Guideline ASE

Aftercare in case of Shocking Events

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Contents

1. Introduction

Employees can be confronted with a shocking event at work that may affect their daily functioning.

Examples of work-related shocking events are aggression and (verbal) violence, bullying, (sexual) harassment, workplace accidents, assault, robberies, serious injury, mutilation, emergencies, suicide and death.

Processing shocking events is facilitated by social support in someone's environment (managers, colleagues, family, acquaintances, etc.). That is why it is useful to pay attention in the workplace to ASE, Aftercare in case of Shocking Events.

This guideline describes:

- the aim of aftercare and base principles of the policy.
- Guidelines for the aftercare.
- Background information about the effects of shocking events.

This guideline is aimed at, among others, managers, HR advisors, occupational social workers, occupational health physicians, and the members of the VU Company Emergency Organisation.

This guideline has been developed originally in 2014 by occupational social work in collaboration with the safety officer/occupational health expert and updated in November 2021 by the safety officer/occupational health expert, head of Health, Safety and Environment and occupational social work of HR, Health, Safety and Environment. It has been translated by HR in January 2026.

2. Aim and base principles

Aim

The aim is to support employees (among others, witnesses or the victims themselves), who experienced a work-related shocking event, so that the negative consequences are kept to a minimum.

Base principles

- Shocking events may lead to mental and physical health concerns and occupational disability.
- Aftercare of employees who experienced a shocking event limits the negative consequences.
- Management is responsible for the aftercare after shocking events. If necessary, management is supported for this task by professionals within or outside VU Amsterdam (see appendix 1 – types of incidents).

Reporting the incident

The manager reports the incident to the Campus Safety and Security Reporting Centre. See also appendix 1 related to notifiable workplace accidents to the Netherlands Labour Authority (among other things, in case of permanent injury or death).

The Social Safety Hotline is used in cases of, for example, stalking, sexual harassment/violence, or domestic or honour-related violence.

3. The aftercare

Main principles

1. The responsibility for the aftercare lies with management.
2. Management always seeks advice from, for example, the manager of the person affected, HR, Health, Safety and Environment, an occupational social worker or an occupational health physician.
3. The scope is emotional support and possible referral, offering structure, providing information or possibly organising group aftercare.
4. Aftercare for an individual employee consists (in principle) of three conversations: an acute aftercare talk, and two follow-up conversations.
5. Reporting the incident (to the Campus Safety and Security Reporting Centre, the Social Safety Hotline, or e.g. by the person concerned to a confidential counsellor or student psychologist).
6. If necessary, the aftercare is evaluated (for example in a Social Medical Team (SMT) meeting).

Introduction

The responsibility for the aftercare lies with the direct manager. They are the first point of contact in case of shocking events at work. If the direct manager is absent, their manager or designated substitute is responsible. If necessary, the emergency call list of the faculty or division can be used to warn certain employees.

The manager coordinates the aftercare. They can take on the aftercare themselves or ask someone else to do so: a colleague of the employee, a fellow manager, an HR advisor, an occupational social worker or an occupational health physician. However, it should be considered that not everyone is or can be immediately available.

Since shocking events are rare and can also be shocking or difficult for the manager, they seek support and advice from e.g. a colleague, their own manager, HR, an occupational social worker or an occupational health physician. The coordinators social safety can advise on steps to take if necessary, see Social Safety Hotline.

The aftercare conversations happen at a quiet location.
Referral to third parties (occupational social worker, occupational health physician, family doctor) can be discussed in each conversation.
The manager considers whether the incident is notifiable (see appendix 1) and whether it is relevant to report the incident to the police.

After the incident, safety in the department is restored, if necessary with outside support (in-house emergency response team, Corporate Real Estate and Facilities, or HR, Health, Safety and Environment).

If the severity of the incident gives rise to it, the manager offers all present colleagues the opportunity to express their reactions to the incident as a group (participation is voluntary). They may organise a group meeting, with e.g. an occupational social worker present.
For students and third parties, other methods may be required. For example, for students via the student psychological counsellors (they are reachable daily via psychologists@vu.nl), and third parties via their own employer.

The aftercare conversations

First conversation

The first conversation, the acute reception, happens directly after the incident. Important things in this conversation are:

- Emotional support
- Providing structure
- Giving information

Emotional support

- Let the employee tell their story
- Be attentive to emotions (‘it’s okay to cry’)
- Provide footing, go back to the reality of the ‘here and now’
- If necessary, dispel feelings of guilt (‘you did what you could’)
- Don’t interpret feelings (‘you must feel …’)

Then go over the facts of the situation:

- Do you want to tell me what has happened?
- Where were you?
- What time was it?
- Who else was there?
- What did you do?
- Etc.

Then ask about their reactions, such as shaking, anger, fear, fright, or physical reactions (freezing, weak at the knees, headache, nausea etc.).

Providing structure

- Warn family and/or housemates
- Does the employee want to recuperate at the workplace or at home?
- Arrange accompaniment for the trip home
- Make arrangements for the coming days

- Don’t be too hesitant, but not too directive either
- See if the employee’s tasks must be taken over
- Refer to health care access: occupational health physician (if work-related) or family doctor (general healthcare)

Giving information

- About normal reactions after a shocking event
- How colleagues are doing
- About further support

Appendix 2 can be given out to the person(s) involved. The point is that they themselves can recognise the effects.
After the first, acute, reception, the person who provides the aftercare offers further aftercare in the form of two more conversations. This is mostly relevant for less severe events. For the more serious events, more support may be needed. This can be discussed with occupational social worker or the occupational health physician.
During the first conversation, the person who provides the aftercare makes a follow-up appointment within 72 hours.

In between the first and second conversation, the person who provides the aftercare keeps a finger on the pulse, by passing by if the employee is still at work, calling if they are at home, or paying a home visit to inform how they are doing.

Second conversation

The second conversation happens in principle within regular working hours and within 72 hours after the incident. In this conversation:

- The employee can let off steam. How are you doing now? What made the most impact?
- The employee is educated on the processing of shocking events
- Colleagues are deployed for support, if necessary
- If necessary, practical support is offered, or someone from within VU Amsterdam is deployed for this purpose
- You make an appointment for a third conversation within two weeks.

The person who holds the conversation mostly listens to what the employee tells them, and summarizes this to structure it, both for the employee and for themselves. If necessary, practical/material support is organized. You may discuss if and how the employee can receive support from their home environment.

Third conversation

In the third conversation, the person who provides the aftercare briefly summarizes the second conversation, informs how the employee is doing and may ask about the

employee's experience concerning emotional and physical reactions. If the employee has calmed down, you look back on the incident, on how the employee handled it and what has helped them. If the employee suffers from stress-related complaints too much, a referral to occupational social work or the occupational health physician can be useful to organise possible external support.

After the conversations

- If this hasn't happened already, the manager reports the incident to the Campus Safety and Security Reporting Centre or the Social Safety Hotline.
- Upon completion, the manager meets with their manager, the HR advisor, an occupational social worker or an occupational health physician, to discuss how they are doing and to evaluate the aftercare procedure. The incident will be discussed in the following SMT.

Appendix 1 – Types of incidents

The distinction between mild, serious and very serious events is not exact. Context and an employee's previous experiences play a role. A seemingly normal event can still be experienced as very disturbing/shocking.
However, there is a general distinction made between mild, serious and very serious events.

MILD EVENTS

Mild incidents like verbal aggression, workplace accidents with limited injury etc. can be discussed during a work meeting. At first glance, these do not seem to be traumatic experiences. An accumulation of mild events may however still result in mental or psychosomatic symptoms. Discussing mild events during a work meeting provides employees with the opportunity to share their experiences and express their reactions to the stressful situation. Consultation of occupational social work and/or an occupational health physician is possible.

SERIOUS AND VERY SERIOUS EVENTS

After serious incidents, the manager always offers aftercare. After the incident, the manager arranges the aftercare of the employee(s) involved. The manager calls in extra support or consultation from the occupational social worker and/or the occupational health physician. In principle, this type of support is not immediately available because of capacity limitations. If *acute support* is necessary, external organisations can be brought in:

- Victim Support (0900-0101 or 088-746 00 00, available from Monday till Friday between 8.00 and 20.00, and on Saturdays between 10.00 and 17.00)
- Institute for Psychotrauma (information in Dutch). During office hours (between 8.30 and 17.00): 020-840 76 20, emergency number outside office hours: 088-3305 112

See also the information on the page Social Safety. Sometimes bringing in external partners can be necessary to solve or delegate a situation properly.

The manager coordinates further support. If (group) aftercare is necessary, occupational social work can lead the meeting or have aftercare conversations with the employee(s) involved.

Notification mandate Labour Authority

A workplace accident is notifiable is the victim dies as a consequence of the accident, gets injured permanently, or needs to be admitted to a hospital. 'Permanent injury' means, among other things: amputation, blindness, or chronic or mental health-

related/traumatic symptoms. The term 'hospital admission' includes one-day admissions. Outpatient treatment is not considered a hospital admission.
The manager can report notifiable workplace accidents (even outside of office hours) the fastest online at the Labour Authority or via phone number 0800 - 5151 (free of charge).

Prior to reporting, always inform the managing director of your faculty or division and seek advice from HR, Health, Safety and Environment (department of Health, Safety and Environment) if necessary.

In addition, report the incident internally to the Campus Safety and Security Reporting Centre or the Social Safety Hotline, see online what you can report there.

Appendix 2 – Normal stress reactions to a shocking event

Physical reactions

Fatigue
Diarrhoea
Confusion
Lump in the throat
Insomnia
Increased muscle tension
Problems with concentration or memory
Nausea
Nightmares
Irregular menstruation
Heart palpitations
Digestive issues
Breathing problems
Decreased sexual interest
Tremors

Mental reactions

Numbness
Grief
Powerlessness
Loneliness
Sadness
Anger
Alienation
Helplessness
Shame
Envy
Fear
Guilt
Memories
Despair

Behavioural reactions

Restlessness
Indifferent, absent attitude
Overly rationalising
Speech disorders
Drug usage
Flight and avoidant behaviour
Frantic and chaotic behaviour
Emotional outbursts
Strong increase in health care consumption
Irritable, intolerant behaviour
Acting compulsively, precisely
Strikingly accident prone
Preference for standard solutions
Smoking, eating, drinking too much
Cynical and negative attitude
Unexpected behaviour
Impulsive behaviour

Appendix 3 – Stages of processing

First stage – Disbelief and emotional outbursts

The event is so completely unexpected that you can't believe it. You might think someone is playing a joke on you. After a short while, the realisation comes that it is really happening; this is usually followed by a severe fright.
This heavy distress is usually short-lived. Then protective psychological reactions occur that make you feel calm. Afterwards, people often say "It was very strange, I became totally calm, I didn't feel anything anymore. I could think very clearly and acted almost automatically…"
The emotions come afterwards, once the situation is safe again. Sometimes they come when you call home and tell them what has happened. Suddenly you start crying, trembling or shaking all over your body. You feel anxious or angry and get an irresistible urge to kick, swear or slam doors. After a while, you calm down again. During the first days after the event, these emotional outbursts come and go. You experience astonishment and disbelief about what you experienced, as if you dreamt it. In this period, people feel a strong need to share their experiences with someone.
This first stage, with disbelief and emotional outbursts, usually lasts a few days up to a week. Sometimes longer.

Second stage – Flashbacks and avoidance

'Flashback' means that memories of the event keep bothering you. The film gets played over and over, as it were. With 'avoidance' you try to avoid the confrontation with your memories. Flashback and avoidance alternate. There are good and bad days. This alternation is important because it enables the coping process of the event. The phase of alternation between flashbacks and avoidant behaviours lasts a few weeks up to a few months.

Third stage – Integration

In this period, people take stock of what happened. You seek for the meaning of what has happened. You ask yourself questions like "How has this event changed my life?", "What can I learn from it?", and "How can I benefit from this happening to me?" If you manage to answer these questions in a positive way, then you manage to let the event go and put it behind you. Problems in the coping process often arise in this last stage. Not all victims can find a meaning or an explanation for the events. They do not discover a 'meaning' in what has happened to them.

Appendix 4 – What can you do yourself?

- Try to face and acknowledge what has happened.
- Take your time with the natural, slow process of recovery.
- Allow yourself moments of relaxation and regularly do (routine) tasks as well, in other words: alternate confrontation with distraction.
- Don't suppress feelings, but express them. Let your partner and children share in your emotions.
- Don't avoid talking about what you went through. Find opportunities to discuss the event with others, or do this alone, in your thoughts.
- Allow yourself to be part of a group of people with whom you feel at home.
- Show your vulnerabilities and be willing to accept support. Practical and emotional support of others can make everything more bearable, don't reject them. You may benefit a lot from sharing your experiences with people who dealt with the same thing. Barriers may be lifted and relationships may deepen.
- Don't expect the memories to disappear (quickly). The images and emotions will accompany you for a very long time; this is normal.
- Keeping yourself busy, for example by helping others or performing small tasks, may have a relieving effect. However, overactivity is not good, because then you cannot give yourself enough attention, rest and support.
- Take (sufficient) time to sleep, rest and think. Take the time to be with your friends and family. You need rest and distraction.
- In order to handle your feelings, you will feel the need to be alone from time to time.
- Be clear and honest about your needs towards family, friends and colleagues. So tell them what your desires or wishes are.
- Once the very first phase of intense emotions has passed, try to lead a normal life as much as possible.
- Staying at home for a long time doesn't help you. In fact, try to continue work, or resume work as much as possible. In the beginning, try to avoid intense or difficult situations, keep yourself sheltered.
- Surround yourself with all that is alive: people, animals, plants.
- Try to write down your emotions or express them in paintings, drawings or music.
- Drive more carefully than before and be careful with chores or dangerous activities in and around your home as well.
- Be prepared that not everyone will respond understandingly or empathetic to your difficulties or your story.
- Realise that the overwhelming feelings will lessen over time.
- Realise that an incident can release feelings associated with previous incidents.

- As much as possible, avoid making large decisions, such as moving, changing work, breaking up a relationship. These things will come later.
- If you do not get enough support, don't hesitate to take the initiative yourself to ask for support. Oftentimes, it turns out that the other person really appreciates you trusting them. Consider that a relationship is more stable and solid when the balance between giving and taking is more balanced.
- Even though it may be very difficult and effortful, do not only talk about yourself. Make a habit out of asking about the other person's life and wellbeing.
- Understand that a lack of reactions does not mean people around you are disinterested or unwilling to help you. Many people will want to support you, but don't know how to approach that. Some people will avoid you because they are uncomfortable with the situation themselves (perhaps you may have done the same thing in the past).
- Don't compete with peers about whose situation is the worst.
- Understand that forgiveness (by yourself and by others) is a vital part of the healing process.
- As much as possible, try to hold on to the daily structure you had before the shocking event: wake-up time, meals, activities, etcetera.
- Make sure you don't use substances (e.g. alcohol and drugs) to numb your feelings.
- Be very careful with sleep aids, antidepressants and tranquillizers. Use them sporadically.
- Read these tips multiple times.

Appendix 5 – Advice for partner, family, friends and colleagues

- Stay in touch, remain available, even when the person affected responds unenthusiastically, or even dismissively. Meet them regularly or invite them to your home.
- Don't immediately talk about the future, but focus on the present and past.
- Allow the person affected to cry. This is healing.
- Touch the person affected. People who went through a profound experience feel a physical emptiness and often need touch or a hug. When words fall short, physical touch can be wonderful.
- Don't talk too much in the beginning. Mostly let the other person speak.
- Asking questions like "What exactly happened?", "Who were there?", "How did your colleagues, your chef, your partner respond?" is very helpful.
- Regularly summarize in your own words what you hear the person affected say. "I understand that you…"
- Realize that the person affected is often very anxious in the beginning, and longs for company. Oftentimes, it is more important for them that someone is present in the background, than that there is a conversation.
- Be careful with jokes, no matter how well-meaning.
- Don't judge the affected person's feelings.
- For other things, treat the person affected as a normal human being. Don't be overly serious or respond overly worried. Don't act overly cheerful.
- If you want to console and help, but don't know how, you can just say that.
- Don't seize the opportunity to talk about a similar event you or someone you know experienced. Let the affected person's story be central.
- Do something for the person affected, send or bring a bouquet of flowers or send a card or a letter. Something is better than nothing.
- Don't be impatient and realise that someone who had a traumatic experience may feel the need to tell the same story more than once.
- As much as possible, try to involve the person affected in activities you used to do together, e.g. working out. If they don't want to, pressure them gently.
- Don't give (cheap) advice, such as "Try to sleep well" or "Just go on vacation for a week". If the person affected wants advice, they will ask for it.
- Avoid cliches like "This is just part of the deal" or "You are not the only one this has happened to".
- Read the tips for the people involved ("What can you do yourself?")
- Examples of helpful responses are: "Tell me how you are feeling", "Cry it out well", "You are very strong".