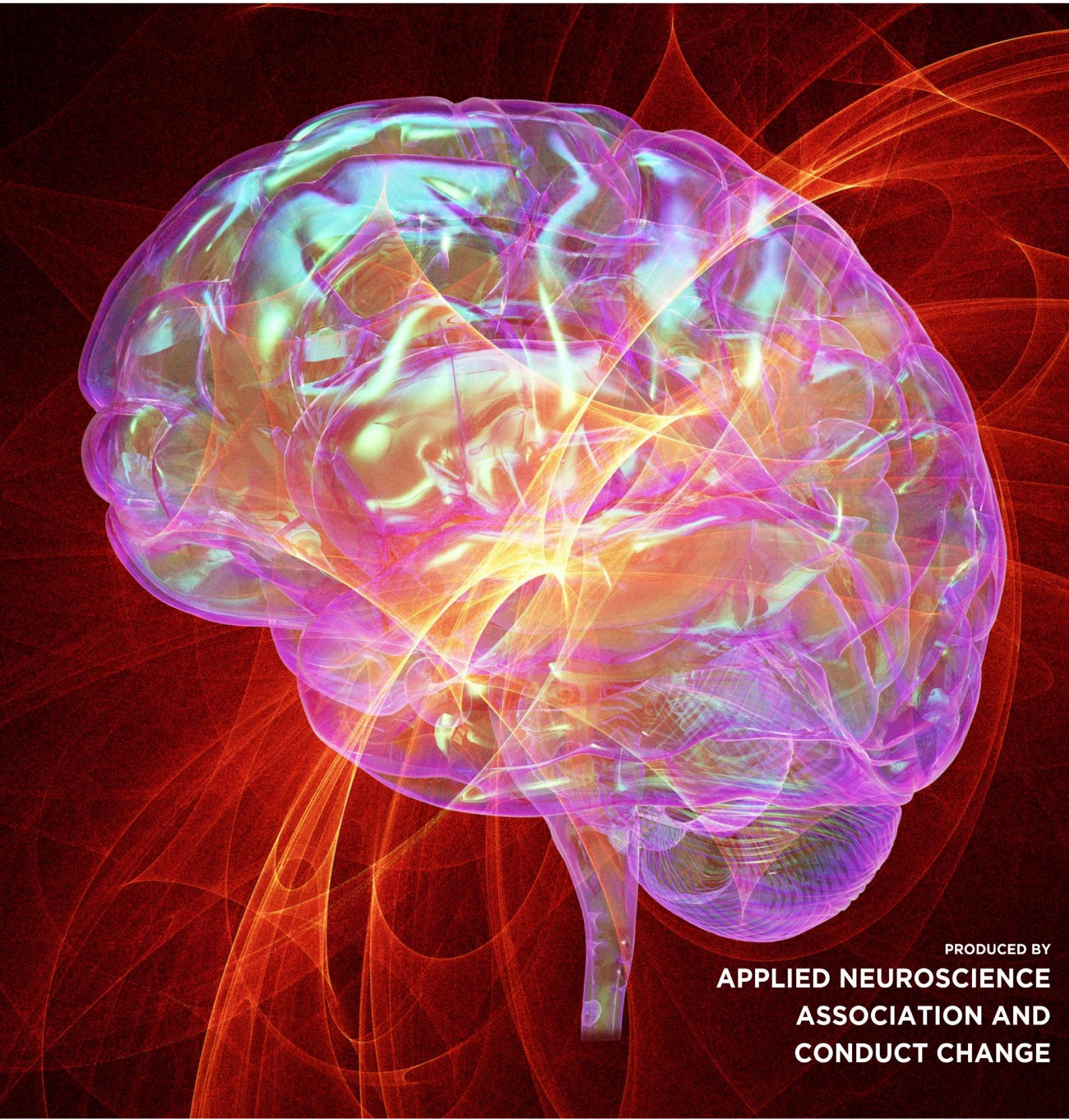
USING NEUROSCIENCE TO UNDERSTAND THE BULLIED BRAIN

NOVEMBER 2023



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APPLIED NEUROSCIENCE ASSOCIATION AND CONDUCT CHANGE

The Applied Neuroscience Association (ANA)

The Applied Neuroscience Association (ANA) was founded with support from King's College, London, in March 2022. We are a global, multidisciplinary community of applied neuroscientists, neuroscience students, researchers, academics and professionals, with an advisory board of internationally renowned experts. ANA's mission is to improve everyday life through neuroscience.

Conduct Change

Conduct Change is an independent organisation providing consultancy, coaching and training solutions rooted in preventing workplace bullying. Their work is underpinned by their unique 3Rs Model of Dynamic Conduct Change™ - Recognise, Resolve and Recover*; developed in partnership with academics and experts whose work focuses on preventing and resolving workplace bullying. The consultancy services provide frameworks and solutions underpinned by their work in workplace behavioural development.

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Executive Summary

Workplace bullying (WPB) is a pervasive issue globally in workplaces of all sizes and across all industries. While conservative estimates suggest it impacts approximately one in ten employees, more recent research asserts a higher prevalence, affecting as many as one in three individuals, constituting a third of the worldwide workforce. WPB has adverse repercussions on economic structures and the well-being of individuals. Notably, the current body of knowledge needs a research-informed, systematic, and comprehensive framework for effectively addressing this matter.

The primary objective of this white paper is to illuminate the gravity of the workplace bullying problem with a particular emphasis on damage to the brain. We also aim to stimulate discourse and mobilise concerted efforts for change among governmental bodies, policymakers, employers, and the healthcare sector. The ultimate goal is healthier workplace environments, enhanced legislation, augmented safeguards, and improved support mechanisms for individuals subjected to workplace bullying.

We are positing that workplace bullying leads to trauma and, consequently, brain injury, a hypothesis that warrants further research. Our assertion is based on the cumulative evidence of WPB's profound impact on individuals and its demonstrated capacity to induce chronic anxiety. Extensive research has indicated the injurious consequences of persistent stress on the body and brain. While not exclusively focused on workplace bullying, this body of research supports the assertion that prolonged and sustained stress can engender a multitude of mental health disorders and alterations in brain function and structure. These cognitive, social and emotional effects, irrespective of origin, can endure for long periods, sometimes resulting in long-term changes to behavioural function and wellbeing

Key findings:

- Chronic stress from bullying can disrupt brain function and impair cognition.
- Negative emotions from bullying impact brain structures and neurotransmitter systems.
- Cognitive functions can be diminished, including attention, learning, and memory.
- Physical health issues associated with workplace stress, such as sleep disturbances, directly affect brain health, including increased risk of cognitive decline and mental health issues.
- Prolonged exposure to bullying can reshape neural connections, impacting behaviour and cognition.
- Workplace bullying increases the risk of mental health disorders.
- Existing legislation does not adequately safeguard employees from workplace bullying.
- Seeking legal recourse for workplace bullying may re-traumatise targets and is generally ineffective in addressing underlying issues.
- Available treatments for workplace bullying are under-studied, not widely understood in the therapeutic community, lack funding, may take years to show even slight improvement, and, in severe cases, have limited efficacy.
- There is a lack of clarity about what constitutes a physical brain injury caused by psychological trauma, and this needs to be addressed urgently.

Recommendations:

- High-priority research into the underlying mechanisms of workplace bullying trauma.
- Comprehensive workplace reform that protects brain health as well as physical health.
- More robust legal protections against workplace bullying.
- Effective, evidence-based training for organisations to understand what they can do to reduce the risk of workplace bullying and improve outcomes for those affected.
- Improved treatments for workplace bullying perpetrators and targets.

In summary, this white paper serves as a clarion call to acknowledge the critical issue of workplace bullying, encourage collaborative action across sectors, and advocate for further research to comprehend its potential neurological implications.

Workplace Bullying and Brain Injury

This white paper results from research and roundtable discussions by a working group comprised of legal, employment, healthcare, and neuroscience professionals. Drawing upon their expertise, **their collective findings hypothesise that workplace bullying can cause injury to the brain**. Without proper treatment, or if subjected to continued traumatic stress, individuals exposed to WPB may ultimately face chronic physical and mental health conditions.

Workplace bullying harms the body and brain. It induces chronic stress, releasing hormones that disrupt brain function and impair cognitive abilities. Additionally, bullying leads to negative emotions, such as fear and depression, impacting brain structures and neurotransmitter systems. Cognitive functioning, including attention, learning and memory, can be diminished, particularly in the prefrontal cortex responsible for executive function and the hippocampus involved in recall and memory retention. Physical health issues, like headaches and sleep disturbances, indirectly affect brain function. Prolonged exposure to bullying can reshape neural connections, impacting behaviour and cognition. WPB increases the risk of mental health disorders.

Furthermore, existing legislation falls short of adequately safeguarding employees. Seeking legal recourse within the framework of current law can re-traumatise targets and generally prove ineffective in addressing the underlying issue, which is the search for justice and resolution. Regrettably, the available treatments for individuals affected by workplace bullying (to facilitate recovery from the associated trauma and neurological damage) centre on Cognitive Behavioural Therapy (CBT), leading to a limited approach and, according to experts on the treatment of WPB, can lack efficacy, particularly in the UK, where pressure on mental health support via the NHS is increasingly strained.

The evidence presented herein underscores the urgent need for neuroscience research into the effects on the brain of long-term and sustained workplace bullying. It also calls for comprehensive reform of workplaces that protect mental *and* physical health, more robust legal protections, and improved treatments to combat workplace bullying. We can mitigate this issue's profound and lasting consequences for individuals, businesses, and society by confronting it head-on.

Below the surface: Understanding the depths and prevalence of Workplace Bullying

Workplace bullying is widespread and negatively affects employees, workplaces and economies globally. According to different research sources, its prevalence ranges from 10% to 30%, equating **to 1 in 10 employees at best or 1 in 3 at worst**. In some sectors, far higher rates have been recorded (*see Appendix 1*).

The detrimental impact of workplace bullying extends beyond its immediate targets, affecting workers, their families, businesses and economies at large. The resulting consequences are profound, with companies experiencing significant losses in productivity due to employees' diminished functionality and increased absenteeism. Moreover, the financial burden of defending tribunals adds to the strain, depleting valuable resources. Failure to prevail in such cases can inflict lasting reputational damage on businesses and organisations, necessitating costly and time-consuming PR campaigns to regain public trust.

For employees subjected to workplace bullying, the consequences are grave. Those affected endure adverse outcomes, from mild adjustment disorders such as anxiety and depression to long-term and chronic neurological damage if exposed to prolonged abuse.

An international problem

A 2021 global, first-of-its-kind survey by ILO, Lloyd's Register Foundation, and Gallup focused on violence and harassment at work. Notable findings included:

- Among those who have worked at some point in their lifetime, **1 in 5 people reported experiencing some form of violence and harassment at work** (20.9%).
    - Of those who reported experience of violence and harassment, **more than half experienced it more than once** (58.5%).
- **Men were slightly more likely than women to report experiences of violence and harassment at work** (21.9% vs 19.8%).
- **Psychological violence and harassment was the most frequently reported** form (16.5%) compared to physical (7.4%) and sexual (5.5%).
- Of those who reported experiencing violence and harassment at work, **over a quarter of people reported experiencing multiple forms** (27.7%). **For a third of women** who reported experiencing any violence and harassment, **there was a sexual element** to this experience (32.9%). This dropped to 1 in 6 for men (15.4%).
- **Women with a tertiary (university) level of education were more likely to say they have experienced violence and harassment** (29.3%) and also to have told someone about their experience (71.9%) compared to women with primary or secondary level education.
- **Foreign-born women have a greater experience of violence and harassment in the workplace** than their native-born counterparts (30.2% vs 21.5%), an effect that was not seen for men.
    - This gap was largest in the poorest 20% of the global population at 12.6 percentage points, compared to 6.8 percentage points in the wealthiest 20%.

What is Workplace Bullying?

Definitions of workplace bullying and applicable laws differ depending on the country, state, province, region or any legally defined geographical entity. Although our panel of contributors is international, and we include definitions of WPB that extend beyond the UK, our focus for this paper's legislation and policy framework section uses the UK as a starting point.

Workplace Bullying Definitions

In the UK, workplace bullying has no legal definition. ACAS, which is a UK Government-funded public body offering advisory, conciliation and arbitration services to employers and employees, describes it as "*unwanted behaviour from a person or group that is either:*

- *offensive, intimidating, malicious or insulting*
- *abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone*"

More details can be found here: [https://www.acas.org.uk/if-youre-treated-unfairly-at-work/being-bullied)](https://www.acas.org.uk/if-youre-treated-unfairly-at-work/being-bullied)

There is no single, universally accepted definition of workplace bullying, but definitions share common elements, which include:

- That the behaviour is generally repeated (although this does not exclude one-off events).
- That the behaviour is unwanted.
- That the behaviour is unreasonable.
- That a reasonable person would generally know the behaviour to be harmful.

Examples of Workplace Bullying

It's possible that a perpetrator may not know or understand that their behaviour constitutes workplace bullying, but that doesn't excuse it, even if their intention was not to bully. If their behaviour falls within the definitions outlined above and the target of that behaviour experiences it as bullying, it is bullying.

Let's look at a few examples of bullying at work (not an exhaustive list):

- constantly criticising the target's work
- spreading malicious rumours about the target
- continually putting the target down in meetings
- deliberately giving the target a heavier workload than everyone else
- excluding the target from meetings, discussions, team social events
- putting humiliating, offensive or threatening comments or photos about the target on social media
- ignoring, refusing feedback, isolating, neglecting, and ostracising behaviours such as ghosting

- mocking or using humour to undermine and humiliate
- yelling in the face, raging, or otherwise using physical threats and assault that intimidates, shames or scares the target
- throwing down objects or walking out in disgust to express to the target that they are not worthy of further discussion or engagement
- taking credit for the target's work

Case studies have been provided in the legal section of this white paper. They tell us about the legal liability of employers when dealing with WPB and demonstrate how winning a legal claim against an employer through the civil courts for workplace bullying is complex. The court will consider several factors when determining whether an employer is liable, including the severity of the bullying, the length of time it took place, the employer's knowledge of it and how they dealt with it.

We will delve deeper into WPB legislation and policy framework later, but for now, let's look at the neuroscience behind it.

Understanding Workplace Bullying with Applied Neuroscience

With radical technological advances, neuroscience research can now provide remarkable insights into the human brain as it thinks, feels, engages and changes throughout its lifespan.

Until recently, most research into bullying has focused on young people and the bullying they experience in school. As technology has advanced, insights from neuroscience have become increasingly valuable, and now we have the potential to explore workplace bullying through an applied neuroscience lens.

What is Applied Neuroscience?
Applied neuroscience is a multidisciplinary field that combines principles and knowledge from neuroscience with other disciplines to address real-world problems and improve human well-being. It involves the practical application of neuroscience research and findings to areas such as psychology, education, leadership, training, business, healthcare, marketing, technology, and more.

Some Basics about the Brain

Neuroscientist Lisa Feldman Barrett describes the brain as a predicting organ whose job is to control and keep our body alive. She likens its job to running a budget for your body (the correct term for this is ***allostasis***). The brain must determine what actions to take, whether something is a predator or prey, whether to run, hide, fight or freeze depending upon the information it receives from the senses. Doing this efficiently keeps us alive and healthy. Your brain controls over 600 muscles, regulates billions of brain cells, pumps blood and hormones around the body, digests food, and fights illness. Yet most people don't think about their brains until something goes wrong.

Until recently, it was thought that the brain did all its development early in life, and little could be done to improve it beyond childhood and adolescence. Science now gives us a different perspective.

The brain continues to change throughout life. It can continue to grow new neurons in key areas. This is known as 'neurogenesis'[1], [2]. It also continues to develop new connections and let go of old connections. This is the basis of learning and memory, known as 'neuroplasticity'. Consequently, we can continue to develop and protect our brains throughout life, improving our mental, emotional, and behavioural functions and even reducing the risk of cognitive impairments as we age[3].

However, our brains are also altered in response to situations we perceive as important to survival and safety. These brain areas change in structure, with some getting physically larger and others smaller in response to stress or threat[4], [5] alongside our basic need to connect with other people. Future research is needed to help us understand the mechanisms by which social stressors such as workplace bullying can lead to such significant changes in mental health, physical health and cognitive and emotional function.

What Constitutes a Brain Injury?

"An acquired brain injury is defined as a non-degenerative injury to the brain occurring since birth. The term 'acquired brain injury' includes both traumatic and non-traumatic brain injuries."[6]

The UK Government launched a call for evidence for Acquired Brain Injury in 2022 to inform their strategy.

Although medical and legal definitions of brain injury differ across jurisdictions, they share commonalities. The medical definition of brain injury is a **disruption in the brain's normal function** caused by a sudden trauma to the head or body. This trauma can cause damage to the brain tissue, blood vessels, or other structures in the brain. Brain injuries can range from mild to severe and have various long-term effects on a person's health and well-being.[7]

Legally, a brain injury is considered any injury that results in **a change in the structure or function of the brain.** This can include damages caused by blunt-force trauma, stretching and tearing of nerve fibres (Diffuse Axonal Injury), subdural and epidural hematomas (blood clots) and Traumatic Brain Injury (TBI), which is a general term for any brain injury caused by a sudden trauma to the head. This type of brain injury can result in short-term concussions, coma, vegetative state, skull fractures and even death.

While we do not suggest that WPB can cause blunt-force trauma to the brain (unless it involves direct physical violence), the effects of it disrupt the brain's normal function. It can result in structural changes, such as reduced myelination within specific brain areas and changes in the shape and size of certain brain structures, such as the amygdala and hippocampus involved in emotion processing and memory. In addition, renowned neuroscientist Dr Michael Merzenich, suggests that brain injuries appear as a lack of brain-derived neurotrophic factor (BDNF) required for neurogenesis and neuroplasticity [8].

Neurogenesis is the process of generating new neurons (nerve cells) in the brain. It occurs primarily in two areas: the hippocampus, which is involved in memory and learning, and the olfactory bulb, which is associated with the sense of smell. This process was once thought to be limited to early development but is now found even in adulthood. However, it appears to be affected by environmental factors, including stress, suggesting that WPB can detrimentally affect this vital process.

Bullying has been associated with decreased volume of two brain regions: the caudate and putamen. The caudate nucleus has long been found to control the planning and execution of movement. It is also now known to be involved in learning, memory, reward, motivation, emotion and romantic interaction. Dysfunction in the caudate nucleus has been implicated in degenerative diseases such as Huntington's and Parkinson's Disease and dementia. It is also linked to ADHD, bipolar, OCD and schizophrenia. [9]

Neuroplasticity, the brain's ability to adapt and change throughout life, is critical in learning, recovering from brain injuries, and adapting to new challenges. The brain can reorganise its structure, functions, and connections in response to learning, experiences, and injuries and adjust to environmental changes.

Our aim in sharing more neuroscience insights is to encourage workplaces, policymakers and leaders to take workplace stress and bullying seriously and take steps to improve outcomes as a matter of urgency.

Healthcare practitioners play a pivotal role in addressing victims of workplace bullying. Early intervention and mental health support are essential to mitigating long-term consequences. Recommendations for healthcare professionals in assessing and treating victims of workplace bullying should encompass a comprehensive approach, including skilled psycho-education, compassionate therapeutic relationships, evidence-based therapies, support groups, mental health teams, and, where necessary, medication. The importance of collaboration between healthcare providers and employers cannot be overstated, as creating a supportive work environment is paramount to preventing workplace bullying and promoting recovery.

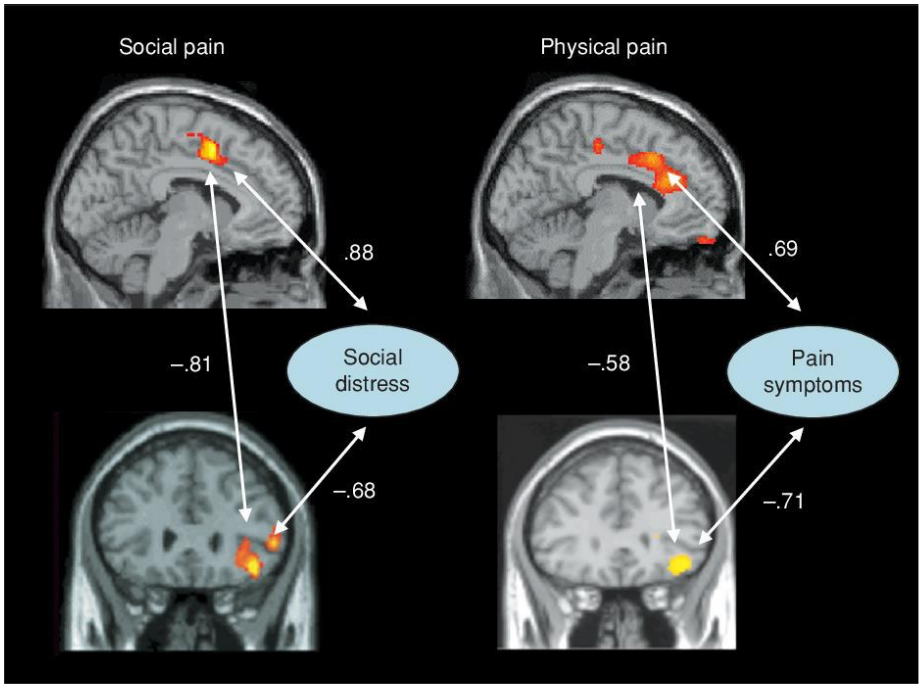
Ideally, the focus should be on prevention with psycho-education and skills training. This will support understanding of bullying behaviours along a continuum, from moments of rudeness and incivility to physical and psychological violence. In their most subtle form, most targets don't realise they are being slowly injured by the cumulative impact of multiple behaviours over a prolonged period. While considering the type and frequency of behaviour is important, it is the target's perception and experience of behaviours that threaten and endanger them.[10]

> *"Regardless of the form it takes, bullying at work arguably threatens an individual's survival and functioning as a social being. Even when bullying behaviours appear subtle or mild in comparison to other forms of abuse, exposure can cause psychological and physical injury characterised by common physical, psychological, social and cognitive symptoms. Although most targets experience symptoms of depression and anxiety, the major cause of conflict in relation to diagnosis and, therefore, treatment focuses on whether or not workplace bullying can constitute a traumatic, life-threatening experience."*

Research demonstrates that workplace bullying is associated with the physical and mental health of employees, ranging from mild stress-related impacts to severe presentations consistent with trauma and the development of Complex Post Traumatic Stress Disorder (CPTSD). Research using Magnetic Resonance Imaging (MRI) studies shows changes in brain structures related to the fear response, movement, learning, empathy, and self-protecting behaviours. Nolfe (2018), studying workplace bullying and harassment, found smaller hippocampal volume (the area of the brain responsible for long-term memory formation and memory retrieval as well as playing a role in spatial memory) and a significant reduction in grey matter in the area of the brain related to language[11]–[13]. Research suggests that physical pain and social pain follow similar pathways in the brain, suggesting that exclusion and rejection are also associated with physical pain [11], [13]–[15], indicating that physical and social pain relies on shared neural and neurochemical substrates'.

In bullying situations, the target is likely to experience a loss of social support, including losing a social connection with the bully, work colleagues, family and friends whom they may overwhelm by ruminating about their bullying experience[16]. More recently, Medeiros (2023) states, "The threats of social disconnection are processed by some of the same neural structures that process basic threats to survival."[17]

The images below are from a 2003 fMRI (Functional Magnetic Resonance Imaging) study, which found that social exclusion activates the same parts of the brain as experiencing physical pain[13].



It appears that bullying represents humiliation in front of others and ostracism from our significant social/work groups. It signifies a life-threatening situation and can be particularly stressful and damaging.

The Human Stress Response and Workplace Bullying

Like every other living being, when humans experience a life-threatening situation, like seeing a tiger in the distance, the survival or 'fight/flight/freeze' instinct is triggered. This instinct operates as an internal safety regulator. When a person feels bullied, the amygdala sends a message to the hypothalamus to take action. It relays the message to the adrenal glands located above the kidneys.

The brain releases a powerful cascade of hormones, including cortisol, adrenaline, dopamine and serotonin, to help the person fight or flee this life-threatening situation; other bodily functions close down. The person finds breathing harder, reducing their oxygen intake, which means they have less breath to neutralise stress. Once the threat has passed, body functioning should return to normal.

Everyone needs a moderate amount of stress to survive. However, too much stress is extremely harmful. When feeling constantly under stress or attack, as targets do when they fear being bullied again, the fight/flight/freeze reaction remains switched on. The stress

response system remains activated, and the person becomes overloaded with cortisol and other stress hormones, which can lead to burnout or breakdown. Excessive stress hormones can disrupt the body's processes and functions. Constant stress causes hypervigilance, leading to an inability to repair and move on.

WPB is considered a severe psycho-social stressor and initiates a strong stress response. Research shows that bullying may alter the typical response to stress via epigenetic, inflammatory and metabolic mediators. Exposure to WPB can alter the structure and function of the amygdala, hippocampus and other brain regions, affecting a person's ability to trust others and develop emotional and social resilience at work. This can lead to the death of neural cells, changing the brain's structure and altering its biochemistry and size.

With brain scans, scientists can see neurological scars, dismantled brain architecture, erosion of neural networks, death of brain cells, and shrivelled parts of the brain that should be plush.' [18]

Although some bullying behaviours appear minor, they can still cause injury. The brain damage caused by bullying can disrupt or destroy childhood, adolescence and adulthood, causing the employee physical, psychological, psychiatric, academic and social difficulties. Some injuries are immediate and temporary; others linger or become permanent.

In the opinion of Evelyn M Field, workplace bullying treatment expert, *"…the bullying target can experience a life-threatening situation (DSM-5 Criterion A) where they feel exposed to actual or threatened death or actual or threatened serious injury (physical or psychological). Their response may involve intense fear, helplessness or horror. They may re-experience unpleasant memories of the event, as well as dreams and flashbacks. They may avoid situations that bring back memories of the bullying. They may demonstrate intense psychological reactions or hypersensitivity such as tears, panic, anger or blushing to cues that symbolise the traumatic event. Clearly being humiliated and ostracised can be experienced as life-threatening! Evidence demonstrates that bullying can change a person's life forever and alters their brain. Thus, school and workplace bullying, may be life-threatening and cause trauma."*
Bully Blocking: Empowering Students to Manage Bullying – Evelyn M Field, Amba Press, 2023

Research has been undertaken into the neurological impact of bullying on the brains of young people and the experience of workplace bullying, and similarities have been found with the patterns of PTSD and notably CPTSD [19], [20].

The Symptoms of Workplace Bullying Trauma (WBT)

Not all traumas show up in the same way, and Evelyn Field asserts that Workplace Bullying Trauma (WBT) presents with a precise constellation of symptoms, different from other traumas. The categories of symptoms are physical, psychological, cognitive, social, and personality change, as explained in more detail below[10]

> *"Those exposed to Workplace Bullying Trauma present differently from other trauma survivors in that they ruminate and pull others into their experience by a constant need to talk about their experience, seek justice and validation, exhausting those around them."*
>
> Evelyn M Field OAM FAPS

'Physical symptoms include sleep problems, headaches, fatigue, hair loss, increased blood pressure, skin disorders, fibromyalgia, weight gain or weight loss, appetite disorders, digestive disorders, palpitations, angina, migraines, giddiness, arthralgia or muscular pain, reduced libido. Some targets are at increased risk for self-destructive behaviours, including substance abuse, eating disorders, and suicide; mood disorders, cardiovascular disease and strokes; high blood pressure, abdominal pain, headaches and joint pain.'

*"I couldn't sleep, was having **palpitations**, and I was drinking quite heavily."*

*"I had a **panic attack** where I found myself at the side of the motorway in my car. Don't know how I got there"*

'Psychological Symptoms include anxiety, depression, hyper-vigilance, hostility, hyper-reactivity, feelings of victimisation and mistrust, apathy, panic attacks, irritability, angry thoughts, social withdrawal, avoidance, lowered self-esteem, feelings of helplessness, isolation, fear, insecurity and especially rumination or obsessive thinking, as well as regular flashbacks, retriggering of earlier traumas, other psychiatric disorders and attachment issues. Many have suicidal ideation, and some die by suicide.'

'Cognitive and Work-Related Symptoms show the effect of bullying on the target's ability to concentrate and think clearly. It includes reduced problem-solving capacity, severe concentration issues, difficulty in learning new material, increased work mistakes, reduced fluency of speech, and memory losses. It decreases the targets' productivity, job satisfaction and commitment to work and increases intentions to leave. One-third of targets leave their jobs, and some never return to full-time paid employment. Their potential is less likely to be fulfilled, destroying careers and reducing financial status.'

*"I would **cry** a lot and kick the walls. **I lost all motivation to do anything – wash, dress, cook…"***

*"I became increasingly **isolated**, frustrated and **bitter**. I had become very negative – even I didn't like the way I was behaving. So **out of character**"*

'Social Symptoms are of particular importance. Even though some bullying behaviours are considered mild, they injure a person because they threaten their survival through humiliation and ostracism. Bullying can destroy a person's ability to lead a normal social life and feel a sense of belonging, which is essential for maintaining resilience.

It impacts work, family and social relationships, leading to difficulties with partners and children and reduced contact with friends and extended family. Many targets withdraw from social activities (even just going out to shop), leading to social isolation and loneliness, coupled with a loss of personal resources such as optimism and self-efficacy.'

"The bubbles went out of my champagne".

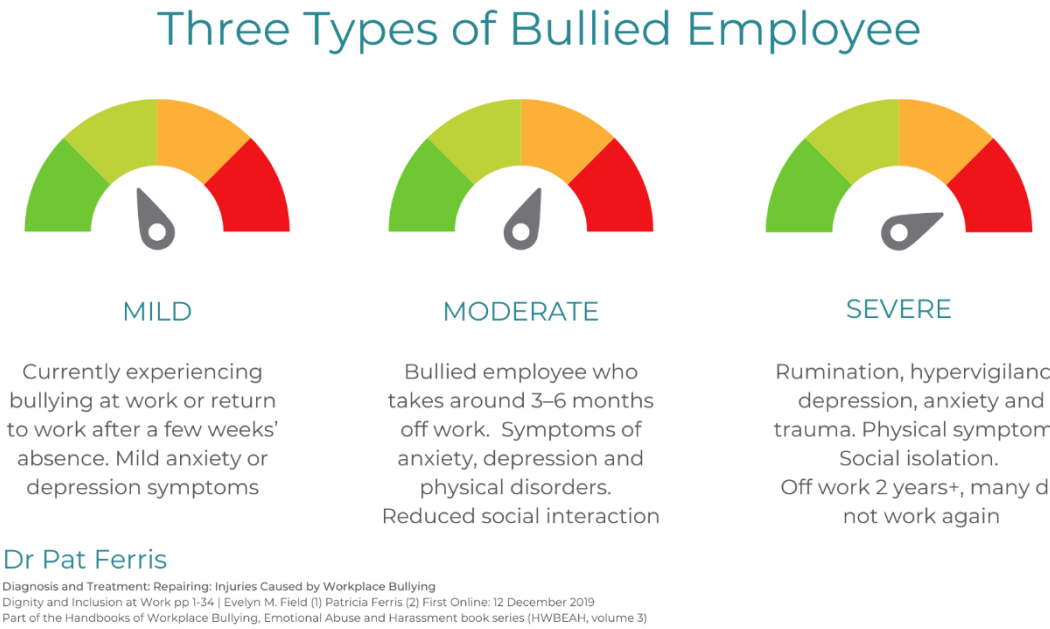
"I'm not the same person anymore."

Targets often display personality changes as a result of bullying as they experience lowered self-esteem, feelings of guilt and shame and decreased confidence.

The individual consequences of exposure to WPB were confirmed in a recent review of the literature which showed an increased risk of suicidal thoughts, depression, anxiety, PTSD symptoms, sleep problems, physical pain, and Type 2 Diabetes [21], [22]

Classification Framework for Workplace Bullying

Pat Ferris, PhD, drawing on her 25 years of experience in treating targets of workplace bullying for more than twenty years, proposed a classification framework or case formulation based on the severity of presenting symptoms. She distinguishes three levels of injuries, namely mild, moderate and severe.



This recognises how some symptoms deteriorate due to the resolution length and how the employee is treated after raising concerns. There is potential for another layer of harm through institutional betrayal when the workplace becomes the "traumatiser".

> *"One of the factors that makes workplace bullying different from other traumas is that **the organisation is the perpetrator of trauma in workplace bullying**. It happens in the organisation and is often ignored or dismissed and handled poorly so that employees live in trauma. Organisations betray, deny and block, thus creating more trauma.*
>
> ***This is different from someone coming to work and receiving support for a trauma that happened outside the workplace."***
>
> Pat Ferris

Assessment

"In metastasis, cancer cells break away from the original (primary) tumour, travel through the blood or lymph system, and form a new tumour in other organs or tissues of the body. Likewise, when the original tease, act of exclusion, physical attack or cyberbullying incident is repeated, it grows and escalates into a variety of symptoms and injuries. Victims of severe workplace bullying experience a chronic, relational trauma known as a workplace bullying trauma (WBT)"[10].

Thus, the therapist must assess the actual impact of the bullying behaviours. An assessment includes a thorough psycho-social history, relevant personal issues, other traumas, the targets' strengths and vulnerabilities and other potential moderators present (such as their age, gender, genetic vulnerabilities, economic factors, and job opportunities). The therapist needs to develop a hypothesis around why this target was vulnerable to being bullied, why the bullying escalated and why the target was injured.

They also must understand the target's level of access to social support at work, home, and professional support. They may develop other emotional and behavioural difficulties if they lack a suitable social support system.

Diagnosis and Treatment

The current research proves that targets can be injured temporarily or permanently by bullying. A diagnosis provides evidence of injury that can support disability or workers' compensation claims that provide financial and treatment options for an employee. While current diagnostic labels are lacking in evidence, diagnosing the targets' physical, psychological, cognitive and social symptoms and actual personality changes is highly worthwhile to all bullied clients. Identifying these symptoms creates an optimistic guide for therapy. The standard labels may also be considered: anxiety, depression, anger, adjustment disorder, PTSD, Complex PTSD; and symptoms such as self-harming behaviours, suicidal ideation, suicidal risk or thoughts about harming others.

Given these levels of complexity, it's extremely difficult to write a treatment protocol for empowering adults to manage bullying behaviours and heal their trauma. Field suggests that the therapist develop a hypothesis about what caused the bullying and then create a working diagnosis and treatment plan. They must empower the target to manage their symptoms, develop bully-blocking strategies and improve their overall social functioning. The therapist must assess improvement and instigate modifications to their treatment plan when required. The number of sessions needed can vary from four for a mild injury to years of support for severe injuries before any improvement is seen.

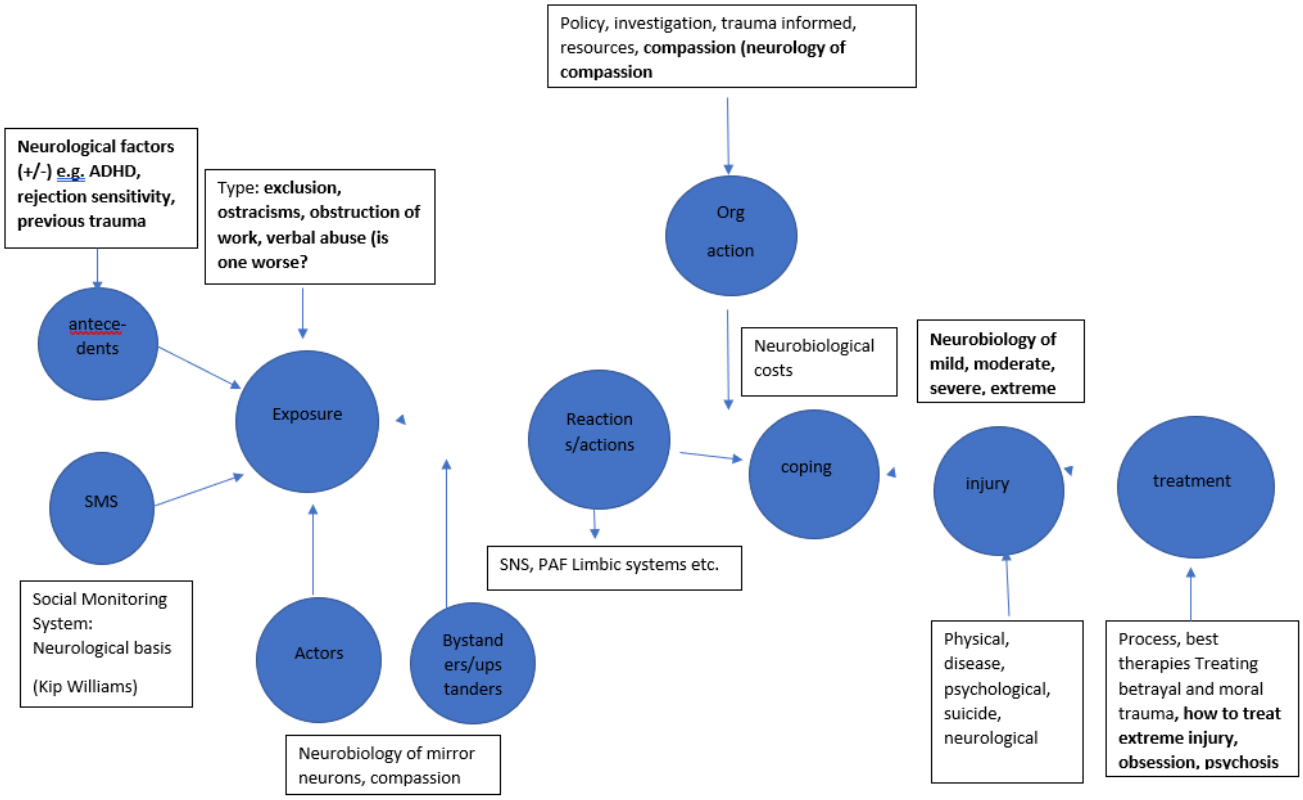
The research by Field and Ferris (2019) focused on diagnosing and treating targets of workplace bullying. This includes Process Therapy, which combines neuroscience with traditional therapies, Psychoeducation and Goal-directed therapy, including cognitive restructuring.[10]

A significant problem for therapists is that targets present too late, which means treatment then has to revolve around their clinical symptoms and medico-legal issues rather than learning how to block bullies and manage working in toxic workplaces.

In summary, a target may experience bullying daily, monthly or over the years, and the actual bullying behaviours, frequency, type and location can be identified. However, they're of lesser significance than the target's lived experience while being bullied and during the aftermath of feeling threatened, powerless and paralysed, with associated feelings of shame, humiliation, confusion and abandonment, followed by a lack of validation and

protection from their employer, and uninformed medico-legal professionals, which further injures the employee and may inflict a chronic, lifelong trauma. Although the target may subsequently experience other symptoms, such as anxiety and depression, we can now link bullying to PTSD/CPTSD as the primary cause of injury. For this to be investigated more extensively, there is a need for effective, economical brain scans and further research.

Figure 1: Factors Leading to Injury (Pat Ferris PhD)



Legislation and Policy Framework

In most countries, employers have a legal duty of care for employees. Negligence in the workplace that results in physical injury can result in compensation claims and/or prosecution of company directors. A brain injury by any other means would be treated the same way. A brain injury caused by WPB is much like any other, and we propose it should be given the same gravitas as a physical injury.

Bullying should be assessed or diagnosed not simply by the bullying behaviours but by the constellation of common symptoms that the target exhibits. There needs to be a move towards assessing injuries caused by exposure to harmful behaviours rather than the current focus of trying to prove whether or not it occurred, as that is less relevant. The development of injury from exposure to workplace bullying has been considered further in earlier sections by identifying the neurological facts and gaps.

Although our interests are multinational, to strengthen protection from bullying in the workplace, this white paper aims to consider the legal perspective regarding a proposed change to the law in England and Wales. It briefly examines current legal remedies and suggests how the law could be improved to support workplace bullying prevention, particularly where developments in neuroscience and research into bullying and brain injury are concerned.

In the context of the Employment Tribunal and employment law, bullying can either be addressed as a repudiatory breach of contract, enabling the employee to self-dismiss (constructive unfair dismissal) or advance a discrimination claim where there is evidence that the bullying is motivated by one of the protected characteristics (age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race, nationality, ethnic or national origin, religion or belief, sex, sexual orientation).

The challenge with the constructive unfair dismissal option is that it requires the individual to have two years of employment service, leaving those who need more tenure unprotected. In discrimination claims, the practical problem is often a lack of evidence that discrimination motivates bullying. The employer also has a relatively strong defence against discrimination claims. Their legal responsibility can be avoided if they show that they have taken reasonable steps to educate and enforce internal policies on such issues.

In cases where bullying leads to psychiatric injury, claims can be made under disability discrimination legislation in the Employment Tribunal or as stress personal injury claims in the civil courts.

Stress Personal injury claims for injury in the civil Courts are challenging to prosecute, as employers often argue that they could not have foreseen the extent of harm caused by the bullying. The legal test is set extremely high. Stress is a significant problem in the UK, so the law has set a high burden on the individual to prove their case to ensure that only the most significant cases can proceed through the Court system.

In summary, the legal test for a successful personal injury claim for harm caused by bullying at work is:

1. The individual must prove that their employer has acted in **breach of their duty of care / acted negligently**. This means the individual must prove that their employer has acted wrongly in the eyes of the law;
2. It was **reasonably foreseeable** that the individual would suffer psychiatric injury due to their employer's breach of duty;
3. The individual has suffered a recognised psychiatric **injury, loss or damage**;
4. That the employer's breach of duty caused this injury, loss or damage.

The main difficulty of the above test is foreseeability. Because harm to someone's mental health is not visible, the law states that an employer is entitled to assume that an employee can withstand the everyday pressures of a job unless they become aware of a particular issue causing stress at work. On the issue of bullying at work, a case could be argued that the perpetrator knew (or ought or have known) that their conduct would likely impact the health of their target.

Regardless of the chosen legal path, prosecuting lengthy and costly cases significantly deters employees. While compensation is available, there is currently no effective method for enforcing good workplace behaviour. Despite many workplaces having bullying and harassment policies, they lack legal enforceability and serve more as codes of conduct. Bullying does not have a legal definition, unlike harassment, which in employment law only applies if it is based on a protected characteristic. In civil law, it must be akin to criminal conduct, which is a high legal hurdle to overcome.

How to improve current legal remedies

Recourse to the law in a bullying case – whatever the outcome – indicates organisational failure, an intervention long after the event and little prospect of repairing the individual and institutional damage. But what about law as a preventative measure that requires employers to recognise workplace bullying as behaviour they can't ignore? Sweden was the first country to enact legislation explicitly prohibiting workplace bullying, or 'mobbing', in 1993. Their study of the Victimisation at Work Ordinance, Hoel and Einarsen (*Shortcomings of Antibullying Regulations*, 2008) raised questions about regulating psychological aggression effectively. Interviewees in the study criticised the law for its narrow definition of 'victimisation' and its vagueness in other areas. There was disappointment that although the law had promoted awareness and provided a route to redress, it was ineffective in preventing or providing support. Overall, the legislation was considered worthwhile and necessary because of the difference made by giving the issue of workplace bullying credibility. The authors argue that an enforcement agency or inspectorate working with engaged employers and trade unions must support any legal intervention to be effective.

Case Study Examples of Workplace Bullying

Under the law of England and Wales, and in the absence of an actual definition in any legislation (see below section), case law defines what may be determined as workplace bullying.

The commonly used case in civil law for claims involving personal injury caused by bullying at work is Green v DB Group Services UK Limited (2006) IRLR 764. In this case, the Court considered bullying to be *"within the ordinary meaning of that term"* and, whilst it does not attempt to define bullying, did uphold conduct to fit into this context, which amounted to a relentless campaign of mean and spiteful behaviour designed to cause distress, both from a subjective view of the victim and also from an objective view of what a reasonable person would deem the conduct to be.

In a similar case of Barlow v Borough of Broxbourne [2003] EWHC 50 QB, the Court set out the following criteria to be considered in the context of assessing whether legal liability for the alleged bullying at work would fall to the employer:

- the cumulative effort of the conduct is what must be considered rather than the individual incidents;
- did the person or persons involved in the bullying know, or ought they to have known, that their conduct might cause the individual harm;
- could they, by exercising reasonable care, have taken steps that would have avoided that harm?

Another helpful case is R (FDA) v Prime Minister and Minister for the Civil Service [2021] EWHC 3279 (Admin), [2002] 4 WLR 5 (Lewis LJ and Steyn J), 6 December 2021. In this case, the meaning of bullying in the context of the Ministerial Code was considered, and the Court accepted that there was a broad consensus that conduct would fall within the description of bullying if it could be categorised as:

1. offensive, intimidating, malicious or insulting behaviour; or
2. abuse or misuse of power in ways that undermine, humiliate, denigrate or injure the recipient.

Also, from this case, the Court determined that the first limb of the above test would cover conduct whether or not the perpetrator was aware or intended for the conduct to be offensive, intimidating, malicious or insulting.

Enhancing Legal Protections and Remedies for Workplace Bullying

WPB needs to be clarified by a legal definition to improve legal remedies. Currently, counsel draws on the definition provided in the **Daniel v Secretary of State for the Home Department** [2014] EWHC 2578 (QB) case where Sir Robert Nelson said:

> *"for bullying to be established, the conduct must be genuinely offensive and unacceptable, examples of which may be intimidating, malicious or insulting behaviour intended to undermine, humiliate or denigrate*".

One proposal for a new definition may be that this should closely align with harassment, considering conduct aimed at or resulting in a hostile and humiliating environment. This definition would require a two-part test:

- a subjective evaluation of the impact on the bullied individual and
- an objective assessment of whether an objective bystander would view the conduct as offensive or hostile.

This subjective-objective test ensures a threshold and prevents frivolous claims.

Another suggestion is to categorise a dismissal resulting from bullying as an automatically unfair dismissal under the Employment Rights Act 1996. This shift would place the burden of proof on the employer to demonstrate that appropriate measures were taken to protect against the bullying, reducing the burden on the complainant. Additionally, a standard Code of Practice on workplace bullying could promote good behaviours among employers, with potential sanctions for non-compliance.

The possibility of interim remedies, such as fast-track processes for determining reasonable adjustment claims, could provide quicker resolutions. For instance, an injunctive measure could compel employers to adjust the working environment of a bullied employee, such as reassigning them to another manager if available. However, resource constraints in the current Employment Tribunal system challenge the implementation of additional claims.

More in-depth details about legal remedies for workplace bullying are contained in the appendices.

When considering legal remedies, it is crucial to understand the bullied person's desired outcome. Compensation is already available under existing laws for severe cases, but changing the bully's conduct or addressing the bullying within the workplace proves more complex. Internal grievance procedures and workplace mediation offer potential remedies, but their effectiveness varies.

These options are being considered alongside the draft proposal prepared by the Legislation Working Group of Conduct Change's Stop Hurt at Work Campaign. The proposal aims to fill the gap in the law such that non-discriminatory bullying claims achieve equity with harassment claims in a tribunal through:

- Defining Workplace Bullying in Legislation.
- Providing protection for workers from day one.
- Supporting the ability to bring a claim without having to resign.
- Affording the potential to claim for injury to feelings.

Rachael Maskell MP also extended the proposal to include:

- A respect at Work code.
- Enforcement Action.

Together, these proposals formed the basis of the Bullying and Respect at Work Bill, introduced in the House Commons by Rachael Maskell MP on 11 July 2023.

> *A Bill to provide for a statutory definition of bullying at work; to make provision relating to bullying at work, including to enable claims relating to workplace bullying to be considered by an employment tribunal; to provide for a Respect at Work Code to set minimum standards for positive and respectful work environments; to give powers to the Equalities and Human Rights Commission to investigate workplaces and organisations where there is evidence of a culture of, or multiple incidents of, bullying and to take enforcement action; and for connected purposes."*

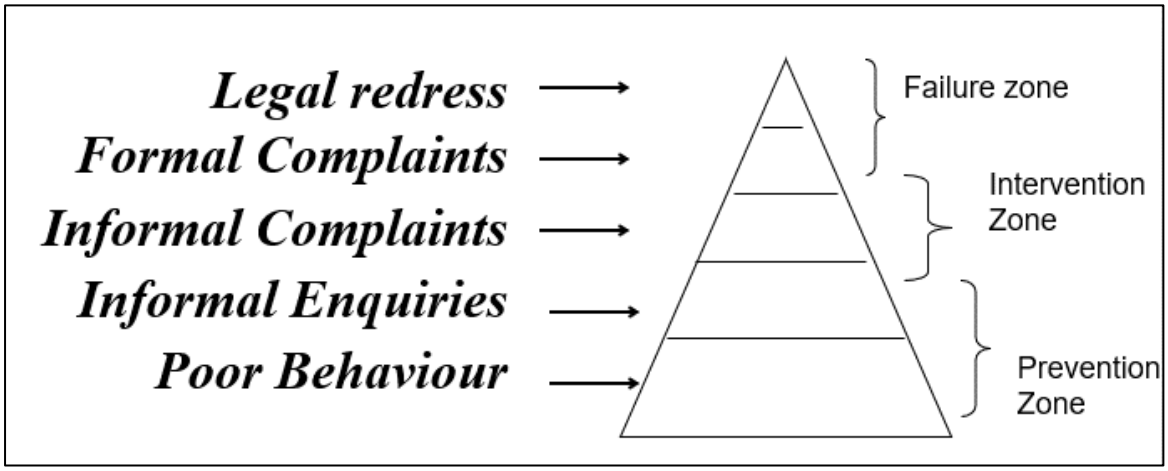
Workplace Strategies and Prevention

Research indicates that WPB accounts for between a third and one-half of workplace stress reports, yet awareness of the damage caused by it is only now coming to the fore in practice. So why now?

Harassment and discrimination were highlighted through campaigns such as #MeToo and #BlackLivesMatter, encouraging greater focus on these areas. When the Chartered Institute of Personnel and Development (CIPD) published their January 2020 report "Managing Conflict in the Modern Workplace", they specifically asked about personal experiences of bullying, harassment (not sexual) and sexual harassment separately. Their findings showed that 4% of personnel were sexually harassed, 8% experienced other forms of harassment, and 15% experienced non-discriminatory workplace bullying in the last three years.

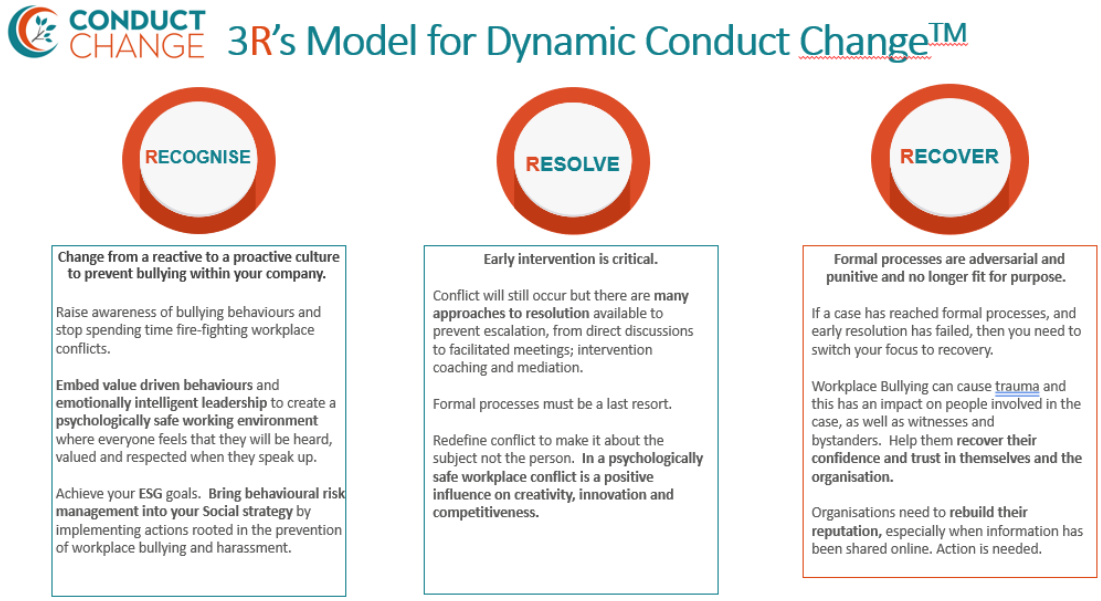
We know that bullying and harassment have different origins, but the impact of these behaviours can be the same, not just for those directly involved but also for witnesses and bystanders. We also know that many organisations are already taking action, but too much of this is reactive and based on turning to formal processes. Recent data collected by Speak Out Revolution showed that an individual's situation is five times more likely to worsen after formally reporting workplace bullying.

Therefore, the current response to workplace bullying complaints leads to an increased risk of harm. This is also shown in the 2005 research by Professor Charlotte Rayner[23], also included in the Report to the Steering Committee of the Dignity at Work Project (where the Event Hierarchy clearly shows that the focus needs to be on the prevention zone, recognising and making sense of poor behaviours. Interventions are needed as early as possible. Once you are into formal complaints, you are in the failure zone, as identified by the respondents themselves.



This research also informed the development of the Conduct Change 3R's Model of Dynamic Conduct Change™: Recognise (the prevention zone), Resolve (Intervention zone) and Recover (Failure zone). This model uses a risk management approach to the prevention of

workplace bullying. Research shows that no single intervention is known to be a 'magic bullet'; therefore, multiple interventions are embedded across all areas of the organisation. This can no longer be seen as just an HR problem.

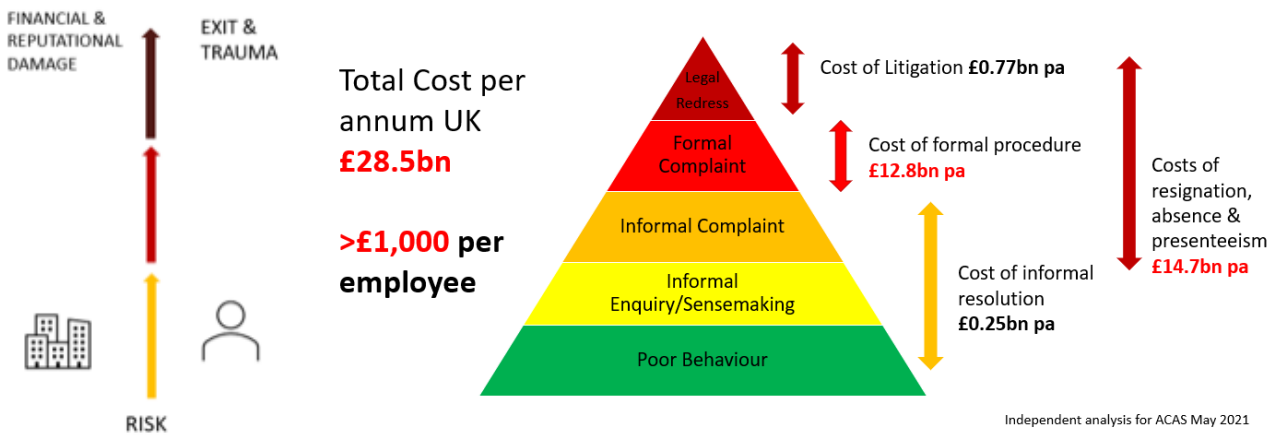


There are moral and competitive drivers for adopting such an approach, as we know that there is a human and a business cost to WPB, with an increase in risk to both parties as we move up the Events Hierarchy. In 2007, the cost of WPB to the UK economy was estimated at £17bn pa [24]. By 2021, the estimate of the annual cost of conflict to the UK economy had risen to £28.5bn, or just over £1,000 per employee. Most of these are associated with costs of resignation, absence and presenteeism aligned with formal procedures.

Estimating the Costs of Workplace Conflict

The paper *Estimating the Cost of Workplace Conflict* was prepared for ACAS by Professor Richard Saundry and Professor Peter Urwin of the Centre for Employment Research, University of Westminster, and published in May 2021. Alongside an estimated average of just over £1,000 for every employee in the UK each year, the estimated annual cost of conflict to employers (including management and resolution) represents just under £3,000 annually for each individual involved in conflict. It points to a clear link between the well-being of employees and organisational effectiveness, mainly that there is a **critical time to intervene**. This is before conflict reaches formal workplace procedures since, at this point, there is less likelihood of resignations, presenteeism and sickness absence.

Therefore, we must redefine approaches to resolution with a focus on supportive and early interventions. All means of promoting constructive and inclusive change will be undermined unless the undesirable and ineffective behaviours that constitute bullying in the workplace are successfully challenged.



We see this mirrored in the guidance now being issued by multiple regulatory bodies with an increased focus on values, conduct, culture and accountability regimes, alongside a move to improve workplace health and wellbeing by decreasing psychosocial risks.

"The most powerful intervention is prevention"

Nicki Eyre, Conduct Change

In addition, in June 2021, the International Voluntary Code of Practice ISO 45003 Occupational Health and Safety Management — Psychological Health and Safety at Work — *Guidelines for managing psychosocial risks* were published. This included guidance regarding risk management for social factors at work, including **Civility and respect**, **Violence at work, Harassment, Bullying and victimisation (14:00-17:00, 2023).**

The International Picture

We have already seen examples of how these codes are being implemented internationally. In Canada, *Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation* (Government of Canada, 2023) is a voluntary national standard that outlines a systematic approach to developing and sustaining a psychologically healthy and safe workplace. It describes psychological health and safety as "*embedded in the way people interact with one another on a daily basis and part of the way working conditions and management practices are structured and the way decisions are made and communicated*."

In Australia, the Fair Work Commission is the national workplace relations tribunal that deals with applications to stop workplace bullying under the Fair Work Act (*Bullying | Fair Work Commission*, n.d.). However, if these laws don't cover the target, each state and territory has a workplace health and safety body that can provide advice and assistance about workplace bullying. Safe Work Australia Bullying states that bullying can cause psychological and physical harm, making it a risk to health and safety. Under the Model WHS laws (*Model WHS*

Laws | Safe Work Australia, n.d.), persons conducting a business or undertaking (*PCBUs*) must manage the health and safety *risks* of workplace bullying.

In a paper published by Flourish DX, psychosocial hazards were described as "aspects of work and situations that may cause a stress response which in turn can lead to psychological or physical harm." The paper summarises psychosocial hazards as stemming from:

- the way the tasks or jobs are designed, organised, managed and supervised
- tasks or jobs where there are inherent psychosocial hazards and risks
- the equipment, working environment or requirements to undertake duties in physically hazardous environments
- social factors at work, workplace relationships and social interactions

Alongside these standards, we have a growing body of work on psychological safety. Although the term was first coined in 1965 by Edgar Schein and Warren Bennis[25], it is more recently associated with Amy Edmondson. Edmondson linked psychological safety to team learning in 1999, defining it as *"a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes and that the team is safe for interpersonal risk-taking".* In 2020, Dr Timothy Clarke set out his vision of the 4 Stages of Psychological Safety™, which led to *"an environment of rewarded vulnerability"*. Clark, 2020

It is common now for organisations to try to adopt a "speak up culture," perhaps through using apps for reporting or being workplace bullying champions. However, too often, we see employees who report bullying having to resign from their jobs. We also see retaliation against whistle-blowers and victimisation after raising a concern about discrimination or harassment. This is because employers have not taken action to mitigate the risk of speaking up, and the onus is on targeted individuals to raise their concerns.

> *"Let's put speaking up into perspective. For the average employee, speaking up is risky business because it introduces maximum personal risk."*
>
> Dr Timothy R. Clark

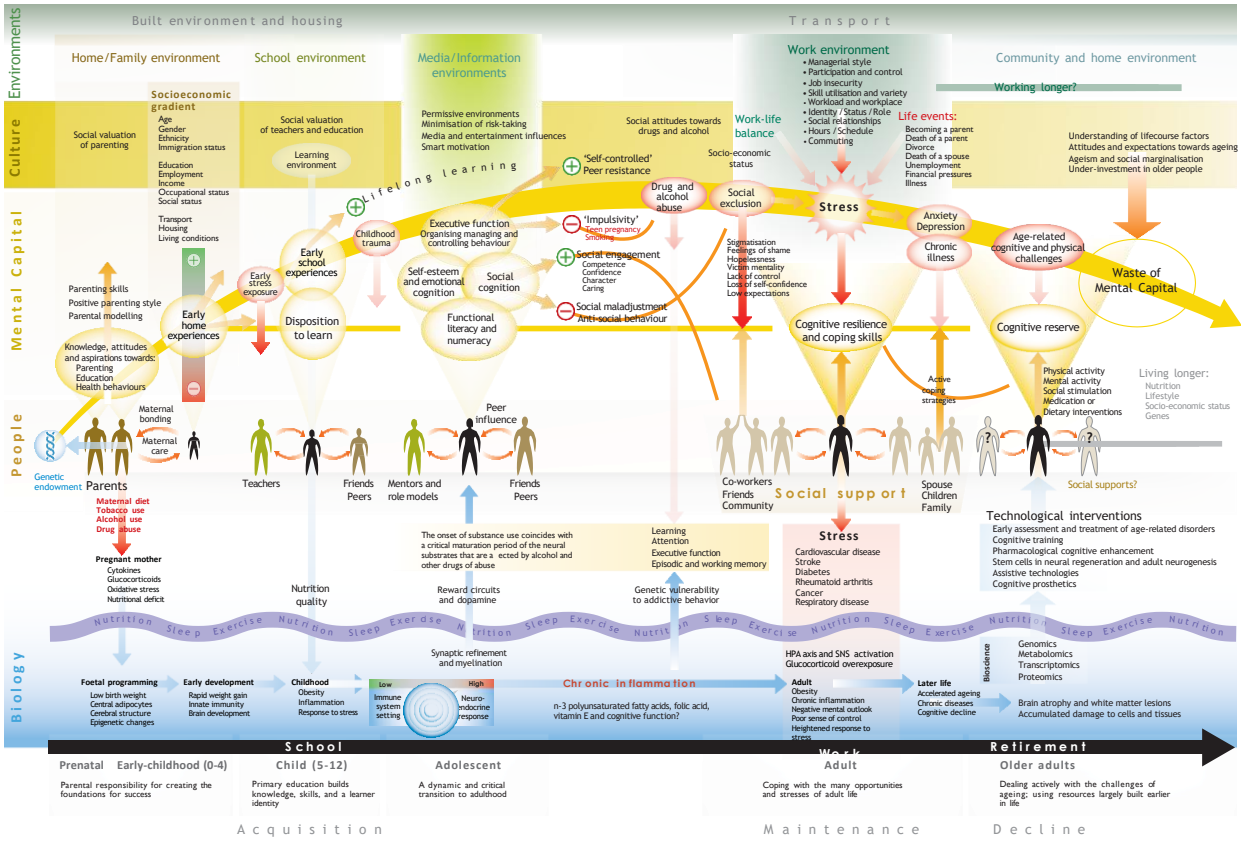
When we place ourselves at risk (even perceived risk), we know that we engage in the threat detection process, determining if the environment is safe or unsafe. It is, therefore, essential to consider how to mitigate the risk of workplace bullying complaints by changing the working practices that are leading to them in the first place. Many cultural changes that prevent workplace bullying also create a psychologically safer environment and enhance creativity, innovation and competitiveness.

Mental Capital at Work – A Government-funded project.

In 2008, a large project was commissioned by the UK government to focus on the proactive improvement of mental health, resulting in over 80 peer-reviewed papers being published[26]. Their insights were far-reaching, with recommendations for government policy, industry and healthcare leaders. They produced diagrams like the one shown below, highlighting the interaction of multiple factors and their potential impact on mental capital. This describes how the workplace environment can be a significant cause of stress, damaging long-term mental health and chronic conditions.

They recommended that **employers foster work environments conducive to good mental well-being and enhancing mental capital**. They suggested that **this could be cost-effective** due to reductions in presenteeism, labour turnover, recruitment and absenteeism costs.

They recommended that this be done by **collecting wellbeing data, analysing it against key performance indicators, and undertaking and implementing annual wellbeing audits**. This was based on their finding that **once people fall out of work due to mental disorders, they can lapse into long-term absences or may never return to work**, which is notably reported in cases of workplace bullying.



Workplace bullying in primary care

The Foresight Report emphasised the importance of early diagnosis and treatment for the symptoms of WPB, highlighting that around **30% of GP consultations have an underlying mental health cause with a socio-economic basis.** The report **specifically mentioned bullying at work as an example.**

“An estimated 30% of GP consultations have an underlying mental-health cause, many of which have a socio-economic basis, e.g. debt, family breakdown, trauma, bullying at work, etc..” [26]

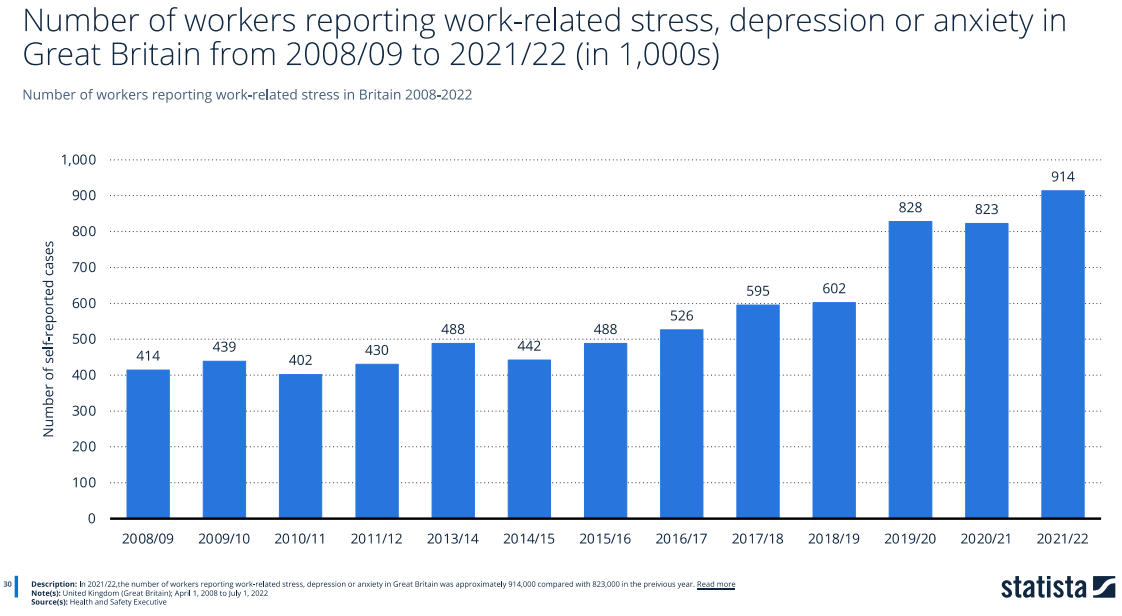
We spoke with experienced GP Dr Shweta Sharma, who concurred with the high percentage of patients who are experiencing mental health problems and spoke of the significant impact of workplace bullying in primary care. She said:

“As a GP I have anecdotally noticed how the stress of alleged workplace bullying and issues at work have increased pressures on the patient, their ability to focus on a healthy lifestyle and self wellbeing and contributed to issues such as sleep disturbance and adverse mental health concerns. This is especially if they have been ongoing for an extended period, or involved investigations and meetings with the workplace. The effects can extend to home, relationships and family life with resultant problems and outcomes.

The emotional response seen of someone experiencing workplace bullying and the resulting pressures of the aftermath is often considerable and is comparable to a bereavement or other major psychological trauma."

Workplace stress has continued to worsen.

While multiple recommendations were made by the Mental Capital report[26], it is unclear to what extent they have been implemented. Recent statistics demonstrate that work-related stress, depression and anxiety have worsened rather than improved in the 15 years since the report.



Neurological disorders, including mental health disorders resulting from workplace bullying, are currently the number one cause of death and disability in the UK.

In the last 15 years, much more research has been carried out, which highlights how bullying poses a particular risk to the brain and is linked to many long-term health conditions. There are now multiple evidence-based approaches to mitigate the risks and help people to function more healthily for longer. There is increasing evidence of brain changes associated with cognitive behavioural interventions such as cognitive restructuring[27]. It is now critical for those approaches to be successfully disseminated and implemented within healthcare, workplaces, the law and society.

What is Brain Health?

> *"Good brain health is a state in which every individual can realize their own abilities and optimize their cognitive, emotional, psychological and behavioural functioning to cope with life situations."*
> *World Health Organization*

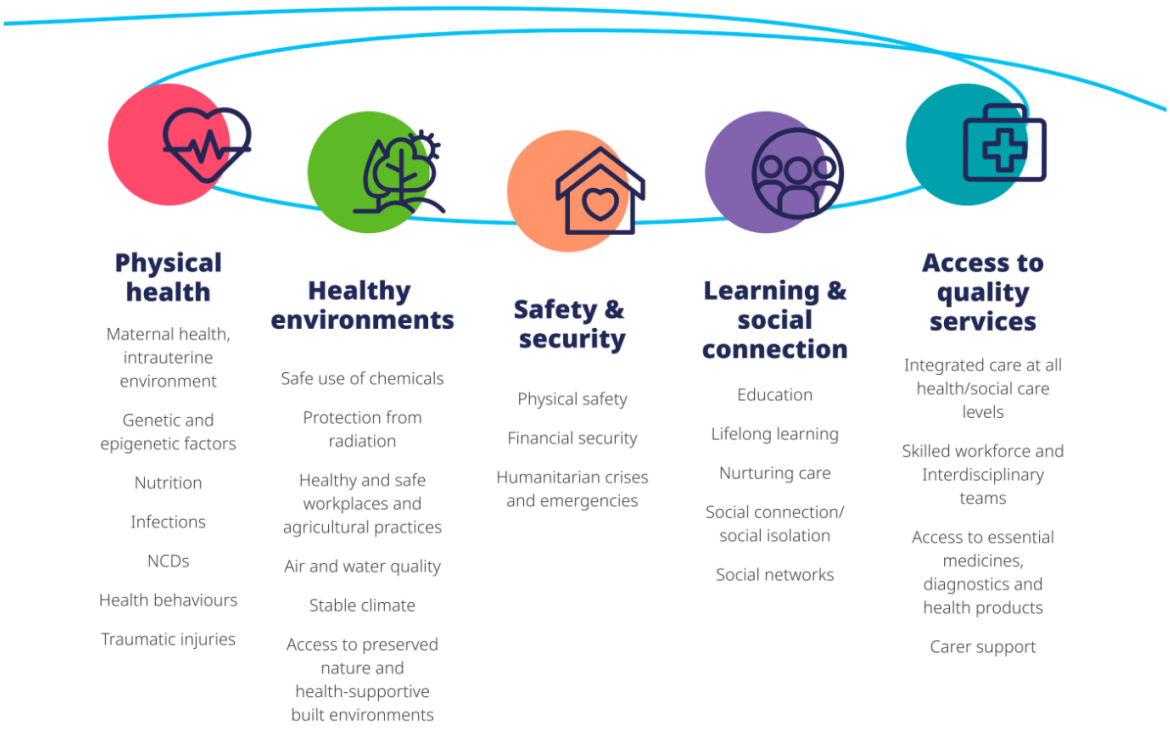
The concept of 'brain health' is relatively new but was coined over thirty years ago by neuroscientist Professor Sandra Bond Chapman at the University of Texas, Dallas.
The Center for Brain Health has developed decades of research indicating specific lifestyle factors and cognitive training that can improve the function and structure of the brain throughout life. Measuring brain health remains challenging, with no single measure or index available. However, a growing body of literature indicates that improvements in brain health measures can be seen in response to interventions even into old age[3].

The World Health Organization recently published a consensus paper that provided a valuable overview of the field with recommendations for future opportunities to improve brain health throughout life[28]. They highlighted five critical determinants of brain health across the life course and included the importance of addressing them at work.

In June 2022, the World Health Organization and International Labour Association published global guidelines and practical strategies for mental health at work. They recommended psychosocial risk management as being essential to WPB prevention. Manager training was also suggested as an essential tool to prevent stressful work environments and respond to distressed workers.

Figure 7.

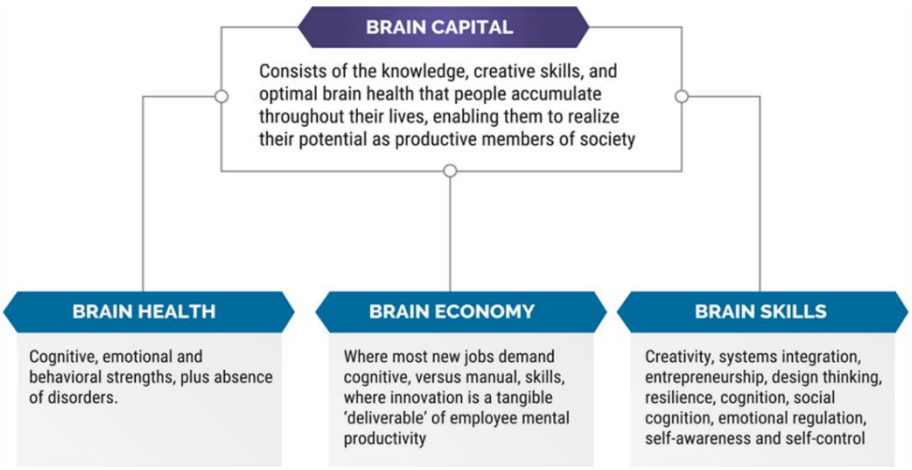
Determinants of brain health across the life course



Economic benefits of Brain Health

Research finds that people and companies are healthier and more productive when staff feel safe and work sensible hours. They make better decisions and are more creative, innovative and kinder.

Increasingly, there are discussions taking place at the highest levels of government about the economic benefits of improving brain health, and economic approaches to funding it, such as the concept of brain capital (defined in the figure below)[29].



A recent article in the Financial Times highlighted brain health as a critical area of focus[30] and suggested voluntary, confidential coaching should be offered to employees to improve their brain health.

> *"Businesses also can and should do better. New scientific developments allow us to measure brain health. And just as we can exercise our muscles and strengthen them, we can do the same with the brain. While mental health benefits have become more common, companies should also offer voluntary, confidential coaching to their employees on boosting brain health. "*
>
> *Megan Greene, Financial Times* [31]

Likewise, respected international consultancy firm McKinsey now have Brain Health as a key area of focus with several publications describing both the benefits and urgency of bringing a brain health approach to organisations[32].

There is a new move to increase the focus on health and improve workplaces. Some say you can't change what you can't measure, but new tools, especially within neurotech, are fast-emerging to measure health and its impact in the workplace. It is critical that funding and effort is spent to protect and improve brain health across the human lifespan, including the working years. There is an urgent need to develop more robust and replicated measures of brain health and to improve dissemination and implementation of evidence-based strategies.

Summary and Recommendations

Workplace bullying is a serious problem that can have devastating consequences for those who are targeted. The research presented in this white paper demonstrates that workplace bullying can cause physical and psychological harm, including structural and functional brain changes that could be described as a brain injury. However, there is a lack of research on the mechanisms and evidence-based interventions.

Existing legislation and legal remedies are inadequate to protect employees from workplace bullying.

There is inadequate awareness and understanding of what constitutes bullying in the workplace, combined with a widespread absence of preventative measures. Consequently, it is not being dealt with early enough and people are being injured as a result.

Urgent action is needed to address the problem of workplace bullying. This includes:

- Urgent research into the underlying mechanisms of workplace bullying trauma (WBT)
- Comprehensive workplace reform that protects brain health as well as physical health.
- More robust legal protections against workplace bullying.
- Effective, evidence-based training for organisations to understand what they can do to reduce the risk of workplace bullying and improve outcomes for those affected.
- Improved treatments for workplace bullying perpetrators as well as targets.

Grant funding is now starting to be made available which specifically recognises the need to identify causal mechanisms for the symptoms seen in victims of bullying. Funding for preventative approaches across the human lifespan is critical. This should include education, training, legal approaches and neuroeducation.

We must create workplaces where everyone feels safe and respected. By taking action to prevent and address workplace bullying, we can create a healthier and more productive workplace for all, and in turn relieve pressure on both legal and health systems, and the economy.

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Appendix 1: Workplace Bullying Statistics

National Examples

1. CIPD Managing Conflict in the Modern Workplace published January 2020 UK 27% experienced bullying and harassment at work, of which 15% is non-discriminatory.
2. According to a survey conducted in 2021 by the Workplace Bullying Institute in the United States, approximately **30% of U.S. workers** have directly experienced workplace bullying, which rises to **43.2% for remote workers**
3. WPB is rising. The Workplace Bullying Institute in the United States 2017 research put the above figure at 19%
4. **Australia** October 2023: New data released by the Australian Workers Union (AWU) on Tuesday, coinciding with World Mental Health Day, found **49.87 per cent** of more than 1200 members said they experienced "poor workplace relationships," which included bullying, harassment and/or discrimination, interpersonal conflict, unreasonable workplace behaviour. A diverse range of industries were canvassed in the study, including workers in manufacturing, mining, construction, health and community services.
5. **New Zealand** 21 September 2020: Bullying and harassment is a serious and common work risk. Studies suggest that between one in five and one in three New Zealand workers report bullying or harassment annually. https://www.worksafe.govt.nz/about-us/news-and-media/workplace-bullying-and-harassment/

Sector Examples

1. **NHS - 29.8%** experienced bullying or harassment in 2022-23. NHS Employers https://www.nhsemployers.org/system/files/2023-10/Bullying_infographic_Oct_2023_0.pdf
2. **Film and TV industry - 46%** experienced bullying, harassment or discrimination in 2022 (down from 53% in 2021) https://filmtvcharity.org.uk/leading-change/looking-glass-report-2022/
3. **Finance -** A recent poll conducted by the Financial Times has found that **66%** of financial professionals have encountered workplace bullying. A Culture Shift survey found that **35%** of employees working in banking and finance have experienced bullying, harassment or discrimination at work. https://culture-shift.co.uk/resources/workplace/effects-of-bullying-and-harassment-financial-sector/
4. **Construction -** The latest Mental Health in the Construction Industry Survey (2021) found that, in the past year, one in five construction workers had been impacted by bullying in the workplace
    - Nationally, one in five construction workers suffered workplace bullying over the last year. In London though, the figure was even higher at two in five (42%).
    - Non-UK citizens are also much more likely to experience bullying, with just under a third (31%) having been affected, versus 18% of UK citizens.
    - In terms of the impact of bullying, half of the women bullied said it had affected their productivity, compared to a quarter of men.

- Bullying being shrugged off as 'banter' is a problem for the construction sector: 3 in 10 respondents reported this. But this number was significantly higher among younger people: 50% of 21-24 year olds and 43% of 25-34 year olds had this experience. https://hertstools.co.uk/mental-health-construction-industry-survey-2021/#:~:text=Nationally%2C%20one%20in%20five%20construction%20workers%20suffered%20workplace,having%20been%20affected%2C%20versus%2018%25%20of%20UK%20citizens.

5. **Military** "…of the 4,106 female Service personnel and veterans who completed our anonymous survey, over half (2,527; 62% of all respondents) said they had experienced some form of bullying, harassment and/or discrimination while serving." https://committees.parliament.uk/publications/6959/documents/72771/default House of Commons Defence Committee, July 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life
6. **Engineering – "**The research highlights that:
    - One in three engineers (35%) responded that they had experienced bullying and harassment, with a quarter having witnessed bullying or harassment of someone else.
    - One in five (20%) had experienced bullying or harassment personally. White heterosexual men were, by some margin, the least likely to personally experience (7%) or witness (17%) bullying and harassment.
    - Women and LGBTQ+ engineers were more than twice as likely as white heterosexual men to experience bullying and harassment (25%). In contrast, Black, Asian and minority ethnic engineers (31%) and engineers with a disability (32%) were more than three times as likely. https://raeng.org.uk/media/jurcggcm/inclusive-cultures-in-engineering-2023.pdf Royal Academy of Engineering 2023

Appendix 2: Definitions of WPB

UNISON (a UK union for public service workers): persistent offensive, intimidating, humiliating behaviour that attempts to undermine an individual or group of employees.

The United Kingdom's Health and Safety Executive (HSE): HSE defines workplace bullying as "*offensive, intimidating, malicious, or insulting behaviour, abuse of power, or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated, or vulnerable, which undermines their self-confidence and may cause them to suffer stress*."

United Kingdom's Equality and Human Rights Commission: "*Bullying is unwanted or unacceptable behaviour that makes someone feel intimidated, degraded, humiliated or threatened*."

The Chartered Institute of Personnel and Development (CIPD): "*Workplace bullying is unwanted, unreasonable behaviour that is likely to make someone feel intimidated, degraded, humiliated or threatened*."

European Foundation for Quality Management: "*Workplace bullying is unwanted, aggressive, intimidating, malicious or offensive behaviour, verbal or non-verbal, by one or more persons towards one or more persons, at the place of work and/or in the course of work, which may cause offence, humiliation, intimidation, alarm or distress*."

The World Health Organization (WHO): Workplace bullying, according to WHO, refers to "*repeated and unreasonable actions directed towards a worker or a group of workers, which are intended to intimidate, degrade, or humiliate. This includes verbal abuse, offensive conduct, and interference with work performance*."

The U.S. Equal Employment Opportunity Commission (EEOC): In the United States, EEOC states that workplace bullying is "*unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, or genetic information*." It is a form of unlawful workplace discrimination.

The International Labor Organization (ILO): ILO defines workplace bullying as "*repeated and unreasonable behavior directed towards an employee or group of employees that creates a hostile work environment, interferes with work performance, and may cause physical or psychological harm*."

Canadian Centre for Occupational Health and Safety: "*Workplace bullying is repeated, unwanted, and unreasonable behaviour that demeans, humiliates, or threatens an individual*."

Occupational Safety and Health Administration (OSHA) of the United States: "*Workplace bullying is any repeated and unreasonable behaviour directed towards an individual or group of individuals that creates a hostile or intimidating work environment*."

The Australian Fair Work Commission: In Australia, the Fair Work Commission describes workplace bullying as "*repeated, unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety*."

Australian Human Rights Commission: "*Bullying is repeated, unreasonable, and unwanted behaviour that is intended to intimidate, humiliate, or undermine a person*."

Appendix 3: Additional Significant papers

- ‘As bullying represents a relational trauma, it can be more traumatic than other traumas.’ (Lancaster et al., 2009 as cited in Idsoe et al., 2012).
- ‘Bullying can have life-long health consequences. It has been associated with stress-related physical and mental health symptoms, including depression, anxiety, posttraumatic stress, and suicidal ideation’ (Schuster and Bogart 2013).
- ‘Studies demonstrated that 57% of bullied victims report symptom scores for PTSD.’ Thus, ‘there was a strong association between bullying exposure and PTSD symptoms in children and adolescents’ (Nielson et al. 2015).”
- Leymann and Gustafsson (1996) found that, apart from rape targets, bullied adults demonstrate a higher degree of psychological distress than all other trauma victims.
- ‘The long-term consequences of being bullied extend into adulthood, and the effects can be more severe than other forms of child abuse, including physical, emotional or sexual abuse’ (Lereya et al. 2015).
- ‘Being ostracized by one’s peers throws adolescent hormones out of whack, leading to reduced connectivity in the brain, and sabotages growth of new neurons … There can be deficits in prefrontal executive functions and medial temporal lobe memory functions.’ (Vaillancourt 2010.)
- The level of cortisol, the stress hormone, was suppressed in bullied children. That reduction changed the structure ‘surrounding a gene that regulates serotonin, a neurotransmitter involved in mood regulation and depression’ (Ouellet-Morin et al. 2011).
- Research into identical twins exposes epigenetic differences between non-bullied and bullied twins to survive the bullying (Ouellet-Morin et al. 2011; Moalem 2014).
- ‘The fusiform gyrus, often involved in facial processing, showed thicker cortex in targets of frequent bullying’ (Muetzel et al. 2019).
- ‘fMRI (brain scan) studies demonstrated associations with increased neural responses to being socially excluded and greater activation than controls in the amygdala, orbitofrontal cortex, and ventrolateral prefrontal cortex when viewing video clips of facial expressions that were bullied’ (Idsoe et al. 2021).
- There are a growing number of studies demonstrating how bullying changes a young person’s brain and body; see, for example, Anthens (2010), Vaillancourt et al. (2008), Teicher et al. (2010) and Shalev et al. (2013). Bullying also leads to other physical and psychological health issues; see Gini and Pozzoli (2013), Knack et al. (2010) and Wolke et al. (2013)..(Field 2023)
- “According to Moalem (2014) ‘genes shape our lives and our lives shape our genes. Bullying changes how our genes work and how our lives are shaped subsequently’. There is growing evidence of transmission of this trauma to future generations. Being bullied is not a harmless rite of passage; it ‘throws a long shadow over affected people’s lives. Involvement with bullying in any role was predictive of negative health, financial, behavioral, and social outcomes in adulthood’ (Wolke et al. 2013)”

Appendix 4: Compensation through Civil Claims (UK)

Psychiatric damage

Factors which the Court take into account in assessing which bracket of compensation claims of this nature fall into are as follows:

1. The injured person's ability to cope with life and work;
2. The effect on the injured person's relationships with family, friends and those with whom he or she comes into contact;
3. The extent to which treatment would be successful;
4. Future vulnerability;
5. Prognosis;
6. Whether medical help has been sought.

The relevant section of the JCG, which covers claims for psychiatric injuries, has four brackets of compensation as follows:

1. Less severe – usually where the duration of symptoms is less than 12 months, and the extent to which the symptoms have affected someone's daily activities and sleep is low level (£1,540.00 - £5,860.00);

2. Moderate – usually where the symptoms have affected someone's daily activities, life, work and relationships, but the medical evidence opines that good progress towards recovery will be made by the time of Trial. The extent to which treatment will assist in the recovery of symptoms, together with someone's future vulnerability to relapse, is also considered in this bracket. (£5,860.00 - £19,070.00);

3. Moderately severe – usually where the symptoms amount to a disability affecting someone's life permanently or long-standing, preventing a return to comparable employment. (£19,070.00 - £54,830.00);

4. Severe – the most extreme of cases where the outlook for someone's recovery is extremely poor (£54,830.00 - £115,730.00).

Although every claim is different, most cases of this nature fall within either the moderate or moderately severe categories.

PTSD

Claims for Post-traumatic Stress Disorder are valued using a different chapter of the JCG.

The relevant section of the JCG, which covers claims for PTSD has four brackets of compensation as follows:

1. Less severe – cases where a full recovery has been made within 1 or 2 years with only minor symptoms persisting over an extended period (£3,950.00 - £8,180.00);

2. Moderate – where the injured person will have largely recovered, and any ongoing effect is not grossly disabling (£8,180.00 - £23,150.00);

3. Moderately severe – a better prognosis of some recovery with professional help but where the effects are still likely to cause significant disability for the foreseeable future (£23,150.00 - £59,860.00);

4. Severe – permanent effects which prevent the injured person from working at all or at least from functioning at anything approaching the pre-trauma level and where all aspects of life are badly affected (£59,860.00 - £100,670.00).

Chronic pain

Claims for Chronic Fatigue Syndrome, Fibromyalgia and Myalgic Encephalomyelitis (ME) fall under this section of the JCG.

Factors which the Court take into account in assessing which bracket of compensation claims of this nature fall into are as follows:

1. The degree of pain experienced;
2. The overall impact of the symptoms on mobility, ability to function in daily life, and the need for care/assistance;
3. The impact on the ability to work;
4. The need to take medication to control the symptoms of pain and the effect of such medication on the person's ability to function in everyday life;
5. The extent to which treatment has been undertaken and its effect;
6. Whether the condition is limited to one anatomical site or is widespread;
7. The presence of any separately identifiable psychiatric disorder and its impact on the perception of pain;
8. The age of the Claimant;
9. Prognosis.

The relevant section of the JCG, which covers claims for chronic pain, has two brackets of compensation as follows:

1. Moderate – at the top end of this bracket are cases where symptoms are ongoing, albeit of a lesser degree than 'severe' (below), in that the impact on work and function in daily life is less marked. At the bottom are cases where full or nearly complete recovery had been made (or is anticipated) after symptoms have persisted for some years. Cases involving significant symptoms but where the Claimant was vulnerable to the development of a pain disorder within a few years (or 'acceleration' cases) will also fall within this bracket (£21,070.00 - £38,490.00);

2. Severe – where there are ongoing significant symptoms (despite treatment) which are expected to persist, adversely impacting the ability to work and the need for care/assistance. Most cases of Fibromyalgia with severe persisting symptoms will fall within this range (£42,130.00 - £62,990.00).

Brain damage

Rarely ever used in legal practice in the context of legal claims, but in consideration of this white paper looking to focus on the damage to the brain that bullying can have, I have also set out below how compensation is valued for brain injury cases.

It is important to note that the rider to the relevant section of the JCG states that this section is to cover cases where "physiological dysfunction of the brain as a consequence of injury to the head or brain" and "the classification will often involve an analysis of any CT/MRI scanning taken in the aftermath of injury."

It is, therefore, highly likely the Court will require substantially clear medical evidence on the causal link between bullying and a brain injury to help them navigate through this section of the JCG and/or even accept that this would be a relevant section to consider when determining the compensation amount.

There is, as yet, unlikely to be a readily accepted legal position taken that bullying, as a typically viewed psychiatric or psychological issue, could, in fact, also and/or, in the alternative, cause brain damage.

The relevant section of the JCG, which covers claims for brain damage, has five brackets of compensation as follows:

1. Very Severe - In cases at the top of this bracket, there may be some ability to follow basic commands, recovery of eye-opening and return of sleep, waking patterns, and postural reflex movement. There will be little evidence of meaningful response to the environment, little or no language function, double incontinence, and the need for full-time nursing care.

   The level of the award within the bracket will be affected by:

   (i) the degree of insight, if any;
   (ii) life expectancy;
   (iii) the extent of physical limitations;
   (iv) requirement for gastrostomy for feeding;
   (v) sensory impairment;
   (vi) ability to communicate with or without assistive technology;
   (vii) the extent of any behavioural problems;
   (viii) the presence of epilepsy and how well it is controlled.

   This bracket is likely to include cases involving quadriplegic cerebral palsy causing severe cognitive and physical disabilities.

   The top of the bracket will be appropriate only where there is a significant effect on the senses and severe physical limitation.

   This bracket will also include cases involving 'locked in' syndrome with substantially restricted life expectancy. Cases resulting in a permanent vegetative or minimally

conscious state with life expectancy over 15 years are likely to fall towards the lower end of this bracket.

£282,010 to £403,990

2. Moderately Severe - The injured person will be seriously disabled. There will be substantial dependence on others and a need for constant professional and other care. Disabilities may be physical, for example, limb paralysis, or cognitive, with marked impairment of intellect and personality. Cases otherwise within (a) above may fall into this bracket if life expectancy has been dramatically reduced. Where there is a risk of associated future development of other severe medical problems, such as blindness, an award above the bracket would be justified.

   The level of the award within the bracket will be affected by the following considerations:

   (i) the degree of insight, if any;
   (ii) life expectancy;
   (iii) the extent of physical limitations and potential for future deterioration;
   (iv) the degree of dependence on others;
   (v) ability to communicate;
   (vi) the extent of any behavioural problems;
   (vii) epilepsy or a significant risk of epilepsy (unless a provisional damages order provides for this risk).

   Cases resulting in a permanent vegetative or minimally conscious state with severely reduced life expectancy are likely to fall within this bracket. Where there is a persistent vegetative state, and death occurs soon after the injuries were suffered, the award will be solely for loss of amenity and will fall below this bracket.

   £219,070 to £282,010

3. Moderate - This category is distinguished from (b) because the degree of dependence is markedly lower. Sensory impairment and vestibular symptoms may be present.

   (i)Cases in which there is moderate to severe intellectual deficit, a personality change, an effect on sight, speech, and senses with a significant risk of epilepsy, and no prospect of employment. (£150,110 to £219,070)

   (ii)Cases in which there is a moderate to modest intellectual deficit, the ability to work is greatly reduced if not removed, and there is some risk of epilepsy (unless a provisional damages order provides for this risk). (£90,720 to £150,110)

   (iii)Cases in which concentration and memory are affected, the ability to work is reduced, where there is a small risk of epilepsy, and any dependence on others is minimal. Nonetheless, there may be vestibular symptoms and an effect on the senses. (£43,060 to £90,720)

4. Less Severe - In these cases, the injured person will have made a good recovery, can participate in everyday social life, and return to work. There may not have been a restoration of all standard functions, so there may still be persisting problems such as poor concentration and memory or disinhibition of mood, which may interfere with lifestyle, leisure activities, and future work prospects. At the top of this bracket, there may be a small risk of epilepsy.

   The level of the award within the bracket will be affected by:

   (i) the extent and severity of the initial injury;
   (ii) the extent of any continuing, and possibly permanent, disability;
   (iii) the extent of any personality change;
   (iv) depression.

   £15,320 to £43,060

5. Minor Injury - In these cases, brain damage, if any, will have been minimal.

   The level of the award will be affected by the following considerations:

   (i) the severity of the initial injury;
   (ii) the period taken to recover from any symptoms;
   (iii) the extent of continuing symptoms;
   (iv) the presence or absence of headaches.

   Cases resolving within about two to three years are likely to fall within the mid to lower range of the bracket. The bottom of the bracket will reflect full recovery within a few weeks.

   £2,210 to £12,770

Biographies of Contributors

Naomi Glover, Applied Neuroscience Association & Neuro-Informed

Naomi is an applied neuroscientist and brain health specialist. She is founding director at Neuro-Informed Ltd and co-founded the Applied Neuroscience Association in 2022.

She works internationally to develop people, processes and technology using the latest insights from neuroscience. Naomi advises leaders on emerging approaches to improve brain health and peak performance. She particularly enjoys translating the latest research and technology into practical interventions to improve focus, memory, innovation, cognitive performance, emotional agility, psychological flexibility and mental wellbeing.

Naomi speaks at international conferences and training events about applied neuroscience, neurotech, health tech, brain health, psychological safety, neurodiversity and behaviour change.

She holds an MSc in Applied Neuroscience from King's College, London; a BA(Hons) Philosophy and is a qualified Cognitive Behavioural Coach with 20 years' experience in coaching and training. A Fellow of the RSA and the Royal Society for Public Health, Naomi is also a licensed Brain Longevity Specialist with the highly respected ARPF and has trained in Cognitive Stimulation Therapy with University College, London.

Nicki Eyre, Conduct Change

Nicki Eyre, Founder and Director of Conduct Change, has experienced both opportunity and adversity during her career, including her own experience of feeling bullied at work. She recognises the scale of the problem at both an organisational and individual level and is able to bring her wealth of experience to her role as a consultant, coach, speaker and trainer. She founded Conduct Change as a result of her passion for working with individuals and businesses to prevent and resolve workplace bullying, with a mission to end workplace bullying through the development of meaningful prevention activities for organisations to ensure that everyone feels heard, valued and respected in the workplace.

She also leads the work of the Stop Hurt at Work campaign as they research and campaign for the implementation of effective routes to redress for individuals, both in terms of approach and legislation, as well as supporting individuals to move on when they are struggling emotionally. She has spoken at events both in the UK and internationally through a range of media from events to podcasts; national radio and television interviews to BBC Ideas documentary.

Nicki is a Member of the International Association on Workplace Bullying & Harassment and was invited to become a Fellow of the Royal Society of Arts in recognition of her work in this area.

Jessica Rowson, Oakwood Solictors

Jessica is a specialist Solicitor with over a decade of experience in the niche legal field of supporting individuals with stress at work compensation claims, with a particular interest in cases involving matters of workplace bullying. She hopes that by supporting her clients in taking legal action against their employers that companies will become better educated and informed on the importance of good mental health in the workplace and avoid the likelihood of future workplace disputes from arising.

She holds a TQUK Level 2 Certificate in awareness of Mental Health Problems and is also a qualified Mental Health First Aider. Jessica has contributed her expertise to two BBC documentaries; one is a special highlighting daily workplace interactions which asks a group of 18-30 year-olds whether the behaviours displayed could be deemed as bullying and sexual harassment at work, the other highlights the lack of a legal definition of bullying and how this creates uncertainty in the law.

Karen Jackson, didlaw

Karen Jackson is a solicitor and founder/MD of didlaw, a discrimination law firm specialising in disability discrimination, harassment, stress at work and bullying. Karen is a Chambers & Partners and Legal 500 ranked lawyer and didlaw is a Times Top Law Firms 2023 and 2024 recognised firm. Karen is a CEDR accredited mediator and litigates in the Employment Tribunals. A Law Society nominee for Woman Lawyer of the Year, Karen is a LawCare Champion (tackling bullying in the legal professions) and a former trustee of the Mental Health Foundation.

Karen represented the claimant in Williams v Swansea which was the first Supreme Court decision on section 15 of the Equality Act in the employment context. Karen is regularly asked to comment on employment and discrimination law issues in the national press and media and has appeared on Panorama and widely in the press, on TV and on the radio. She is co-author of Disability Discrimination, Law & Case Management published by Law Society Publishing and a contributing author to Blackstone's Guide to the Equality Act 2010. Karen is passionate about protecting clients whose lives and careers have been destroyed by bullying at work.

Elizabeth McGlone, didlaw

Elizabeth McGlone is a specialist employment and discrimination solicitor with a focus on women's rights in the workplace. She has a keen interest in the law on sexual harassment and regularly provides guidance and support to women that have been affected at work.' Elizabeth has a focus on fairness in the workplace and works to assist her clients in navigating an often precarious and damaging landscape where issues at work have arisen and had a profound impact on an individuals' health and well-being.

Pat Ferris PHD, Pat Ferris Consulting

Pat has been working in the field of workplace bullying for 25 years. She provides clinical services to targets, witnesses, and actors and frames exposure to workplace bullying as an occupational injury-related brain, physiologic, and psychological damage. She also provides training, consultation, and interventions for organizations. Pat focuses on the dynamics of interactions in workplace bullying in her work and has written numerous articles about workplace bullying, including the treatment of targets, the therapist's role in treatment, policy development, and organizational factors contributing to organizational response.

Pat has discussed the neurobiology of workplace bullying for decades and is now working with the Applied Neuroscience Association the aim of educating about how the brain is impacted by workplace bullying. Pat and Nicki Eyre have also recently completed a study on what complainants, respondents, and witnesses who participated in workplace bullying investigations found helpful to being full participants and what blocked their full participation.

Evelyn Field, OAM, FAPS, Bully Blocking

Evelyn Field OAM, FAPS is a practising psychologist, professional speaker, cruise ship speaker, bestselling author, media commentator for over 45 years, she is a Fellow of the Australian Psychological Society, her Order of Australia Medal (OAM) was recognition for her school and workplace bullying initiatives.

Evelyn has provided treatment for targets of school and workplace bullying and professional training for therapists both locally and internationally, e.g. Australian Psychological Society, British Psychological Society.

Evelyn has written six books, Bully Busting, (1999) Bully Blocking (2007), Bully Blocking at Work (2011) and Strategies for Surviving Bullying at Work, (2012) Harry the Bully Blocker, (2022) Bully Blocking (November 2023), this third revision of her school bullying book will include a 'world first' chapter for counsellors. She co-authored a chapter on Diagnosis and Therapy in the Handbook of Workplace Bullying, Emotional Abuse and Harassment, (Springer, 2021) with Dr Patricia Ferris.

Evelyn was Convenor of the Therapist Special Interest Group, part of the international Association on Workplace Bullying and Harassment, (IAWBH) and instigated four international workshops on diagnosis and treatment for bullied targets. She is founder of the Australian Association of Workplace Bullying Professionals and regularly posts content on LinkedIn while her long established website, www.bullying.com.au, provides basic information about school and workplace bullying.

Soraya Shaw, BrainShaw Consultancy

Soraya Shaw MSc is an Applied Organisational Neuroscientist specialising in working with organisations. Soraya advises companies on how to evolve into neuro-informed workplaces that puts them at the forefront of performance and innovation as the future of work continues to rapidly change. As a founding member of the Applied Neuroscience Association, and a Fellow of the Association for Coaching, Soraya's ambitions are to bridge the gap between neuroscience and

business so that people and organisations can thrive and be sustainable by working with people's brains and not unintentionally, against them.

As a recognised thought leader Soraya's expertise lies in guiding and empowering organisations to champion evidenced neuroscience, embrace neurodiversity, optimise wellbeing and develop psychosocial healthy cultures that can nurture creativity and innovation. Soraya believes that organisations and talent need to redress the imbalance that has led to an upsurge in mental ill-health, burnout and low productivity to being human centred where people can fulfil their potential, live balanced lives and benefit the future of work and business.

Jennifer Fraser, The Bullied Brain

Jennifer Fraser is an author, researcher, and award-winning educator of twenty years. She has a PhD in Comparative Literature and her last two books focused on the impact of bullying on targets' mental health. Her latest book The Bullied Brain: Heal Your Scars and Restore Your Health (2022) has been endorsed by world renowned neuroscientist, Dr. Michael Merzenich, who states The Bullied Brain is "THE most completely scientifically thorough treatment of the subject on planet earth."

Alison Pittaway, MindScribe Media

Alison's rich and diverse journalism, editing, and publishing background paints a compelling narrative of her professional journey. With a strong foundation in magazine journalism and book publishing, she's also ventured into entrepreneurship, running her own writing and editing business. Her recent role as Deputy Editor at a Belgian publishing company showcases international expertise.

Alison's tenure as Publishing Director at an Oxfordshire-based publishing company specialising in technical, educational, and medical content underscores her versatility. Currently pursuing a degree in Psychology and Neuroscience of Mental Health at King's College London, she's combining her writing skills with a profound interest in the human mind.

The fact that she's a long-standing Press Card-carrying member of the National Union of Journalists attests to her credibility when adeptly navigating the realms of trade, industry, and business journalism. This has involved distilling intricate information for diverse audiences - from consumers and consultants to CEOs and academics.

Alison's commitment to social causes, particularly her involvement in combating workplace bullying through helplines and advocacy, plus her dedication to raising domestic violence awareness through an influential blog, demonstrates her passion for driving positive change.

Her dual presence in the United Kingdom and Canada, adds a global dimension to her story; a journey from a seasoned journalist to a psychology and mental health enthusiast.

CONDUCT CHANGE

APPLIED NEUROSCIENCE ASSOCIATION

ANA