



CONSULTANCY

# Centre for Society and Mental Health

## Bullying, Harassment and Discrimination Report



### Report to:

Centre for Society and  
Mental Health

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## Introduction

The causes and impact of bullying, harassment, and discrimination (BHD) at work are multi layered and complex, where organisational factors including culture, norms, and practices contribute to either deterring or enabling these behaviours. The Russell Group recognised that whilst some challenges are common across all organisational sectors, "there are some elements of the research culture and environment which may be conducive to negative behaviours and/or prevent people from raising concerns." (Wellcome, 2020 as cited by Russell Group, 2020 p 29)

The hierarchical nature of academia makes it difficult for universities to get to grips with forms of bullying, harassment and discrimination that occur. A lack of action, complex complaints' structures and inadequate support systems only serve to maintain the continuation of these behaviours and deter staff from raising concerns. 'A recent study shows that when employees perceive that their employer effectively deals with conflicts, less bullying takes place'. (Einarsen et al., in press as cited by Hoel & Vartia, 2018, p.25).

Bullying, harassment, and discrimination are emotionally and financially costly. The damaging consequences include unhealthy working environments, conflict, the loss of talented staff, negative health impacts and the destruction of careers. These behaviours also undermine diversity and inclusivity as women and minoritised groups are more likely to be the target of these behaviours.

Many of these individual and organisational issues have been identified by UK Research and Innovation (UKRI) in an evidence review on 'Bullying and harassment in research and innovation environment'. The review is authored by researchers from Kings College London (KCL), part of Centre for Society and Mental Health's (CSMH) wider system.

In 2020, the Chartered Institute for Personnel Development (CIPD) reported that: 'employees are almost twice as likely to have experienced bullying than harassment; it included a wide range of behaviours from extreme forms of intimidation to subtle micro aggression; the perpetrator was most likely to be a manager, supervisor or team member; behaviours can be carried out face to face or online'.

## Overview

The Centre for Society and Mental Health (CSMH) 'is collaboration between academic institutions, community organisations, user groups, and charities which aims to develop research to promote and sustain good mental health in communities.'

The organisation is developing guidance and procedures for preventing and addressing bullying, harassment, and discrimination (BHD), which include the development of a Code of Conduct in consultation with stakeholders.

The consultation process has two interlinked components:

1. An anonymous feedback survey for staff and external partners led by CSMH internally
2. A series of four focus groups, each aimed at a different group of participants, facilitated externally by Challenge Consultancy who was contracted in September 2021 for this purpose.

The aim of the focus groups was to consult with CSMH staff, service user and stakeholder representatives and to summarise findings and recommendations to CMG.

This feedback report presents findings from the focus groups, augmented with data from the feedback survey, specifically section 5 of the survey which addresses BHD.

The feedback will contribute to CSMH's development of an organisational approach to preventing and addressing BHD and inform a Code of Conduct detailing behavioural expectations for staff and partners.

## Method

Four focus groups were scheduled by CSMH, each lasting 90 minutes. A total of 28 individuals participated in these groups as follows:

Group	No. of participants	Participants
1	6	Charities/partners
2	6	Staff
3	10	Staff
4	6	PhD students/Early Career Researchers

Other than each participant's name and role, no other participant information was provided.

The feedback has been considered at an individual group level and across all focus groups and organised into themes identified across all groups, as well as those which were specific to an individual group.

CSMH also sent questionnaires to 52 respondents; 41 to internal staff/ Early Career Researchers (ECR) and 11 to external partners/Lived Experience Advisory Board members. A total of 18 completed questionnaires were returned; 16 received from internal staff/ECRs and 2 from external partners/Lived Experience Advisory Board members.

## Findings

CSMH is viewed as an organisation making efforts to address BHD, albeit currently through informal routes and networks; it is seen as ahead of other organisations in this area of work.

Our findings suggest that only six participants have experienced BHD and other forms of inappropriate behaviours within CSMH. This conclusion is tempered by the difficulty some participants had in identifying whether behaviours that made them feel uncomfortable were subtle forms of BHD, whilst others may have chosen not to share their experience. The recent Covid home working measures may also have reduced opportunities for BHD behaviours to be exhibited and/or witnessed by others. The overwhelming picture was a constructive one despite these concerns. The key findings are:

1. There is a general commitment and willingness to address BHD issues and the work to do this has already begun, although these need strengthening in specific areas.
2. With a few exceptions, participants experiences of BHD, particularly bullying, often happened via micro aggressions or bias'. Two participants had not previously identified these behaviours as BHD until the definitions were provided in the focus groups.
3. The terms BHD were considered as problematic in themselves and a potential barrier to reporting.
4. Staff and partners require further clarification on what amounts to bullying and harassment within the context of academia. This should include descriptions of micro aggressions, privilege, and unconscious bias, supported by relevant examples
5. The provision of information, guidance and support would benefit from being strengthened to enable individuals with concerns about BHD to explore difficult decisions regarding the options available to them.
6. Example of early support and appropriate intervention builds confidence that BHD concerns are treated seriously and demonstrate a commitment to change.
7. Participants favour a mix of informal and formal routes for reporting BHD concerns which includes options for anonymous reporting and reporting to an independent party.
8. Job insecurity and career progression were identified as one of the most significant consideration in deciding whether to raise or escalate a concern of BHD.

9. There is a desire to explore historical and structural issues that create the context in which BHD exists. Many participants said there was a need for CSMH to acknowledge and explore these matters.
10. The relationship between CSMH, Kings College London (KCL), the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) and Social Science and Public Policy (SSPP) is a source of confusion in relation to reporting and processing BHD concerns, particularly where policies and practices may differ.

## Defining Bullying Harassment and Discrimination (BHD)

The definitions for BHD was shared with the participants at the start of each focus group meeting. This served to clarify the terms and their related behaviours, as the terms bullying and harassment are often used interchangeably. However, harassment is defined in the Equality Act 2010, as:

*'Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.'*

Bullying is not defined in law, although there are laws and principles that address bullying behaviour, which Advisory, Conciliation and Arbitration Service (ACAS) defines as:

*'... Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.'*

These definitions are consistent with those used by KCL.

Discrimination is also covered by the Act and is where an individual is treated unfairly because of who they are, or because they possess certain characteristics.

The definitions of BHD generated considerable discussion and were an area of interest for staff groups, where a common theme was whether specific behaviours amounted to BHD or something else.

Seven participants admitted that they were unclear about these terms and how related behaviours would show within CSMH. Participants said that this made it difficult for them to identify whether they had experienced bullying and harassment. This lack of clarity was supported by survey data, where in several instances, respondents indicated that they were unsure whether they had been treated unfairly.

When the definitions were shared in focus groups, two participants identified that they had previously experienced bullying. Two participants said they had not considered previous behaviours as BHD because they questioned whether the

behaviours were just part of the CSMH's culture. This attitude was challenged as other participants said it risked "normalising bad behaviour".

***"...times when I'm not sure there is something untoward, if someone has behaved in a way that has made you uncomfortable but you're thinking, is this just how it is in academia?"***

The discussions in all groups centred on bullying and harassment which participants said mainly took the form of micro aggressions. Six participants said that they had experienced these behaviours; four said they had witnessed BHD, leaving the majority with no experience of BHD within CSMH. However, participants were able to comment on this discrimination more generally.

Discrimination was more associated with structural and systemic organisational issues such as recruitment and selection which participants, particularly from the partner group, saying that it had resulted in a lack of representation within the organisation. Bullying and harassment were more linked to interpersonal working relationships. The discussions and examples of BHD led seven participants to question whether they would recognise subtle forms of these behaviours. The ability to recognise BDH was linked to the level of individual knowledge and awareness in this area.

Participants from the staff group cautioned that CSMH should not assume that staff understood the subtle ways in which some BHD behaviours present, neither should the organisation underestimate the need to develop knowledge and understanding.

***"I'm not sure I would recognise it from what people have been saying."  
"I have experienced harassment, but I didn't think it was that until people said it was, so I didn't report it officially, and I think that's the confidence of calling it that..."***

Three participants indicated the terms bullying and harassment were in themselves problematic and could deter individuals from reporting concerns; this was echoed by others across the groups. Participants suggested that labelling the behaviours could be a barrier. In part this was due to the threshold some participants said they felt would have to be met before behaviours were seen as bullying and harassment. For example, some participants questioned whether micro aggressions, which they viewed as inappropriate, would be covered by the definitions. Yet it was these 'everyday' slights and indignities that provided most of the examples that participants shared, all of which would comfortably fall within BHD definitions.

***"... sometimes it's hard to disentangle these things, because you don't understand the differences, I've experienced micro aggressions, and so I end up gaslighting myself a bit because I know their intentions aren't bad but sometimes their whiteness ends up making them not able to see the impact."***

***"There is really high awareness of how we should speak and should act, so most things come out through micro aggressions, so what bullying and harassment can do to people, micro aggressions can do the same."***

This part of the focus group discussions illustrates the need for a shared understanding of the terms used to ensure a code of conduct is capable of implementation and does not fall at the first hurdle and undermine what CSMH is seeking to achieve. The existing legal and established definitions may increase the challenges in agreeing what terms are appropriate.

A number of organisations have reframed BHD as part of a wider dignity at work and respect agenda.

## Are bullying, harassment and discrimination taken seriously in CSMH?

Whether BHD were taken seriously was partly influenced by how participants perceived the CSMH as an organisational entity, taking account of its interdependence, relationship, and boundaries with KCL.

***“The challenges are how you separate what happens in the centre to what happens in KCL more broadly”***

***“it's more of a loose, fluid thing that I don't think it's very tangible”***

Five participants across the staff and partner groups stated that separating what happens in CSMH and in KCL was challenging and this made responses to focus group questions more difficult. This interrelationship between the two organisations created a lack of clarity on CSMH's structure, and an understanding of CSMH more difficult to grasp. 'Loose, fluid, intangible, virtual and non-physical' were all words used across the groups to convey the challenges in getting to grips with understanding CSMH.

There was some concern that the relationship with KCL could hamper CSMH's efforts and limit how far it could go in tackling BHD. Participants recognised that KCL's culture and practices are likely to have considerable influence on CSMH and make it harder to mitigate BHD behaviours.

***“Can the centre take on and be different from KCL, where the culture of exclusion is embedded into KCL as an institution ...?”***

***“... I think as a centre there needs to be a question of how far CSMH can depart from KCL.”***

Eight participants across all focus groups said that they felt that CSMH takes issues of BHD seriously. This was the perception regardless of whether participants had experienced or witnessed these types of behaviours. Four participants indicated that there were increased difficulties gauging commitment when, because of the Covid pandemic, most people have been working remotely/virtually.



**CSMH's "intention seems very positive."**

**"I think it would be taken seriously. "**

**"I think the aspirations of the centre are there but it's a long way until any of that is realised"**

In the partner group, whilst there was an acknowledgement that BHD could present as an issue for anyone, it was suggested that at CSMH, these behaviours were more likely to be experienced by staff/employees.

Across the staff groups, CSMH was considered to take BDH more seriously than KCL. Participants were more trusting of CSMH's commitment to Equality, Diversity and Inclusion (EDI) than in the wider KCL environment. There was a greater expectation that CSMH would take BHD issues on, whereas participants voiced less confidence that this would be the case in KCL.

Direct working relationships also influenced perceptions of CSMH's commitment to tackling BHD, suggesting that relationships with managers and supervisors were important in shaping perceptions.

Two participants from the staff groups said that where awareness of BHD existed, this was at a high level on issues of discrimination and power dynamics. Individuals who showed this awareness, engaged in efforts to mitigate BHD behaviours. Another participant however countered:

**"... whilst pockets of knowledge exist ... this did not carry across the CSMH."**

These pockets of knowledge and awareness reflected the work that some individuals had put in to get the organisation to where it is now. CSMH was seen to have made "a shift," but some participants said there is still considerable work to be done. It was suggested that this drive for change was more bottom up and two participants said that the 'core senior people' did not take BHD Seriously.

A participant reminded the group that action would only take place once a report is made. There was some concern across all groups whether individuals would feel sufficiently confident to raise concerns of BHD in the first place.

One participant shared that being different is "isolating" and "lonely" and that this is compounded by having to champion or be treated as a spokesperson on EDI matters, which require basic understanding and where information is easily accessible, for example via Google. This is the case whether you know anything about the subject.

## **Experiences of bullying, harassment and discrimination in CSMH**

Over twenty participants said that they had not experienced or witnessed bullying or harassment at CSMH; whilst six had encountered these experiences. Even where participants did not have direct experience, those within staff groups were able to

provide examples and stories of bullying and harassment that they had heard or were aware of within the wider organisation.

One participant suggested that those in non academic positions may be more insulated from this kind of behaviour.

Participants acknowledged the reduced interactions they have had with colleagues over the past 18 months of Covid restrictions. These participants recognised that given the nature of BHD, there is the chance that they would not know it was happening even were it to take place, as some behaviour will 'take place behind closed doors', which makes BHD more difficult for others to identify unless concerns are shared.

***“This different ways of working so physically disconnected from each other, reduces the ways to bring up things with people or stakeholders more informally.”***  
***“It’s not to say that being in the office is the solution but it’s harder now to identify these behaviours.”***

The survey respondents were asked to indicate whether they had been treated unfairly in relation to fourteen characteristics. In half of the areas respondent said no. In the other areas there were a mix of responses, including being unsure of whether they have been treated unfairly. There was exception in three areas: 'gender identify or gender reassignment', 'mental health problems' and 'sex.' Gender identifies and disability was perceived to have less commitment those areas of gender and race.

Participants' experiences of BHD included examples of patronising, belittling and disrespectful behaviours; unfair and unequal treatment, feeling undervalued for your work and experience, and being made to feel like you do not belong. Experiences covered all three BHD behaviours, contradicting earlier responses where participants said they had not experienced discrimination; yet unequal treatment based on gender, race and disability all amount to discrimination. This reinforced comments that in some circumstances participants either misunderstood or struggled to identify some forms of BDH that they and others have experienced. Another explanation is that participants have a threshold for these behaviours beyond what meets the definitions, for example, four participants did not recognise that micro aggressions could amount to forms of bullying and harassment.

There were comments regarding 'unintentional' micro aggression". Those who shared these examples reflected that it was not until sometime afterwards that they would reflect that these 'unintentional' behaviours were not okay.

***“I had to deal with a situation where someone was being aggressive ... when I pointed it out... the individual had not even noticed the behaviour until it was brought to their attention.”***

***“It speaks to the lack of representation as there are lots of subtle things that play out that certain people can’t recognise.”***

Race, gender, disability (mental and physical health) and gender identity were the four protected characteristics mentioned where this was a feature of BHD. There were also examples of bullying and harassment which participants did not attribute to any protected characteristic. Participants suggested that race and gender were the issues that people "care about most", and that there was less of an appetite to think about other areas or consider doing things differently.

## Reporting bullying harassment and discrimination

The starting point for raising concerns is ensuring that there is clear and shared understanding of what counts as BHD and inappropriate behaviours within the CSMH context, particularly those behaviours that show in more subtle and nuanced ways. Participants want to understand the options, support and protections that would be in place should they raise a concern.

Confidence in the process was considered essential if concerns were to be raised. Knowing that an individual would be safe, receive appropriate support and that someone would be held accountable if BHD was established were some of the prerequisites for confidence. Two participants also said that knowing that others were reporting concerns, which were then dealt with effectively, would encourage reporting and build confidence. Participants spoke of frequently about the 'emotional load' and potential 'retraumatizing' effect that raising a concern could have, therefore having examples and an understanding of consequences would inform an individual's choices in these circumstances.

Staff across all groups appeared to favour more informal approaches to reporting, which included speaking informally with a line manager. There was considerable support for direct communication and informal options to be built into the process. This was seen as important in enabling and empowering individuals to intervene early and create opportunities to explore situations, where this is preferred by the 'victim/survivor'. It was suggested that this would "reduce accusation doing the rounds ... without being able to have a conversation," and provide "a way to voice issues without being immediately accusatory".

Preference for informal mechanisms was reinforced by the survey and participants knowledge of routes to reporting, where twice as many participants were aware of informal routes compared to formal routes to reporting.

Informal and formal routes to reporting, would affect the options that are available. For example, concerns raised anonymously or informally are less likely to be investigated in the same way as a formal complaint, although other interventions would be available.

Most responses to reporting focused on the need for a clear process, multiple options for reporting, appropriate support and seeing and hearing that others have taken action that led to an appropriate outcome.

Six participants had experienced bullying and harassment; four said the matter was taken seriously and effectively dealt with and two participants said that the matter was not dealt with appropriately. In almost all these situations, participants turned to individuals they knew for support rather than rely on organisational policy or a formal process. Participants value being able to turn to individuals they know for support, although it was acknowledged that this could place work on too few within the CSMH, as well as mask the level of BHD that exists due to the challenges in monitoring.

Survey respondents who reported BHD, indicated that they were supported and the concerns were dealt with well.

***"...an incident ... was handled quickly and sensitively."***

***"... my manager and other senior staff dealt with it really well, and I was supported."***

***"I received support from colleagues... Someone stepped up without me having to ask."***

Participants want to be able to influence how their concerns are dealt with, stating that it was important that matters were not taken outside of their control. They indicated that CSMH's approach should be "survivor centred" and include being consulted and having 'safe spaces' to explore their options, needs and wants. The need for safe spaces was also identified in the staff survey; however these do not always meet the needs of all staff, specifically where power dynamics play out in the group which prevent a participant from benefiting for the process.

***"Not being involved, I had conflicting feelings because I wanted to be asked about how this would be brought up ..."***

Participants from across all groups made statements which showed that they relied, or would rely, on the relationships they had with trusted individuals within the CSMH. Source of informal support included senior colleagues, peers and line managers. Partners and others also identified their own organisation as a source of support.

Line managers and the CSMH directors also featured positively in the survey where they scored the highest response to the question - 'How much do you agree/ disagree that the following (roles and functions) would deal effectively with any complaint of BHD. This was consistent with the focus group findings that line management relationships were generally valued. Two participants suggested that the 'core senior team' were not fully committed to addressing BHD; the survey results suggest that 'respondents were more ambivalent about the Executive Deans, Vice Provost and KCL.'

***" If something happened, I would go to those people, I wouldn't think about the procedure"***

***It's about building soft power."***

The emphasis across all groups was on informal relationships and mechanisms to resolve BHD concerns. Participants repeatedly referenced 'safe' spaces as helpful in providing opportunities for informal group discussion and reflection. Those who had participated in reflection and network groups, including those for people of colour, said these were helpful in providing a space for reflection and support.

Four participants, including a senior participant, questioned whether they would report an experience of BHD. Participants said they would feel more comfortable raising a concern on behalf of someone else rather than about themselves, as the former was considered easier.

***"... but if it were me, I don't know if I'd feel that comfortable. It carries personal costs when it's you."***

***"If I saw it happening to other people, I feel there are people who would help, when it comes to yourself, it is harder..."***

The EDI group and Human Resources (HR) were both mentioned in discussions around reporting, however neither was proposed as a mechanism for support in BHD matters. There was a suggestion that it had something to do with the perceived lack of diversity of CSMH's EDI group, where the leaders and facilitators of the group are "mostly white", and where, the "people of colour don't speak very much." It was also mentioned that there may be a perception that HR exists to support and maintain a status quo which represents an organisational system that lacks diversity. It was acknowledged that those who are more likely to face BHD should not be required to carry the "emotional load" associated with challenging or championing EDI issues. Neither should these individuals be asked or assumed to speak for everyone who shares their protected characteristic(s).

***"Whatever process is generated, it needs to feel absolutely safe and doesn't endanger the person who is already at the centre."***

Whilst just over half (10) survey respondents indicated that they would not be concerned about being treated unfairly if they were to raise an issue; 4 respondents said that they would not informally raise a concern about BHD and 6 respondents said they would not make a formal complaint about BHD.

## **Barriers to reporting Bulling, Harassment and Discrimination**

A general concern across all groups was the lack of clear information detailing how to get support and options for reporting BHD. Both staff and partners indicated that they were not always sure who to talk to; this was particularly difficult for staff when the BHD came from within their team. The relationship between CSMH and KCL also increased confusion around support and reporting. This has already been identified by CSMH's EDI group with a suggestion to map existing resources.

***"With somewhere like kings and the Centre you're not sure where you're affiliated properly and who inside each department would you go to, so that would need to be made clear. It's complicated as the centre spans so many different faculties."***

The images of the organisation as 'intangible' and 'fluid' were also identified as potentially inhibiting, for participants when considering how they might respond to an incident of BHD. Two Individuals stated that not knowing what to do and the absence of a code of conduct would increase feelings of paralysis; whilst partners and others said they would go to their host organisation or do nothing.

Where bullying or harassment was, or would be identified, participant said there were a number of considerations that would inhibit or motivate them to raise or escalate a concern.

There was a lot of discussion within the staff groups about "thinking strategically" or having a "strategic mindset" before deciding whether to raise a BHD concern. Those earlier in their careers, gave this decision more consideration than others who were more senior or external to CSMH.

***"I have to be strategic about lot of things, as my experience has been pushback when bringing things up then and there."***

***"There's a mental toll of thinking strategically, it ruminates in your head and you feel like you're gaslighting yourself and you think, do I go to someone higher than them, what if they are friends? It's exhausting!"***

***"There's a careful assessment process before you take action..., weighing the pros and cons e.g., would people support me in CSMH."***

***"For anyone on grants or fixed term contracts means it's hard to raise issues with people that literally do your contracts or take you to the next grant, I've seen people taken off papers ..., taken off grants. Senior professors not facing any repercussions where multiple formal complaints were made against them, so if you work in that person's field you're pretty stuck if you've challenged them as they have influence over the whole research area where you might go for another job."***

Two participants said that senior staff who attract considerable funding are allowed to behave badly.

***"it's all about how much money you generate, so the people that generate lots of money feel they are never going to change because why should they, and people just starting out on one- or two-year contracts are thinking about ... will speaking out affect my opportunities"***

Participants described the issues they would need to weigh up before deciding whether to raise a concern. The most significant consideration was the fear of negative consequences and repercussions related to job security and career

progression. This was repeatedly highlighted across all staff groups and levels but was seen to place those early in their careers at greater risk.

***"Regardless of how something might be dealt with, it's hard to say something without being worried about your career prospects."***

***"The relative insecurity of people's jobs and the potential consequence of your actions make it more difficult to raise issues because job security is always at the back of your mind."***

***"You're thinking about your job security and you don't want to upset someone and then realises everyone knows everyone and if you get discredited that can be it ..."***

Participants in the staff groups said that individuals are "terrified" that a report or complaint of BHD would ruin their career. Two participants admitted that they had experienced incidents of bullying where they either chose to stay silent or just did not say anything because they were unsure who they could trust.

***"You don't know who is friends with who,"***

***"I go to people I trust but the stuff I've seen around people calling out bullying and harassment ... can ruin your career..."***

***"It can cause so much emotional labour that it's not worth it, and do I really want to give that much energy to an institution that's so structurally ..."***

Fears around job insecurity were attributed to the culture within academia and of fixed term contracts which result in individuals relying on their supervisors to provide a good reference for future roles. This reliance can make individuals, "feel powerless" to challenge issues.

Job insecurity considerations prevailed even though individuals have recourse to legal protection should they be victimised for bringing a complaint of harassment or discrimination. However, the legal position did not mitigate participants live experience of organisational culture and practices.

Other related considerations would include:

1. Who the 'perpetrator' is, particularly their role, status, and networks
2. Who was the target of the inappropriate behaviour, including where they are in their careers (e.g., PhD student, early career researcher, senior manager)
3. Whether the behaviour was directed at an individual in a personal way or whether it is perceived to be part of the organisational culture

***Is this is how people communicate within the organisation?***

***"Is this a hierarchical thing or is just how I'm going to be spoken to?"***

4. The emotional toll associated with reporting a concern

**"Not reporting was a conscious decision; it was emotional labour and not wanting to put anymore in..."**

5. Being labelled a troublemaker

**" Will this hurt me later down the line, getting labelled a troublemaker and having later networking opportunities turned down because of it"**

6. How the behaviour would be perceived by others. This was related to whether a participant could confidently identify the behaviour as BHD and "not knowing what counts" as an issue. This lack of clarity was identified in the staff survey and across the focus groups. For example, several participants questioned whether reporting micro aggressions would be seen as "making too big a deal" of inappropriate behaviour and second guessed whether others would let this go, by simply ignoring it.

Examples of negative repercussions also serve to dissuade individuals from reporting. Power dynamics was raised by nine participants. It was suggested that power imbalances mean that bullying and harassment is very possible. They are often associated with positional, personal and resource power. These dynamics shape the relationships between people within the organisation and have the effect of enabling some and silencing others. In the context of bullying and harassment this silencing leads to exclusion where people are marginalised and made to feel powerless.

It is important to acknowledge the power imbalances that exist, even where there is a commitment to work on a more equal basis. Power dynamics are a key consideration when developing a code of conduct to avoid reinforcing the imbalance and ensuring that mitigations exist.

## Participant priorities

The four broad areas of priorities for participants were: strengthening knowledge and understanding of BHD; a code of conduct; the approach to be adopted; historic and structural issues.

Participants want CSMH to focus on strengthening knowledge and insight and develop "a baseline understanding" within the organisation. They also want to be able to identify the range of BHD behaviours, included micro aggressions that show up in academia. The focus here for participants was the need for increased confidence in identifying and navigating BHD issues. Participants want BHD behaviours to be defined and would welcome commentary or guidance specifically around micro aggressions.



Participants want a code of conduct which defines behavioural expectations, defined within a clear written code of conduct against which all staff, stakeholders and partners are held accountable. The code should address how BHD concerns should be reported, safe action and the steps and potential outcome at each stage of the process. Procedural priorities involve ensuring clarity around behavioural expectations.

***"... to have everything written down in the code, so things are specifically for the centre and the expectations are there and have something to hold people against, ... and if things go wrong the centre holding themselves accountable ..."***

The approach to addressing participants concerns is high on participants' agenda. The aim is to adopt a 'victim/survivor centred approach, create safe and reflective spaces, encourage meaningful conversation and support informal action.

***"prioritise safe action, in previous places people would get support but it would be harder to make the leap into action and so talking to each other almost helped the structures as it was getting the emotional support without anything changing."***

Participants, particularly those within the partners' group would like CSMH to engage in work that enables the organisation to discuss historical and structural issues that give rise to the inequality. Some participants strongly articulated the need to shift the conversation from an individual behavioural focus to one that acknowledges and addresses broader institutional issues that give rise to BHD behaviours.

## Beyond the Code of Conduct

There were a number of issues that were identified frequently by participants which whilst outside the scope of the brief are important highlight. Historic and structural issues

From the outset members of the partner group and beyond, focused on slightly different concerns to staff; their interest lay in exploring the historical context and structural issues that give rise to BHD; some participants said this would be a more effective use of time. This partly reflected the fact that some participants within this group saw BHD as more likely to affect internal staff. *There was also concern that a code of conduct could reinforce the unequal structures that already exist.*

***If just mitigates the pain they cause rather than dismantling the structures. So, if we know what makes B&H possible, we need to get rid of these structures that allow for this and develop a culture that involves chipping away at the structures?***

This led to some constructive questions around the purpose and value of the focus group process. Participants identified the pressure and oppression that certain groups experience and felt that BHD is only a small part of the picture, and the 'labels' were not helpful in exploring what was felt to be deeper issues. To a lesser extent, there were frequent questions and comments that placed BDH within the wider context, for example sexism and racism.

**"To what end is all this",**

***"We all want to be a part of this place having no harassment etc but if all we ended up with was a bullying and harassment policy it wouldn't be that big of a deal to me."***

***"The centre ought to be doing work on how people are treated and how we do our work, and the risk of not tackling that is that we are at risk recreating a lot of that oppression"***

## Recruitment and Selection

Recruitment and selection practices, including employment contracts, were highlighted by some participants as something that needed to be overhauled. Participants suggested that if CSMH is to improve diversity and inclusivity, processes which are barriers to diverse representation ought to be addressed. Where the organisation advertises, narrow selection criteria and selecting for specific norms, are some of the areas of practice that participants believe act as barriers and therefore need greater consideration and change.

In this instance, the meaning of organisation extended to KCL, IoPPN and SSPP. Participants would like to see a move beyond what some said was a tokenistic recruitment approach.

Recruitment and selection challenges were also mentioned by survey respondents. They stated that CSMH needs 'increased representation due to the nature of our work'. It was also suggested that the centre needed practices that are inclusive and attractive to underrepresented applicants.

## Recommendations

Most participants agree that CSMH would benefit from a code of conduct as a starting point to articulate behavioural expectations. This would help focus attention on the ways in which individuals communicate and relate with each other. There are employer and employee led organisations and resources that could inform and support the development of an effective code of conduct, including UK Research and Innovation (UKRI) recent evidence review on 'Bullying and harassment in research and innovation environment'.

One effective approach is the "Report and support" online tool being implemented by some universities, which brings together BHD resources in one place. Manchester University provides an example of this approach which includes a number of features that may be of interest to CSMH.

To develop an effective Code of Conduct, we recommend that CSMH:

1. Establish a small, but temporary representative group of staff and partner organisations to co create a code of conduct. Equip the group with adequate resources to successfully complete the task.
2. Review the definitions of BHD and provide examples to promote understanding of how these behaviours show up within academia. Ask staff and partners for examples that illustrate behaviours that are relevant to CSMH setting. Consider extending rather than changing definitions where appropriate. We advise that CSMH resolve any potential conflict between new/ revised terms and existing legal or established definitions. Harassment and discrimination are legally defined terms; whilst the definition of bullying is well established and reinforced by organisations such as ACAS, Equality and Human Rights Commission (EHRC) and trade unions
3. Improve the provision of information on BHD, and as suggested by the EDI group, map and share existing resources, finding way to encourage individuals to engage with the information and opportunities that this presents. Ensure CSMH is acting on information and recommendations within the wider system such as UKRI's evidence review.
4. Clarify organisational structure and relationship between CSMH and KCL where BHD policy or practices differs.
5. Develop and communicate a clear statement and guiding principles for behavioural expectations which form the foundation for a code of conduct. The principles and code of conduct should be capable of meeting the needs of staff, stakeholders, and partners. Some participants state their need to hear clearly and unambiguously that certain behaviours, including micro aggressions, are inappropriate and unacceptable.
6. Implement a clear, simple, and effective process/ Code of Conduct which enables staff and partners to understand the steps for reporting BDH and other inappropriate behaviours informally and formally. This would include appropriate measures and consequences and provide examples to illustrate how the process would work.
7. Strengthen early and informal interventions, where this is the preferred option of the 'complainant' and would be an appropriate response to concerns raised.
8. Ensure accountability for the implementation of the Code of Conduct, including a centralised mechanism for monitoring BHD concerns for the purposes of learning and targeting action and resources where necessary.
9. Incorporate restorative approaches that seek to repair harm and promote accountability alongside more traditional measures. Consider early conflict resolution, mediation, facilitation, and the creation of 'safe' spaces to explore

and address concerns constructively. Individuals involved should be given the option of to be supported, for example by a facilitator, mediator or manager. The conversation would require external intervention in the role of a facilitator, observer, and supporter.

10. Invest in 'training' that develops knowledge and awareness to enable staff and partners to recognise overt as well as subtle examples of BHD behaviours. Ensure managers also undertake this development. Investment in training should seek to create opportunities for meaningful conversations that reflect the values driven approaches of CSMH.
11. Ensure issues beyond gender and race are also highlighted and addressed. As a minimum ensure that all protected characteristics are addressed to demonstrate that all forms of BHD are unacceptable.
12. Introduce a support and report process which include the following:
  - a. safe action
  - b. multiple routes to reporting
  - c. an option for anonymous reporting,
  - d. provision of internal and independent external support
  - e. 'victim/survivor' centred approach - which meets the individual needs for support, information, and options
  - f. restorative measures such as mediation
  - g. Individuals, with BHD role, able to offer advice, support, and guidance. It is likely to strengthen confidence in the process if some of the individuals were external and independent of CSMH
  - h. takes account of the concerns and needs of everyone involved: 'victim/survivor', alleged perpetrator and others who are directly/indirectly affected
13. Address organisational risk factors that increase workplace BHD. These include role conflict and role ambiguity, unreasonable job demands, job insecurity, leadership style and organisational culture. Implement practices that mitigate these risk factors. Suggestions from a senior manager increasing length of contracts where possible and consider having a single line manager for an individual. (Zapf & Einarsen, 2011).
14. Schedule opportunities to explore historical and structural inequality as it relates to the wider system. Use opportunities to develop and test out practices that are of interest to groups. For example, one participant suggested agreeing a list of questions that would support critical and reflective thinking at the start and end of a meeting or project.

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**Challenge Consultancy Ltd**  
London N22 6US

Tel: 020 7272 3400  
Web: [www.challcon.com](http://www.challcon.com)

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