

NOTTINGHAM BUSINESS SCHOOL

Findings Report on Childhood Trauma Survivors and Victims in the Workplace.



Dr Stefanos Nachmias

Dr Stefanos Nachmias
Principal Lecturer
Nottingham Business School
Nottingham Trent University
Stefanos.nachmias@ntu.ac.uk

Foreword

Today's news headline reads "Being abused as a child is a life sentence."

I am struck by media coverage of high-profile cases of child abuse and how so called "historic abuse" makes us forget that these children become working adults. The growing awareness of the prevalence of child abuse coincides with a growth in the number of employers who recognise the value of supporting well-being and mental health in the workplace. However, given the taboo surrounding childhood trauma and the fact that the impact is not yet recognised in the workplace, survivors may hide behind a "mental health" label. As a Survivor, myself I'm concerned to see the extent to which survivors share common themes in their workplace experience, and for my organisation to understand how these themes can shape workplace support. This report is a significant step in this endeavour.

We know that employers are already making strides in committing to their employees' health and well-being — especially with the recognition that this requires all-round health considerations, both at home and at work. We know that occupational health support may be offered to increase attendance at work as well as to encourage physical fitness and healthy eating; employers may also support those with a recognised disability by making reasonable adjustments. However, the usual Employment Assistance Programme or Occupational Health systems are unlikely to be informed by real-life challenges of the survivors. This means that the appropriate support for the individual will not be realised, with ongoing negative effects to the individual and workplace.

Of course, survivors cannot erase their past or go back and re-write their childhood. We need to recognise that many survivors are highly intelligent individuals and have, by definition, an unusual depth of resilience and "stickability." With understanding, inclusivity and appropriate support in the workplace survivors should be able to sustain employment and advance their careers. While mental health is a factor, the impact reaches beyond this label to a combination of issues such as self-esteem and confidence, over-achieving or under-achieving, shame and guilt or simply the need for employers to offer understanding and support during a court case.

There is a sound business case for employers to take action. Besides the financial drivers of increasing productivity, reducing sickness absence or improving teamwork, we are essentially faced with a very human, high profile and emotionally charged problem. Given the scale of child abuse, an ever-increasing media coverage and public discussion, an increasing number of survivors are talking about the long-term impact. This public

discussion mirrors the journey towards tackling mental health in the workplace — an issue which was surrounded by stigma but can now be talked about openly. We now need the right climate in workplaces for survivors to talk openly and with full confidence so that their employer can provide appropriate support. Public opinion demands that “more must be done” to support survivors: action on the part of employers is simply “the right thing to do.”

Serena Bradshaw

A handwritten signature in blue ink that reads "Serena Bradshaw". The signature is written in a cursive, flowing style.

Managing Director

Goddards

serenabradshaw@goddardconsultants.com

Contents

Introduction	1
Methodology	3
Findings	4
<i>Service provision and satisfaction</i>	4
<i>Childhood trauma disclosure and organisational response</i>	6
<i>Absence, productivity and career progression</i>	7
<i>Organisational support mechanisms and its impact</i>	9
Conclusion.....	11
References	15

Executive Summary

We all agree that there is a growing level of concern as to how some organisations and government bodies respond to address issues related to mental health in the workplace, including childhood trauma. The question is how best to do that - how can we support individuals who have suffered a trauma? The answer is not straightforward due to the complexity of the issue. That's no surprise: knowledge on Childhood Trauma is limited and information on what to expect and how to respond is extremely inadequate. Research strongly suggests that humans have an innate capacity to adapt and positively transform, even after traumatic and stressful events. Most importantly, positive, supportive and healthy activities can contribute to positive well-being among adult survivors of childhood adversity (Collier, 2015). This shows that organisations could take actions to provide appropriate support when needed and, most importantly, to develop the right knowledge-base for managers to support childhood trauma survivors. There is a plethora of evidence on mental health issues related to childhood trauma. Nevertheless, we need to go beyond mental health and raise awareness on the current realities that childhood trauma survivors themselves face in modern organisations. This is an area that benefits from critical research to shed light on parts of organisational response to childhood trauma survivors. The goal of this report is to whittle down the perceptions of these survivors to offer critical, practical and actionable insights, assess organisational response and suggest areas for future research and practice. We start by looking at assessing the overall satisfaction and reaction to a programme designed to support childhood trauma survivors. In the second section, we consider the evidence behind organisational response to disclose as well as the impact of childhood trauma on individual performance, career progression and well-being. The third section focuses on how organisations could improve current support and respond to issues relayed to childhood trauma. We end the report with a call for more research. This needs not come from academia alone. There is growing interest to further explore the subject and assess what works best for organisations and survivors themselves.

Introduction

Thrive is a division of Goddard offering specialised support to enable employers to meet the needs of adult survivors of childhood trauma¹. The purpose of this report is to present the findings of initial research exploring the workplace experience of survivors. It seeks to evaluate the role of disclosure on performance and career progression and whether organisations' support mechanisms are sufficient to support their individual needs.

Childhood trauma is defined as overwhelming negative experiences (for example, sexual abuse, physical violence, emotional violence) in early life which negatively affect individuals' health and well-being in adult years. Childhood trauma is not covered by the Equality Act 2010 (labelled under the 'mental health' category) in the United Kingdom (UK). This is partly because there is not an agreement whether childhood trauma should be considered as a health or/and mental issue. The World Health Organisation formally recognised the existence of complex post-traumatic stress disorder (many survivors of childhood abuse have this diagnosis) (Karatzias et al., 2017) and many of these survivors have to deal with social stigma and self-blame while at work. This means that organisations have the moral and social obligation to offer appropriate support (when trauma is disclosed or symptoms identified) for childhood trauma survivors in the workplace. There are many clinical, social and physiological studies that provide detailed ground-breaking insight into childhood trauma. The Adverse Childhood Experiences study in the USA showed that low socioeconomic status, race and access to the welfare system play a role in the impact of childhood trauma. For example, the study shows that childhood trauma cuts across multiple populations including white, highly educated adults (Dube et al., 2003). This research is mostly interested in exploring how trauma is managed in the workplace rather than the causes of trauma.

The aim is to evaluate childhood trauma survivors' perception of current organisational realities and issues experienced in the workplace. Despite a growing pressure for organisations to support well-being at work there is still a need to expand our understanding of childhood trauma survivors' experiences which cannot be addressed by mental health alone; creating a healthy working environment is essential for any organisation's future success. In the UK, along with many public and third sector organisations like Thrive, the National Associate for People Abused in Childhood provide specialised support and advice on various aspects of childhood trauma and how they can be supported in the workplace. For example, the Chartered Institute of Personnel and

¹ Term used for individuals who have experienced childhood trauma

Development offers an extensive guide on mental health and how organisations should respond to employee welfare at work. We need to take effective steps to develop effective mechanisms for supporting employees experiencing or recovering from mental health issues whatever the cause. This includes childhood trauma which they , they have a positive contribution at work (CIPD, 2019). The project has multiple benefits to advance the inclusion and well-being agenda from an organisational perspective. Thus, the scope is to give survivors a voice to express their perceptions and offer key stakeholders (i.e. policy makers, government and local authorities) vital information as to how they can strengthen future organisational activities and support mechanisms.

The following sections provides further information about the methodological activities, key findings and areas for future development. The scope is to enable the reader to examine current issues experienced by childhood trauma survivors to be able to take appropriate actions in the future.

Methodology

A short survey was distributed to childhood trauma survivors by Thrive. All participants agreed to take part in the study and express their own views on key aspects of the impact of childhood trauma on their workplace experience. Given the sensitivity of the subject, Thrive has taken all necessary actions to ensure anonymity and confidentiality of all participants. In total, 48 survivors holding different organisational positions in the UK took part in the study. It is interesting to note that the majority of participants were female aged 55 and above. Below, Table 1 provides a full demographic background of all participants in the study.

Table 1: Demographic information

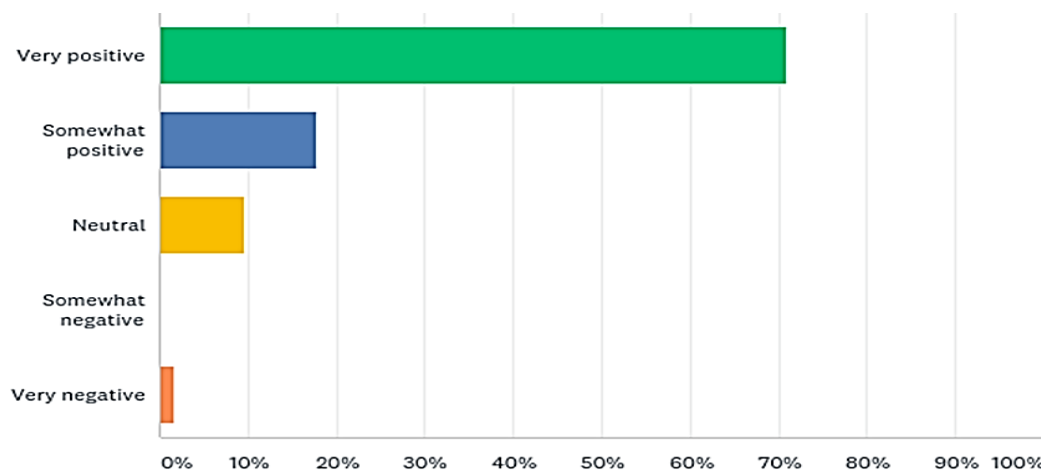
Age	18-24	4%
	25-34	0%
	35-44	0%
	45-54	21%
	55-64	29%
	65-74	21%
	75+	15%
	Prefer not to say	10%
Gender	Female	69%
	Male	19%
	Prefer not to say	12%
Position	Owner/Executive	10%
	Senior Management	17%
	Middle Management	29%
	Intermediate	27%
	Entry level	4%
	Other	12%

Findings

Service provision and satisfaction

Assessing the effectiveness of the current provision is critical to evaluate the potential impact of the service² on childhood trauma survivors. The scope of the workplace is to support adult survivors of childhood abuse enhancing self-esteem and helping to address difficulties including relationships at work, handling court cases and supporting survivors in the workplace. These activities and employer awareness are essential to help survivors to progress with their career. Overall, the vast majority (Figure 1) of participants expressed positive comments about their initial reaction to the service.

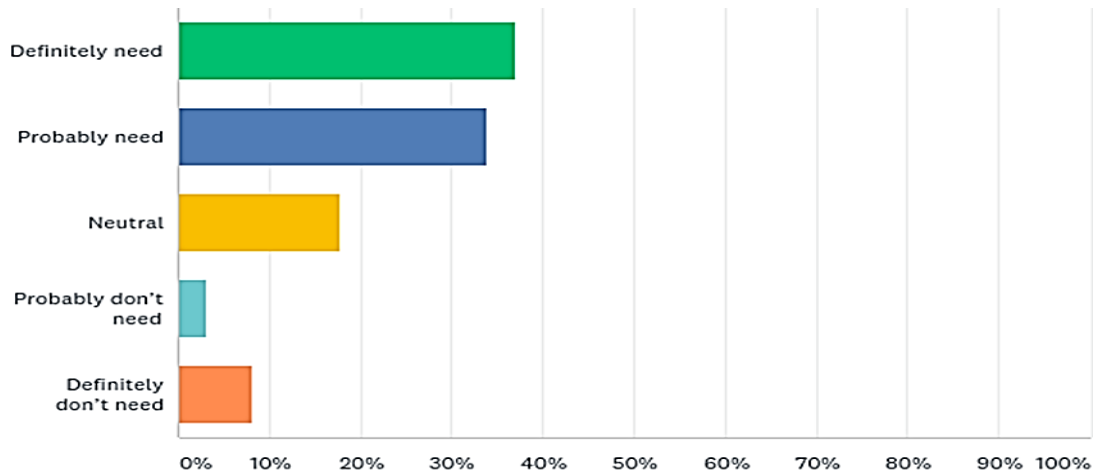
Figure 1: Service reaction



In terms of service expectations, the vast majority of participants were also positive about the need for the Thrive service. Figure 2 shows that 71% of the participants who completed the services think that the service is necessary to address their needs related to childhood trauma.

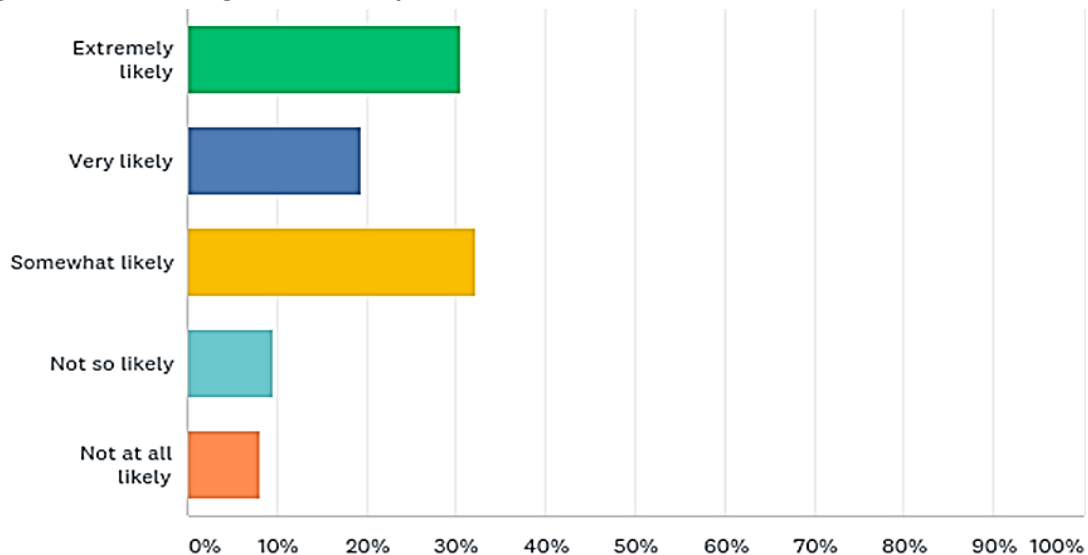
² Service refers to Thrive at workshops and activities designed to support childhood survivors.

Figure 2: Service expectation



Participants' responses on how they plan to use the service in the workplace is mixed. Despite the fact that a large proportion of participants are extremely likely to very likely to use the service, there is still a high proportion of participants who are less likely to take positive actions. Gender, age and position are key dimensions for such a variation. More mature participants (mostly in senior to middle management positions) are more likely to take actions after the service. Disclosure might also play a role in whether knowledge can be used after the service.

Figure 3: Service usage in the workplace



In all cases, negative responses were expressed mostly by participants who have not disclosed their trauma at work, with mostly female participants having good level of work experience. Survivors' inability to express concerns or be able to discuss issues related to

childhood trauma (due to poor communication structures and support) might prevent them from fully utilising the service provided by Thrive.

Childhood trauma disclosure and organisational response

Disclosure of childhood trauma is the initial step towards the healing process and is key in receiving appropriate support in the workplace. When questioned about whether participants disclosed their childhood trauma to employers, responses were divided. Amongst all participants, 52% of the survivors had not informed their current employer about their trauma. Looking carefully at the responses, the main reason for the non-disclosure is the fear of stigmatisation and discrimination (mostly by management) due to the trauma experienced. These findings show that lack of support and the 'appropriate' environment to discuss personal matters with line managers act as a barrier to disclosure in the workplace. Of course, balancing professional and personal matters contributes to the decision whether to disclose childhood trauma or not to employers. Nevertheless, the level of disclosure is related to survivor confidence to discuss key issues with their employer. Finally, issues associated with job security, promotion and engagement are also equal barriers in non-disclosure. These barriers demonstrate that there is a lack of consistent approach as to how organisations respond to address mental health problems, allocate resources to support survivors and develop appropriate policies. Organisations should be able to offer the 'space' for people to disclose. Female survivors are less likely to disclose trauma in the workplace. Age and position do not play a significant role in their disclosure decision.

For those participants who disclosed Childhood trauma (48%), their motivation was mostly driven by the employers desire to address performance and productivity issues. This demonstrates the powerful role of organisational support for survivors' ability to discuss issues in the workplace. It is important to note that male, rather than female, survivors are most likely to disclose and discuss their trauma experience with their employer. Participants holding senior position were more positive about disclosure than participants in entry level and intermediate roles. This might be explained by the level of authority and ability to make strategic decisions in the organisation. Table 2 provides a breakdown of the key findings around disclosure.

Table 2: Disclosure Data

Disclosure	No	52%
	Yes	48%
Disclosure Motivation	3	My employer was concerned about my performance
	2	I just wanted to explain myself
	1	My employer was concerned about my absences
Non-disclosure barriers	6	Stigma
	5	Fear of discrimination
	4	I could lose my job
	3	I would not get a promotion
	2	It is a private matter
	1	I did not conceal my childhood trauma
*Motivational factors and barriers are presented based on the level of importance.		

When asked how important it is to have guaranteed access to workplace support, 92% of participants (regardless of disclosure decision) said very important to somewhat important. This demonstrates the significance of organisational support for survivors in the workplace. Table 3 summarises participants' answers on the quality of employers' responses to address childhood trauma issues. It is interesting to emphasise that survivors who have disclosed their trauma were more positive about the 'helpfulness' of the support offered by the organisation. A large proportion of participants found employers' response not so helpful to not at all helpful which demonstrates the importance of developing an appropriate level of support for survivors to disclose issues related to their trauma.

Table 3: Organisational Response

Organisational Response	Extremely helpful	12%
	Very helpful	17%
	Somewhat helpful	21%
	Not so helpful	19%
	Not at all helpful	31%

Absence, productivity and career progression

Childhood trauma could have a detrimental impact upon survivors' ability to perform and progress in their current roles. When questioned about whether Childhood trauma had a negative impact upon their productivity, 52% of the participants (Table 4) agreed that individual productivity had been affected by their trauma. This is an interesting figure as

a high proportion of survivors still experience issues in the workplace demonstrating the critical role of organisational support in this matter. Disclosure is also associated with survivors' ability to address productivity related issues. For example, 18% of the participants claimed that individual productivity has not been affected because of their childhood trauma. Interestingly, these participants hold a number of similar personal characteristics including organisational position and whether they have received an appropriate level of organisational support. There were also a number of participants (21%) who neither agreed nor disagreed with the question. An evaluation of the demographic characteristics did not show any significant findings.

Table 4: Productivity Findings

Productivity	Yes	52%
	No	18%
	Neither	21%
	N/A	8%

Employers must consider making 'reasonable adjustments' to help survivors in the workplace. Absence is a key performance indicator to assess whether childhood trauma survivors receive appropriate support. In the question regarding whether they have been unable to work because of symptoms related to their childhood abuse over the last 12 months, a large proportion of participants indicated that they have been off work due to the childhood trauma they experienced. From those, 21% experienced severe absence from work indicating a negative impact upon their ability to complete work-related tasks. They are mostly participants who have not disclosed their trauma to employers and expressed negative views of their employers' support. Another proportion of the participants (40%) said that they have not been unable to work. They were mostly male participants from middle to senior management positions who had disclosed their trauma. Table 5 shows all key findings related to absence.

Table 5: Absence Findings

Absence	I have not been unable to work	40%
	Under 5 days	19%
	5-10 Days	12%
	11-20 days	6%
	Over 20 days	2%
	I have lost count	21%

Similar findings emerged when questioned as to whether childhood trauma had a negative impact on survivors' career progression. As seen in Table 6, 52% of the participants indicated that their trauma had a negative effect on career progression and their ability to

advance their careers. It is interesting to note that productivity and career progression are highly related. In all cases, most participants experienced some form (moderate or a little) negative impact on their careers due to childhood trauma. Statistically there was no significant association with any demographic characteristics. There is a small proportion of participants (6%) who argued that there was not any impact upon their careers. They have a number of common characteristics including position (middle and senior management) and disclosure (have disclosed their childhood trauma).

Table 6: Career Progression Findings

Career Progression	N/A	4%
	A little	19%
	A moderate amount	10%
	No	14%
	Yes	52%

Organisational support mechanisms and its impact

The survey shows that appropriate level of support is essential to address any work related issues. However, most participants were not satisfied with the current support provision offered by the employers. Lack of support might have a detrimental impact on their ability to perform and address issues related to childhood trauma. For those participants who expressed positive views on current organisational support, counselling, flexibility and coaching are perceived as the most effective mechanisms to support survivors in the workplace. Table 7 highlights the key mechanisms as indicated by survivors.

Table 7: Support Mechanisms

Support Mechanisms	5	Counselling
	4	Flexible working
	3	Coaching
	2	Employee Assistance Programme
	1	Return to work Interviews
*Support mechanisms are presented based on the level of importance.		

In response to the question 'what constitutes an appropriate level of support?', participants offered a number of extensive recommendations. Interesting enough, trust, listening and understanding underpin values highlighted by participants. This shows the importance of developing the 'right' environment for survivors to discuss key issues. Most specifically, they suggested the following mechanisms:

- **Space to discuss concerns:** anonymous box to share concerns, external counselling, support groups and sessions with survivors (learn from survivors).
- **Disclosure procedures:** introduce or review disclosure procedures explaining key stages and level of support. They strongly suggested that a link with a generic mental health policy is essential. Appropriate implementation of any policies with follow-up actions is critical for a successful level of support.
- **Training and development:** train all managers on issues related to mental health and offer them opportunities to develop techniques for identifying issues and enabling disclosure in the workplace. Offer developmental opportunities for line managers to develop appropriate leadership skills and enhance their level of awareness on the key issues associated with childhood trauma.
- **Develop networks:** Create networks, especially with external bodies and associations on the subject.
- **Understanding and awareness:** raise level of awareness amongst staff around the subject and ensure that any prejudicial behaviours and values are removed from the workplace. Awareness is highly associated with the organisations' need for continuous improvement and training activities. Inclusive culture has been widely highlighted.
- **Childhood trauma programmes:** offer diversified support based on the different stages of childhood trauma and tailor the programme based on individuals' needs.

Conclusion

This study provides some insightful findings on childhood trauma and how survivors experience organisational support at different levels. The scope was to give space to survivors to allow them to share their experiences, discuss current issues faced in the workplace and assess the impact of organisational support in dealing with trauma. Findings show that response rate and effectiveness of management actions is inconsistent and requires more strategic actions to fully implement inclusive mental health policies. Most importantly, there is a need to start the discussion about mental health in the workplace and include raising awareness about the various issues experienced by survivors of childhood trauma. Awareness is essential to remove any discriminatory behaviours but, most importantly for individuals to take appropriate actions. This requires the co-ordination of various stakeholders including local government, employers' representatives, health authorities and network groups.

In terms of career progression, it was obvious that some survivors have to make compromises to achieve career goals and, most importantly, to balance the effects of childhood trauma and work duties. Career stagnation is related to survivors' inability to effectively manage childhood trauma. The findings show that the nature of job, management structure and level of awareness about childhood trauma play a critical role as to whether survivors can progress, manage childhood trauma in the workplace and make career-related decisions. This might not come as a surprise as organisations have their own unique organisational culture and practices. Nevertheless, the study shows that issues related to productivity and absence are secondary dimensions as the lack of 'the right climate' prevents survivors from disclosing childhood trauma and seeking appropriate levels of support. There is no doubt that management knowledge and level of awareness is catalytic in reducing absenteeism and poor productivity in the workplace. One of the participants said that "without this honest relationship, I wouldn't go through the training". This statement emphasises the importance of management actions in supporting survivors. Ignorance, avoidance and unmotivated were few of the characteristics describing employed attitudes that emerged from the data analysis. Such behaviours reinforce the sense of guilt and inability to openly discuss trauma issues in the workplace. One survivor said: "when it comes to the spotlight they just freeze as a default. It is not malicious or intentional, it is just the ripple effect of ignorance." Of course, ignorance might emerge not from management's unwillingness to help, but from lack of knowledge and experience in the issue should not be underestimated. Nevertheless, the need for organisations to continuously improve their wellbeing practices and response to individual issues. Legislation is not always the answer to organisational issues; positive action,

training practices and accommodation of individual differences are a few actions that can make a significant difference in the workplace.

Another key finding that emerged from the study is the importance of interpersonal relationships in the workplace. There was a strong acknowledgment that emotional and motivational support is a key ingredient to enable survivors to share their trauma but, most importantly, to 'justify' certain behaviours of management. Work colleagues and supportive management can positively contribute to increased productivity and motivation amongst survivors. Reading between the lines, effective interpersonal relations act as a kind of 'safety net' for disclosure and positive action. One of the survivors said: "I am comfortable with the people I work with but that could just be that I am lucky to have the job I do and to work with the sort of people I work with". This shows that interpersonal relationships are related to the level of support. Those Survivors who were able to move to senior management positions have demonstrated a higher level of motivation to engage with the mental health agenda and accept extra organisational support. It was perceived as their obligation to support others in the workplace.

Changes to the way we address mental health issues and support individuals through difficult circumstances should also be driven by societal changes. Findings show that ignorance and certain behaviours are generated by society's current norms and behaviours. Education, learning and exposure are a few simple activities that could encourage changes in society. Legislation might support the mental health agenda, however, legal requirements and duties are only effective when driven by appropriate management actions. Organisations have the moral obligation to develop policies that accommodate differences and support individual needs. Legislation is not the 'magic tool' to provide answers to key issues and behaviour change. It is upon to us to take effective actions in the workplace.

A question has been raised about the meaning of appropriate support mechanisms in the workplace. Reading between the lines, survivors questioned the level and intensity of available support offered by organisations. Questions included: is training enough? Is an employee coaching service essential? Do I need an external provider to offer support? Are there follow-up activities? How often should support be offered? Is there a formal policy? These questions summarise the current reality for individuals who have experienced childhood trauma. The answer to these questions is not straightforward due to the complex nature of the trauma and organisational life. Nevertheless, the message that emerged from the findings is that appropriate assessment, honesty, consistency and fairness are

some of the key qualities that should be used to support the design of any workplace intervention.

Moreover, organisational support should be driven by a level of maturity to discuss mental health issues and the difficult topic of childhood trauma. In monolithic organisations there is a lack of discussion and awareness on how to address difficult personal issues and mental health. Pluralistic organisations are those where some progress has been made to support mental health concerns and support is sporadic but effective. Additionally, multicultural organisations are those where the well-being and mental health agenda is part of the strategic process with emphasis on intervention and support. We also need to recognise that there are different support needs for childhood trauma survivors. Disclosure might be a key stage to receiving support but organisations also needs to consider survivors' healing processes and requirements. A "one size support mechanism" would not be sufficient to appropriately support all survivors of childhood trauma.

Thrive aims to address some of the above issues and provide real solutions to organisations. Overall, survivors expressed an extremely positive view of the service and its potential to impact the workplace. Nevertheless, a positive view is just one measurement of survivors' reactions to the service and demonstrates the need for organisations to utilise external providers that have the expertise and knowledge around the issue. External knowledge and expertise could provide the foundation for organisations to build capacity to appropriately respond to childhood trauma and have the 'right' combination of activities to support survivors, and indeed any individual, who expressed mental health issues. Organisations should follow-up on any learning experiences through their performance and appraisal processes. Such activities would certainly support survivors dealing with childhood trauma and reduce issues related to performance and productivity.

Finally, there is a need to recognise that childhood trauma is a complex area with multiple dimensions. However, we hope this report provides some fruitful insights that can advance discussions around the subject and encourage conversations in the workplace. Most importantly, the scope of this report is to encourage organisations to reconsider their approach to well-being and mental health, especially childhood trauma survivors. Further research is needed to fully understand the impact of childhood trauma in the workplace and enhance the knowledge base on how organisations respond and address issues related to the trauma. Future research should also focus on capturing the complexity of organisational responses, assess survivors' reactions and develop resources that can be used by organisations. It is not sufficient to recognise that there is lack of research on

childhood trauma survivors; we need to take positive action to fill this gap and generate meaningful research that can have an impact at individual and organisational level.

References

Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. (2003) Childhood abuse, neglect and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experience Study. *Paediatrics*, 111:564–72

Karatzias T., Shevlin M., Fyvie C., Hyland P., Efthymiadou E., Wilson D., & Cloitre M. (2017). Evidence of Distinct Profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the New ICD-11 Trauma Questionnaire (ICD-TQ). *Journal of Affective Disorders*, 207, 181–187.

NOTTINGHAM
BUSINESS SCHOOL
NOTTINGHAM TRENT UNIVERSITY

