefully.

Experience of the SPECIFIC professionals with whom your employer will be working (not just the head of the firm):

- How many years has this consulting group been in business, and how many years have these specific professionals worked with this firm?
- How many people has each relevant professional personally interviewed, assessed, or dealt with, who have actually acted violently? (Many have had no such experience.)
- What is the experience of the specific professionals with whom you will be dealing: with respect to coordinating/working with internal security departments, law enforcement authorities and the criminal justice system? Have these professionals testified as expert witnesses?
- What is their experience coordinating with the mental health system? with EAPs?
• How many employers have they worked with? Ask for references and consider the types of workplaces. Is it important that their experience be relevant to your particular environment (e.g. medical research facility?)

• What is their understanding of employment law and what is their experience working with internal counsel?

SURVEY WORK (if relevant to your needs)
• Do they have experience with surveys about fear of violence or violence?

• Do they have experience in workplace assessment? (e.g. What are their strengths and weaknesses with respect to issues of violence and the fear of violence?)

TRAINING/CONSULTING (if relevant to your needs)
• Do they have experience in training managers?
• Do they have experience training HR/internal crisis staff?
• Do they have experience in helping design/set up internal crisis teams? Crisis systems?
• Do they have experience helping design and set up on-going “difficult problems” teams?

POST CRISIS WORK (aftermath)
• How many episodes (and of what type) have they worked with? Do they work short-term or longer?

OVERALL:
• Does the proposed consultant simply offer a pre-formed package or does he or she help the employer be thoughtful about a custom designed needs assessment and program development?

NOTE: There may be no one perfect consultant. Some may be helpful with internal systems training and assessment and others with crises.
APPENDIX V.

NOTES ON SUICIDE ASSESSMENT

Consider the question of suicide, when a visitor talks of being depressed, or feeling despair, or wishing to die, and you believe these symptoms are moderate to severe.

Consider asking the individual direct questions:

“Have you thought about killing yourself?” (“Or have you thought of hurting yourself?”)

“Are you thinking about this a lot?”

“Have you thought how you would do it?”

You may wish to encourage the visitor to talk, at least a little, about his or her thoughts and feelings.

Most people think about suicide occasionally—but as a fleeting thought. Individuals with symptoms of major depression who think about suicide regularly, and/or have a well-delineated plan—with the lethal means available—are at risk.

It is important to refer visitors who are at risk to a mental health professional, and to follow-up, to make sure they make the contact and receive appropriate treatment. This is a situation in which the Ombudsperson might seek a way to report the risk with the visitor’s permission. In the rare case in which permission is not given, the Ombudsman may still have a responsibility to report the danger, to prevent serious harm or loss of life.

Other possible increased risk factors for suicide may include: use of alcohol or drugs, impulsivity, legal or disciplinary problems, recent losses, prior suicide attempts, history of suicide in the immediate family, serious desire to murder another person, recent writing of a will or giving away possessions, recent “accidental” injuries, lack of commitment to future plans, lack of friends and family, and absence of a positive social support system. Individuals who talk about using guns may be more dangerous than those who talk about slitting their wrists, but all should be taken seriously.
### COMMON MISCONCEPTIONS ABOUT SUICIDE

<table>
<thead>
<tr>
<th>MYTHS</th>
<th>REALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who talk about suicide rarely commit suicide.</td>
<td>People who commit suicide have given some clue or warning of intent. Suicide threats and attempts must be taken seriously.</td>
</tr>
<tr>
<td>The tendency toward suicide is inherited and passed on from one generation to another.</td>
<td>Suicide does not “run in families.” It has no characteristic genetic quality.</td>
</tr>
<tr>
<td>The suicidal person wants to die and feels there is no turning back.</td>
<td>Suicidal persons most often reveal ambivalence about living versus dying and frequently call for help immediately following the suicide attempt.</td>
</tr>
<tr>
<td>Everyone who commits suicide is depressed.</td>
<td>Although depression is often associated with suicidal feelings, not all people who kill themselves are obviously depressed: some are anxious, agitated, psychotic, organically impaired, or wish to escape their life situation.</td>
</tr>
<tr>
<td>There is very little correlation between alcoholism and suicide.</td>
<td>Alcoholism and suicide often go hand in hand; that is, a person who commits suicide is often also an alcoholic.</td>
</tr>
<tr>
<td>A person who commits suicide is mentally ill.</td>
<td>Although persons who commit suicide were often distraught, upset, or depressed, many of them would not have been medically diagnosed as mentally ill.</td>
</tr>
<tr>
<td>A suicide attempt means that the attempter will always entertain thoughts of suicide.</td>
<td>Often a suicide attempt is made during a particularly stressful period. If the remainder of that period can be appropriately managed, then the attempter can go on with life.</td>
</tr>
<tr>
<td>If you ask a Person of Concern directly, “Do you feel like killing yourself?” this will lead him or her to make a suicide attempt.</td>
<td>Asking a Person of Concern directly about suicidal intent will often minimize the anxiety surrounding the feeling and act as a deterrent to suicidal behavior, especially if help is sought and found.</td>
</tr>
<tr>
<td>Suicide is more common among the lower socioeconomic groups than anywhere in our society.</td>
<td>Suicide crosses all socioeconomic groups and no one group is more susceptible than another.</td>
</tr>
<tr>
<td>Suicidal persons rarely seek medical help.</td>
<td>In retrospective studies of those who had committed suicide, more than half had sought medical help within the six months preceding the suicide.</td>
</tr>
<tr>
<td>Suicide and homicide are very different activities.</td>
<td>A person who is prepared to commit suicide or kill others may also do both.</td>
</tr>
</tbody>
</table>

Consult the appropriate professional for specific cases.
### APPENDIX VII.

**RISK FACTORS TO CONSIDER**¹²

**Core Questions:** Does the Person of Concern have a detailed, workable, well thought-out suicide plan? Are things getting worse?

<table>
<thead>
<tr>
<th></th>
<th><strong>PROBABLY LOWER RISK</strong></th>
<th><strong>PROBABLY HIGHER RISK</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic Factors</strong></td>
<td>□ lives with others</td>
<td>□ lives alone</td>
</tr>
<tr>
<td></td>
<td>□ adequate resources</td>
<td>□ few resources</td>
</tr>
<tr>
<td></td>
<td>□ &lt;50</td>
<td>□ &gt;50</td>
</tr>
<tr>
<td></td>
<td>□ employed</td>
<td>□ unemployed</td>
</tr>
<tr>
<td></td>
<td>□ socially involved</td>
<td>□ social withdrawal</td>
</tr>
<tr>
<td><strong>Psychological</strong></td>
<td>□ few/mild medical problems</td>
<td>□ chronic illness, pain, debility</td>
</tr>
<tr>
<td></td>
<td>□ no drug/alcohol dependency</td>
<td>□ drug/alcohol dependency</td>
</tr>
<tr>
<td></td>
<td>□ little disturbance of sleep, appetite, weight, energy</td>
<td>□ persistent/marked disturbance of sleep, appetite, weight, energy</td>
</tr>
<tr>
<td><strong>Past and Present Psychological Status</strong></td>
<td>□ stable life pattern</td>
<td>□ unstable life pattern</td>
</tr>
<tr>
<td></td>
<td>□ no prior psychiatric treatment</td>
<td>□ prior psychiatric treatment</td>
</tr>
<tr>
<td></td>
<td>□ no prior suicide attempts</td>
<td>□ prior suicide attempts esp. high lethality</td>
</tr>
<tr>
<td></td>
<td>□ mild depressive symptoms</td>
<td>□ prominent depressive symptoms</td>
</tr>
<tr>
<td></td>
<td>□ motivated for help</td>
<td>□ poorly motivated</td>
</tr>
<tr>
<td></td>
<td>□ few present psychiatric problems</td>
<td>□ impaired reality testing (e.g. psychosis, agitation, self-recrimination)</td>
</tr>
<tr>
<td><strong>Social Resources</strong></td>
<td>□ concerned family/friends; stable finances</td>
<td>□ lives alone, no close friends; poor finances</td>
</tr>
<tr>
<td></td>
<td>□ stable finances</td>
<td></td>
</tr>
<tr>
<td><strong>Medical History</strong></td>
<td>□ few or mild medical problems; no drug/alcohol dependency</td>
<td>□ severe medical problems/pain; drug/alcohol dependency</td>
</tr>
<tr>
<td><strong>History of Mental Health</strong></td>
<td>□ generally stable, good life adjustment</td>
<td>□ prior psychiatric hospitalization; suicide attempts, poor life adjustment, familiar with suicide</td>
</tr>
<tr>
<td><strong>Precipitating Events</strong></td>
<td>□ occurred recently, potentially solvable</td>
<td>□ long-term problems, no solution in sight</td>
</tr>
<tr>
<td><strong>Psychological Status</strong></td>
<td>□ mild to moderate problems; cooperative, wants help</td>
<td>□ severe problems, blames self, reluctant to accept help</td>
</tr>
<tr>
<td><strong>Physiological Status</strong></td>
<td>□ mild to moderate symptoms; little disturbance of sleep, appetite, sex drive, few/mild somatic complaints</td>
<td>□ severe symptoms; trouble eating, not sleeping, no energy, many somatic complaints</td>
</tr>
<tr>
<td><strong>Daily Activities</strong></td>
<td>□ mostly maintains usual routine, remains involved with people and activities</td>
<td>□ less and less daily activity, withdrawing from people</td>
</tr>
<tr>
<td><strong>Suicidal/Homicidal Thoughts</strong></td>
<td>□ occasional, no specific plan, low lethality</td>
<td>□ persistent, specific detailed plan, high lethality</td>
</tr>
<tr>
<td></td>
<td>□ means unavailable</td>
<td>□ means readily available or assembled</td>
</tr>
</tbody>
</table>

Consult the appropriate professional for specific cases.
APPENDIX VIII

INTENSITY OF RISK FACTORS¹²

<table>
<thead>
<tr>
<th>BEHAVIOR or SYMPTOM</th>
<th>Lower</th>
<th>Moderate</th>
<th>Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Mild</td>
<td>Moderate</td>
<td>High, or panic state</td>
</tr>
<tr>
<td>Depression</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Isolation/withdrawal</td>
<td>Vague feelings of depression, no withdrawal</td>
<td>Some feelings of helplessness, hopelessness, and withdrawal</td>
<td>Hopelessness, helplessness, withdrawn, and self-deprecating</td>
</tr>
<tr>
<td>Daily functioning</td>
<td>Fairly good in most activities</td>
<td>Moderately good in some activities</td>
<td>Not good in any activities</td>
</tr>
<tr>
<td>Resources</td>
<td>Several</td>
<td>Some</td>
<td>Few or none</td>
</tr>
<tr>
<td>Coping strategies/devices being utilized</td>
<td>Generally constructive</td>
<td>Some that are constructive</td>
<td>Predominantly destructive</td>
</tr>
<tr>
<td>Significant others</td>
<td>Several who are available</td>
<td>Few or only one available</td>
<td>Only one, or none available</td>
</tr>
<tr>
<td>Psychiatric help in past</td>
<td>None, or positive attitude toward</td>
<td>Yes, and moderately satisfied with</td>
<td>Negative view of help received</td>
</tr>
<tr>
<td>Life style</td>
<td>Stable</td>
<td>Moderately stable or unstable</td>
<td>Unstable</td>
</tr>
<tr>
<td>Alcohol/drug use</td>
<td>Infrequently to excess</td>
<td>Frequently to excess</td>
<td>Continual abuse</td>
</tr>
<tr>
<td>Previous suicide attempts or attack on others</td>
<td>None, or of low lethality</td>
<td>None to one or more of moderate lethality</td>
<td>None to multiple attempts, of high lethality</td>
</tr>
<tr>
<td>Disorientation/disorganization</td>
<td>None</td>
<td>Some</td>
<td>Marked</td>
</tr>
<tr>
<td>Hostility/Aggression toward others</td>
<td>Little or none</td>
<td>Some</td>
<td>Marked, escalating</td>
</tr>
<tr>
<td>Suicidal Plan</td>
<td>Vague, fleeting thoughts but no plan</td>
<td>Frequent thoughts, occasional ideas about a plan</td>
<td>Frequent or constant thought with a specific plan</td>
</tr>
</tbody>
</table>

Consult the appropriate professional for specific cases.

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APPENDIX IX

Bibliography


Rowe, M. “People With Delusions or Quasi-Delusions Who ‘Won’t Let Go’,” Journal of the University and College Ombuds Association, Occasional Paper, Number 1, Fall 1994.


ENDNOTES

1 This overview is drawn, in part, from the work of Dr. Robert Fein and S.A. Bryan Vossekuil of the U.S. Secret Service.

2 The Ombudsman Association Code of Ethics. (See Appendix.)


5 Internal people should have access to external resources, possibly to develop crisis plans, and for help as needed in time of crisis.

6 A typical group might have a senior professional from security, from human resources, the Ombuds office, student affairs, EAP, medical department, general counsel, etc. meeting together with two or three senior managers on a regular basis. From “People Who Won’t Let Go,” ©1994 Mary Rowe, MIT 10-213, Cambridge, MA 02139–Pg. 17.


8 Assembled by Mary Rowe and Linda Wilcox, 1997.


10 Combating Workplace Violence. Guidelines for Employers and Law Enforcement. Defense Personnel Security Research Center (PERSEREC) for the Private Sector Liaison Committee of the International Association of Chiefs of Police (IACP). We have slightly modified the text.

11 This list was compiled by Mary Rowe and Linda Wilcox. Much of this list comes from Gavin de Becker, The Gift of Fear, Little Brown, 1997, the International Chiefs of Police, Combating Workplace Violence, and from the work of Dr. Robert Fein and S.A. Bryan Vossekuil of the USSS, (for example, see Threat Assessment, NII, 1995). The list is organized into categories suggested by the work of Robert Fein and S.A. Bryan Vossekuil.

12 The authors are grateful to (an) unknown author(s) for the original versions of the charts titled, “Common Misperceptions,” “Risk Factors To Consider,” and “Intensity of Risk Factors.” We have modified the text in small ways.
ACKNOWLEDGEMENTS: Many colleagues and friends were kind enough to read drafts of this paper and to offer criticisms, suggest changes and even write passages for inclusion. While it would take too much space to acknowledge each person's individual contribution, we do want to be clear about the extent of our indebtedness. We list them here in alphabetical order: Robert Fein, Patti Lynch, Nancy Meyer, Elizabeth Walsh Pino, Mary Simon, Carole Trocchio, Brian Vossekuiil, Marsha Wagner and Thomas Zgambo.

DISCLAIMER: The information contained in this booklet represents the views of the authors and the collective experience of members of The Ombudsman Association. The contents are intended for general informational purposes only. A competent professional should be consulted for advice on any specific matter.
Dealing with the Fear of Violence

- Safety
- Hate Crimes
- Revenge
- Defamation
- Privacy Problems
- People Seen as "Difficult"
- Emotional Distress
- Harassment
- Sabotage
- Anonymous Vicious Attacks
- Humiliation
- Rape
- Sexist Under-Reaction
- Delusional/Quasi-Delusional People
- Statistics on Real Violence
- False Racist Allegations
- Over-Reaction
- Systems Approach