

# Managing trauma in the workplace: Strategies for wellbeing and organisational resilience

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*Trauma refers to a distressing event or events that overwhelm a person's ability to cope, resulting in lasting negative impacts on their wellbeing.*

According to NAPAC (National Association for People Abused in Childhood, 2024), there are “more than 8.5 million adult survivors of childhood abuse in England and Wales”, thus a significant proportion of working-age people could be in the workforce while carrying past trauma.

This white paper is urgent now because UK government priorities, including the Keep Britain Working Review (2025), call for employer-led wellbeing strategies to reduce economic inactivity and improve mental health outcomes. Trauma-informed practices are essential to align with these priorities and create psychologically safe workplaces.

In this respect, trauma is more than just a health issue, it has become an organisational imperative. This white paper provides practical guidance to embed trauma-informed principles, empower leadership, and build trust-based cultures that support recovery and performance.

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## What is trauma?

Trauma refers to overwhelming adverse experiences that exceed an individual's ability to cope emotionally, physically, and psychologically. Trauma disrupts emotional regulation, cognitive functioning, and interpersonal relationships, with long-term effects on health and workplace performance (National Child Traumatic Stress Network, 2025). In simple terms, trauma is not defined by the event alone, but by the individual's personal response to it (van der Kolk, 2014), making it highly individualised and variable.

Discussing trauma is challenging because it is deeply personal and often stigmatised, evoking fear and vulnerability. These feelings can hinder open dialogue and consequently perpetuate misconceptions. Therefore, informed and compassionate conversations are essential for understanding and managing the impact of trauma in the workplace.

While debate continues around whether trauma should be classified primarily as a mental or physical health condition, the World Health Organization recognises the prevalence of complex post-traumatic stress disorder (C-PTSD) and its profound effects. Research links traumatic experiences to emotional dysregulation (Nelson et al., 2020), cognitive impairments (Enoch, 2011), and an increased risk of chronic illness (Dong et al., 2004). The enduring impact of trauma includes heightened vulnerability to physical, neurological, and psychological disturbances throughout an individual's working life (Stirling & Amaya-Jackson, 2008).

Table 1 presents a detailed overview of different types of trauma, supporting a broader exploration of trauma's dimensions and enhancing awareness of some key characteristics.

**Table 1: Types of Trauma**  
(Adopted by Enoch, 2011).

Definition	Description
<b>Acute Trauma</b>	Acute trauma results from a single, distressing event, such as a car accident, natural disaster, or sudden loss of a loved one. The impact is immediate and intense.
<b>Chronic Trauma</b>	Chronic trauma occurs from repeated and prolonged exposure to distressing events, such as ongoing abuse, bullying, or living in a war zone. The effects accumulate over time.
<b>Complex Trauma</b>	Complex trauma involves exposure to multiple traumatic events, often of an invasive, interpersonal nature. Examples include prolonged abuse or neglect; contextualised in childhood, it can severely impact a child's development and sense of self.
<b>Secondary Trauma</b>	Secondary trauma, also known as vicarious trauma, affects individuals who are indirectly exposed to trauma, such as healthcare workers, therapists, or family members of trauma survivors.
<b>Developmental Trauma</b>	Developmental trauma occurs during critical periods of development, typically in early childhood, and can disrupt normal growth and emotional regulation. It often involves chronic abuse or neglect.
<b>Historical Trauma</b>	Historical trauma refers to the cumulative emotional and psychological wounding over generations within a group, often due to historical oppression, colonisation, or genocide. It affects communities and can be passed down through generations.
<b>Medical Trauma</b>	Medical trauma results from distressing medical procedures or chronic illness. It can affect the patient and their family members.
<b>Relational Trauma</b>	Relational trauma occurs within relationships, such as domestic violence, betrayal, or abandonment. It impacts trust and attachment.

## What are the key issues?

**Although a plethora of research exists on the clinical, social, and psychological effects of childhood trauma, knowledge on how organisations can support survivors' welfare is scant. This knowledge gap highlights an equality issue as it presents barriers to positive work experiences.**

The key issues faced by professionals who have experienced trauma within the workplace also merits consideration. Recent research into this topic has surfaced some interesting findings (Nachmias et al., 2022) as to how traumatised individuals perceive the trauma issues faced in the workplace, summarised in Figure 1.

### Key issues and dimensions

	<b>Stereotypes and bias</b> Lack of understanding on how to explain trauma caused distress and re-traumatisation.
	<b>Quality of relationships</b> Lack of trust/confidence in management process.
	<b>Making a decision to disclose trauma</b> No disclosure to avoid re-traumatisation, stigmatisation and bias.
	<b>Knowledge to support decisions</b> Policy driven personal experience.

Figure 1: Key issues and dimensions of the impact of trauma in the workplace.

# Why this white paper matters now

**Government priorities emphasise proactive wellbeing strategies. Ill-health costs the UK economy billions annually, with mental health and trauma-related conditions contributing significantly to absenteeism and presenteeism (Keep Britain Working Review, 2025). Post-pandemic realities have amplified these challenges, making trauma-informed practice a strategic necessity.**

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Child abuse is an appalling crime that affects the most vulnerable in society, yet it remains under-discussed and poorly understood. The latest ONS analysis reveals that nearly one in three adults in England and Wales experienced some form of abuse before the age of 18, a stark reminder of the long-lasting impact these experiences have on health, wellbeing, and life outcomes. These figures underscore the urgent need for organisations to recognise trauma as a critical workplace issue and embed trauma-informed practices to support recovery, resilience, and inclusion. (ONS, 2025)

Talking about trauma is challenging, especially for those who have experienced it. Many fear stigma and lack confidence that organisations will respond appropriately. This uncertainty, combined with outdated stereotypes and limited awareness, creates anxiety, vulnerability, and a sense of not belonging.

To address this fear, we need to hold open, constructive conversations about trauma in the workplace and clear strategies for support. Trauma is not just a health issue; it is an organisational responsibility. Effective support requires collaboration between employers, health professionals, and survivors to create safe, flexible environments where individuals can manage trauma and thrive.

**Most organisational decisions are based on personal experience rather than on professional knowledge emerging from specific training and development.**

(Nachmias, 2022)

This white paper aims to raise awareness, clarify responsibilities, and provide practical guidance for organisations. It offers insights into how survivors perceive current support and explores ways to build trust, improve wellbeing, and enhance performance. These insights are a starting point for creating workplaces that are inclusive, resilient, and trauma informed.



## Stigma and trauma in the workplace

**Goffman (1963) defined stigma as a “spoiled identity...the situation of the individual who is disqualified from full social acceptance” (p.12). As the originator of stigma theory, Goffman’s work remains a foundation for understanding how individuals with mental health conditions or trauma histories are often marginalised.**

Stigma remains one of the greatest barriers to addressing trauma effectively. It amplifies psychological distress, discourages disclosure, and limits access to support. Survivors often fear judgment and discrimination, leading to isolation and reduced performance. Self-stigma, i.e., internalising stereotypes, can persist even after symptoms improve, creating long-term challenges.

For organisations, stigma undermines wellbeing strategies and perpetuates inequality. It diverts cognitive resources away from work as employees focus on self-protection. Leaders play a critical role in breaking this cycle by promoting a culture of psychological safety, challenging stereotypes, and embedding trauma-informed practices (Manion, 2022).

**Why it matters:**  
**Stigma increases health risks and absenteeism. It prevents disclosure and recovery, reducing engagement and productivity. Addressing stigma is an ethical responsibility and a strategic imperative for organisational performance.**

**Removing stigma and promoting compassionate leadership are essential to creating inclusive, resilient workplaces where employees feel safe, valued, and supported.**

# What do we need to do?

**There is not a straightforward approach, all stakeholders (i.e. leaders, managers, charity organisations, policy makers, professional bodies) need to contribute to the discussion and enable individuals to talk openly about trauma and workplace psychological safety. We need to go beyond the causes of trauma to focus on survivors' work experiences. The solutions should not be overly complicated or time-consuming, instead built around human behaviours including understanding, trust and fairness.**

Recognising the need to provide support is the first step to developing an effective strategy. There is a need to work through several steps to address the organisation's moral and social obligations to offer appropriate workplace support when trauma is disclosed or symptoms are identified.

**Some ideas to consider as a leader, line manager or any professional managing people are:**

- Embed trauma awareness within the wellbeing strategy as a core, strategic priority, rather than treating it as a discrete initiative under a general welfare agenda. Avoid an overreliance on HR policy alone.
- Provide survivor-led, confidential, and flexible routes for disclosure, ensuring individuals retain choice and control over how and when they seek support.
- Acknowledge the importance of targeted workplace support for people who have experienced trauma by establishing an integrated, individualised infrastructure of care and response.
- Adopt a whole-organisation approach, making comprehensive adjustments to policy, staff development, workload planning, communication, performance management, disclosure processes, and wider employment practices, while embedding trauma-informed language throughout.
- Recognise and address the high levels of anxiety associated with discussing trauma at work, and critically assess whether current organisational support mechanisms are balanced, accessible, and psychologically safe.
- Strengthen supervisory and line-management processes to increase managers' confidence and competence in responding to disclosures. Given the central role of line managers, the quality of the survivor–manager relationship is critical to fostering a sense of safety and trust, and managers must be equipped accordingly.
- Implement comprehensive training that supports survivors at different stages of healing and recovery. This should recognise that many individuals will not have a formal diagnosis, despite clear workplace impacts, and that legal frameworks often do not fully capture this reality. All processes must actively avoid the risk of re-traumatisation.
- Engage external expertise where internal knowledge is limited, to identify, benchmark, and embed evidence-informed good practice.
- Develop restorative and supportive physical and temporal spaces, such as quiet rooms, decompression zones, and buffer time between emotionally demanding meetings.
- Establish peer-based support mechanisms, including trained psychological first aiders, trauma champions, and facilitated peer networks.

# Future implications



**The future of work will continue to be shaped by rapid technological change, economic uncertainty, and evolving social expectations. These dynamics will influence how trauma manifests within and beyond the workplace, and how organisations respond.**

The rapidity of change will likely increase the complexities of trauma. Hybrid and remote working models can heighten isolation and reduce informal support networks, making it harder for employees to seek help. Global crises, such as climate-related disasters, geopolitical instability, and economic volatility, will expose more individuals to distressing events. Concurrently, automation and AI-driven processes may erode human interaction, limiting opportunities for empathy and connection. These factors suggest that trauma will remain a significant organisational challenge, requiring proactive and systemic responses.

If employers embed trauma-informed principles, normalise conversations about mental health, and invest in leadership development, workplaces can become safer and more inclusive. Conversely, if stigma persists and wellbeing budgets shrink, trauma-related issues will escalate. Inaction will deepen inequality, increase burnout, and undermine trust in organisational systems. The gap between progressive and neglectful employers will widen, influencing talent mobility and sector reputation.

Failure to act carries measurable and intangible costs. Financially, poor mental health already costs UK employers £51 billion annually, with presenteeism as the largest contributor. Without intervention, these figures will rise. Organisations risk higher turnover, skills shortages, and reputational damage as employees and stakeholders demand ethical, psychologically safe workplaces. Regulatory scrutiny and investor expectations around ESG and social responsibility will amplify these pressures.

**Organisations that act now to prioritise psychological safety and embed trauma-informed principles will mitigate risk and create cultures where individuals can thrive, innovate, and contribute fully.**

# Free resources

Professionals are encouraged to read this white paper as it offers practical insight, reassurance, and real-world tools to help them respond to trauma with confidence and care. It supports professionals in approaching sensitive situations in ways that are ethical, effective, and aligned with today's organisational priorities. The impact of this work is strengthened further through the provision of free resources, which make trauma-informed practice easier to access and apply. These resources help turn learning into action, support consistent and compassionate responses across teams, and build both individual confidence and organisational resilience.

## Trauma-informed management: A three-stage approach

② [A more systematic approach](#)

### Disclosure process

② [peoplemanagement.co.uk](#)

[Are we ready to support survivors of childhood trauma in the workplace?](#)

② [gov.uk](#)

[Guidance – Working definition of trauma-informed practice](#)

② [hrzone.com](#)

[It is time to change how we deal with childhood trauma in the workplace?](#)

② [theconversation.com](#)

[How to talk to your employer about trauma](#)

② [phys.org](#)

[Survivors of childhood trauma reveal the support needed from workplaces](#)

② [mind.org.uk](#)

[What is trauma?](#)

② [Disclosure process](#)

### Symptoms and solutions

② [Examples of trauma informed practice in the workplace](#)

② [From symptoms and identification to solutions and productivity](#)

## Trauma-informed management: A reflective guide

② [Conversation guide](#)

### Managers checklist

② [Manager conversation guide](#)



## Our services

The Centre for People, Work and Organisational Practice (CPWOP) is a research-led centre based at Nottingham Business School and a recognised leader in workplace research. Our work focuses on advancing organisational practice, strengthening leadership capability, and enhancing employee experience through rigorous, evidence-based research and strategic collaboration with partners across sectors.

A key area of our expertise is supporting organisations to develop trauma-informed workplaces. To this end, CPWOP offers a range of services, including:

### Training

Delivering trauma-informed training for staff and managers, tailored to organisational contexts.

### Consultancy and research

Undertaking consultancy and applied research projects focused on workplace inclusion, wellbeing, and psychological safety.

### Evaluations and audits

Conducting organisational evaluations and wellbeing audits to assess current practices and identify areas for development.

### Development programmes

Facilitating leadership and managerial development programmes, including reflective supervision and practice-based learning.

Through these initiatives, CPWOP supports organisations in building more inclusive, compassionate, and resilient working environments.

### Get in touch

To hear more or discuss how we can support your organisation, get in touch: [stefanos.nachmias@ntu.ac.uk](mailto:stefanos.nachmias@ntu.ac.uk) or [cpwop@ntu.ac.uk](mailto:cpwop@ntu.ac.uk)



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