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Mobbing at Workplace –Psychological Trauma and Documentation of Psychiatric Symptoms

İşyerinde Mobbing - Psikolojik Travma ve Psikiyatrik Semptomların Belgelenmesi

Zeynep BARAN TATAR[1], **Şahika YÜKSEL**[2]

[1]Department of Psychiatry, Bakırköy Mental and Neurological Diseases Training and Research Hospital, İstanbul, Turkey
[2]Freelance Physician, Psychiatry

ABSTRACT

Objectives: Mobbing at the workplace refers to such cases as verbal harassment, aggressive words, sarcasm, slander or social isolation repeatedly targeted at a specific person at a specific period of time. Previous studies indicate that wellness and health of the victims who have been subjected to mobbing at workplace were affected adversely. Recently, there has been an increase in mobbing cases in Turkey. The purpose of the present study is to identify the features of trauma and analyse the development of mental problems caused by traumatic experiences in individuals who have been subjected to mobbing at workplace, and admitted to psychiatry services.

Method: Three-hundred individuals included in the study who had been admitted to Istanbul University, Istanbul Faculty of Medicine, Psychiatry Department, Psychosocial Trauma Programme, through general psychiatry outpatient clinics and forensic medicine institute consultations, with the purpose of preparing forensic reports between January 2008-September 2012. Trauma Evaluation Form (TIF), Posttraumatic Stress Diagnostic Scale (PDS), Impact of Event Scale-Revised (IES-R) were administered.

Results: Mobbing was identified in 130 out of 300 patients who claimed to have been subjected to trauma at workplace (43.3%). Mobbing cases were aged between 18 and 61, 100 (76.9%) of them were women. 56 (43%) of the cases were married, 54 (41.5%) of them were single and others were divorced, widowed or separated. 110 (84.6%) of the patients were university graduates while 13 of them were high school graduates and 5 of them were elementary school graduates. 76 of the cases were government officers and 65 of them were teachers. 93 (71.5%) patients were diagnosed with post-traumatic stress disorder (PTSD) according to The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition-Revised (DSM-IV-TR) criteria, 9 patients (6.9%) had adjustment disorder and 102 of the patients (78.5%) were diagnosed with Major Depressive Disorder. Mean Total IES of 122 patients was 58.4±16.7. Three persons (2.3%) had not received any diagnoses and 83 individuals (63.8%) had received multiple diagnoses.

Conclusion: The fact that mobbing was identified in approximately half of cases who applied to get a forensic report points out the extensiveness of the problem. High percentage of PTSD was established in victims of mobbing. It is important to include psychologic trauma in definiton of trauma in manuals of psychiatric disorders. Preparation of a report is useful in helping these individuals to protect their legal rights as well as documenting these wrongdoings, improving the sense of justice, enabling these individuals to be examined by psychiatry experts and having them access to treatment.

Keywords: Workplace bullying/mobbing, post traumatic stress disorder, forensic report

ÖZ

Amaç: Yıldırma bir kişi veya grubun başka bir kişi veya gruba yöneltiği sistematik agresyon olarak ifade edilmektedir. Araştırmalar işyerinde yıldırmaya maruz kalan mağdurların sağlık ve iyilik hallerinin olumsuz yönde etkilendiğini göstermektedir. Türkiye'de iş yerinde yıldırma konusu son yıllarda giderek daha çok dile getirilmektedir. Bu çalışmada; iş yerinde yıldırmaya maruz kaldıkları gerekçesiyle ruh sağlığı uzmanlarına başvuran mağdurların, yaşadıkları travmaların özellikleri, travmatik deneyimlere bağlı olarak gelişen ruhsal sorunların tanımlanması amaçlanmıştır.

Yöntem: Ocak 2008-Eylül 2012 tarihleri arasında İstanbul Üniversitesi, İstanbul Tıp Fakültesi Psikiyatri Anabilim Dalı'na Adli Tıp Polikliniği ve psikiyatri genel polikliniği aracılığı ile başvuran ve Psikiyatri Anabilim Dalı, Psikososyal Travma Programı'nda rapor düzenlenen 300 vaka değerlendirilmeye alındı. Başvuranların 130'u iş yerinde yıldırmanın etkilerinin saptanması amacıyla gelmişti. Travma Bilgi Alma Formu (TBF), Travma Sonrası Stres Tanı Ölçeği (TSSÖ) ve Olayların Etkisi Ölçeği (OEÖ) uygulandı.

Bulgular: Travmaya maruz bırakıldıklarını ileri süren ve rapor talepleri nedeniyle değerlendirilen 300 vakanın 130'unda (%43,3) iş yerinde yıldırma saptandı. İş yerinde yıldırma vakalarının yaşları 18–61 arasında, 100'ü kadın (%76,9), 56'sı (%43,1) evli, 54'ü (%41,5) bekar, diğerleri boşanmış, dul veya ayrı yaşıyor idi; 110'u (%84,6) üniversite, 13'ü (%10) lise, beşi (%3,8) ilköğretim mezunuydu. Vakaların 76'sı (%58,4) memur olup bunlardan 65'i (%50) öğretmen idi. Ruhsal Bozuklukların Tanısal ve Sayımsal El Kitabı Yeniden Gözden Geçirilmiş, Dördüncü Baskı'sının (DSM-IV-TR) tanı ölçütlerine göre 93 kişiye (%71,5) Travma Sonrası Stres Bozukluğu (TSSB), 9 kişiye (%6,9) uyum bozukluğu, 102 kişiye (%78,6) Major Depresif Bozukluk tanıları kondu. Yüz yirmi iki vakanın IES toplam puan ortalamaları 58,4±16,7 idi. Tanı almayan üç (%2,3) ve çoğul tanı alan 83 (%63,8) kişi vardı.

Sonuç: Rapor düzenlenmesi amacıyla başvuranların yarıya yakınında işyerinde yıldırmayla karşılaşılması, işyerinde psikolojik baskıların ulaştığı boyutlar hakkında fikir vermektedir. İşyerinde yıldırmaya maruz kalanlarda yüksek oranda TSSB belirtileri saptanmıştır. Psikolojik travmanın DSM'de travma kriterlerine dahil edilmesi önem arzetmektedir. Rapor düzenleme, kişilerin yasal haklarını koruma yönünden yardımcı olduğu gibi, yaşanan haksızlıkların belgelenmesi, adalet duygusunu geliştirmesi, kişilerin ilgili uzmanlar tarafından muayene edilmeleri ile tedavi haklarını da kullanabilmeleri açısından fayda sağlamaktadır.

Anahtar Kelimeler: İşyerinde yıldırma, travma sonrası stres bozukluğu, rapor

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Correspondence Address/Yazışma Adresi: Zeynep Baran Tatar, Department of Psychiatry, Bakırköy Mental and Neurological Diseases Training and Research Hospital, İstanbul, Turkey •
E-mail: drzeynepbaran@gmail.com
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INTRODUCTION

Mobbing at the workplace refers to such cases as verbal harassment, aggressive words, sarcasm, slander or social isolation repeatedly targeted at a specific person at a specific period of time (1). Mobbing is systematic aggression directed at a person or group and differs from individual, temporary interpersonal conflicts (2). Prolonged exposure to persistent negative activity, which the individual finds difficult to cope with, is a principal characteristic of mobbing (1). In the Scandinavian countries where publications on this issue first appeared the term mobbing is preferred which is derived from the English word "mob" meaning gang. It is observed that the terms "psychological violence" (3) and "harassment" (4) are used in reference to mobbing in our country. The term "mobbing" was first used in 1958 by the Austrian scholar Konrad Lorenz to define the form of conduct adopted by weaker animals to intimidate and fend off their strong rivals (5). The Swedish medical doctor Paul Heinemann used the term "mobbing" to describe a series of activities including bullying and violence he observed among children (5). In the 1980's the Swedish psychologist Heinz Leymann preferred the term "mobbing" to identify non-violent conflicts at the workplace. Leymann describes mobbing as "hostile and unethical communication which is directed in a systematic way by one or a number of persons mainly toward one individual, rendering the person helpless and defenseless and subjecting the person in question to the state into which he or she has been forced by means of persistent harassment" (6). Mobbing at the workplace involves social isolation of the individual, violation of his/her privacy, exposure to verbal violence and threats. These activities may emanate from the workplace management, senior executives, colleagues in the same or subordinate position (2). Leymann (1990) maintains that exposure to harassment once every week for at least 6 months is required for this definition (7).

The World Health Organization (2002) regards mobbing at the workplace as a multi-faceted global public health issue with harmful outcomes (8).

Studies demonstrate that the health and well being of the victims who are exposed to mobbing at the workplace is affected adversely. The victims report to be suffering from anxiety, depression, sleep problems, irritability, loss of concentration and somatic disorders (9). It has been asserted that mobbing could lead to Post-traumatic Stress Disorder (PTSD) since individuals who are exposed to mobbing show such symptoms as re-experiencing, avoidance and increased arousal (10–14). Mobbing at the workplace is a specific form of violence. There are ongoing discussions concerning the place of psychological violence within PTSD. Mobbing at the workplace leads to psychological as well as socio-economic problems such as reduction of the individual's productivity at the workplace, his/her avoidance from work or dismissal (5).

In Turkey precautions regarding work health and safety are missing and occupational accidents and ensuing deaths are quite common; though mobbing at the workplace is more frequently mentioned in our country, legal regulations have not yet been fully established. It has been reported that between 2011 and 2016 a total of 38.362 applications were made concerning mobbing at the workplace to the Labor and Social Security Communication Center through the line number 170; out of the given figure 31.113 were employed in the private sector and 7.149 were in the public sector; 21.922 of the applicant were men and 16.340 were women. It is noteworthy that applications concerning mobbing at the workplace are increasing each year (15).

The rate of mobbing in the European Union is reported to be 15% while 38% of health employees are found to be exposed to psychological mobbing in the United States of America (16). In a meta-analysis the frequency of mobbing at the workplace has been found to be 15% (17). The majority of studies on mobbing at the workplace are questionnaire studies. Studies carried on nurses (18), academics (19) and white-collar employees (20) reveal that mobbing rates are between 9% and 90%.

This study aims at defining the characteristics of traumas and psychological problems that appear as a result of these traumatic experiences of the victims who have reported having been exposed to mobbing at the workplace and who have undergone psychological examination and whose cases have been recorded. Considering that psychological pressure that the individual experiences in the form of persistent mobbing which affects his/her economic, social and private life leads to traumatic reactions, it was assumed that these reactions would overlap with PTSD criteria according to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* Revised, Fourth Edition (DSM-IV-TR) (21) as well as previous literature (10–14).

METHOD

Sample

300 cases were evaluated that applied to, Istanbul Faculty of Medicine, Department of Psychiatry, Psycho-Social Trauma Program (PSTP) who were referred by Forensic outpatient clinic and Psychiatry outpatient clinic between January 2008 and September 2012 Persons who had been exposed to mobbing-related activity at least once a week and at least for six months have been considered as mobbing victims. (6). In the study mobbing at the workplace has been labeled as psychological trauma.

Five mobbing activities as described by Leymann in 1996 have been taken as criteria (6):

1. Effects on the victims' self-assertion and communication (silencing, scolding, groundless and non-proportional persistent criticism and the like);

2. Effects on the victims' possibilities to maintain social contacts (people refusing to talk to the victims, acting as if they did not exist);

3. Effects on the victims' possibilities to maintain their personal reputation (gossiping about the victims, slanders, ridiculing, threatening them with disciplinary procedures);

4. Effects on the victims' life quality and occupational situation (underestimating and pigeonholing the victims' output, reducing their responsibilities without notification, constantly changing of tasks, giving them meaningless work tasks);

5. Effects on the victims' physical health (refusing the victims' education activities and permissions, overloading of tasks, appointing physically demanding tasks, threats of physical violence and damage, direct sexual harassment).

Applicants have been interviewed at least twice and clinically diagnosed by two psychiatrists, one being a specialist. In addition to clinical evaluation, Trauma Information Form (TIF), Posttraumatic Stress Diagnostic Scale (PDS) (22) and Impact of Event Scale-R (IES-R) (23) have been implemented. Psychiatric diagnoses have been carried out according to DSM-IV-TR. If mobbing has led to psychological trauma, it has been assumed that Criterion A1 of the DSM-IV-TR's PTSD criteria has been met.

Ethics committee approval was not sought since no such requirement was demanded for retrospective studies when the study was carried out. Consent forms have been obtained from the patients in line with the Helsinki Declaration.

Materials

Trauma Information Form: It is a semi-structured form prepared by the researchers containing such information as socio-demographic data, characteristics of the traumatic experience and its effects.

Posttraumatic Stress Diagnostic Scale (PDS): It is a scale developed in the USA by Foa (1997) (22) in line with diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) with a view to help diagnose PTSD. It comprises 49 items filled by the respondents themselves. PDS results help define PTSD, traumatic events and symptoms, measure the intensity of the symptoms and specify the level of function loss. Its validity and reliability has been approved in Turkey (24).

Impact of Event Scale-R (IES): This scale consists of 22 items in which the intensity of symptoms in the last 7 days is graded within the range of 0–4. Symptoms such as the impact of the traumatic event, disturbing thought about the event, affective slumber, avoidance and arousal are evaluated. It harbors three sub-scales: re-experiencing, avoidance and increased arousal.

The validity and reliability of this original scale, developed by Horowitz et al. (23), has been established in Turkey (25). In the cases when the cut-off value is within the range of 24 and 33, both sensitivity and specificity values are observed to be above 70%. The IES of seven individuals were not included since there was some missing information in their forms.

Statistical Package for the Social Sciences (SPSS) Version 15.0 was employed in the statistical analysis (SPSS Inc. Chicago, IL, ABD).

Table 1. The sociodemographic characteristics of participants who were subjected to mobbing

	Participants (n=130)	Ratio (%)
AGE (mean ± SD)	39.3±11.1 (18–61)	
SEX		
Female	100	76.9
Male	30	23.1
MARITAL STATUS		
Married/Living with a partner	56	43.1
Single	54	41.5
Divorced	15	11.5
Widow	2	1.5
Living separately while still being married	3	2.3
EDUCATION		
Literate	1	0.8
Primary school	5	3.9
High school	13	10.0
College	110	84.6
Unknown	1	0.8
PROFESSION		
Labourer	8	6.2
Public servant	11	8.5
Teacher	65	50
Professional	12	9.2
Retired	2	1.5
Other	19	14.6
None	13	9.9
WORKING STATUS IN THE LAST 6 MONTHS		
Can't work due to illness	8	6.2
Can't work due to other reasons	24	18.5
Has regular job	94	72.3
Working in temporary jobs	2	1.5
Unknown	2	1.5

Table 2. The DSM-IV-TR diagnosis of participants who were subjected to mobbing

	Participants who were subjected to mobbing	
	Number	Ratio (%)
PTSD	93	71.5
MDD	102	78.5
Adjustment disorder	9	6.9
Other	8	6.2
Comorbidity	83	63.8
MD+PTSD	74	57
Other diagnosis+PTSD	6	4.6
MD+ Other diagnosis+PTSD	2	1.5
Other diagnosis+MDD	1	0.7
No diagnosis	3	2.3

MDD, major depressive disorders; PTSD, post-traumatic stress disorder.

Table 3. The results of Impact of Event Scale (IES-R)

	Mean ± SD (n=122)
IES-intrusion score	20.6±6.2
IES-avoidance score	18.3±6.3
IES-increased arousal score	19.7±7.0
IES-total score	58.4±16.7

IES-R, Impact of Event Scale; SD, Standard deviation.

Statistical Analysis

The socio-demographic data of the cases who has been exposed to mobbing at the workplace, their psychiatric diagnoses and OES total and subscale points have been calculated and categorical variables have been presented in numbers and percentage values while continuous variables have been presented in mean and deviation values.

RESULTS

Of the 300 cases who applied to PSTP between January 2008 and September 2012, claiming to have been exposed to trauma, 130 (43.3%) were found to be victims of mobbing at the workplace. The ages of the cases ranged between 16 and 61; 100 (76%) were female and 30 (24%) were male; 56 (43.1%) were married, 54 (41.5%) were single, 20 (15.4%) were divorced, widowed or separated; 110 (84.6%) were university graduates, 13 (10%) were high-school graduates and 5 (3.9%) were primary school graduates; 76 (58.5%) of the cases were civil servants and 65 of them (50%) were teachers; 12 (9.2%) were medical doctors, CEOs or belonged to a similar occupational group, 8 (6.1%) were workers, 13 (10%) were unemployed at the time of the interview (Table 1); 93 (71.5%) patients were diagnosed with Post-Traumatic Stress Disorder (PTSD) according to DSM-IV-TR diagnosis criteria, 9 (6.9%) with adjustment disorder and 102 (78.6%) with major depressive disorder. Three (2.3%) persons could not be diagnosed while 83 (63.8) people received multiple diagnoses (Table 2).

Total IES point averages were 58.4±16.7. IES subscales intrusion point average was 20.6±6.2, avoidance point average was 18.3±6.3, increased arousal point average was 19.7±7.0 (Table 3). The cases that were reported were provided with psychotherapy and/or pharmacotherapy, depending on their needs and likewise some were referred to Non-governmental organizations with a view to receive psychosocial assistance.

DISCUSSION

This study aims at specifying the frequency of mobbing at the workplace and the psychological problems that mobbing victims suffer from among the applicants at the Psycho-Social Trauma Program (PSTP) so as to have a report to be drawn up.

It is no coincidence that first publications on mobbing appeared in the Scandinavian countries where democratic rights are generally considered important and workers' rights are traditionally secured with laws and regulations (7).

In our country awareness about mobbing at the workplace, which does not have physical evidence but only psychosocial evidence, has been increasing in the last 10–15 years. Experts working in the fields of labor law and sociology have underlined the importance of this issue and brought it to the public attention. First questionnaire studies in Turkey have played a major role in defining the frequency of mobbing among workers (18–20). The present study is the first of its kind to analyze the frequency of mobbing at the workplace among traumatic groups in our country (44%).

The present study establishes the striking fact that the vast majority of people who applied on the grounds of mobbing are university graduates. It might be misleading to think that university graduates are exposed to mobbing more frequently than other people. This can account for the fact that people with higher education backgrounds are more conscious in naming and considering unjust the oppression they experience at the workplace and demanding justice.

Another striking point was the fact that almost half of the people who participated in this study and who sought their rights against the injustice they claimed to have experienced at the workplace are teachers. In a study carried out on 396 secondary education teachers, half of the teachers were reported to have been subjected to behaviours and attitudes that correspond to the definition of mobbing at the workplace. Employees mainly in private education facilities under the control of Ministry of National Education, those below age 25 and male teachers are reported to have experienced more mobbing activities (26). All of the teachers who participated in this study are public employees and a considerable number of them were members of labor unions. Having access to social support resources made available through organized labor may produce a form of awareness in terms of demanding justice and objecting to injustice rather than falling prey to helplessness and resignation against the oppressions. However, later it was not possible to follow-up the people who received reports. Therefore, we have no information as to how these reports were treated in legal procedures or whether they were used as efficient evidence. The information gathered from various sources and Fight Against Mobbing at the Workplace Association is not promising. We have found out through personal interviews that victims generally withdraw the lawsuit on the grounds of financial and emotional burden it brings and the difficulty of finding witnesses *(Lawyer Berrin Demir and Lawyer Metin İriz personal communication –ŞY, 26.09.2017)*.

The number of female participants in the study outnumbered others. This finding is compatible with other studies that established that women are exposed to mobbing at the workplace more than others (27, 28). It has been shown that 67% of mobbing victims in Germany are women while 33% are men (27). In a study carried out in Italy it has been found that more women in the age range 34–45 are subjected to mobbing (28). Various explanations are suggested concerning the reasons for the different rates in mobbing in terms of gender.

There is the view that women in this age range have increased familial attachments and responsibilities, and this increases their stress levels and thus the likelihood that they will be exposed to mobbing (28). Kostev et al. (2014), on the other hand, suggest that women may be more prone than men to talk about their problems while men, who see themselves as breadwinners of the family, tend to neglect these problems, which explains the difference in percentage in mobbing rates between genders (27). In addition to this, there also exist studies that do not suggest any mobbing rate differences between genders (6).

In this study group all of victimizers of mobbing at the workplace are in the position of superior. One of the most important characteristics of mobbing is the lack of balance of power between the mobbing victim and the victimizer and the victim's inability to protect himself/herself (5).

The assumption that victims of mobbing at the workplace would meet the PTSD diagnosis criteria has been verified. In the present study 71.5% PTSD rate among the mobbing victims are compatible with those high rates found in studies by Mikkelsen and Einarsen (2002) and Leymann and Gustafsson (1996) (10, 11). Since mobbing victims tend to manifest symptoms of re-experiencing, avoidance and increased arousal it has been suggested that mobbing may lead to PTSD (10–14). Leymann and Gustafsson (1996) established that 92% of the 64 cases that were subjected to mobbing at the work place overlap with PTSD diagnosis in their study. Other cases were reported to have been diagnosed dysthymia (10). In a study by Mikkelsen and Einarsen (2002) which was carried out with 118 cases exposed to mobbing at the workplace and a control group of 118 matched in terms of job role, gender, and education level, 76% of the victims were diagnosed PTSD (11). In a recent meta-analysis, 57% of the mobbing victims were diagnosed PTSD symptoms and a medium level correlation was found between mobbing and PTSD symptom score (r=0.43) (29).

According to DSM-IV-TR PTSD is an anxiety disorder characterized by re-experiencing the trauma, avoidance of reminders of the trauma, and increased arousal following a traumatic experience (21). However, according to Criterion A1 of DSM-IV-TR, an actual death or death threat, a severe injury, experiencing an event threatening one's or somebody else's physical integrity or witnessing such an event is requisite for the definition of a traumatic experience (21). It is deemed suitable to treat PTSD-like symptoms that mobbing victims show after sustained and non-physical aggressive activities under other categories such as adjustment disorder, depression or anxiety disorder. Nevertheless, some researchers claim that traumas that do not involve physical violence or injury too could lead to PTSD (30). In a study, it has been established that victims of mobbing at the workplace have more severe psychological problems with their intrusions and avoidance compared to people who led to the deaths of people who have the intention of attempting suicide in railroads and metros by bumping into them. In the same study it was found that women who are rape victims have as high a score of re-experiencing and avoidance as that of mobbing victims (10). In trauma victims, the person's basic assumptions about himself/herself and the world and belief in his/her invulnerability collapse. Exposure to mobbing likewise changes the person's working environment and his/her life in general and leads the victim to perceive both worlds as insecure and dangerous. Though a proposal was made based on these arguments to make amendments with trauma criteria in DSM 5, no change was made in conditions of traumatic experience in the latest version either (31).

Advisory Group on Stress-Related Disorders for the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-11) revision group states that ICD-11 planned to be published in 2018 ought to include psychological traumas as well. Accordingly, it has been pointed out that there exist no official trauma

criteria in ICD-11 and PTSD is defined as a disorder that appears after being exposed to an extremely threatening or frightening experience or experiences; therefore, clinicians are free to decide as to what is threatening or frightening. Thus, when the convenient criteria are met and there is a functional disorder one may diagnose PTSD according to ICD-11 criteria (32).

It is appropriate to expect that PTSD may occur as a result of mobbing experienced as an appalling event (trauma) that threatens the individual's physical integrity, rendering him/her helpless. For, by definition, mobbing carries within itself high risks of PTSD due to such characteristics as being an intentionally executed, recurrent, long-termed manmade activity that affects the victim's private and professional life.

It is stated that many symptoms of PTSD are observed following the mobbing (10, 11). However, there exist criticisms that in PTSD-A criteria PTSD-producing factors such as psychological trauma that do not involve sexual harassment are not included among the factors that lead to PTSD. The defenders of these criticisms base their objections on the examples of non-physical sexual abuse and mobbing at the workplace (33). Taking into consideration previous studies, we have suggested mobbing at the workplace as a traumatic event, which also thus met Criterion A1 in DSM-IV-TR.

One should not ignore the fact that psychological trauma too can lead to PTSD and the factors that unfold such PTSD symptoms as re-experiencing, avoidance and increased arousal. Considering that it is a disorder with its specific treatment algorithm, psycho-pharmacological and psychotherapeutic interventions, it is inevitable to diagnose these cases as PTSD. The fact that people suffering from psychological trauma are not diagnosed PTSD may render the comprehension of the symptoms difficult and block these people from having easy access to trauma-oriented psychotherapy.

In the present study other psychiatric diagnoses were examined and it was seen that multiple diagnosis (63.8%) and especially PTSD and MD comorbidity was frequent. It was also striking that nearly all the mobbing victims suffered from psychological problems. This may imply that demand for justice begins as mobbing leads to psychological problems.

Mobbing as a situation lasting for months may affect anybody. It reduces the individual's self-confidence, deteriorating his/her psychological well-being. On the other hand, exposure of people previously suffering from psychological problems to difficult conditions, traumas and discriminations may lead to exacerbation of their psychological ailments and to vulnerability. In this case, the employer or the institution/individuals providing basis for mobbing may attempt to justify themselves by claiming that the person in question had been already "ill". In a recent study in which victims of mobbing at the workplace were compared with the control group, it was established that victims suffered from respiratory, circulatory, digestive and musculoskeletal diseases more heavily than they did in the pre-mobbing period. This finding presented by the authors has been interpreted as the likelihood that individuals having somatic problems in the pre-mobbing period may have a higher vulnerability and they have been exposed to more mobbing due to this reason (29). In addition, in a longitudinal study, it has been showed that previously existing psychological stress and victimization may increase the future risk of exposure to mobbing (9). In the light of these studies, it may be suggested that physical and psychological problems in the pre-mobbing period may effect future mobbing activities and people with higher vulnerability are more likely to experience mobbing at the workplace. In the group presented in this study only psychological problems have been taken into consideration. Though there were people who declared they had physical illnesses, the relationship between these problems and mobbing at the workplace has not been studied.

This study has certain limitations. The social distribution of those involved in the study did not surrender the whole community. The participants who were included in the study were those who demanded justice and requested a report. Nearly all the participants were observed to have psychological problems and PTSD was the psychiatric diagnosis with the highest rate. Considering the fact that the attempt to demand justice might have begun when psychological problems appeared, doing community-based studies may be helpful in reaching more valid results in determining psychiatric disorders among mobbing victims. Having information as to how long after the mobbing the victims made their applications and the period of time between the mobbing activity and the psychological problems will enable us to understand better the effect of psychiatric symptoms on the act of demanding justice. In addition, mobbing at the workplace has been detected upon the victims' statements. One of the difficulties of psychiatric assessment with people who demand for a report due to a psychological traumatic event is malingering to obtain material compensation. In the related studies, it has been found that among people who are eager to get material compensation and exhibit signs of pretending to be ill, PTSD-malingering rates are substantially high (34, 35). Though interviews were held with colleagues and families of some patients and the act of mobbing was confirmed it was not possible to interview the relatives of each patient or to file a social study report, which is another limitation of this study. Getting information from the patient's close community is important in increasing the reliability of the statement and excluding the cases of malingering. The existence of scales and psychometric assessments with a view to exclude the cases of malingering and the analysis of mobbing by means of a scale whose validity and reliability has been confirmed will improve the accuracy of the diagnosis.

CONCLUSION

Mobbing is a multifaceted subject that needs to be evaluated from the vantage points of psychological, economic, social and legal disciplines and resolved accordingly. It is necessary to prevent unfavorable working conditions, and put employees under protection. In the Turkish judicial system mobbing is a new and current phenomenon and new specific legal arrangements are required. Introducing legal arrangements to combat violence and mobbing at the workplace is a must. It is the victim's liability to prove the negative treatment he/she has been subjected to at the workplace.

By definition, mobbing being a sustained act, the difficulty of obtaining the testimony and support of colleagues, indecipherability of legal regulations and difficulty of finding a legal expert who is well informed about this subject area are some of the foremost hardships in mobbing procedures. These hardships increase not only economic and social complications but also augment the risk of medical and psychological problems becoming severe and chronic. Victims with mental health problems must be provided with support guides, they must also be assisted in improving their skills in looking for new jobs, re-establishing their self-confidence and attaining knowledge in having access to legal assistance.

This study has analyzed the frequency of mobbing at the workplace and the effect of this adverse life experience on the victims' psychological state among individuals assessed in Istanbul Faculty of Medicine, Psychosocial Trauma Program, who had a history of physical, psychological, sexual or multiple trauma. Providing a report is useful in helping these individuals to protect their legal rights as well as documenting these wrongdoings, improving the sense of justice, enabling these individuals to be examined by psychiatry experts and having them access to treatment.

Ethics Committee Approval: Ethics committee approval was not required for retrospective studies since the study was conducted.

Informed Consent: Informed consent was obtained according to Helsinki Declaration.

Peer-review: Externally peer-reviewed.

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