Preventing and Dealing with Retaliation Against Whistleblowers

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In 2001, Sherron Watkins, an employee in the American gas and energy company Enron, notified her chief executive officer Kenneth Lay about a perceived accounting scandal. Watkins did so hoping Lay would act. He did not, and was later arrested due to his involvement in the wrongdoing acts (cf. Swartz & Watkins, 2003). The following collapse of Enron led to a multitude of workers losing their jobs and pensions and thousands of stock owners losing their investments. The Enron collapse also caused trembling throughout the corporate business world in the US, perhaps strong enough to pave the way for the Sarbanes Oxley Act (SOX) of 2002 (cf. Schmidt, 2005; Dworkin, 2007). SOX consist of two models to aid whistleblowing, the anti-retaliation model and the structural model. The first concerns protection against retaliation while the second concerns the requirement of a 'standardised channel to report organizational misconduct internally within the corporation' (Moberly, 2006, p. 1107).

The proactive behaviour of Watkins and others like Cooper and Rowley has been labelled 'Whistleblowing'. Proactivity at work concerns forward looking and self-initiating behaviour without being asked to do so and solving potential problems before they occur (Crant, 2000; Morrison & Phelps, 1999). The act of whistleblowing has the potential to alert and stop harmful activities that often harm a third party and has been defined as 'the disclosure by organization members (former or current) of illegal, immoral or illegitimate practices under the control of their employers, to persons or organizations that may be able to effect action' (Near & Miceli, 1985, p. 5). Sometimes, the act of reporting wrongdoing at work is met by retaliation, victimisation and even workplace bullying. This was the case of the consultant urologist Ramon Niekrash. He was removed from duty and later won compensation after he was bullied for reporting how cutbacks impacted patient treatment at Queen Elisabeth Hospital in South London (The Telegraph, 3-10-2009).[38]

In this chapter we will first outline the background for our research before we explain the term of retaliation and describe some types of such behaviour. Then, we will describe some of the most common symptoms reported after exposure to retaliation and workplace bullying, before we delineate the link between whistleblowing, retaliation, workplace bullying and health. Subsequently, we will portray different ways in which we can prevent and deal with

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[38] For example, see http://www.telegraph.co.uk/health/healthnews/7144383/Whistleblower-who-criticised-NHS-cost-cutting-wins-damages.html.

retaliation against whistleblowers. Throughout the chapter, we will also sketch out future directions for studies and practice.

1. Background

The national background for our research is Northern Europe, Scandinavia and Norway. Norway is a rather small country population-wise with some 4 937 000 inhabitants as of April 2011 (http://www.ssb.no/english/) and is highly homogenous, with some 11 percent of the population being refugees, work immigrants or family members of present inhabitants. The employment rate is high, trade unions are strong, working life is well regulated, internal systems of control are well established and gender equality is a strongly integrated part of the society.[39]

Our way into the field started from workplace bullying research (see e.g., Matthiesen, 2004). Since 1996 Einarsen had described how the victimisation after whistleblowing that was described by whistleblowing researchers (for instance Lennane, 1993) had similarities with the negative acts of workplace bullying. Later, the second author was appointed as an expert witness in a trial where an employee accused his employer of exposure to bullying. The employee had previously reported wrongdoing in the form of serious negligence and violations to prison service regulations. The reprisals started after the report had been made. The wrongdoers were mainly colleagues and his nearest manager remained passive. In order to change the current situation for the prisoners, the employee also reported the wrongdoing to top management. Afterwards, he was socially frozen out of his job (i.e., silence treatment, see e.g., Williams et al., 2005 and Eisenberger et al., 2003 for an introduction to the term and its effects), he developed health problems and later became a recipient of disability benefit. At that point in time, it was obvious that knowledge about whistleblowing was lacking and that this needed improvement.

Another inspiration to the development of research on whistleblowing at work for us was the first International Whistleblowing Conference in 2002 at Indiana University in the US that was hosted by, among others, Professors Dworkin and Near.[40] Then, in relation to the revision of the Norwegian Work Environment Act in 2005, several Norwegian research projects were launched. From 2008 and onwards the first articles on whistleblowing were published internationally by Norwegians (Malmedal et al., 2009a, 2009b; Bjørkelo et al., 2008, 2010, 2011a; Skivenes & Trygstad, 2010; Lewis & Trygstad, 2009; Gottschalk, 2011, Gottschalk & Holgersson, 2011). Thus, compared to North America and the US where

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[39] See e.g.: http://www.ssb.no/arbeid_en/ and
 http://www.ssb.no/english/subjects/07/02/10/arborg_en/.

[40] See e.g.: http://newsinfo.iu.edu/news/page/normal/310.html.

systematic research has been conducted for some 30 years, research on whistleblowing at work in Norway has had some seven years of research. In the workplace bullying field, the International Conference on Workplace Bullying and Harassment has been arranged for many years. While the 4th conference (Einarsen & Nielsen, 2004) had very few papers on the link between bullying and whistleblowing, the 7th conference in 2010 provided a whole symposium to the topic. The next and 8th conference will uphold this tradition and has announced that whistleblowing is one of the conferences' pronounced topics.[41]

The first application of the term whistleblowing to describe actions such as performed by the prison employee presented earlier from a Norwegian setting is in a 1995 article by Katherine van Wormer, an American Social Work Professor. van Wormer (1995) worked in a private Norwegian treatment centre on alcoholism in Norway between 1988 and 1990 and reported her concerns about issues relating to the treatment and administration to her nearest manager (i.e., internal reporting). She also wrote about the need for external reporting. Although van Wormer's experiences were published in an international journal, the term whistleblowing had not yet developed in Norwegian language. But in 2000, massive media exposure was directed at a medical doctor who in 1998 had reported one of his colleagues first to his employer and later to the police about the use of euthanasia in a Norwegian hospital. This was one of the first Norwegian cases that applied the term whistleblowing to describe the behaviour of reporting perceived misconduct to someone who was able to stop it. After the year 2000, a range of cases that reached the Norwegian media and concerned how employees had reported on perceived wrongdoing by their employer were described as whistleblowing.

Simultaneously, the Norwegian Work Environment Act from 1977 was as previously mentioned revised. The Act's new sections on whistleblowing (§2-4, 2-5, and 3-6) became active in 2007 (Directorate of Labour Inspection, 2007) and were developed from every individual's right to freedom of speech, which is a part of the Norwegian constitution. The new sections described the limitations of this right that exist when an individual is employed by a private or public organisation. According to the new sections, an employee has the right to notify his or her employer about 'censurable conditions' or wrongdoing at work if they follow appropriate procedures. An employee is also to be protected against retaliation or punishment after whistleblowing and is entitled to seek compensation if it happens. If so, it is the employer that is required to prove that retaliation has not occurred. The employer must also facilitate whistleblowing by developing procedures. One year after the new law had been put in place, almost 40 percent were acquainted with the new whistleblowing sections,

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[41] See e.g.: http://bullying2012.com/abstract_submission/.

seven percent knew them well and almost 20 percent knew that whistleblowing procedures had been developed at work (Matthiesen et al., 2008). Two to three years after this, some 44 percent of employees without a formal job position as a manager or a representative were *partly* aware of the new sections on whistleblowing, seven percent of the same group said that they knew the whistleblowing paragraphs very well, but still, less than 40 percent knew that their own workplace had written whistleblowing routines in place (Trygstad, 2010). In 2009, a study that discussed the Norwegian whistleblowing legislation found that there is a vagueness in relation to what is considered to be a wrongdoing by law and as to what is to be perceived as an 'appropriate procedure' for whistleblowing reports (Lewis & Trygstad, 2009, p. 382).

Two other central Norwegian research environments in the field of whistleblowing within Norway that are relevant for the background of our studies are the Work Research Institute (WRI, http://www.afi.no/index.asp?iLang=1) and FAFO (http://fafo.no/indexenglish.htm). At WRI, the Hetle study was conducted. This study was initiated in 2004 and investigated which challenges nurses in public sector experienced when reporting 'criticisable aspects of workplace praxis, or trying to do so'. The study consisted of a qualitative screening, qualitative interviews across workplaces, a case description of mechanisms for silence in organisations, discussions on workplace safety, silence and the law, as well as a description of the international research literature. The screening consisted of a representative survey of nurses with some 600 participants. The main findings showed that four out of five nurses had had the need to report wrongdoing, reporting was effective, but internal criticism was punished. It should be noted that this study did not apply a definition of whistleblowing and that nurses have a legal duty to report dangers to patient safety as a part of their professional role.

At FAFO, one of several studies was conducted by Skivenes and Trygstad in 2004 and aimed at investigating the conditions for communication in eight municipalities among employees in child welfare and protection, education and health care. The results showed that whistleblowing was frequent; reporting was effective and that whistleblowing was followed by more positive than negative consequences, even though the impact of the negative consequences could be severe. The data from this study founded the basis of the first book on whistleblowing in Norwegian (Skivenes & Trygstad, 2006b). The data from this report and others (Skivenes & Trygstad, 2005a, 2005b, 2006a; Trygstad & Skivenes, 2007; Trygstad, 2010) have also founded the basis of articles in Norwegian (Trygstad & Skivenes, 2008) and English (Skivenes & Trygstad, 2010) for northern European and international journals. Skivenes and Trygstad argued that the high reporting rate could be a result of that it was perceived as ordinary organisational behaviour within Norwegian organisations. To

distinguish normal reporting from whistleblowing they introduced a classification of weak and strong whistleblowing where weak whistleblowing means to report to your nearest manager and strong refers to cases where the employee continues to report as a result of no improvement.

In sum, the national results from a Norwegian setting have been that whistleblowing can be linked to positive, negative and mixed reactions from managers and colleagues (Skivenes & Trygstad, 2010; Bjørkelo et al., 2011a). Few employees that have reported wrongdoing and are employed report that they are exposed to retaliation and bullying, but still they are more exposed to bullying than other employees (Bjørkelo et al., 2011a). The nature and severity of negative reactions are experienced as more severe than positive reactions (Matthiesen et al., 2008). As an example, even though *few* employed whistleblowers report negative reactions, the *impact* of these reactions is perceived as more severe than the perceived *impact* of the positive reactions when participants are asked to grade their reactions on a scale from one to ten. We also know that consequences on health and work participation can be severe (Bjørkelo et al., 2008; Matthiesen et al., 2008). It is further found that workplace climate matters for whether an employee reports wrongdoing and for what response he or she receives as well as for the effect of the whistleblowing (cf. Trygstad, 2010). A good communication climate is described by Trygstad as the possibility to report about worries to ones manager or colleague without being punished for it. The importance of psychosocial work environment has also been shown in relation to workplace bullying (see e.g., Hauge, 2010 and Skogstad et al., 2011).

2. Retaliation

Negative consequences after whistleblowing, suffered by some whistleblowers, are labelled retaliation (Near & Miceli, 1986, Parmerlee et al., 1982). According to Rehg and colleagues (2008) retaliation is 'taking an undesirable action against a whistleblower – in direct response to the whistle-blowing - who reported wrongdoing internally or externally, outside the organization' (p. 222). Retaliation can also be defined as 'taking adverse action against an employee for opposing an unlawful employment practice or participating in any investigation, proceeding, or hearing related to such a practice' (Cortina & Magley, 2003, p. 248). Adverse action is not easy to operationalise, but it is assumed that it is the employee exposed to the actions or others observing them that are the perceivers or judges of these.

Retaliation types

Retaliation can be informal and unofficial (De Maria & Jan, 1997, Cortina and Magley, 2003) such as ostracism (Faulkner, 1998; Williams et al., 2005; Hedin & Månsson, In press), being treated as 'persona non grata' (Tucker, 1995) as a 'leper' (Peters & Branch, 1972) or being

confronted with verbal threats (Solano & Kleiner, 2003). Formal and official types of retaliation or workplace reprisals (De Maria & Jan, 1997; Cortina & Magley, 2003) may include such as plain notice, selective downsizing and unfavourable job evaluations (Baucus & Dworkin, 1994; Glazer, 1983; Lennane, 1993; Lubalin & Matheson, 1999; Lubalin et al., 1995). The ultimate retaliation act may be understood as expulsion from work (Baucus & Dworkin, 1994). Exposure to retaliation has been expressed by one employee in the following manner: 'I used to go over to the canteen at lunch time for a meal, and they wouldn't come and sit with me – not that they disapproved of what I had done, but they didn't want other people to see. They might nod their head, but they wouldn't sit … none of them would hold a conversation, they would always find an excuse. You felt very much as an outsider' (Beardshaw, 1981, p. 37). According to Lhuilier (2008), such experiences can be described as being out of the circle of social turn-taking, individuals are treated as 'no-one', they have no group identity, they have no social room or control and feel that others act as if they should be happy they even have a job to go to.

There are several ways to describe a potential retaliation process. One of them is presented here. Figure 1 illustrates two important aspects about whistleblowing. In some instances the whistleblowing is in vain, that is, the wrongdoing is not terminated, as in the Enron case previously mentioned. The reprisals, in the form of harassment or sanctions are of shorter duration.
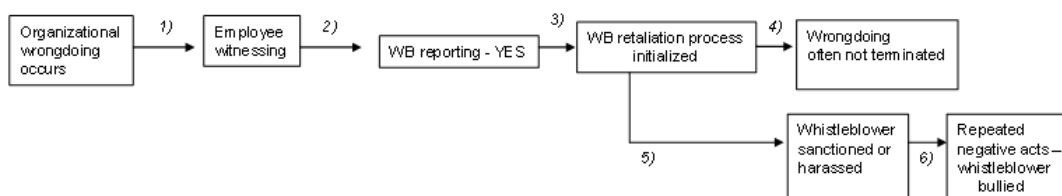

Figure 1. An illustration of a possible retaliation process (elaborated with permission from a previous version published by Matthiesen et al., 2011, p. 306).

Exposure to persistent and repeated negative acts can be defined as workplace bullying, which is harassing, offending, socially excluding someone or negatively affecting someone's work tasks (see e.g., Einarsen et al., 2011, p. 22). The negative acts occur repeatedly and regularly (e.g. weekly), over a period of time (e.g. about six months) and is an escalating process where the person exposed ends up in an inferior position (Glasø et al., 2011).

According to Miceli and colleagues (2008), for most whistleblowers exposed to retaliation, there seems to be a pattern of repeated incidences of reprisals often from different sources. The severity of retaliation can therefore also be assessed on the basis of how *many* types of

reprisals the whistleblowers have experienced or been threatened with (see e.g., Near & Miceli, 1986). In a study by Cortina and Magley (2003), 30 percent of the whistleblowers experienced social retaliation (i.e. informal, antisocial behaviour) whereas 36 percent experienced both social and work-related retaliation (i.e. formal, adverse actions documented in employment records). We can further assess the severity of retaliatory acts based on the reported types of wrongdoing that were reported. Occupational wrongdoing concerns activities that are personal in that they not necessarily are supported by the organisation and may be performed for personal gain, while organisational wrongdoing denotes situations where the entire corporation or institution is enmeshed in fraud or treatment practice that is supported and even encouraged (cf. Miethe, 1999; Miethe & Rothschild, 1994). The risk of retaliation and workplace bullying is assumed to be greater when an employee has reported organisational wrongdoing that may include reporting members of the top management and corporate crime.

One way to describe and understand the link between whistleblowing, retaliation and workplace bullying is power theory. According to power theory a whistleblower's attempt to influence and terminate wrongdoing can be seen as a power struggle where the dominant coalition either may accept or turn this initiative down by terminating the wrongdoing or balancing the power struggle by retaliating against the whistleblower (Near et al., 1993). According to Brodsky (1976), 'harassment became a way of dealing with a deviant who was on the side of the angels rather than on the side of the devil. A film called Serpico dealt with the same theme. In it, the "honest cop" was interfering with a system that permitted crime' (pp. 33-34). Exposure to retaliation and workplace bullying can also influence the perception of the person who reported wrongdoing at work in the form of a stigma (see e.g., Goffman, 1963/1990 and Jones, 1984 for an introduction to the term). In the next section we will turn to the most typical symptoms reported by employees after exposure to retaliation, workplace bullying and stigma.

3. Symptoms

Research on workplace bullying has emphasised the theoretical perspective of stress concerning deterioration in health (Zapf & Gross, 2001). According to Zapf and Gross, even if stress might be an inevitable variable in working life in general, the consequences of workplace bullying can be devastating in the long run. Further, Zapf, Knorz and Kulla (1996) consider workplace bullying as an extreme form of social stressor. Others claim workplace bullying is more crippling and devastating than all other work-related stressors combined (cf. Wilson, 1991; Adams, 1992). Several studies have documented how whistleblowing can be followed by consequences for physical health (Soeken & Soeken, 1987), psychological

health (Rothschild & Miethe, 1999), symptoms analogue to post traumatic stress (PTSD) such as extreme vigilance and re-experiencing (Bjørkelo et al., 2008), the whistleblowers significant others (Glazer & Glazer, 1989; Lennane, 1993) and for colleagues and others involved in the whistleblowing process (McDonald & Ahern, 2002; Jackson et al., 2010a; Peters et al., 2011).

The term victimisation can refer to retaliatory and workplace bullying behaviours (primary victimisation) as well as to deteriorating consequences on the person in question's health (secondary victimisation, Björkqvist et al., 1994; Lennane, 1993; Leymann, 1992, Mikkelsen, 2001). Lack of social support, being fired, or the judicial experience if not supported in a trial are examples of other secondary victimisations, which may further aggravate symptoms after workplace bullying (Mikkelsen, 2001) and whistleblowing (Bjørkelo et al., 2008).

Regarding psychological health consequences, a survey study of 84 self-selected whistleblowers found the most negative effect to be on emotional state, social activities and psychical health (Soeken & Soeken, 1987). Both whistleblowers as well as their spouses reported increased levels of anxiety as well as symptoms of depression. In another study, severe depression or anxiety (84 %) was found to be the most common mental health consequence related to whistleblowing (Rothschild & Miethe, 1999). Anxiety is generally described as a condition characterised by worry of everyday events and problems and tension of some duration that the person finds hard to control (cf. Andrews & Slade, 2002). Depression is described by low mood, as well as lack of energy and interests (cf. Olsen et al., 2003). In a single case mixed methods research study, severe health consequences were found even a decade after the retaliation process had taken place (Bjørkelo et al., 2008). As most previous studies on health consequences after whistleblowing have been descriptive (one measurement point) and conducted among selected samples of whistleblowers, these findings need to be investigated among more random samples of whistleblowers. Future longitudinal studies should therefore also investigate to what extent mental health problems reported at one point in time persist, deteriorate or improve over time, as well as investigate the link between health and later employment status.

In relation to trauma symptoms, studies have shown that whistleblowers exposed to retaliation and bullying at work report symptoms equivalent to a diagnosis of PTSD (Bjørkelo et al., 2008; Rothschild, 2008; Peters et al., 2011). Exposure to retaliation and workplace bullying does however not fulfill the formal criteria to set a formal PTSD diagnosis (see e.g., Mikkelsen & Einarsen, 2002, 2004; Bonafons et al., 2009). The A criteria requires that the person in question has experienced, witnessed or been confronted with an incident that has involved death, severe damage or threats of harm in addition to potential threats about harm directed at own or others physical integrity (cf. American Psychiatric Association, 2000). The

classic symptoms are such as hyper vigilance, re-experiencing, intrusive memories, avoidance, flashbacks and dreams or nightmares of the traumatic event. Still, employees that have reported wrongdoing at work report similar symptoms. One whistleblower described it in this way: 'I lost ground control and I experienced a form of dissonance … a kind of reality rupture. (…) I have become hypersensitive about being and feeling unwanted, when I feel unwanted I can't be there' (Bjørkelo et al., 2008, p. 28). As a result of these similarities in symptoms, researchers and clinicians have made an effort to get the revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM see e.g. [42] and [43]) to include workplace trauma such as retaliation and workplace bullying into the A1 criteria. In the judicial system it has usually only been possible to seek compensation for involvement in a catastrophic event and not for conditions that have been labeled as slow burn stress (see e.g., Barrett, 2010). In the following, we will describe what is known about the link between whistleblowing, retaliation, workplace bullying and health.

4. The link the between whistleblowing, retaliation, workplace bullying and health

Studies conducted among selected samples of whistleblowers have shown that retaliation rates are high, while studies applying more randomly selected samples of employees have found that retaliation rates are low (see e.g., Near & Miceli, 1996). This gap can be a result of the fact that whistleblowers, still employed where they reported wrongdoing, have been exposed to less severe forms of retaliation than unemployed whistleblowers, due to a potential association between workplace bullying, health and subsequent job exit (Bjørkelo, 2010).

In sum, studies have documented that (1) whistleblowing and bullying are related phenomena (Bjørkelo et al., 2008, 2011a) and that whistleblowing is a risk factor for later exposure to bullying (Bjørkelo et al., 2009). The latter study examined the role of whistleblowing in relation to bullying behaviours with two measurement points in two different samples, controlling for reports of the opposite phenomenon of interest at time one. The results showed that whistleblowers had twice as high risk (odds ratios of 2.33 and 2.22 in two separate logistic regression analyses in two longitudinal samples) of being exposed to workplace bullying behaviours than other employees. As the analyses were conducted in two individual longitudinal samples, this indicates that the effect holds across samples.

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[42] http://www.dsm5.org/proposedrevision/pages/proposedrevision.aspx?rid=165

[43] http://www.iawbh.org/therapeutic_practitioners

Until now, we have mostly investigated the link between whistleblowing, retaliation and workplace bullying among employed whistleblowers. In order to understand more about the mixed results on retaliation, we also need to investigate negative consequences after whistleblowing (e.g. retaliation and workplace bullying) among previous employees that have reported wrongdoing and now are outside working life. One suggestion for future research is therefore to investigate the link between health and employment status over time. Now we will turn to the issue of how to prevent and deal with retaliation against whistleblowers.

5. Preventing and dealing with retaliation against whistleblowers

A basic concern in clinical psychology is the distinction between various types of intervention strategies (see e.g., Korchin, 1976), such as primary, secondary and tertiary intervention (cf. Durlak & Wells, 1998). *Primary intervention* involves measures to target normal populations in order to preclude problems from developing in the first place. So what is then particular about prevention and dealing with retaliation in relation to whistleblowing?

In the specific case of whistleblowing, one type of primary prevention can be legal regulation in the form of perceiving whistleblowing as a preventive tool against corruption. Primary intervention can also take the form of public opinion. Cases with massive media coverage can change the view on how business and treatment in hospitals are to be run. It can also be seen as a type of primary prevention when the organisation is proactive and handles 'can be problems' before they evolve any further. The onset of severe problems such as unethical behaviour at work or corporate crime can potentially be prevented by effective organisational socialisation in terms of education practices and use of role models, and for instance if management views whistleblowing as a type a risk management (see e.g., Vandekerckhove & Tsahuridu, 2010; Lewis, 2011; Francis & Armstrong, 2003). For an introduction into whistleblowing as a type of risk management, see also the chapter by Tsahuridu in this book. Further, the climate for communication is of significance (Trygstad, 2010), along with managers and colleagues that act on the wrongdoing and support the employees who report them (i.e., psychosocial work environment and social support, see e.g., Hedin and Månsson, In press). One last type of primary prevention in relation to whistleblowing can include raising organisational awareness, and the perception of whistleblowing as a tool in organisational development (see e.g., Schein, 2009). In the following, we will present one example of how an intervention program for reducing school bullying (see e.g., Olweus, 1994, p. 1186, and Olweus, 2003, p. 72) can be applied to prevent and deal with retaliation against whistleblowers at work.

General prerequisites

++ General awareness and top management involvement regarding whistleblowing as a type
   of risk management and anti-retaliation policies.

Measures at the organisational level

++ Applying questionnaire surveys.

++ Whistleblowing as a type of risk management awareness day.

++ Routines for detection of wrongdoing and retaliatory acts against whistleblowers.

+ Coordination groups in charge of the implementation process of effective whistleblowing
  procedures.

+ Manager and staff representative meetings and discussion groups regarding how to detect
  and handle reported wrongdoing and to protect whistleblowers from retaliation and
  workplace bullying.

Measures at the unit level

++ Whistleblowing and anti-retaliation policies that include clear examples of types of
   wrongdoing and retaliatory acts.

++ Customary meetings with managers, staff, human resources, and personnel officers about
   psychosocial factors, including whistleblowing as a type of risk management and how to
   prevent and deal with retaliation and workplace bullying against whistleblowers.

Measures at the individual level

++ Serious talks with (1) employees perceived and identified as performing wrongdoing, (2)
   employees perceived and identified as performing retaliatory acts against whistleblowers,
   as well as with (3) colleagues and potential silent observers and witnesses. These talks
   should include information about expected behaviour (whistleblowing as a type of risk
   management and anti-retaliation policies) and include information about laws that
   regulate the freedom of speech in organisations as well as protection against retaliation
   after whistleblowing.

+ Individual intervention plans, which include step-by-step suggestions on how to help
  employees who report wrongdoing at work.

+ Meetings and discussion groups with manager and staff representatives that use vignettes
  and scenarios about whistleblowing as a type of risk management and the application of
  anti-retaliation policies in practice.

++ Core components; + Highly desirable components

Table 1. Intervention program strategies in a workplace setting (elaborated with permission from a previous version published by Matthiesen and Bjørkelo, 2011, p. 171).

According to Hassink and colleagues (2007), European whistleblowing policies usually include the scope of the policy, the expectations about types of wrongdoing that should be reported, information about complaint recipients, formalities relating to the whistleblowing process, issues of confidentiality, information regarding protection from retaliation and details on how the investigation of the wrongdoing will take place. See the chapter by Moberly for more information regarding policies in the US.

Secondary prevention concerns measures for individuals with subclinical-level problems. In relation to whistleblowing, subclinical-level psychological (e.g., depression, anxiety, post traumatic analogue symptoms and sleep problems), physical (e.g., muscular problems), financial (e.g., in need of disability benefit), and social (e.g., withdrawal from friends and family) health problems need to be addressed in different ways depending on the severity and combination of the symptoms. When it comes to the organisation itself, secondary intervention can be exemplified by measures to improve the effectiveness of whistleblower procedures that have been found not to be optimal when dealing with actual cases.

The aim of *tertiary intervention* is to reduce the duration and impact of established disorders. In relation to whistleblowing, this can imply different measures at different levels of intervention. At the individual level, this can include individual psychotherapy (Bjørkelo et al., 2011b). In individual psychotherapy, potential themes that may emerge are for instance secondary victimisation as a result of not being heard and the perception of blameworthiness for one's current situation (cf. Leymann & Gustafsson, 1996; Leymann, 1996; Mikkelsen & Eriksen-Jensen, 2007). Whistleblowers can also feel betrayed by their workplace in the form of lack of support in that colleagues or the trade union have stopped supporting them (cf. Strandmark and Hallberg, 2007). Other relevant themes can be such as having lost one's faith in the basic values in society or 'common narratives' such as 'law and justice can be relied upon', 'it makes sense to stand up and do the right thing' and that 'someone, somewhere who is in charge knows, cares, and will do the right thing' (Alford, 1999, p. 271). Janoff-Bulman (1989, 1992) describes how such basic assumptions and perceptions of the world as benevolent and meaningful can be 'shattered' when an individual is confronted with traumatic experiences (cf. Mikkelsen & Einarsen, 2002).

One other issue that may come up is the development of a master identity as a 'whistleblower' (cf. Bjørkelo et al., 2008; Rothschild & Miethe, 1999). A master identity can include re-telling one's whistleblowing experience 10 to 20 years after the incidents took place (Alford, 2000). From trauma and workplace bullying literature it is known that some persons can 're-connect with themselves again' and even label their past experience as something they would not have been without (see e.g., Tedeschi & Calhoun, 1995, 2004; Zoellner & Maercker, 2006; Matthiesen et al., 2011; Tehrani, 2011). In a study by Hallberg and Strandmark (2006), some of the participants described how exposure to bullying at work had resulted in positive experiences for themselves personally in that they had become more humble and attentive towards other people. In a seven staged model of the whistleblowing process by Soeken (1986), the last stage (i.e. resolution) concerns becoming oneself again after having reported wrongdoing and been exposed to retaliation. One suggestion for future studies is to investigate the usefulness of the concept of post traumatic growth further in the

description of the rehabilitation process that seems to take place among whistleblowers who reach the stage of resolution.

As argued elsewhere (Bjørkelo et al., 2011b), there are also potential limitations in regards to solely individual psychotherapy as tertiary intervention in relation to whistleblowing. One of these can be that a purely individual focus neglects the other involved parties in the process. Several studies have shown that both colleagues, friends and family can be involved (see e.g., Peters et al., 2011; Jackson et al., 2010a, 2010b; McDonald & Ahern, 2002; Bjørkelo et al., 2008). A potential solution to this can be to evaluate more including forms of therapy, such as psycho education which provides information about assumed causes, symptoms, the process, potential treatments and recommendations as to how a family member may help in a situation like this (cf. Leff, 1994 for the concept of psycho education). To neglect the workplace when the wrongdoing is pervasive, persistent and involves top management is also a potential limitation of solely individual psychotherapy as tertiary intervention in relation to whistleblowing.

A potential hindrance to including members from the organisation in tertiary intervention can, however, be a planned or actual trial. It may not always be possible to go to therapy during an ongoing trial as this participation demands all possible attention. Solely individually based psychotherapy sessions in relation to a whistleblowing case can also potentially lack awareness of the interaction between organisations, society and individual treatment (see e.g., Madsen, 2010 for a discussion of the potential limitations of what has been labelled as the therapeutic society). Another challenge is that organisations are doing business in both global *and* local destinations. Therefore, whistleblowing is based on that employees are willing to display a sort of 'global conscience'.

At the group level, tertiary intervention can include group therapy. This has previously been found effective for employees that have been exposed to bullying at work (Bechtoldt & Schmitt, 2010; Schwickerath, 2001; Schwickerath et al., 2006; Schwickerath and Zapf, 2011). Other group level tertiary intervention measures can be to attend support groups for whistleblowers (see e.g., the Norwegian association www.varslerunionen.no, or the whistleblower union in English). At an organisational level, tertiary intervention can imply peer support and counselling as previously described by Tehrani (2001, 2003, 2004, 2011) in relation to workplace bullying, while at a societal level, it can for instance include vocational rehabilitation. Legal cases where organisations have been ordered to compensate the whistleblower for not having dealt with the wrongdoing and for not having protected the employee against retaliation, can also act as a form of tertiary intervention for the employee in question. If possible, such a process can further include that the organisation in question gradually re-integrates the employee into his or her previous job

position. Some legislation also provides a right to transfer (see e.g., Lewis & Uys, 2007). However, in many cases, the return to one's previous job may for many reasons not be possible in practice.

6. Conclusion

In 1863 Florence Nightingale wrote that 'It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm' (p.iii). To paraphrase this, it may seem strange to emphasise that employees who report wrongdoing should not be punished, and draw all our attention towards how to prevent and deal with retaliation against whistleblowers. Most whistleblowers that are employed after they reported wrongdoing at work are not punished, but those who are and are exposed to retaliation and workplace bullying may suffer with symptoms in the form of depression, sleep problems, anxiety and PTSD analogue symptoms (Bjørkelo, 2010).

In this chapter we have shown how whistleblowing has the potential to alert and stop detrimental activities that often harm a third party. We first outlined the background for our research before we explained the term retaliation and described some types of such behaviour. We then presented some of the most typical symptoms reported by employees that have reported wrongdoing at work and been exposed to retaliation and workplace bullying afterwards, before we delineated the link between whistleblowing, retaliation, workplace bullying and health. Studies have shown that there is a link between whistleblowing, retaliation and workplace bullying. Future studies should also investigate the link between health and later employment status. In the subsequent section we portrayed different ways in which to prevent and deal with retaliation against whistleblowers in practice. In individual, group or societal tertiary interventions, therapists and practitioners are encouraged to listen. Through listening, they can gain insight into how one can understand and be of help to employees that attempt or have tried to improve the situation for a third party without excluding the impact of the organisation or society in question.

References

Adams, A. (1992). *Bullying at work: How to confront and overcome it.* Virago.

Alford, C. F. (1999). Whistle-blowers: How much we can learn from them depends on how much we can give up. *The American Behavioral Scientist,* 43, 264-277.

Alford, C. F. (2000). Whistleblower narratives: Stuck in static time. *Narrative,* 8, 279-293.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR.* American Psychiatric Association.

Andrews, G. & Slade, T. (2002). The classification of anxiety disorders in ICD-10 DSM-IV: A concordance analysis. *Psychopathology,* 35, 100-106.

Barrett, B. (2010). When does harassment warrant redress? *Industrial Law Journal,* 39, 194-201.

Baucus, M. S. & Dworkin, T. M. (1994). Wrongful firing in violation of public policy: Who gets fired and why. *Employee Responsibilities and Rights Journal,* 7, 191-296.

Beardshaw, V. (1981). *Conscientious objectors at work.* Social Audit Limited.

Bechtoldt, M. N. & Schmitt, K. D. (2010). 'It's not my fault, it's theirs': Explanatory style of bullying targets with unipolar depression and its susceptibility to short-term therapeutical modification. *Journal of Occupational and Organizational Psychology,* 83, 395-417.

Bjørkelo, B. (2010). *Whistleblowing at work: Antecedents and consequences*, PhD. University of Bergen.

Bjørkelo, B., Einarsen, S., Nielsen, M. B. & Matthiesen, S. B. (2011a). Silence is golden? Characteristics and experiences of self-reported whistleblowers. *European Journal of Work and Organizational Psychology,* 20, 206-238.

Bjørkelo, B., Magerøy, N. & Magerøy, K. (2011b). Veien videre: Psykoterapi for arbeidstakere med mobbeerfaringer [Moving forward: Psychotherapy for employees with bullying experiences]. *Tidsskrift for norsk psykologforening [Journal of the Norwegian Psychological Association],* 48, 759-765.

Bjørkelo, B., Matthiesen, S. B. & Einarsen, S. (2010). Predicting proactive behaviour at work. Exploring the role of personality as an antecedent of whistleblowing behaviour. *Journal of Occupational and Organizational Psychology,* 83, 371-394.

Bjørkelo, B., Matthiesen, S. B., Einarsen, S. & Een, V. S. (2009). The role of whistleblowing in relation to bullying behaviours - a predecessor or successor? *14th European Congress of Work and Organizational Psychology. Santiago de Compostela, Spain. May 13-16.*

Bjørkelo, B., Ryberg, W., Matthiesen, S. B. & Einarsen, S. (2008). "When you talk and talk and nobody listens": A mixed method case study of whistleblowing and its consequences, *International Journal of Organisational Behaviour,* 13, 18-40.

Björkqvist, K., Österman, K. & Hjelt-Bäck, M. (1994). Aggression among university employees, *Aggressive Behavior,* 20, 173-184.

Bonafons, C., Jehel, L. & Corroller-Béquet, A. (2009). Specificity of the links between workplace harassment and PTSD: Primary results using court decisions, a pilot study in France. *International archives of occupational and environmental health,* 82, 663-668.

Brodsky, C. M. (1976). *The harassed worker.* Lexington Books.

Cortina, L. M. & Magley, V. J. (2003). Raising voice, risking retaliation: Events following interpersonal mistreatment in the workplace. *Journal of Occupational Health Psychology,* 8, 247-265.

Crant, J. M. (2000). Proactive behavior in organizations. *Journal of Management,* 26, 435-462.

De Maria, W. & Jan, C. (1997). Eating its own: The whistleblower`s organization in vendetta mode. *Australian Journal of Social Issues,* 32, 37-59.

Directoratel Of Labour Inspection (2007). *Act relating to working environment, working hours and employment protection, etc. (Work Environment Act),* Trondheim.

Durlak, J. A. & Wells, A. M. (1998). Evaluation of indicated preventive intervention (secondary prevention) mental health programs for children and adolescents. *American Journal of Community Psychology,* 26, 775-802.

Dworkin, T. M. (2007). Sox and whistleblowing. *Michigan Law Review,* 105, 1757-1780.

Einarsen, S. (1996). *Bullying and harassment at work: Epidemiological and psychosocial aspects*, PhD. University of Bergen.

Einarsen, S., Hoel, H., Zapf, D. & Cooper, C. L. (2011). *Bullying and harassment in the workplace: Developments in theory, research and practice.* Taylor & Francis.

Einarsen, S. & Nielsen, M. B. (2004). The Fourth International Conference on Bullying and Harassment in the Workplace. Proceedings. University of Bergen.

Eisenberger, N. I., Lieberman, M. D. & Williams, K. D. (2003). Does rejection hurt? An fMRI study of social exclusion. *Science,* 302, 290-292.

Faulkner, S. L. (1998). *After the whistle is blown: The aversive impact of ostracism.* PhD. University of Toledo.

Francis, R. & Armstrong, A. (2003). Ethics as a risk management strategy: The Australian experience. *Journal of Business Ethics,* 45, 375-385.

Glasø, L., Vie, T. L. & Hoel, H. (2011). Bullying in the workplace. In Burke, R. J. & Cooper, C. L. (eds.) *Risky business: Psychological, physical and financial costs of high risk behavior in organizations.* Gower.

Glazer, M. (1983). Ten whistleblowers and how they fared. *The Hastings Center Report,* December 1983, 33-41.

Glazer, M. & Glazer, P. M. (1989). *The whistleblowers. Exposing corruption in government and industry.* Basic Books.

Goffman, E. (1963/1990). *Stigma,* Prentice-Hall Penguin.

Gottschalk, P. (2011). Prevention of white-collar crime: The role of accounting. *Journal of Forensic & Investigative Accounting,* 3.

Gottschalk, P. & Holgersson, S. (2011). Whistle-blowing in the police. *Police Practice and Research* 12, 397-409*.* doi: 10.1080/15614263.2010.536723.

Hallberg, L. R. M. & Strandmark, M. K. (2006). Health consequences of workplace bullying: Experiences from the perspective of employees in the public service sector. *International Journal of Qualitative Studies on Health and Well Being,* 1, 109-119.

Hassink, H., De Vries, M. & Bollen, L. (2007). A content analysis of whistleblowing policies of leading European companies. *Journal of Business Ethics,* 75, 25-44.

Hauge, L. J. (2010). *Environmental antecedents of workplace bullying: A multi-design approach*, PhD. University of Bergen.

Hedin, U.-C. & Månsson, S.-A. (In press). Whistleblowing processes in Swedish public organizations: Complaints and consequences. *European Journal of Social Work. doi: 10.1080/13691457.2010.543890*.

Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb E., Luck, L., Salamonson, Y., Weaver, R. & Wilkes, L. (2010a). Trial and retribution: A qualitative study of whistleblowing and workplace relationships in nursing. *Contemporary nurse: A journal for the Australian nursing profession,* 36, 34-44.

Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb E., Luck, L., Salamonson, Y., Weaver, R. & Wilkes, L. (2010b). Understanding whistleblowing: Qualitative insights from nurse whistleblowers. *Journal of Advanced Nursing,* 66.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition,* 4, 113-136.

Janoff-Bulman, R. (1992). *Shattered assumptions. Towards a new psychology of trauma.* The Free Press.

Jones, E. E. (1984). *Social stigma: The psychology of marked relationships.* Freeman.

Korchin, S. J. (1976). *Modern clinical psychology: Principles of intervention in the clinic and community.* Basic Books.

Leff, J. (1994). Working with the families of schizophrenic patients. *British Journal of Psychiatry,* 164, 71-76.

Lennane, J. (1993). Whistleblowing - a health issue. *British Medical Journal,* 307, 667-670.

Lewis, D. (2011). Whistleblowing in a changing legal climate: Is it time to revisit our approach to trust and loyalty at the workplace? *Business Ethics: A European Review,* 20, 71-87.

Lewis, D. & Trygstad, S. (2009). Protecting whistleblowers in Norway and the UK: A case of mix and match? *International Journal of Law and Management,* 51, 374-388.

Lewis, D. & Uys, T. (2007). Protecting whistleblowers at work. A comparison of the impact of British and South African legislation. *Managerial Law,* 49, 76-92.

Leymann, H. (1992). *Från mobbning til utslagning i arbetslivet [From bullying to expulsion in work life],* Stockholm, Publica.

Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology,* 5, 165-184.

Leymann, H. & Gustafsson, A. (1996). Mobbing at work and the development of post-traumatic stress disorders. *European Journal of Work and Organizational Psychology,* 5, 251-275.

Lhuilier, D. (2008). Processus d'exclusion dans le monde du travail: Inflation imaginaire et carence symbolique. In Soares, A., Jeannau, N., Plante, G. & Hannah, G. (eds.) *Book of abstracts. 6th International Conference on Workplace Bullying. 4th - 6th June 2008.* École des sciences de la gestion Université du Québec à Montréal, Montréal, Canada: ESG, UQAM, Institut Santé et société.

Lubalin, J. S., Ardini, M.-A. E. & Matheson, J. L. (1995). Consequences of whistleblowing for the whistleblower in misconduct in science cases. Final report. Research Triangle Institute.

Lubalin, J. S. & Matheson, J. L. (1999). The fallout: What happens to whistleblowers and those accused but exonerated of scientific misconduct? *Science and Engineering Ethics,* 5, 229-250.

Madsen, O. J. 2010. *Den terapeutiske kultur [The therapeutic culture].* Oslo Universitetsforlaget.

Malmedal, W., Hammervold, R. & Saveman, B.-I. (2009a). To report or not report? Attitudes held by Norwegian nursing home staff on reporting inadequate care carried out by colleagues. *Scandinavian Journal of Public Health,* 37, 744-750.

Malmedal, W., Ingebrigsten, O. & Saveman, B.-I. (2009b). Inadequate care in Norwegian nursing homes - as reported by nursing staff. *Scandinavian Journal of Caring Sciences,* 23, 231-242.

Matthiesen, S. B. 2004. When whistleblowing leads to bullying at work. *Occupational Health Psychologist,* 1, 3.

Matthiesen, S. B. & Bjørkelo, B. (2011). Workplace bullying - A toxic part of organizational life. In Burke, R. J., Clarke, S. & Cooper, C. L. (eds.) *Occupational health and safety.* Gower.

Matthiesen, S. B., Bjørkelo, B. & Burke, R. J. (2011). Workplace bullying as the dark side of whistleblowing. In*: Einarsen, S., Hoel, H., Zapf, D. & Cooper, C. L. (eds.) *Bullying and harassment in the workplace: Developments in theory, research, and practice.* 2 ed. Taylor & Francis.

Matthiesen, S. B., Bjørkelo, B. & Nielsen, M. B. (2008). *Klanderverdig atferd og varsling i norsk arbeidsliv [Wrongdoing and whistleblowing in Norwegian working life].* Universitetet i Bergen.

Matthiesen, S. B. & Einarsen, S. (2004). Psychiatric distress and symptoms of PTSD among victims of bullying at work. *British Journal of Guidance and Counselling,* 32, 335-356.

McDonald, S. & Ahern, K. (2002). Physical and emotional effects of whistleblowing. *Journal of Psychosocial Nursing & Mental Health Services,* 40, 14-27.

Miceli, M. P., Near, J. P. & Dworkin, T. M. (2008). *Whistle-blowing in organizations.* Routledge.

Miethe, T. D. (1999). *Whistleblowing at work. Tough choices in exposing fraud, waste, and abuse on the job.* Westview Press.

Miethe, T. D. & Rothschild, J. (1994). Whistleblowing and the control of organizational misconduct. *Sociological Inquiry,* 64, 322-347.

Mikkelsen, E. G. (2001). Mobning i arbejdslivet: Hvorfor og for hvem er den så belastende? [Workplace bullying: Why and for whom is bullying such a strain]. *Nordisk Psykologi,* 53, 109-131.

Mikkelsen, E. G. & Einarsen, S. (2002). Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *European Journal of Work and Organizational Psychology,* 11, 87-11.

Mikkelsen, E. G. & Eriksen-Jensen, I. L. 2007. Håndtering af mobning - er det mobning, og hvem skal tage sig af det? In Mikkelsen, E. G., Kullberg, K. & Eriksen-Jensen, I. L. (eds.) *Mobning på arbejdspladsen [Workplace bullying - causes and solutions].* FADL's forlag.

Moberly, R. E. (2006). Sarbanes-Oxley's structural model to encourage corporate whistleblowers. *Brigham Young University Law Review,* 5, 1107-1181.

Morrison, E. W. & Phelps, C. C. 1999. Taking charge at work: Extrarole efforts to initiate workplace change. *Academy of Management Journal,* 42, 403-419.

Near, J. P., Dworkin, T. M. & Miceli, M. P. (1993). Explaining the whistle-blowing process: Suggestions from power theory and justice theory. *Organization Science,* 4, 393-411.

Near, J. P. & Miceli, M. P. (1985). Organizational dissidence: The case of whistle-blowing. *Journal of Business Ethics,* 4, 1-16.

Near, J. P. & Miceli, M. P. (1986). Retaliation against whistle-blowers: Predictors and effects. *Journal of Applied Psychology,* 71, 137-145.

Near, J. P. & Miceli, M. P. (1996). Whistle-blowing: Myth and reality. *Journal of Management,* 22, 507-526.

Nightingale, F. (1863). *Notes on hospitals.* Longman, Green, Longman, Roberts, and Green.

Olsen, L. R., Jensen, D. V., Noerholm, V., Martiny, K. & Bech, P. (2003). The internal and external validity of the Major Depression Inventory in measuring severity of depressive states. *Psychological Medicine,* 33, 351-356.

Olweus, D. (1994). Annotation: Bullying at school: Basic facts and effects of a school-based intervention program. *Journal of Child Psychology and Psychiatry,* 35, 1171-1190.

Olweus, D. (2003). Bully/victim problems in school: Basic facts and an effective intervention programme. In*:* Einarsen, S., Hoel, H., Zapf, D. & Cooper, C. L. (eds.) *Bullying and emotional abuse in the workplace. International perspectives in research and practice.* Taylor & Francis.

Parmerlee, M. A., Near, J. P. & Jensen, T. C. (1982). Correlates of whistle-blowers perceptions of organizational retaliation. *Administrative Science Quarterly,* 27, 17-34.

Peters, C. & Branch, T. (1972). *Blowing the whistle: Dissent in the public interest.* Praeger publishers.

Peters, K., Luck, L., Hutchinson, M., Wilkes, L., Andrew, S. & Jacjson, D. (2011). The emotional sequelae of whistleblowing: Findings from a qualitative study. *Journal of Clinical Nursing,* 20, 2907-2914.

Rehg, M. T., Miceli, M. P., Near, J. P. & Van Scotter, J. R. (2008). Antecedents and outcomes of retaliation against whistleblowers: Gender differences and power relations. *Organization Science,* 19, 221-240.

Rothschild, J. (2008). Freedom of speech denied, dignity assaulted: What the whistleblowers experience in the US. *Current Sociology,* 56, 884-903.

Rothschild, J. & Miethe, T. D. (1999). Whistle-blower disclosures and management retaliation. The battle to control information about organization corruption. *Work & Occupations,* 26, 107-128.

Schein, E. H. (2009). *The corporate culture survival guide.* Jossey-Bass.

Schmidt, M. (2005). "Whistle blowing" regulation and accounting standards enforcement in Germany and Europe - An economic perspective. *International Review of Law and Economics,* 25, 143-168.

Schwickerath, J. (2001). Mobbing am Arbeitsplatz. Aktuelle Konzepte zu Theorie, Diagnosik und Verhaltentherapie [Mobbing in the workplace. Current concepts of theory, diagnosis and behavioral therapy]. *Psychotherapeut,* 46, 199-213.

Schwickerath, J., Riedel, H. & Kneip, V. (2006). Le harcèlement moral sur le lieu de travail: Fondements et thérapie cognitivo-comportementale des maladies psychosomatiques liées au harcélement moral dans le milieu hospitalier [Bullying in the workplace: Principles and cognitive-behavioral therapy of psychosomatic disorders in relation to bullying in an inpatient setting]. *Journal de thérapie comportementale et cognitive,* 16, 108-112.

Schwickerath, J. & Zapf, D. (2011). Inpatient treatment of bullying victims. In*:* Einarsen, S., Hoel, H., Zapf, D. & Cooper, C. L. (eds.) *Workplace bullying: Development in theory, research and practice.* 2 ed. Taylor & Francis.

Skivenes, M. & Trygstad, S. C. (2005a). *Når arbeidstakere ytrer seg kritisk: En pilotstudie av et utvalg medarbeideres erfaringer med å varsle i utdannings- og pleie- og omsorgssektoren [When employees speak up: A pilot study of a sample of employees' experiences with whistleblowing in the education, nursing- and care professions].* Fafo.

Skivenes, M. & Trygstad, S. C. (2005b). *Varsling i norsk arbeidsliv: Hva betyr det og hva vet vi [Whistleblowing in Norwegian working life: what does it mean and what do we know?][In Norwegian].* Fafo.

Skivenes, M. & Trygstad, S. C. (2006a). *Roller, kommunikasjon og ytringsklima [Roles, communication and climate for freedom of speech].* Fafo.

Skivenes, M. & Trygstad, S. C. (2006b). *Varslere: En bok om arbeidstakere som sier ifra! [Whistleblowers: A book about employees that voice their concerns].* Gyldendal akademisk.

Skivenes, M. & Trygstad, S. (2010). When whistle-blowing works: The Norwegian case. *Human Relations,* 63, 1071-1097.

Skogstad, A., Torsheim, T., Einarsen, S. & Hauge, L. J. (2011). Testing the work environment hypothesis of bullying on a group level of analysis. Psychosocial factors as precursors of observed workplace bullying. *Applied Psychology: An International Review,* 60, 475-496.

Soeken, D. R. (1986). J' Accuse. *Psychology Today,* 20, 44-46.

Soeken, K. L. & Soeken, D. R. (1987). A survey of whistleblowers: Their stressors and coping strategies. *Whistleblowing Protection Act of 1987.* Supt. of Docs., Congressional sales office, U.S. G.P.O.

Solano, F. & Kleiner, B. H. (2003). Understanding and preventing workplace retaliation. *Management Research News,* 26, 206-211.

Strandmark, M. K. & Hallberg, L. R.-M. (2007). Being rejected and expelled from the workplace: Experiences of bullying in the public service sector. *Qualitative Research in Psychology,* 4, 1-14.

Swartz, M. & Watkins, S. (2003). *Power failure: The inside story of the collapse of ENRON.* Doubleday.

Tedeschi, R. G. & Calhoun, L. G. (1995). *Trauma & transformation: Growing in the aftermath of suffering.* Sage.

Tedeschi, R. G. & Calhoun, L. G. (2004). Target article: Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry,* 15, 1-18.

Tehrani, N. (2001). *Building a culture of respect managing bullying at work.* Taylor & Francis.

Tehrani, N. (2003). Counselling and rehabilitating employees involved with bullying. In*:* Einarsen, S., Hoel, H., Zapf, D. & Cooper, C. L. (eds.) *Bullying and emotional abuse in the workplace. International perspectives in research and practice.* Taylor & Francis.

Tehrani, N. (2004). *Workplace trauma: Concepts, assessment and interventions,* Hove, Brunner-Routledge.

Tehrani, N. (2011). *Managing trauma in the workplace: Supporting workers and organisations,* London, Routledge.

Trygstad, S. C. (2010). *Med rett til å varsle: - men hjelper det, og er det lurt? [With licence to blow the whistle: But does it help and is it wise?].* Fafo.

Trygstad, S. C. & Skivenes, M. (2007). *Kommunale lederes håndtering av alvorlige kritikkverdige forhold [Municipality managers' dealings with serious wrongdoing at work].* Fafo.

Trygstad, S. C. & Skivenes, M. (2008). Kommunikasjonsbetingelser og varsling i en endret offentlig sektor [Conditions for communication and whistleblowing in an altered public sector]. *Tidsskriftet Politik,* 11, 82-93.

Tucker, D. (1995). Whistleblowing without tears: The exposure of Brisbane's King George square car park fraud. *Australian Journal of Public Administration,* 54, 475-482.

Van Wormer, K. (1995). Whistleblowing against the company: A case of ethical violations at a Norwegian treatment centre. *The international journal of drug policy,* 6, 8-15.

Vandekerckhove, W. & Tsahuridu, E.E. (2010). Risky rescues and the duty to blow the whistle. *Journal of Business Ethics,* 97, 365-380.

Williams, K., Forgas, J. P. & Hippel, W. V. (2005). *The social outcast: Ostracism, social exclusion, rejection, and bullying.* Psychology Press.

Wilson, C. B. (1991). US businesses suffer from workplace trauma. *Personnel Journal,* 70, 47-50.

Zapf, D. & Gross, C. (2001). Conflict escalation and coping with workplace bullying: A replication and extension. *European Journal of Work and Organizational Psychology,* 10, 497-522.

Zapf, D., Knorz, C. & Kulla, M. (1996). On the relationship between mobbing factors, and job content, the social work environment and health outcomes. *European Journal of Work and Organizational Psychology,* 5, 215-237.

Zoellner, T. & Maercker, A. (2006). Posttraumatic growth in clinical psychology - A critical review and introduction of a two component model. *Clinical Psychology Review,* 26, 626-653.