Managing trauma in the workplace through the eyes of survivors

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Executive Summary

Although a plethora of research exists on the clinical, social, and psychological effects of childhood trauma, knowledge on how organisations can support survivors' welfare is scant. This is an equality issue as it presents barriers to survivors. The aim was to develop recommendations on how organisations can design effective support mechanisms for survivors. In-depth interviews will be utilised with survivors to share their experiences and key stakeholders (i.e. policy makers, businesses and local authorities) will be engaged in knowledge-into-practice exchange discussions to translate this understanding into actionable support. The project contributes to the current priorities to support well-being, whose mental ill-health has been affected due to Covid-19. The novel focus is the workplace context and the aim to go beyond the causes of trauma to focus on the work experiences of survivors. Ultimately, the project aimed to develop practical and academic resources to support employees who have experienced trauma in the future.

1. Introduction

Talking about trauma is difficult as it is a very sensitive topic for many of us. It is even harder for people who have experienced trauma to openly talk about the trauma itself and most importantly to ask for support from their own organisations. This is partly because of the fear of talking about the wider aspects of trauma in the society and also the lack of awareness as to what it means and how we should respond to trauma at different levels. Lack of awareness creates anxiety, apprehension and in many cases the sense of insecurity, vulnerability and of not belonging. A sense that affects our thinking and ability to understand trauma and its impact upon work and life. There are still several outdated stereotypes in our society that dominate individuals' perception on trauma and its wider aspects and implications.

This shows the need to openly talk about trauma and to have constructive conversations about how to develop tools, systems, practices, and mechanisms that can have a meaningful impact. We need to have an honest discussion and explore how to explain and understand the wider aspects of the trauma in the workplace. We need to explore and understand what trauma in the workplace is, and what kind of resources organisations should be able to offer. We must consider whether trauma is part of the organisation's wellbeing responsibilities or a legal requirement and whether trauma is something that needs to be only addressed by health professionals and/or by the organisation holistically. The issue here is that there is a confusion as to who is responsible for providing support. The organisation itself, health professionals or the survivors themselves. The answer is straightforward. It is a collective effort to develop mechanisms that offers survivors an appropriate level of support. A level of support that offers the workspace, dignity and flexibility to manage trauma and achieve work objectives. The main principle here is not to add extra work for the organisations to establish effective mechanisms for survivors, but it is simply to understand, prepare, prevent, respond to and support employees who might need help in the workplace.

Therefore, the purpose here is to simply provide some answers to these questions. To raise awareness on the topic and offer organisations the opportunity to examine how survivors perceive current organisational support and the quality of the relationships between survivors and their managers. It is about opening up the debate in this area and offering survivors and key stakeholders the opportunity to share their views, experience, knowledge and understanding of the current processes. This is a positive process as it engages both survivors and organisational/service stakeholders in sharing their experiences (experts by experience) with the scope to assess how staff, workplaces, working practices and environments affect survivors and create high levels of vulnerability, distress and conditions that are not conducive to survivors doing their best work. Of course, we need to recognise that this is simply a starting point. There is still room to explore further, various aspects of trauma in the workplace. Our scope is to build knowledge on the organisational resources needed to offer appropriate support to survivors and maintain their health, well-being, and performance in the future.

2. What is Trauma?

Childhood trauma is defined as the response to overwhelming negative and traumatic (rather than the events themselves), often ongoing and within interpersonal relationships, experiences in early life (i.e. sexual abuse, physical violence, emotional violence), which can negatively affect health and well-being throughout the life course. Currently, there is no agreement on whether childhood trauma should be considered as a physical or a mental health issue or both, although the World Health Organisation recognises that many survivors suffer from complex post-traumatic stress disorder (C-PTSD). Large-scale clinical, social, epidemiological and psychological studies (i.e. Adverse Childhood Experiences study in the USA) have offered insights into childhood trauma. For example, the Crime Survey for England and Wales (2016) shows that one in five adults (8.5 million people) aged 18 to 74 years experienced at least one form of child abuse, whether emotional, physical, or sexual abuse or witnessing domestic violence, before the age of 16 years. Later in life, many of these survivors must live and deal with the social stigma and self-blame limitations in all domains of life including their employment, rendering the substantial impact on work, relationships and life a hidden chronic mental health issue. Childhood trauma can lead to a broad range of mental and physical health issues in adulthood and these issues permeate all spheres of life, including family and work.

3. What we know about Trauma in the Workplace?

Although a plethora of research exists on the clinical, social, and psychological effects of trauma, knowledge on how organisations can support survivors' is scant. There is a plethora of useful available guidance on dealing with trauma, however, it is essential to highlight, that available guidance is not comprehensive in relation to wellbeing and welfare in the workplace. The danger here is not to put everyone in the same pot – as with childhood trauma, one approach does not work for all. We know with certainty that a more personalised approach is needed to consider individual needs, but most importantly to design effective support mechanisms that are appropriate for the individual. Although mental health and disability support measures are well-developed, we still need to explore further how survivors can be effectively supported in their workplace. Despite this, we know that survivors are the 'experts by experience', however, in most cases 'experts by training' tend to be given the strongest voice in the workplace. This shows the need to have a critical understanding as to whether organisations recognise the need to support survivors.

However, recognising the need to support is only the very first step to developing an effective strategy. There is a need to work through a number of steps to be able to address the organisation's moral and social obligations to offer appropriate workplace support, when trauma is disclosed or symptoms are identified. Higher levels of cognitive, subjective and physiological employee well-being are linked to higher performance. There is also an increasing focus on policy makers (i.e. Independent Inquiry into Child Sexual Abuse, Stevenson-Farmer review; recommendations by the Civil Service and National Health Service) to raise awareness on key issues facing by survivors and other unrepresented

groups in the workplace. Survivors have the capacity to adapt and positively transform after traumatic and stressful events (Post-Traumatic Growth / Adversarial Growth). We know that work is a positive power for mental health and that supportive and healthful activities can contribute to positive well-being among survivors. We also know there is a societal effect of trauma and the financial impact of increased health care costs. Support for experts by experiences is catalytic to achieving positive health, well-being, and performance outcomes. If survivors can engage in a meaningful may with work, then sickness absenteeism and presentism should decrease.

4. What we did to develop our knowledge?

The aim was to utilise established networks amongst survivors and experts by experience to begin to understand and appreciate their experiences and produce a range of practical resources.

The first stage was in-depth interviews. A group of 20 survivors took part in semi-structured interviews and bravely shared their personal experiences dealing with work and organisational realities. The aim was to achieve depth of insights and understanding, based on rapport and empathy given the sensitivity of the subject. Interviews covered several topics including the types, level, and appropriateness of current organisational support; how organisations approach trauma at work; line manager support; workplace climate and culture; workplace barriers; work-related mental health and well-being, engagement and job satisfaction.

The second stage involved Knowledge-into-practice exchange discussions. A group of 3 exchange discussions took place with 5-8 participants in each group (i.e. managers/business organisations, charities, and professional bodies). The scope was to achieve a co-ordinated and interactive way to share experiences and perspectives from a diverse group of individuals with different experiences, understandings, and expectations and create new collaborative knowledge and impact on such a neglected topic. Survivors themselves did not participate in this stage to allow for a more open exchange between other stakeholders.

5. What we found in the research?

5.1 Stereotypes and bias
Survivors expressed their fear that the lack of understanding on how to explain trauma caused distress and re-traumatisation. They fear to talk openly about the trauma to avoid stigmatisation and bias with work decisions. They do not wish to be perceived as the 'troublemakers' creating the perception that their trauma prevents them for doing their work. This includes organisational practices, systems and colleagues that exacerbate their symptoms and prevent them from doing their work.

The nature of support and how organisations perceive the type of support has also been perceived as a major area of concern. A primary goal for any support offered to survivors should not be linked to address the causes of trauma, but to empathise, talk confidently and actively listen to survivors and create the space to receive appropriate support (based on the individual needs). There is the perception that organisations should be responsible for offering support that targets the trauma itself. This has been perceived as a major issue with current organisational support. The expectation is simply to recognise the importance of supporting and create the infrastructure for an integrated, individualised and targeted approach to support. If requested, the organisation can offer support related to counselling, however, the primary goal is to mostly accommodate some needs and be able to feel psychologically safe.

5.2 Quality of relationships

Further to that, the quality of the relationship between survivors and their managers has been heavily criticised. Currently, there is a complete lack of trust with such relationships to support any disclosure decisions or have the strength to seek support. A major part of the issue is the lack of awareness as to how to deal with trauma and lack of trust/confidence in the management processes. Supporting trauma requires several organisational, operational and management actions to address individual needs. Support also covers a number of complex areas including policy development, staff development, workload, disclosure, communication, performance and other wider employment practices. There are several ideal, realistic, and minimum practices that organisations should consider at different levels. This will depend on the level of progress that an organisation has made to support survivors in the workplace. However, effective line management and the survivors'/managers' relationship is crucial to support disclosure and be able to offer targeted support based on individual needs. Survivors must be permitted to choose the person they want to talk to. In most cases, trust in professional relationships, trustworthiness and honesty are key qualities that inform decisions to discuss their trauma. This level of trust does not exist in most organisations, which highlights the direct need to invest more in understanding trauma, developing effective processes, train line managers and create a safe working environment.

5.3 Making a decision to disclose trauma

Disclosing trauma is one of the most challenging and emotional decisions that a Survivor can make at work. Survivors strongly supported the view on non-disclosure is the best approach in the workplace. It is often a last resort as it is easier to leave the organisation rather than regrating to disclosing (little choice). Past experiences have shaped their current perception in such a way to encourage survivors not to share or discussed their trauma with management to avoid re-traumatisation, stigmatisation and bias. Part of the issue is the lack of trust in the system and how organisations handle disclosure. The main requirement is for organisations to develop psychologically safe workplaces before encouraging employees to disclose any trauma during various stages in the employment cycle in order to offer appropriate adjustments. Survivors highlighted that disclosure is just one aspect of the process which requires a number of set practices, principles and knowledge to effectively manage individual needs. It is not simply a conversation or one-fit-

solution approach. It is highly individualised and requires organisations to create the right climate/culture/environment and infrastructure to achieve that. It is also essential to highlight that when disclosing, Survivors might not consider sharing the cause of the trauma, rather the consequences and the impact on work activities. It is not the nature of the trauma that needs to be disclosed but the emotional impact and impact on work.

The study shows that organisations should consider building a bullet proof strategy on disclosure in the workplace. Firstly, they need to encourage disclosure prior to employment. This is the most effective approach to support individuals. Disclosure should not be driven by HR policy but by and within effective relationships and appropriate level of support. It takes a long time to build a relationship where survivors are comfortable disclosing their trauma. Trust is built on management actions and common values. There is a need for line managers to be able to identify signs and symptoms of trauma and have an open dialogue to create the sense of safety in order for individuals to feel comfortable to disclose trauma. Disclosure is highly driven by the quality of employee-manager relationship and sense of safety. It is also essential to highlight that Survivors needs to be able to choose who they disclose trauma and not imposed by the organisation. Secondly, individual disclosure should be treated with high levels of confidentiality and anonymity, and supported by specific actions. Supportive attitude, compassionate behaviour, being non-judgemental and active listening to the Survivor are key principles that all line managers should be utilising. It is essential that line managers have received extensive training on how to recognise and manage trauma and wider employee related issues in order to be able to handle the disclosure effectively. It is also important that survivors do not have to keep repeating their disclosure as this is a major aspect of re-traumatisation.

Managers also need to be aware of their own trauma, the impact it has on themselves, their behaviour and the impact it has on all staff, but particularly those who have experienced trauma. This is not a ticking box exercise; avoid making reference to HR policies or specific wellbeing programmes if the Survivors does not ask for this. Disclosure is all about truly listening and understanding rather than assessing and evaluating the situation (in the first meeting or follow up one). Accommodating needs and offering support does not always mean major changes. It is essential to have the conversation and discuss how the organisation can offer reasonable adjustments based on the wider organisational needs. Honesty, transparency and consistency are key to agreement on future changes. Finally, follow up the action plan and have informal conversations to check progress. It is essential for the Survivors to feel safe, heard and supported. Conversations could be part of the organisation's appraisal/review process or part of the agreed follow up plan. This should be based on what makes the survivors comfortable. They might wish to separate support from appraisal and performance. The idea of the post-disclosure process is not simply to check progress but to ensure that the changes adopted have an impact upon the quality of work, any further support needed and the overall impact upon the quality of work. Disclosure is not a single process, a single event. It is a continuous process that requires management's consistent support. Compliance with HR process is essential, but this should be discussed and agreed with the Survivor as to how disclosure should be recorded.

It is also essential to have the space to evaluate the effectiveness of the disclosure process and identify areas for improvements. Survivors strongly highlighted the need to have a review process to ensure that the set processes and the Survivors experience reflects any future changes. A healthy (trauma-informed) organisation should have the capacity for Survivors and line managers to engage in wider discussion on how to support individuals who have experienced trauma but also any individual who need organisational support. Such an approach sends positive signals to the workforce that their needs could be addressed. Promoting essential knowledge and positive organisational practices for supporting survivors in the workplace has been highlighted as the most effective way moving forward.

5.4 Knowledge to support decisions

The study shows that most activities and decisions around trauma support is based on personal experience. Any decision to support trauma at work should be only delivered via professional knowledge emerging from specific training and development activities. Survivors highlighted that any decisions should not primarily driven by financial resources, but mostly with emphasis on creating knowledge and prevention of exacerbating symptoms and re-traumatising survivors. They expressed their desire to move to a different organisation rather than having to deal with organisational practices that are not well informed. They prefer to seek new employment in an organisation that has the potential to offer extra support rather than having to work through a system that might lead to re-traumatisation. In some cases, a fresh start in any organisation have been perceived as the best option as it is better than trying to survive in a harmful working environment. They were aware on the impact of such an approach; however, they have accepted the risks and the, often negative, impact upon their careers. This behaviour demonstrates the lack of appropriate organisational action not only to encourage disclosure, but most importantly to offer a psychologically safe employment. Awareness is key to address such issues, however, organisations should design strategies so that they will be well informed not only by the organisation's desire to offer support, but also with employee commitment to use these policies in the future.

The ultimate goal is for Survivors to utilise the support, disclose their trauma and receive appropriate support. Effective implementation will certainly reduce issues around welfare, absenteeism, sickness and poor performance/engagement, making survivors feel like they belong, they are part of the organisation, allowing them to be their authentic selves and not feel ashamed of who they are. Survivors also highlighted that continuous improvement is key to develop further individual/organisational cognitive capacity and knowledge including organisational learning. It is a process where open conversations, a culture of acceptance and ability to change key practices is essential. Of course, we should not underestimate the fact that organisational size, strategy, key priorities and leadership commitment might affect the direction of any support mechanisms; however, the underlining principle is to have a highly productive and engaged workforce.

6. Concluding Remarks

There is certainly an equality issue here as current support mechanisms presents barriers to survivors. The aim of this study was simply to report survivors' experiences in the workplace and try to develop recommendations on how organisations can design effective support mechanisms. The in-depth interviews and knowledge-into-practice exchange discussions enabled us to engage with multiple stakeholders and translate their understanding into actionable support. The underlying theme of this study is the need to do more. The need to raise awareness, the need to look at trauma from a different perspective, the need to remove biases and enable all employees regardless of their background to feel supported and flourish and progress in the workplace. It shows the need to go beyond the causes of trauma to focus on the work experiences of survivors. In many cases, support is not linked to complicated and time-consuming solutions, but simply on some basic human behaviours including understanding, trust and fairness. It is now time to change our thinking and work collaboratively to create mechanisms that support all employees including trauma survivors. This study offered survivors the space to open up and share their experiences. This was a powerful process and a rewarding one as we have now more tools to support organisations and shape future changes. Changes with impact and reach to all organisations. It is essential to continue this discussion and enable all individuals to openly talk about trauma and workplace psychological safety.

If you are required any further information about the project and the findings, please email the principal investigator Dr Stefanos Nachmias – stefanos.nachmias@ntu.ac.uk