

## WHISTLEBLOWER RETALIATION CHECKLIST: A NEW INSTRUMENT FOR IDENTIFYING RETALIATORY TACTICS AND THEIR PSYCHOSOCIAL IMPACTS AFTER AN EMPLOYEE DISCLOSES WORKPLACE WRONGDOING

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**Abstract:** Whistleblowers are an often misunderstood and miscategorized group of employees who suffer retribution for being relators of organizational wrongdoing. They step forward because they feel compelled to speak out against illegalities, improprieties, or injustices that could cause harm to the public welfare or to other individuals. But, when whistleblowers take on powerful, entrenched systems whose leadership has perpetrated or condoned these injustices, retaliation, harassment, and discrimination often ensues. These workplace traumatic stressors have long-term psychosocial impacts on these ethical individuals, but the toxic retaliatory tactics used against them are not well documented, classified, or quantified. The mental health profession needs to have a trauma-informed framework for understanding the taxonomy of workplace retaliatory tactics and the means to help their patients mitigate the psychological distress these individuals face. This is especially important when conducting forensic exams for treatment or compensatory damages. Furthermore, organizations that want to be salutogenic for their staff, effective in their missions, and conserve their public and often global reputations need to incorporate whistleblowing protective practices into their management structure and social cultures. This article analyzes the Whistleblower Retaliation Checklist (WRC) survey results, hundreds of peer support conversations with whistleblowers, and it offers a comprehensive literature review. It is meant to give insight into the psychosocial impacts of life after whistleblowing and the need for a new mental health paradigm to emerge for all employees, first relators, and their employers.

**Keywords:** whistleblower, retaliation, workplace, first relators, wrongdoing, toxic tactics, psychological impacts, workplace traumatic stress, workplace promise, hostile work environment, identity disruption, moral injury

### Introduction

Whistleblowing has been globally accepted for decades as an effective means of battling corruption and defending public safety (European Commission 2014; OECD 2012). The severely detrimental social effects of silencing and retaliating against whistleblowers, while internally covering up the reason(s) for their disclosures, has been clearly and effectively demonstrated by corporate scandals, such as Enron and the BP Gulf disaster (Mansbach 2011).

When employees blow the whistle on fraud, crime, or unethical practices, they often face retaliation, harassment, or discrimination as their organizations attempt to cover up or minimize the dangers involved and to protect the organization or individual leaders from accountability or liability. Even though there is a long history of whistleblower laws and protections in the United States, beginning with the First Amendment, the inefficacy of these protections is demonstrated by the institutional violence used by management to silence, discredit, and/or ultimately forcibly remove the

whistleblower from the workplace. These retaliatory tactics can result in Workplace Traumatic Stress (WTS), which causes Moral Injury (MI) to the whistleblower and can lead to posttraumatic stress disorder (PTSD), depression, substance abuse, and even suicide (Volpe, 2014), (Fotaki, 2015), (van der Velden, 2018).

Furthermore, corrupt leaders have turned the term “whistleblower,” into meaning muckraker, snitch, rat, tattletale, mole, or leaker, even Microsoft® uses those negative terms in its synonym search for “whistleblower.” This infers a negative connotation and creates stigma around an ethical practice (Kohn, 2011). The legal definition of whistleblowing is: “The disclosure by a person, usually an employee in a government agency or private enterprise, to the public or to those in authority, of mismanagement, corruption, illegality, or some other wrongdoing.” (West's Encyclopedia of American Law, edition 2. (2008). Whistleblowers perform an important public service when they act against harm, such as when they disclose medical errors, wrongful deaths, contamination,

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sabotage, billing fraud, human trafficking, or safety hazards.

Yet, leadership within the organization vested in covering up the wrongdoing will use toxic and unethical tactics against the whistleblower who then suffers the psychosocial consequences (Kohn, 2011). These tactics are a form of interpersonal violence that is created by a corruption of the institutional and ethical standards in order to exclude the whistleblower (Kenny et al., 2018) and minimize the culpability and damage to those responsible within the institution. Compounding the problem for the employee is that there is no clear and consistent definition as to what constitutes retaliation or reprisal. It can be nebulous and subjective based on each agency's own guiding policies and directives. For example, the Occupational Safety and Health Administration (OSHA) (2013) provides a comprehensive list of actions it considers to be retaliation if an employee has already made a protected disclosure. It states that:

Applying or issuing a policy which provides for an unfavorable personnel action due to an activity protected by a whistleblower law enforced by OSHA, blacklisting, demoting, denying overtime or promotion, disciplining, denying benefits, failing to hire or rehire, firing or laying off, intimidation, making threats, reassignment to a less desirable position, including one adversely affecting prospects for promotion, reducing pay or hours, and suspension is retaliation.”

The U.S. Equal Employment Opportunity Commission (EEOC) also provides a category of actions that it considers retaliatory to an employee that has made a protected disclosure. It includes increased scrutiny of the employee, poor performance evaluations, making the work more difficult, reprimanding or transferring the employee to a less desirable position, threatening to make or making reports to authorities against the employee, verbal abuse, and spreading false rumors about the employee.

While the Department of Veterans Affairs (VA), which generates almost half of the Office of Special Counsel's workload, (Department of Veterans Affairs Office of Inspector General (2019, October 24) Report #18-04968-249. Office of Accountability and Whistleblower Protection: Failures implementing aspects of the VA accountability and Whistleblower Protection Act of 2017) limits its description to: “Whistleblower retaliation refers to a supervisor taking or failing to take, threatening to take or not to take, a personnel action because of a whistleblower disclosure.” (Department of Veterans Affairs. (2019, September 10) Directive 0500 Office of Accountability and Whistleblower Protection: Investigation of

whistleblower disclosures and allegations involving senior leaders or whistleblower retaliation.)

While some of these institutional descriptions are more deficient than others, none of them provide an effective, consistent measurement of the vulnerability and damage to the whistleblower as an outcast of a community that s/he previously used to identify themselves with (Kenny 2018).

The Whistleblower Retaliation Checklist © (WRC) was created to help employees identify the toxic tactics of retaliation so that the psychosocial impacts could be better recognized and treated. The WRC categories gaslighting, mobbing, marginalization, shunning, devaluation, double-binding, blacklisting, (counter) accusations, and violence (Figures 1-9) related to retaliation against the whistleblower. These are all extraordinarily strong elements of an MI that undermines the individual's sense of morality and self and isolates him/her from the society that he/she so deeply values. In the medical profession, for example, the retribution and shame associated with identifying medical errors, “discourages physician and other healthcare professionals from admitting their mistake” (Mehlman, 2006). If employees seek justice or rectification, the adversarial nature of the legal process can take years to adjudicate and can cost the whistleblower thousands of dollars (Devine, 2011), which compounds the psychosocial impacts on their lives and on their families.

Therefore, there needs to be an opened aperture into the cross-cutting cultural and occupational factors of WTS and its impact on the socio-economic status of employees (SAMHSA, 2014) because employment is how adults provide for their physiological needs as described by Maslow (food, shelter, and clothing) (Maslow, 1968). It is also how a majority of the individuals within a society define and inform their identity and empower themselves (Kenny, 2018). This ability translates into obtaining and maintaining gainful employment, a living-wage paycheck, benefits (i.e. health coverage, life insurance), and incentives for retention, and retirement. Additionally, for the majority of adults, half of the eight Ericksonian psychosocial developmental stages, occur during the work-life years. So, the workplace and its relationships are vital to human survival and psychological well-being. The relationship of the individual to the workplace, when extensive and long-term as it is for the average employee, creates an effective psychosocial attachment. It characterizes the individual's loyalties, morals, purpose, and identity. Whistleblower retaliation and the disruption of workplace attachments normalizes toxic environments and other forms of workplace violence that leads to MI. Retaliation exposure can result in mental illness including an identity crisis and alienation (Kenny 2018) and skews previously held

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world views and beliefs. This connotes a serious injury to the psyche comparable to surviving a combat zone, or a major disaster/terrorism or contracting cancer, and can cause traumatic stress because of the way in which the exposure to unethical behavior and injustice change previously held world views (Fotaki, 2015). Eventually, the damage to self can become significant to the individual. Ethical dissonance can lead to physical health conditions because it triggers stress-related and autoimmune disorders (Schnurr, 2003).

Therefore, it is important to delineate the taxonomy of workplace toxic retaliatory tactics and their psychosocial effects on the worker and the workplace. There are reliable treatments for WTS and PTSD, but the context of a hostile work environment and the

**Table 1: Categories of Retaliation by Expert Organizations**

conditions of this type of MI must be understood before they can be treated.

### *Developing a Taxonomy of Workplace Retaliatory Tactics*

To understand the impacts of retaliation, there first needs to be a trauma-informed taxonomy to better classify the toxic management tactics that create a hostile work environment and WTS. On the WRC, these tactics were grouped into the 76 items based on unstructured peer support conversations with a hundred whistleblowers and a meta-analysis of the literature (Garrick, 2017).

OSHA	EEOC	WHO	WoA/WRC	Results of WRC Instrument (Most individuals reported more than one insult) (% Reported)
Denial of Benefits	Increased Scrutiny	Poor Environments	Mobbing, Shunning, Accusing	9
Reduction of Pay or Hours	Poor Performance Evaluation	Meaningless Work	Devaluing, Accusing	1
Denial of Overtime or Promotion	Making Work More Difficult	Inappropriate Demands	Double-binding	2
Demotion	Reprimanding	Lack of Control	Gaslighting	2
Reassignment to a Less Desirable Position	Transfer to a Less Desirable Position	Isolation	Marginalizing, Shunning	18
Blacklisting,	Threaten to Make or Making Reports to Authorities	Insecurity	Blackballing,	23
Intimidation and Threats	Verbal Abuse,	Harassment	Emotional, and Physical Violence	33
Failing to Hire or Rehire	Treating a Family Member Unfairly	Bullying	Blackballing, Emotional Violence	54
Disciplining	Spread False Rumors	Mobbing	Mobbing	7
Firing or Laying Off	Physical Abuse	Violence	Blackballing, Physical Violence	13

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Table 1—Whistleblowers experience categories of retaliation as defined by the EEOC, OSHA, and the WHO, as collected in interviews of responses to an open-ended questionnaire. N=89 responders.

The multiple domains defined by the victims were stratified and compared to the 10 risk factors identified by the World Health Organization (WHO), which developed a framework for evaluating psychosocial workplace hazards with critical elements related to organizational culture and interpersonal relationships. In its body of work, WHO identifies these risks as related to poor environments, meaningless work, inappropriate demands, lack of control, isolation, insecurity, harassment, bullying, mobbing, and violence. In turn, these WTS risks are found to have a detrimental impact on employees' physical, mental, and social health status (Leka, 2010) as they are designed to stigmatize, discredit, intimidate, and silence the whistleblower and are not only toxic to the individual, but to the organizational culture, co-workers, and the client base that the institution serves.

The WRC inventory considered whether WTS factors could be seen through the lens of a trauma-informed socio-ecological model. The WRC evaluates nine toxic tactic domains, which include mobbing, gaslighting, devaluing, marginalizing, shunning, double binding, accusing, blackballing, emotional harassment, and physical violence (Garrick, 2018). The WRC inventory divides these into two parts. The first part is eight questions that are designed to identify the nature of the WTS in accordance with PTSD Criterion A for a stressor(s) as identified by the DSM-5. The second set of 76 questions are indicative of the 9 domains and their related symptomatology. For each indicator positively endorsed, a point is added to the scoring, which is as follows:

- Responses totaling 0 – 10 points assign a value of **none to minimal** Whistleblower Retaliation
- Responses totaling 11 - 25 points assign a value of **mild** Whistleblower Retaliation
- Responses totaling 26 – 50 points assign a value of **moderate** Whistleblower Retaliation
- Responses totaling 51-76 points assign a value of **severe** Whistleblower Retaliation

## Method

### Participants

A self-selecting survey was conducted through a link on the WoA website<sup>1</sup> that ran openly for a year and generated a sample size of 100 respondents, but with only 72 participants completing all parts of the survey ( $n=72-100$ ). Participants were either referred to or randomly found the website survey by googling words, such as, “whistleblower” and “retaliation” then

asked during follow up interviews if they had taken the survey. Of the WRC completions, most of the respondents were female (59.7%), white (84.7%), between the ages of 45-54 (45.2%), employed full time (50.7%), (43.6% were terminated or on administrative leave and 26.7% reported resigning), were earning over \$100,000 (27.8%) and were college educated (94.6%). As a general comparison, there are over 150 million working adult Americans with 42% female, 42.8% white, a median age of 42.2 years and with average earnings of about \$90,000 annually for (comparative) advanced degree holders, (Bureau of Labor Statistics, 2018) in 2017.

Based on the demographics of WRC respondents, whistleblowers were most likely to be well educated females in higher earning capacities (probably mid-career based on age) when they disclosed wrongdoing at their jobs. Except for gender, these demographic factors were previously found in another study that looked at correlations between personality traits (sense of fairness, proactive, and extroverted) and the ability to break with organizational cultural norms and loyalties to dissent against unethical behavior (Dungan, 2015). The gender difference may be explained by a British study, which posits that women are more likely to be whistleblowers because they are also more likely to be victims of gender discrimination, harassment, and a hostile work environment (Cozzi, 2018). Since 2015, a longitudinal study by McKinsey and Lean In, found that despite years of increased participation in the workforce, women still face racism and sexism at a greater rate and are “underrepresented at every level” especially women of color (Thomas, 2018), which could also explain this gender variance. However, WoA has had a significant number of veterans who also have acted as whistleblowers and seem to fit the profile described by Dungan et al, (2015) but veteran status and propensity for whistleblowing would need further study to be a more definitive predictor of relator behavior.

## Procedures

The WRC was designed with consideration given to the PTSD Checklist (PCL) and the Clinician Administered PTSD Scale (CAPS). The PCL and the CAPS are considered gold standards for assessing traumatic stress and the two inventories have a correlation (Lunney, 2014) but are not specific to the workplace. Also considered were Beck's Depression Inventory (Beck, 1996) and the Columbia-Suicide

<sup>1</sup> [www.whistleblowersofamerica.org](http://www.whistleblowersofamerica.org)

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Severity Rating Scale (Posner, et al., 2010) because of their ability to document feelings of discouragement, hopelessness, unfairness, and failure, which are themes often described by whistleblowers during WoA peer support sessions.

These inventories were reviewed for their relevance in documenting symptomatology caused by a hostile work environment. However, since whistleblower retaliation is not clearly addressed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a traumatic stressor for a diagnosis of PTSD because “death, serious injury, or sexual violence” (American Psychiatric Association, 2013) may not be clear, whistleblower retaliation can be overlooked by diagnosing clinicians or passed off as “job stress.” Although, a similarity could be drawn between whistleblower retaliation and religious persecution because of the systematic maltreatment of an individual because of their belief (ethics v. religious) system.

In the context of prolonged exposure to emotional abuse, a hostile work environment (via the toxic retaliatory tactics), threats to one’s livelihood or financial stability, and adverse family impacts (van der Velden, 2018), whistleblowers have discussed several symptoms related to PTSD and depression that the WRC was developed to more specifically document. Part I of the WRC are open ended questions that capture the nature of the workplace stressor(s), and these responses are summarized in Table 1. Part II is a series of 75 Likert Scale, 5-7-point indicators or yes/no questions that measure the nine toxic tactic domains. These responses are discussed or presented as graphed data in Figures 1-9. The last set of questions capture respondent demographic features. The WRC survey ran on Qualtrics Survey Software™ and elements were peer reviewed before inception.

### Data Analysis and Results

#### *Workplace Traumatic Stress (WTS) and Moral Injury (MI) Factors:*

The first eight WRC questions were qualitative and required open ended responses to identify the nature of a workplace traumatic stressor(s) in relation to the DSM 5 criterion A for a PTSD diagnosis (direct/indirect exposure, learning/witnessing) (American Psychiatric Association, 2013). For WRC respondents, the wrongdoing happened directly to them 79.4% of the time, 15% witnessed it, and 5.5% learned about it. In describing “the worst event at work” most acknowledged one or more of the following themes; being terminated, demoted, undermined, humiliated before peers or ruined reputation, harassed, bullied, alienated, isolated,

falsely accused, privacy violated, threatened or emotionally abused, assaulted, injured or victimization/harm to others, arrested, and/or suicidal. These themes were consistent with other research that found that workplace bullying and (non-sexual) harassment could lead to PTSD (Matthiesen et al., 2004, Einarsen, 2000).

Employees experience ethical dissonance or a conflict of consciousness when they believe that harm (physical, emotional, or financial) is being done to others, especially if they see themselves as complicit (bystanders) if they do not expose it to authorities. What employees consider to be immoral, improper, or illegal is based on family values, professional codes of ethics, organizational standards of conduct, or training (Sture, 2013; Edwards et al., 2018). The most common wrongdoing disclosed by survey respondents was waste, fraud, and abuse of authority or funds, impartiality/favoritism/nepotism (35.6%) followed by physical or sexual harassment, physical/emotional abuse, bullying or violence (26%), and medical errors, non-compliance, patient safety, death, suicide (19%) while only three respondents endorsed discrimination and one person reported contamination. Ten people (13.7%) reported some other level of wrongdoing. Witnessing or experiencing this level of betrayal of ethics and trust in the workplace can change an employee’s world view and belief systems and leave them feeling morally or ethically injured (Alford, 2001).

There is an ill-defined but still very definitive relationship between Moral Injury (MI) and PTSD. According to the National Center for PTSD, MI is caused when an event “shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth.” (Maugen, 2019). While MI is not a crucial component of PTSD, it is a common one. A diagnosis of PTSD while helpful for individual treatment, does not sufficiently capture the MI to the individual (Alford, 2016). The concept of MI was first coined and researched in 1994 by Shay et al. in a study of Vietnam veterans. It concluded that MI occurs when witnessing, participating, or experiencing a traumatic event shatters the previous held belief system of an individual (Shay, 1994). This breakdown of social norms causes the individual moral confusion, disorientation, shame, and guilt.

The emotional damage of MI is one of powerlessness and loss of autonomy, which is associated with grief at being unable to live up to one’s own values and feeling proud of one’s profession and work product (Alford, 2016). Severe and prolonged MI violations can destroy desire, the will to exist, and even hope for a future. This has been well defined in

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military populations (Litz, 2012) but is also present in other hostile work environments, especially in cases of whistleblower retaliation.

Other research shows that trauma insults our sensibilities and self-conceptualization, especially as it is formulated within a cultural context. Identity disruption, as a serious injury, occurs when psychosocial beliefs are shattered (Boyle, 2017). This element of the WRC demonstrates that a trauma-informed response to a serious injury to one's identity and beliefs should be incorporated into strategies for behavioral health services and used to evaluate "compensatory damages for physical sickness" in court.

Most respondents reported ongoing retaliation and harassment, including threats involving their families. Furthermore, because these cases can take years to adjudicate and decades to recover from, whistleblowers are often left confused by these complex processes and overwhelmed by the legal system while searching for vindication, institutional reform, and restorative justice. (Public Service International, 2016).

Similar among WRC respondents were those who were trying to have their rights upheld or to be made whole while experiencing prolonged exposures to WTS. On the WRC survey, 94.5% had or were in the process of reporting a violation of law, regulation, or policy. Although some were very specific in knowing exactly what the legal violations were, others were more general, or not sure at all. Of those who did report, 46 respondents sought redress from some level of an internal official (supervisor, manager, human resources, general counsel or inspector general), 9 went directly to an external source (Congress, media, or the FBI), and 15 notified both. For those whose stories have gone public, 23.3% said it made them a target for strangers. When asked about the status of their complaint, many did not know what was happening or were still waiting for a response, several had spent thousands of dollars on private attorneys, while only a few reported completed or settled cases. The "not knowing" about the law, investigation statuses, or next steps for justice were sources of extreme stress and anxiety for respondents and WoA interviewees, which were also related to sleep disturbances, intrusive thoughts, and hypervigilant behaviors. The need for justice can be viewed through the lens of trauma survivors who need some form of restoration, correction, explanation/apology, offender punishment or other forms of accountability before they can experience posttraumatic growth (Bismark, 2006).

When asked about their desired outcome, 22 wanted to be able to return to work or retire, another 22 wanted justice and accountability for the

wrongdoing, 6 mentioned some form of damages (back pay, court awards), 3 wanted to return to work and justice, 3 wanted to return to work and damages, 2 wanted damages and justice while 14 respondents felt it was hopeless with no way to make them whole or to stop the wrongdoing. A few also mentioned concerns for their health and wellbeing. Overall, 94.6% said that their quality of life was worse since whistleblowing with only one respondent saying it was better, the rest (4%) felt it was the same. These results demonstrate a psychosocial impact consistent with other studies on whistleblowers and the damage caused by prolonged exposure to retaliation, harassment, and discrimination (Dungan, 2015).

In the second part of the WRC survey, questions were designed to align the nine toxic tactic domains with their psychosocial implications. The following section corresponds to those results.

### Whistleblower Retaliation Checklist © (WRC) Sub Scales

#### *Gaslighting*

"Gaslighting," a term made famous by the 1944 movie, *Gas Light*, in which the abuser tries to convince his wife that she is mad through the flickering of a gas-powered lamp. Gaslighting is defined as the manipulation by psychological means of an individual in order to cause the subject(s) to question their own memory, perception, and sanity and is often associated with bullies, sociopaths, narcissists, and emotional abusers who want to deflect their own wrongdoing and belittle or degrade the intelligence of their victims (Stout, 2005) and undermine their credibility as witnesses.

In the workplace, employees are scrutinized and challenged over disclosure details and complex laws, taunted as overreacting or misguided while the related wrongdoing is minimized or rationalized by their superiors or even the individuals investigating the allegations. Questions related to gaslighting asked respondents if they ruminate when they try not to, 84% said that they did and 87.7% endorsed having intrusive thoughts and nightmares (PTSD criterion B: intrusion symptoms (American Psychiatric Association, 2013)). When asked about others questioning the legitimacy of their memories or facts, 64% agreed to feeling that way to some extent (Figure 1). However, 86.3%, felt confident in their own memories. Yet, a little more than half (54.2%) agreed that trust in their own judgement was diminished and 82.2% felt that their ability to concentrate was also diminished. Every respondent felt some level of persecution for their ethical beliefs or morals. Over 79% of the respondents felt some level of guilt because of the harm caused to

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others (PTSD Criterion D: negative alterations in cognitions and mood (American Psychiatric Association, 2013)) being perpetrated by their organizations. In 83.6% of the cases, respondents felt

that their beliefs about fairness and justice have changed because of their situation while only 8.2% strongly disagreed.

Figure 1: Whistleblowers being “gaslighted”

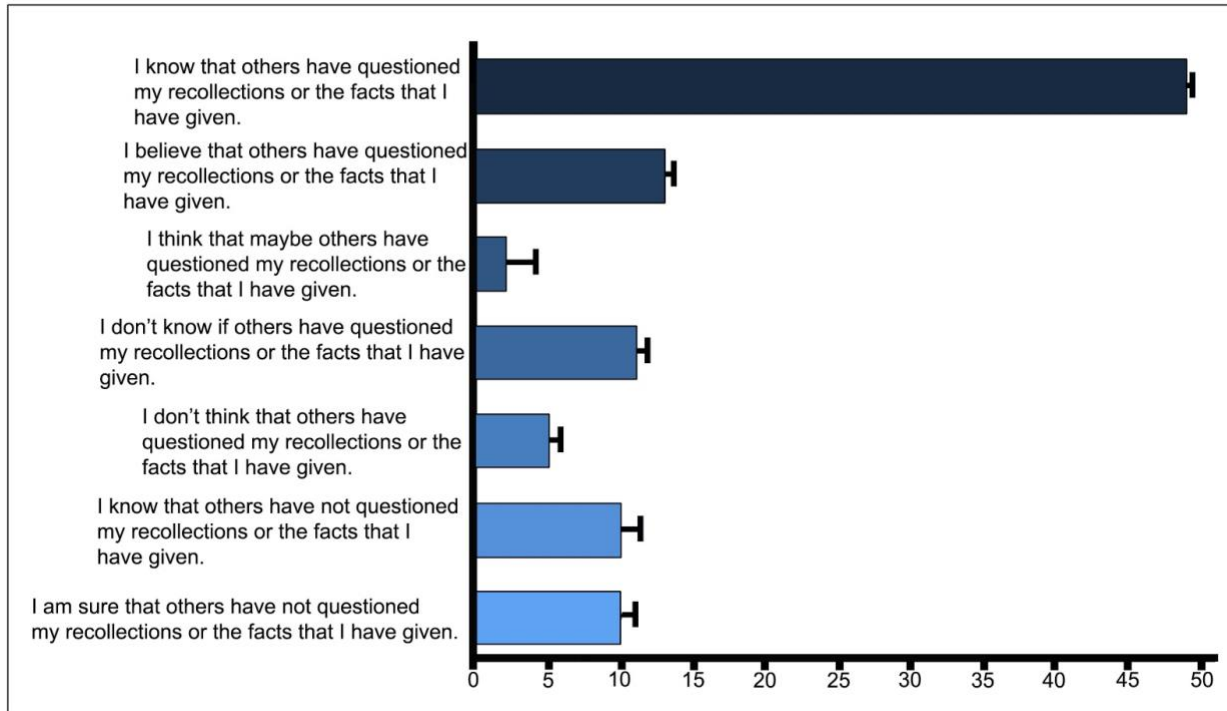


Figure 1: Whistleblowers believe that they have had their recollections or facts questioned unreasonably. 64% of the respondents believed that there was some degree of gaslighting occurring. 49% +/-0.31 (standard error) were sure of it. 13% +/-0.61 believed it, 2% +/- 1.56 thought it might be happening, 11% +/- 0.66 didn't believe it was happening, 5% +/- 0.98 knew that it was not happening, and 10% +/- 0.70 were sure that it was not happening. Standard deviation was 2.2 with a variability of 4.86 for an N=100.

### Mobbing

In sum, “Mobbing” occurs when management directly or indirectly pressures other employees to collude against and inform on the activities of the whistleblower. This includes monitoring their time and attendance, expenses, performance, or other issues and report any infractions. The next set of questions were to validate “Mobbing,” which 87% felt sure that there was a hostile mob organized against them at work while four respondents were unsure and seven thought “probably not” and only two thought “definitely not” (Figure 2). When asked how likely it was that other employees were being asked to monitor them (i.e. attendance, expenses, etc.) almost 80% though it was “slightly” to “extremely likely” (n=56) while only seven people saw it conversely. Almost 60% of respondents were definitely or probably sure

that their personal/private information had been violated, 30.6% were unsure while less than 10% thought it unlikely. Overwhelmingly, over 86% of the whistleblowers felt that they were being held to a different work standard than comparable employees, about 7% were unsure and 5.5% disagreed. There was 100% agreement with concerns over safety and surroundings. There was variance in how respondents perceived their own sense of becoming more irritable and impatient with co-workers with 20.8% recognizing it as always and 23.6% saying never. However, the greatest population (30.6%) felt that they were sometimes that way. However, when it came to being more suspicious of co-workers and limiting who they trusted, all but one agreed. The WRC features related to Mobbing are also in line with PTSD Criterion D: negative alterations in cognitions and mood (American Psychiatric Association, 2013).

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Figure 2: Whistleblowers being “mobbed”

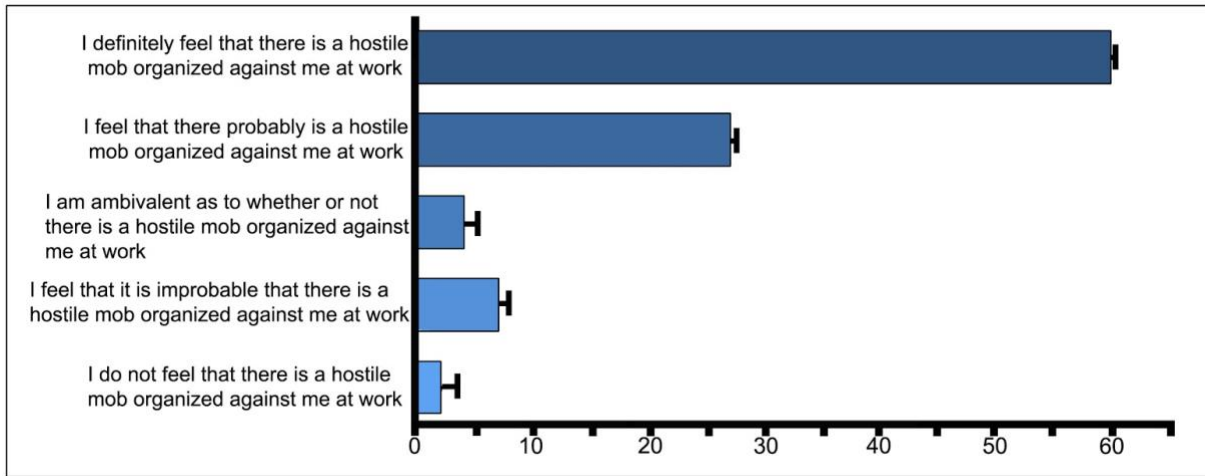


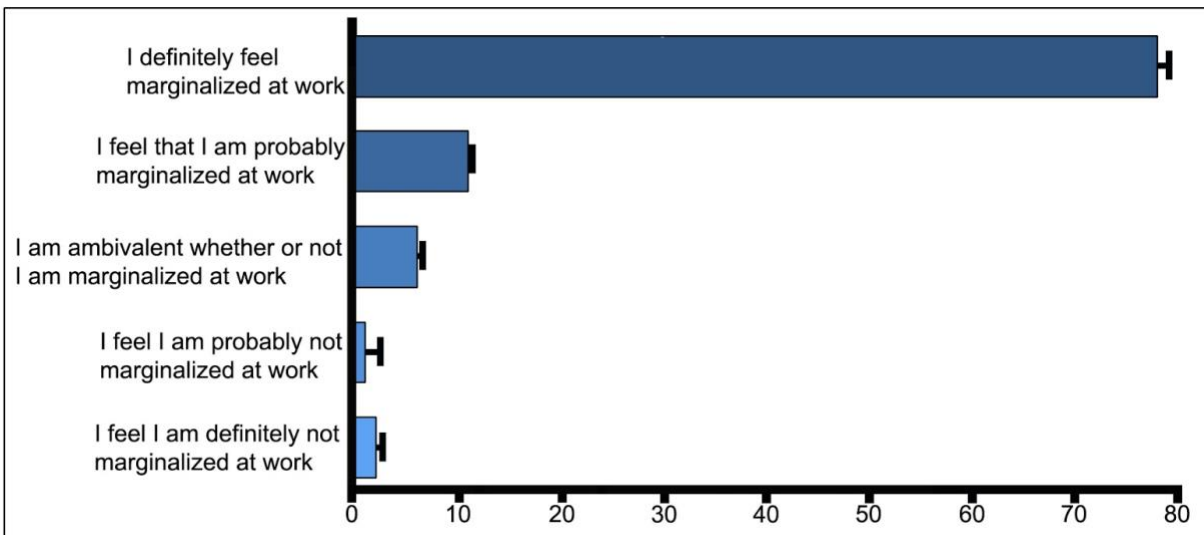
Figure 2: The majority, 87% of the respondents felt that there was a hostile mob organized against them at work. 60% $\pm$  0.13 had a definitive and 27% $\pm$  0.19 had a probable perception of mobbing. While 4% $\pm$  0.49, were ambivalent, 7% $\pm$  thought it improbable, and 2% $\pm$  0.7 did not feel mobbed. Standard deviation was 0.99, variance was 0.97 and N= 100 respondents.

### Marginalizing

Whistleblowers report being “Marginalized” when they are physically moved to minor assignments, relocated to a remote or an inferior location, or detailed to nominal projects not commensurate with their job description, which then enables Devaluing (Campbell, 2017). Marginalization indicators were endorsed by all but two respondents to some degree (Figure 3). Asked if their work assignments had been reduced, minimized, or reassigned, 76% thought they had,

while 14% had not, and 7% were unsure and almost 63% had been moved to a new location or a smaller/less comfortable space. Humiliation was a significant issue for 89% of the respondents as was being embarrassed to talk about the situation with family or friends with only 27.4% saying it did not describe their feelings. Impacts to self-confidence, self-efficacy and self-esteem also suffered in 83.6% of the respondents.

Figure 3: Whistleblowers feeling marginalized





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Figure 3: The majority 89% of the whistleblowers felt marginalized at work. 78% +/- 0.09 definitively felt and 11% +/- 0.24 felt that they were probably marginalized at work. While 6% +/- 0.52 were ambivalent, 1% +/- 0.81, thought it improbable and 2% +/- 0.57 thought it definitive that they were not marginalized at work. Standard deviation is 0.81 and the variance is 0.66 for N=98 respondents.

### Shunning

Where marginalizing physically isolates and publicly humiliates employees, “Shunning” ostracizes or socially alienates them from their team or other emotionally supportive colleagues. It thwarts their sense of belongingness, purpose, and meaning, which are factors often associated with depression and suicide (McGraw, 2015). When evaluating Shunning only one respondent ( $n=72$ ) did not feel disrespected, belittled or having had his/her contributions dismissed by superiors and 89% believed that their professional reputation had been harmed. Exclusion from workplace events or social activities impacted 85.9% and 86.7% said that they were also excluded from discussions about their work assignments. Only two respondents never felt alienated or ignored by others.

Since a sense of belongingness is a factor for a positive mental health outlook, the fact that 96% felt it thwarted is a critical indicator of an unhealthy environment (Figure 4), which is also indicative of the 80.5% who took time off because of their emotional state or anxiety about the workplace. These conditions are influencers of absenteeism and presentism (Prater, 2011). Self-imposed withdrawal from social contacts or events was reported by 84.3% of the respondents. Although it was more likely than not, there was more variance (4.21) among those who felt that it was extremely likely or unlikely that they could associate with professional organizations, unions or civic groups outside of work. Yet, 70.8% identified a change in their social status, but with family being a support for 80.5% of the whistleblowers.

Figure 4: Whistleblowers feeling alienated

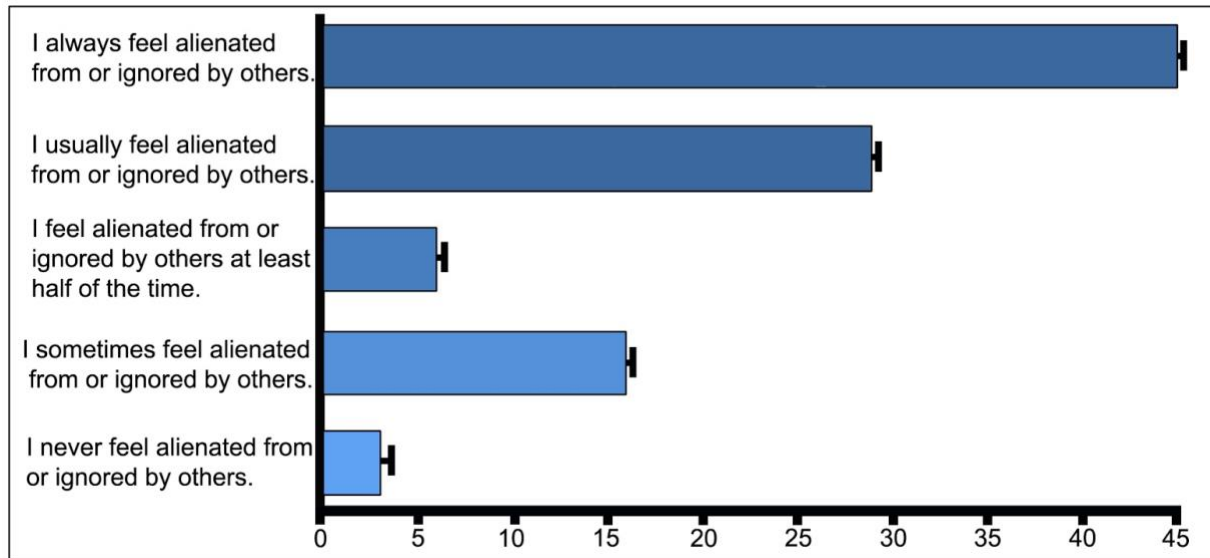


Figure 4: The majority 96% of the whistleblowers felt alienated from or ignored by others at least some of the time. 45% +/- 0.18 always, 29% +/- 0.22 usually, 6% +/- 0.48 half of the time, and 16% +/- 0.3 felt alienated or ignored at work. While 3% +/- 0.69 never felt alienated or ignored at work. Standard deviation of 1.2 and a variance of 1.43 for N=99 respondents.

Marginalization and Shunning are two elements of retaliation that can have the greatest impact to identity disruption because of the resultant avoidance of people and places that stimulate traumatic memories and associated feelings of humiliation and embarrassment. This behavior is associated with PTSD criterion C: avoidance (American Psychiatric Association, 2013).

### Devaluing

The following set of indicators were designed to evaluate “Devaluation” of the employee. When performance ratings are unexpectedly lowered, promotions are missed, or training opportunities are lost, then the employee is suffering Devaluation. This is often inconsistent with past performance appraisals and ignores previous awards and recognitions. This

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was represented by work assignments being in line with job description, which only 32.9% saw as appropriate and 51.4% had been demoted while an overwhelming number, 85.9%, had been denied benefits, promotions, bonuses, or awards. Training was denied to 61.8% and 84% got a lower performance evaluation since whistleblowing (Figure 5).

In spite of all of the negative perceived treatment, whistleblowers still valued their own contribution to the mission in 88.7% of the cases, but also felt apathetic or had lost their sense of meaning and purpose 81.9% of the time. For 56.9% of the respondents, they felt they had failed in some way, but recognized that they were set up for failure in 97.2% of the cases. Similarly, on a Federal Government employee survey, 68% were satisfied with their work

environment while 85% felt that their work was valuable to the agency’s mission (United States Office of Personnel Management, 2018). Furthermore, very few WRC respondents felt that they had control of their performance, with only 30.4% reporting themselves as under-performing. However, anxiety and stress could be seen as a mitigating factor to performance since the majority of respondents (86.1%) saw it as an influence in their level of persistence or ability to keep pace with their peers. These performance factors related to occupational impairments are related to PTSD Criterion G: functional significance (American Psychiatric Association, 2013) and can also be seen in elements related to “Double Binding.”

Figure 5: Whistleblowers on the performance evaluations

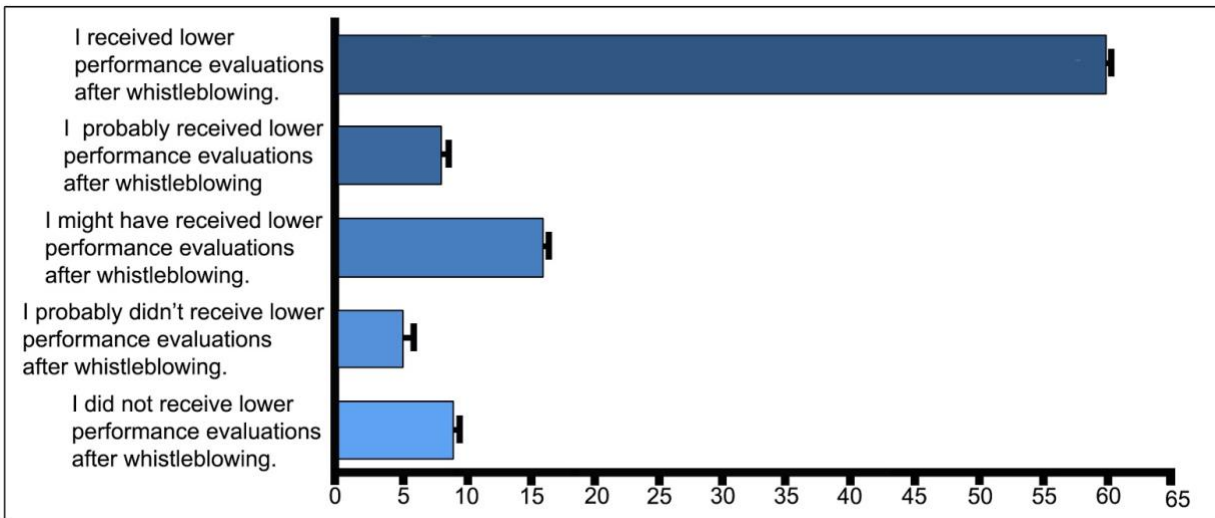


Figure 5: A majority, 84% of the whistleblowers believed that their performance evaluations might have suffered. 60% +/- 0.17 did, 8% +/- 0.47 probably did and 16% +/- 0.34 might have received lower performance evaluations post allegations. While 5% +/- 0.6 probably did not and 9% +/- 0.45 did not receive lower performance evaluations. Standard deviation was 1.34 and variance was 1.8 for N=98 respondents.

### Double-Binding

“Double-Binding” is associated with mixed messages and contradictions usually from someone of greater power (a parent, spouse, or a boss) to manipulate the mental status of the victim (Gibney, 2006). Although, it may seem like a chance for redemption to the employee post whistleblowing, Doubling-Binding is a tactic that gives the worker a new set of seemingly important tasks, but with insufficient resources or unrealistic deadlines. If the whistleblower fails to deliver, then their performance is penalized (Devalued), or if successful, then credit is diverted, or plagiarism sanctioned. Moving into questions related to “Double-Binding,” 70% recognized that they have

been given difficult tasks to complete with insufficient resources (Figure 6) and when they were successful, accomplishments were ignored 97% of the time. For those who needed to work overtime without compensation, only 43.5% said never. When asked if they were compulsive about work or had become a *workaholic* about 50% agreed, but 71% admitted that family or friends have complained about them missing events, neglecting responsibilities, or keeping commitments and 81.7% noted that they had given up hobbies, sports, relaxation, or other recreational activities that they previously enjoyed. All but one respondent attributed an increase in physical pain, fatigue, or a worsening medical condition to WTS. These WRC responses are consistent with PTSD

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Criterion E: alterations in arousal and reactivity  
(American Psychiatric Association, 2013).

Figure 6: Whistleblowers on double-binding

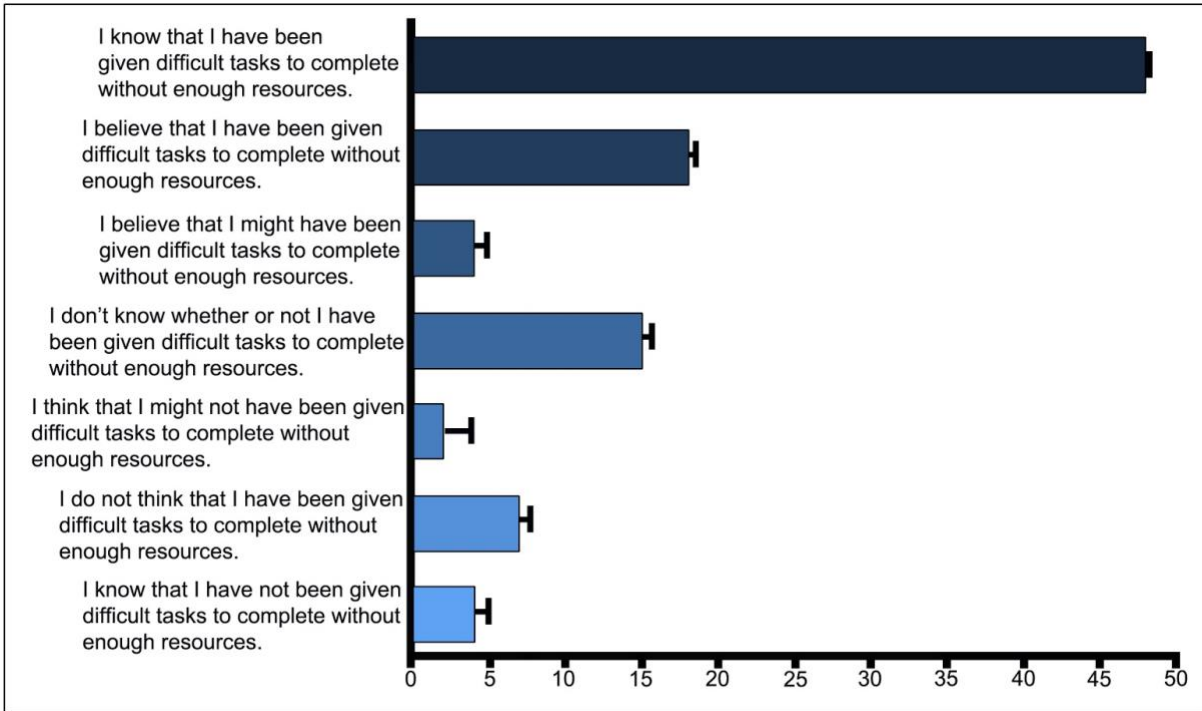


Figure 6: A majority, 70% of the respondents believe that they might have experienced double-binding. 48% +/- 0.26 know, 18% +/- 0.43 believe, and 4% +/- 0.91 think that they might have been given difficult tasks without sufficient resources to complete them. While 7% +/- 0.69 think and 4% +/- 0.91 know that they have not been given difficult tasks to complete with insufficient resources. Standard deviation was 1.82 and variance was 3.32 for N=98 respondents.

### *Black-Balling*

“Black-balling” occurs when a whistleblower tries to move to another office, division, corporation or field of practice, but their professional reputation has been so ruined that it hinders their ability to obtain substantial gainful employment (POGO, GAP, PEER, 2002). For 68.6% of the respondents, their hostile environment meant that they were looking for a new job or a retirement, 20% were not sure, and only 11.4% were not interested in new employment. Of those looking for a new job, 86% were having a difficult

time connecting with a hiring manager or qualifying for an interview. As a result, 53.5% felt that they had to change their profession to continue working. Because they made disclosures, 79% felt some level of current under-employment (Figure 7) and 84% believed that their earnings capacity had been diminished to the point that it no longer protected their future financial security and 97.2% were worried about it. These employment conditions are also related to PTSD Criterion G: functional significance (American Psychiatric Association, 2013).

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Figure 7: Whistleblowers on employment

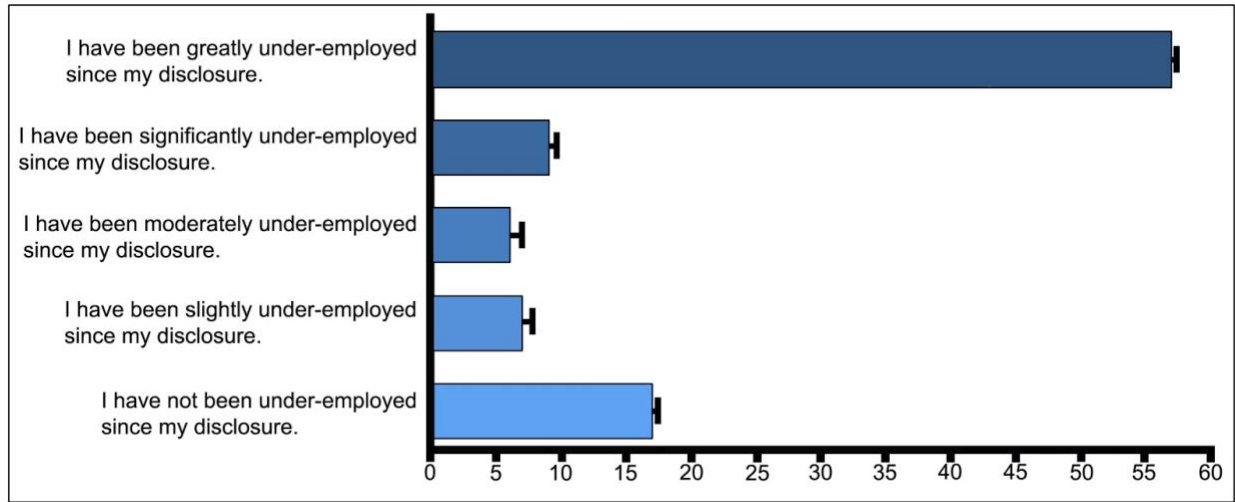


Figure 7: The majority, 79% of the whistleblowers thought that they were at minimum slightly under-employed since their disclosures. 57% +/- 0.21 were greatly, 9% +/- 0.53 were significantly, 6% +/- 0.65 were moderately, and 7% +/- 0.6 were slightly under-employed post-disclosures. While 17% +/- 0.39 were not under-employed since their disclosures. Standard deviation was 1.59, variance was 2.52 for N=96 responders.

### *(Counter-)Accusing*

Once identified, whistleblowers may experience “Counter-Accusations” that impugns their credibility and assassinates their character as an honest broker of events. Mobbing is used to help build a complaint against the whistleblower and charges trumped up against them are investigated and documented - usually involving their performance or accountability. This not only holds the whistleblower to a different standard than a similar group of employees, it can ultimately result in their termination or resignation (under hostile circumstances this is known as constructive dismissal). “Counter-Accusation” usually begins with an audit of time and attendance, which 42.9% were aware that it had happened to them while 21.4% were unsure. For expenses, 17.1% were positive that theirs had been audited and 24.3% were unsure. All, but 1 respondent thought that their official personnel folder was out of date or contained misinformation, and 39.4% recounted that they were given a developmental plan or a counseling statement after blowing the whistle, 68% were reprimanded, 76% had been accused of misconduct or insubordination ( Figure 8) and 30.6% were formally

charged with violations of law or policies. Because of these types of accusations and the adversarial nature of whistleblowing, it is not surprising that 83.3% were worried to some degree about legal issues.

On follow up interviews through WoA, two whistleblowers recounted being arrested because their employer (Department of Veterans Affairs Medical Centers) filed charges against them that were later dropped as severe intimidation. While numerous others describe that their complaints resulted in “fact-findings” or an Administrative Investigation Board (AIB) convened against them. These legally non-binding AIBs were described as sources of intimidation, bias, betrayal, and imbalanced justice that served to further harm the credibility of the employee and impede their ability to feel safe or secure at work. As WoA interviewees described, AIBs are often conducted by co-workers (mobbing) untrained in proper investigatory skills, without standardized policy guidance, incomplete, and reported within the same supervisory chain as the accused wrongdoing, which is counterproductive complaint management (Guerin, 2016). Therefore, this type of whistleblower persecution increases the likelihood for PTSD Criterion D and E symptoms.

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Figure 8: Whistleblowers on misconduct

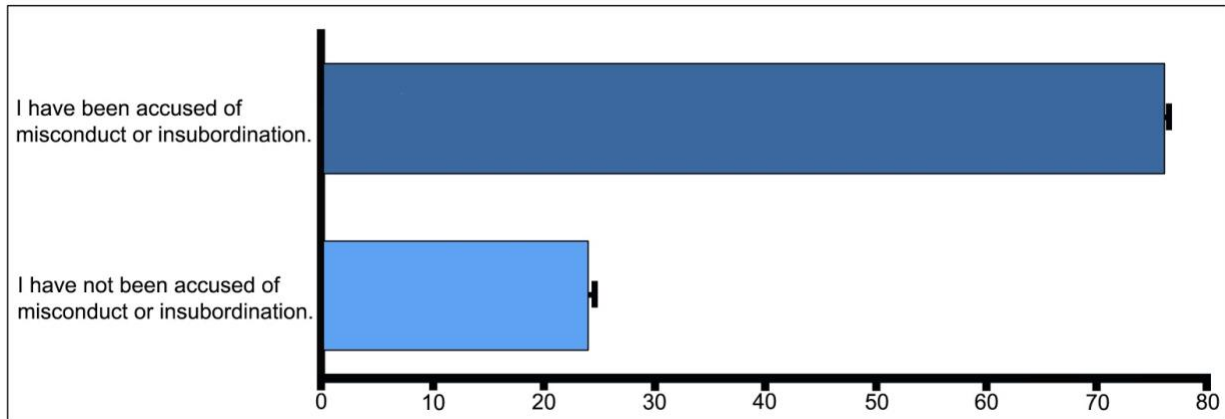


Figure 8: The majority of whistleblowers had been accused of misconduct or insubordinations after their disclosures. 76% +/- 0.43 had been accused, while 24% +/- 0.09 had not been accused of insubordination or misconduct after their disclosures. Standard deviation was 0.43, variance was 0.18 for N=100 respondents.

### Emotional and Physical Violence

Episodes of emotional and physical violence are undisputedly associated with PTSD as a Criterion A Stressor. (American Psychiatric Association, 2013). Employees report being emotionally, physically, and sexually harassed or abused, threatened, bullied, or cyberbullied, including their families (Interagency Security Committee, 2013) in attempts to cover up or shut down their allegations (Devine, 2011). For WRC indicators related to “Emotional and Physical Violence,” there was evidence that employees felt confronted or threatened at some level 88.7% of the time and harassed 99% of the time. 94% had been

bullied in a way that left them fearful (Figure 9) while 75% worried about their physical safety. Consistent with Federal Bureau of Investigation data (Rugala, 2002), 14% had been physically or sexually assaulted. Because of their disclosures, 15.3% had family members who were also targeted or bullied. When asked about any thoughts of vengeance against perpetrators, 61% admitted to having these thoughts while 50% also had some thoughts of suicide. Injustice can be a powerful toxin motivating human behavior. Thomas Joiner sees thoughts of vengeance and suicide as resulting from experiencing a perversion of justice (Joiner, 2014).

Figure 9: Whistleblowers on intimidation

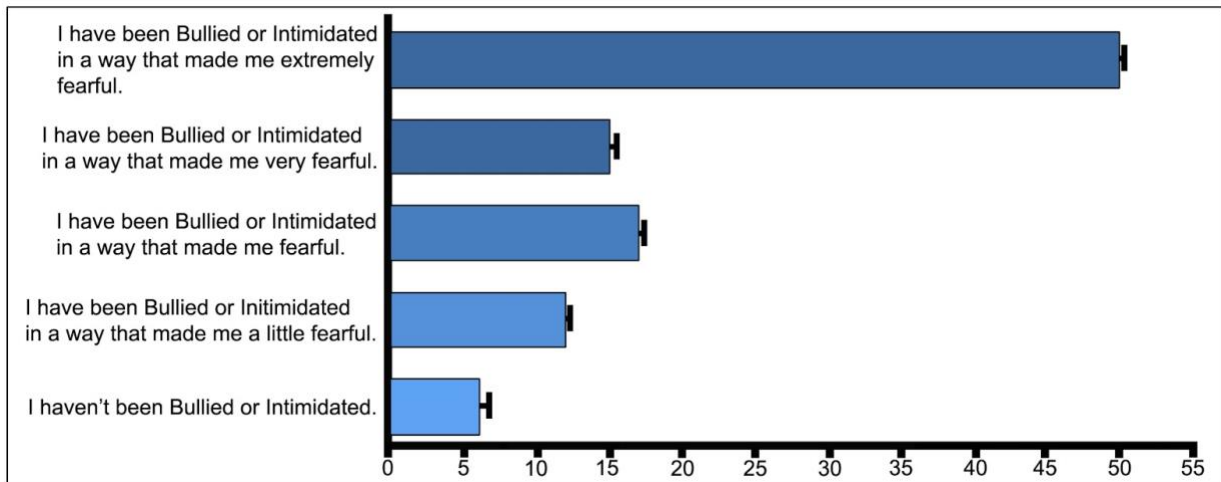


Figure 9: The majority, 94% or the whistleblowers had been bullied or intimidated in a way that made them feel some degree of fear. 50% +/- 0.18 were extremely, 15% +/- 0.35 were very, 17% +/- 0.31 were significantly, and 12% +/- 0.09 were slightly fearful. While only 6% +/- 0.53 had not been bullied or intimidated. Standard deviation was 1.3, variance was 1.68 for N=100 respondents.

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## Discussion

### *Whistleblowers' Psychosocial Implications:*

The WRC survey results validate that toxic management tactics correlate to serious psychosocial impacts on whistleblowing employees and their workplace environment. The WRC confirms that retaliation threatens a worker's sense of safety, security, trust, belongingness, purposefulness, future, self-esteem, and ability to self-actualize, which further impairs their psychological and physical health and infiltrates their family and social network.

Another study on whistleblowers, further documents their propensity towards substance abuse, gambling, divorce, insomnia, and physical ailments after first relating any perceived wrongdoing (Dehue et al., 2012). The WRC findings correlate with PTSD symptomatology related to intrusive thoughts and nightmares about the harm or death caused to others, the humiliation and betrayal suffered, and the anxiety regarding the perpetrators (Park et al., 2018).

Hypervigilant behaviors are associated with self-preservation in the workplace and on social media after being counter-accused and openly shamed. These employees discuss physiological reactions to stimuli related to the wrongdoing and the perpetrators or avoidance of certain aspects of the workplace, mobs, or toxic managers. In some cases, they report an inability to remember details because of gaslighting, devolve into irrational beliefs about self and others, and feel guilty over their ineffectiveness in stopping the wrongdoing while harm to others continues.

Whistleblowers may suffer from negative self-esteem, anger at injustice, confusion about legal processes, loss of trust, remain horrified by the harm caused, become disinterested in previously satisfying or enjoyable activities while ruminating about the wrongdoing and their complaint, and feel a growing detachment and estrangement from others. Hypervigilance and exaggerated startle response are reported particularly among those who have experienced threats of violence, (cyber)bullying, and other forms of harassment. Furthermore, those stigmatized by their leadership are also more likely to suffer from these symptoms. The disfavor or negative attitudes by leaders escalates the adversarial nature of the environment. In a VA Office of Inspector General Report, leadership was quoted as belittling "career" or "position description" whistleblowers who "can't seem to let it go." (VAOIG, 2019). However, the behaviors these VA officials describe are consistent with the traumatization of individuals who have been victimized by retaliation.

Defense Department research found that self-destructive behavior could be evidenced by

subsequent insubordination, becoming confrontational with co-workers, violating laws related to classified or privacy information releases, or engaging in espionage or sabotage (Defense Personnel Security Research Center, 2009). Embedded in WRC results are indications of actual or potential harm to self and others (abuses, assaults, vengeance, suicides/suicide attempts), especially related to feelings of hopelessness, powerlessness, alienation/isolation, thwarted belongingness, being burdensome (to family) (Van Orden, 2010) and prolonged or repeated exposure to painful or confrontational life experiences (Anestis, 2011).

Noteworthy, in the WRC was the frequency of suicidal ideation. There are other reports of workplace suicide, such as the case of the VA psychologist who died by suicide after first relating the over-medicating of patients at the Tomah VA Medical Center (Slack, 2015) and suffering retaliation. Suicide in the workplace has been on the rise over the last decade with a 34% increase among working age Americans (Peterson, 2018). Workplace homicide was also on the rise (Harris, 2016). Although the data does not conclusively connect these workplace deaths to retaliation, discrimination, or a hostile work environment per se, it recognizes that there must be some intentionality and causation for suicide to occur at work and a need to address stress and hostile working conditions. Further research on workplace violence and suicide is suggestable based on its frequency but current lack of surveillance. There is also a need for more salutogenic workplace structures, and a workplace promise that commits organizations to building human resilience and equitable processes for investigations, accountability, and transparency.

If mental health professionals are trained in the taxonomy related to whistleblower retaliation and are aware of the toxicity of the tactics experienced by first relators reporting wrongdoing, then these clinicians could be more effective when diagnosing and treating those suffering from its psychosocial impacts, just as they do with first responders diagnosed with depression or PTSD. Whether whistleblowers participate in therapy, peer support groups, political action committees, or lawsuits, the re-establishment of shared social ethics to the individual's sense of morality and self is indispensable for resilience and posttraumatic growth.

As the WRC shows, an employee's legal, financial, emotional, and social functioning can become impaired as a result of retaliation. Since disclosures can become prolonged stressful legal processes requiring extreme family financial commitments, these aspects must also be considered during therapy as they are factors related to the trauma (especially if terminated or forced into retirement,

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resignation (constructive dismissal), continued unemployment or underemployment) that lasts for years. The WRC demonstrates real worries about safety, financial security, homelessness, and family stability for the future. Other studies have documented that for those individuals who report job insecurity, they are also more likely to become obese, sleep less, smoke more, report increased pain and have a greater rate of mental health conditions to include suicide (Garrick, 2016).

Similar to WRC results, an Australian whistleblower study documented, “The average

whistleblower felt decreased trust, disempowerment, betrayal, persecution, frustration, increased stress, anxiety, increased mood swings, withdrawal from others, decreased self-worth and decreased self-esteem.” This study also noted elevated levels of stress and anxiety even for whistleblowers who were vindicated (Smith, 2008). Therefore, the social conditions surrounding the retaliation and MI of whistleblowing can manifest in PTSD symptoms regardless of the nature of the wrongdoing or the outcome of the case (Table 2).

*Table 2: PTSD Criteria, Whistleblower Retaliation Domains & Impacts*

<b>PTSD Criteria (DSM-5)</b>	<b>WRC Domains</b>	<b>Psychosocial Impacts</b>
A: Exposure to death, serious injury or sexual violence; directly, witnessing, learning, or experiencing repeated/extreme exposure	Disclosure of wrongdoing, retaliation & a hostile work environment	Workplace Traumatic Stress, Moral Injury, Identity Disruption
B: Intrusion memories, dreams, flashbacks, extreme distress triggers	Gaslighting	Emotional & Physical Impairment
C: Avoidance of memories, thoughts, feelings, and external reminders (people, places, activities)	Marginalizing, Shunning	Social Impairment, thwarted belongingness
D: Negative thoughts and persistent mood, dissociative amnesia, negative beliefs about self/world, distortions, loss of interest, detachment/estrangement, anhedonia	Gaslighting, Devaluing, Mobbing, Accusing	Identity disruption and inability to self-actualize. Changed world views and beliefs about fairness and ethics
E: Irritability, recklessness, hypervigilance, exaggerated startled response, difficulty concentrating, sleep disturbance	Double binding, Accusing	Suicidal ideation, thoughts of vengeance, and self-harm behaviors.
F: More than 1-month duration	Prolonged exposure to hostilities/violence & toxic tactics	Cases can take years to adjudicate while unfairness and injustice remains
G: Social, occupational, & other impairment	Shunning, Marginalizing, Devaluing, Blackballing	Legal, Financial, Social Issues
H: Unrelated to substance abuse		Emotional Impairment

Furthermore, since the employee’s family is also affected by the whistleblowing either by becoming targets of retaliation themselves, worrying about and providing emotional support to the whistleblower

(often without understanding the nature of the legalities), loss of privacy, or by enduring the financial losses and quality of life degradation as well, (Devine, 2011) they should be involved in the therapy too. WoA

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peers have discussed concerns over spouses and children and how to protect them from harm or cope with the stress of victimization and changes in lifestyle. These are important clinical and forensic issues that should not be overlooked but are not fully researched. This inability to clinically document harm also disenfranchises whistleblowers who engage the justice system in search of restitution. They often fail to win awards to make them whole because of the subjectivity surrounding the definitions of retaliation and discrimination.

As put forth in the Whistleblower Retaliation Checklist © (WRC), a new whistleblower definition and a trauma-informed lexicon needs to be further researched, developed, and shared, so that clinicians can properly engage these patients and help them restore their sense of hope, justice, and future by dealing with their trauma and clearly identifying their pain and suffering. In this way, whistleblowers can return to employment, find justice, continue to contribute their expertise, and remain productive members of society. Otherwise, they, and by extension their co-workers and their families, become a new class of trauma victims.

### *Implications for Organizations:*

The WRC was not specifically designed to measure factors related to organization development and stability, but the WRC results can be informative to senior leaders about the importance of organizational climate. As WRC survey results show, commitment to mission and satisfaction with the workplace environment are not necessarily dependent, but an employees' sense of contribution will keep employees on the job even when the environment is detrimental to their health and safety. A contentious work environment where employees cannot trust each other, do not share information, feel marginalized, devalued, and shunned can have further serious consequences on the effectiveness of the workplace. An unhealthy workplace is often associated with absenteeism and lost productivity (Prater, 2011), sabotage, and theft (Defense Personnel Security Research Center, 2009) and in the most extreme, can result in violence, and death (Rugala, 2002). As more women enter the workforce and remain until retirement, their disparate treatment is more likely to continue to raise dissent over unfair and unjust workplace practices and the lack of organizational diversity and inclusion will undoubtedly increase complaints in an age of the #METOO movement.

As WRC demonstrated, employees are more likely to seek support and assistance from inside their organizations first, usually within their chain of command, before going to external oversight authorities. Therefore, managers should make a

Workplace Promise to provide every employee with a salutogenic environment that incorporates resilience skills, well-being information, work/life balance, access to care, and health promotion resources. This can cultivate employees who perceive their work environment as cohesive (meaningful and manageable) so that they are better able to cope with job stress and see the job as challenging but not threatening (Jenny, 2018). It would behoove organizations to be prepared to deal with whistleblowers as a component of a continuous process of improvement or *rightdoing* rather than as an adversarial human resource activity, if they want to avoid under-performance, interpersonal conflicts, absenteeism, public disclosures in the press, and prolonged legal battles as documented in WRC results. Based on the number of employees who reported previously being mid-career and held in high regard, but were terminated, retired, or resigned, there is also a level of knowledge, skill, experience, and mission loyalty that is being lost by toxic organizations. When monies are recovered by successful whistleblowers through their False Claims Act complaints, then these pecuniary and other lost resources are shifted by the government to the taxpayer or in the private sector to corporate shareholders (Ashcroft, 2011).

Finally, the WRC demonstrates that whistleblowers become WTS victims if organizations engage in toxic management tactics and develop physical, emotional, and social impairments that can lead to disability, morbidity, and mortality. The organization that perpetrates these wrongs itself becomes infested with dysfunction and becomes vulnerable to further malfeasance or mistakes that can cost them their credibility, stability, and viability.

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