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Persistent Traumatization in Nonprofit Organizations

By Pat Vivian and Shana Hormann

Introduction

Through consultation, research, and training we have been studying the phenomenon of organizational trauma in highly mission-driven nonprofits for nearly 15 years. In this article we first define highly mission-driven nonprofits and organizational trauma, then explore often un-noticed effects of traumatization on nonprofits. We share important insights about intervening in traumatized organizations and important lessons about what works in such circumstances. Specifically, we offer new awareness about what happens to an organization that has suffered from traumatization over time without recognition of the symptoms and the effects that hinder it. We acknowledge the toll taken on leaders of these entrenched traumatized systems. We also name and describe a set of characteristics and draw implications for effective OD practice.

Highly Mission-Driven Organizations

A highly mission-driven organization is one whose mission is compelling and pervasive, defining not only the nature of the work but also the approach to the work and the nature of the internal relationships. Examples are nonprofits that deal with sexual assault, domestic violence, women's health, runaway youth, homelessness, and victims of crime (Vivian and Hormann, 2002). Nonprofits whose missions are to serve traumatized individuals, groups, or communities open themselves to the effects of trauma and traumatization.

Mission-driven nonprofits that do not serve traumatized populations still may be at risk of traumatization for other reasons.

Organizational Trauma

Howard Stein defines trauma at any level as “an experience for which a person-family-group is emotionally (not only cognitively) unprepared, an experience that overwhelms ones’ defensive (self-protective) structure and leaves one feeling totally vulnerable and at least temporarily helpless” (personal communication, September 28, 2004).

Trauma and traumatization may result from a single devastating event, from the effects of several deleterious events, or from cumulative trauma arising from the nature of the organization's work. Trauma and traumatization overpower the organization's cultural structure and processes and weaken the organization's ability to respond to external and internal challenges (Kahn, 2008). These experiences leave the organization feeling vulnerable and helpless and create lasting impact on the organizational psyche and culture (Stein, 1991).

While all organizations might have dysfunctional patterns, trauma-genic organizational cultures, cultures that reproduce traumatizing dynamics and circumstances so that the entity never completely heals from traumatic events, exacerbate that dysfunction. These cultures harbor effects of unhealed sudden traumatic events as well as insidious cumulative traumatization.

Unless the effects of organizational trauma and the resulting dynamics are

addressed effectively, organizations are doomed to repeat them (Vivian & Hormann, 2013; Kahn, 2003). Without developing approaches that work in these persistently traumatized systems usual OD interventions, even those developed for use in nonprofits, are less effective or not effective at all.

Rural Crisis Agency (RCA) Story

We continue with a story from our practice. A request came into our website from Jan, an experienced executive director who had taken a new position at an agency providing services to victims of crime, including sexual and domestic violence survivors. On her second day Jan knew she had entered a traumatized system and was feeling overwhelmed.

In our initial assessment we discovered deeply rooted patterns of harm, discouragement, and distrust among staff. For example, several staff members were initially unwilling to speak with us because they feared reprisals for sharing information. On the other hand board members reported relief about being on the road to recovery and expressed eagerness to proceed with strategic planning.

Six months into our work, the new executive director left. She said, “Even if this new opportunity had not come along, I knew I would not last much longer. I have continued to be overwhelmed by the depths of problems and effects of trauma in this agency.” Jan’s leaving signaled to an important funder that an already precarious situation had become more serious. The funder informed the agency it was at risk of losing all the money for a vital program. In addition to Jan’s leaving, a second staff person had been fired and a third had left for another job, a staff turnover of almost 50%.

Sonya, who had been working in a leadership capacity with Jan, was offered the executive director position and accepted. She started her new role with an optimistic sense that she could turn the organization around. Less than three months into her tenure, she confessed to us that she was feeling discouraged and

Table 1. *Characteristics of Traumatized Systems*

<i>Closed boundaries between the organization and environment</i>	Environment is perceived to be hostile with little outside information or feedback accepted. Organization becomes isolated.
<i>Centrality of insider relationships</i>	There is an over-reliance on internal relationships for safety and support and suspicion towards outsiders.
<i>Stress and anxiety contagion</i>	Stress becomes a central lens through which the work is experienced. Anxiety spreads among members.
<i>Inadequate worldview and identity erosion</i>	The organizational identity begins to unravel. A constricted worldview distorts interpretation of events.
<i>Depression expressed through fear or anger</i>	Recurring conversations trigger helplessness and anxiety. Productivity and effectiveness decrease.
<i>Despair and loss of hope</i>	Spirit and optimism are exhausted. The organization is left with insufficient energy to keep going.

doubted that the agency had the capacity to stabilize itself enough to survive.

The lack of stability had taken on a life of its own. The agency’s probationary status meant grants were approved for no more than six-month periods and funder representatives were monitoring closely. In Sonya’s first three months staff turnover continued, undermining progress towards programmatic improvements and worsening a sense of impermanence among the staff. At the beginning of our consultation many staff worried that the agency would close. For a brief period that worry subsided. Then it erupted again and settled in as an underlying malaise about the future of the agency, work with clients, and individuals’ jobs. Staff vacillated between faith in Sonya’s ability to hold the agency together and depression that things would never change.

Board members gained understanding of the depth of harm and distrust experienced by staff and fully supported the second executive director in her progress towards stability. Unlike the staff, the board had stayed together as an intact group throughout the tumultuous two years. Though not unaffected, board members had been distanced from the worst dynamics; they came through much of the year’s turmoil unified and strong.

Seven months into this project we heard about two other sudden departures of executive directors from agencies they deemed extremely traumatized. Personally drained of hope and energy, they felt as though they were “escaping” from dysfunctional systems that had no capacity left to recover. As in RCA these individuals were asked to come into an organization to “fix it.” They entered to find the organization in worse shape than they thought, with more deeply ingrained patterns of trauma and dis-ease. As these other instances of leaders and organizations in serious trouble surfaced, we began to reflect on what was going on in these systems.

Description of a Persistently Traumatized System

As described in *Organizational Trauma and Healing* (2013) and shown in *Table 1*, we noted repeating characteristics in traumatized systems.

Interconnections strengthen the six characteristics, however presence of one or two of the characteristics does not signify traumatization. These characteristics provide one concrete way for leaders and members of nonprofits to examine and to understand the dynamics of their systems, to “see” patterns that are present

but un-noticed. The characteristics also provide guidance about what to watch for in an organization's health and wellbeing. Finding that several characteristics are pertinent to their organization makes many leaders nervous, while some minimize the relevance of this information or receive it skeptically. Others ask for additional information, coaching, or consultation.

Opportunities to work with traumatized systems led us to reexamine our belief that organizations experiencing despair or an inadequate identity would be at risk for failing. Yes, we saw examples of organizational closures involving severe despair or crises that crippled already weakened entities. However, over the past couple of years we began to see chronically traumatized nonprofits that continue to function. They had suffered from a variety of harmful situations and events: death of a leader, sudden loss of significant funding, abusive leadership actions, cultures of meanness and blame, widespread undiagnosed secondary traumatic stress among staff, rapid and sudden staff turnover, etc. These organizations displayed deeply rooted patterns of dysfunction, sometimes despair and hopelessness, and were limping along in the fulfillment of their missions. Harmful conditions were so pervasive and deep that entities ended up with cultures organized around a set of dysfunctional dynamics. RCA was such an example. Put simply, organizational members became inured to trauma and traumatization. Collectively as well as individually they accepted their condition as normal and unchanging and persevered in serving their clients.

Continued consultation with clients and leaders and discussion with each other resulted in insights about "persistent traumatization" and its characteristics. We noticed we were at the edge of our practice, facing situations in client organizations that were not responsive to our usual tools, skills, and interventions. Facing these situations over and over again began to take its toll on us as practitioners. We realized how messy and daunting these situations were. We needed to better grasp the additional and different dynamics in order to have effective ways of responding.

We discovered that these situations were fraught with:

- » Compromised ability to see that trauma exists – denial occurs and perceptions are distorted;
- » Almost universal emotional content – tone is intense, language is extreme, collective "pile on" of emotional material occurs quickly and easily;
- » Experience of two steps forward and one step back – progress feels tenuous at best;
- » Profound uneasiness – widespread doubt about efficacy of any help and pessimism about the future;
- » Stunted perspective – there is reinforcement of group thinking and reactivity and little evidence of insight; and
- » De-skilled organizational members – usual abilities, e.g., communication skills, cannot be counted on.

We now turn to describing the characteristics of a persistently traumatized system.

Characteristics of a Persistently Traumatized System

A persistently traumatized system is one in which a pattern of traumatic events and impacts occur over time and are addressed incompletely or not at all, resulting in a system organized internally around trauma and creating a trauma-genic pattern.

Often long-term chronic impacts become invisible. Individuals inside these systems may not perceive the patterns, and cannot change their behavior easily. They are suffering not only from a workplace with very dysfunctional ways of operating, but also from their inability to take in new information and change their behaviors. We offer the following list of characteristics of persistently traumatized organizations:

- » Inadequate emotional containment;
- » Ongoing instability;
- » Shame and guilt;
- » Deeply rooted lack of trust;
- » Regularity of re-traumatizing triggers;
- » Anxiety-based interactions;
- » Cycles of discouragement and hope; and
- » Inadequate and/or unsafe organizational processes.

Inadequate emotional containment

The environment is one of high drama. Staff never know what to expect, are extra sensitive to others' emotional moods and outbursts and describe "walking on eggshells" because of feeling unsafe. Either no one speaks up about his or her experiences, or they do so with intense reactivity. Events are blown out of proportion and no one provides a tempering and safe arena for conversation. Staff report widespread stress, sickness, and time lost from work. Sometimes the physical setting seems gloomy and tired. Many staff report feeling physically ill when they approach their workplaces.

Ongoing instability

Leadership and staff turnover from firing and quitting interfere with building an effective team and reinforce a sense of impermanence about the organization. Staff remain unsure of themselves in their roles, and programmatic progress feels tenuous. Probationary status with funders and loss of funding destabilize the organization's finances and undermine its self-esteem. The temporary nature of commitments and revolving door experiences with staff fuel serious questions about the organization's survival.

Shame and guilt

Frequently, thinking the problems are caused by their shortcomings or fault, individuals suffer in silence. Favoritism and misplaced loyalty further separate staff from each other. In a system with escalating conflict, staff describe being hunkered down and looking out for themselves, maybe even trying to figure out ways to leave. Often these dynamics result in individuals leaving with a sense of failure and betrayal.

Deeply rooted lack of trust

Because of past experiences organizational members find it safer to stay quiet rather than assume trustworthiness and risk speaking honestly. Chronic ineffective

change efforts mean few staff trust leaders (executive directors and boards of directors) to move the organization forward. They become cynical about decision-making and the future. In addition staff worry about the security of their jobs in an unstable economic climate and avoid risking that security.

Regularity of re-traumatizing triggers

Systems with a deep history of trauma have used up countless resources and are depleted rather than resilient. Regularly, events occur that re-trigger past fears and anxieties. With few resources to respond calmly these re-triggering events pull organizations backwards into negative patterns. The organization is re-harmed in the moment and becomes overcome by negativity and hopelessness. A hopeful future seems out of reach.

Anxiety-based interactions

Communication has been severely compromised by longstanding patterns; frequently members employ communication skills to protect themselves and keep safe rather than to speak openly and honestly. Staff blur the differences between reaction and response. Already anxious about speaking out and showing emotions, they react in intense and defensive ways. Colleagues are left wondering about co-workers' reactions and frequently misinterpret them. With constrained sharing it is hard to have open and meaningful discussions. It is nearly impossible to respond creatively to their situation.

Cycles of hope and discouragement

Cycles of hope and discouragement develop. A new leader comes into the agency with positive energy and lifts everyone's spirits. That person provides relief to the serious atmosphere and sense of worry. She or he embarks on changes and soon discovers the enormity of the task. So many things need to be fixed. After jumping in with enthusiasm and assurance the leader begins to feel tired. As others feel buoyed to be no longer carrying the burden, the

Table 2. *Characteristics of Persistently Traumatized Systems*

<i>Inadequate emotional containment</i>	There is an environment of high drama – intense reactivity, widespread stress, and sickness.
<i>Ongoing instability</i>	The systems are destabilized and there are serious questions about organizational survival.
<i>Shame and guilt</i>	Individuals feel at fault and isolated.
<i>Deeply rooted lack of trust</i>	Staff fear speaking up and are cynical about any changes.
<i>Regularity of re-traumatizing triggers</i>	Past fears and hurts are retriggered, fostering a sense of hopelessness.
<i>Anxiety-based interactions</i>	There is widespread anxiety and severely compromised communication.
<i>Cycles of hope and discouragement</i>	The pendulum swings between enthusiasm and relief – and discouragement and worry.
<i>Inadequate and/or unsafe organizational processes</i>	Fair and transparent systems are lacking to support safety and trust.

leader begins to feel overwhelmed. He or she becomes discouraged and loses energy. Other workers sense the change and begin to temper their feelings of relief and enthusiasm.

This cycle also fuels burnout. New staff arrive to find that they have to pick up the pieces of a program left in disarray by previous staff or start from scratch. Then they discover their executive director has no time and energy to support them. After a few months the pressure and burden take their toll on the new hire and she or he gets discouraged. That pattern repeats as individuals come onboard or leave. Staff unity disintegrates and adds to a discouraged atmosphere. Worry and concern replace positive feelings, and staff begin to think again that little will ever change.

Inadequate and/or unsafe organizational processes

Poor or no performance appraisal systems, lack of effective accountability mechanisms, inadequate financial controls, and too few policies and procedures hamper organizational functioning. Inadequate and unfair processes harbor an over-reliance on personal relationships. No one believes that there are fair and transparent systems in place to protect the individual. Lacking

effective internal systems, it is easy for a personality-based style of operating to develop. Competition for favored status with leaders and favoritism flourish. Some staff feel lucky or entitled while others feel unsafe and aggrieved. With too few safeguards deeply ingrained hurts from the past surface and color current organizational functioning.

The interplay of these dynamics (*Table 2*) worsens until the whole agency is awash in them. The dynamics become the organizational context and influence the entity at a profound level. The organizational culture becomes inured to traumatic history, except in a common retelling of its wounding. Dysfunctional dynamics destroy normal processes and structures and exacerbate inadequate ones. New members are swept up into this reality. With these factors present agencies exhibit an “on the brink” demeanor that is physically palpable.

One analogy comes to mind. These trauma-genic entities experience rabbit holes, like in Alice in Wonderland. Staff converse about something occurring in the present. A comment made by one person triggers a fall (not necessarily recognized) by the group down the rabbit hole into the past. The situation quickly becomes unreal as the words being used relate to a past trauma and bring up unresolved

pain. The conversation stays “in the hole” – the past reality – where the outcome is a reinforcement of old bad feelings and/or a re-wounding of people and relationships. There is no obvious way out of the rabbit hole.

Here is another analogy. When an organization suffers from persistent traumatization, it is at the bottom of a muddy hole. There are no footholds or ladders, and what can be seen above is only a small circle of sky. The bottom of the hole is muddy, making it slippery and unsafe. Those in the bottom of the hole are stuck, literally and figuratively. They cannot see beyond the edge of the top and have no footholds to start climbing out. If they move too much they make the ground muddier. Anyone who jumps in the hole to help runs the risk of being stuck like everyone else.

Furthermore in a figurative sense, the group does not know that it is in a rabbit or muddy hole until it tries to problem-solve its way out. To see more than the small circle of sky, to begin to climb up, to have some hope that they will not fall back down again require assistance from outside the hole. Those in the bottom need tools and perspective. Outside resources can provide encouragement, scaffolding, ropes, and reports on what the environment is like beyond the top of the hole.

Implications for OD Practice with Traumatized Systems

In our interventions we rely on a set of principles grounded in the values, skills, and assumptions of organization development. Our core philosophy and values include:

- » Stance of compassion, optimism, and hope;
- » Understand that a system can be traumatized;
- » Continual attention to the emotional life of the organization and its members;
- » Structured and easily understood methods of change;
- » Persistent and ongoing support to leaders;
- » Clarity about an organization’s readiness to continue healing on its own; and

- » Graceful and affirming exit strategies.

Specifically we use the following guidelines in working with organizations that have unresolved trauma or are traumatized systems.

- » Make help accessible and nonthreatening.
- » Ensure and reinforce containment, safety, and stability.
- » Collectively acknowledge, name, and talk about the trauma.
- » Normalize what members are experiencing.
- » Make sense of what has occurred in meaningful ways.
- » Identify priority actions.

Our philosophy and guidelines are relevant to all interventions in traumatized systems. Working with persistently traumatized systems requires additional sensibility to be successful. These additions take into account the special conditions of persistent traumatization and acknowledge impacts on those consulting with traumatized systems.

For example, all consultants run the risk of being inducted into a system, that is, being swept up into the system’s internal dynamics and losing perspective. With traumatized systems the risk of induction increases as exposure lengthens and the work deepens. Interveners need to be committed to the client without being swept into the organization’s dynamics. To be effective they extend empathy to everyone in the system, including those who are suspicious of outsiders trying to help. Interveners importantly advocate for the entity as a whole. During the RCA consultation we, Vivian and Hormann, were able to keep the health and future of the whole agency front and center by repeatedly affirming the common commitment of staff and board to the agency mission and clients. By not getting swept into conflicts we helped estranged staff repair relationships and enabled the board to show more patience and support of staff who had borne the brunt of harmful behavior.

Uncovering patterns and probing past history requires sensitivity and pacing. Interveners demonstrate trustworthiness

and empathy to encourage everyone to share their perspectives. Keen listening in the discovery process allows the consultant to use intuition to understand deeper patterns. In a consultation with an anti-violence agency, Vivian was surprised to notice staff offer excuses for and minimize a departed leader’s actions that had been described as harmful, hurtful, and abusive. She thought this was due to long-term wounding and acceptance of dysfunction. She named the pattern in her summary to agency leaders. Creative use of graphics and metaphors (like the rabbit hole and muddy hole descriptions) allows client members to grasp patterns and see the organization in different ways. Sharing the “rabbit hole” metaphor early on allows for interventions with a common language. For example, when group members appear triggered by one member’s comments and escalate the conversation until many are quite upset, the consultant can intervene, “I just saw you fall down a rabbit hole into your memories. No one seemed to notice this was happening.”

Re-wounding or triggering during an intervention is always a possibility. Consultants need to be aware of the potential for unforeseen consequences and ready for emotional reactions. In one consultation Vivian asked staff to share their motivations for joining a social change effort. Unbeknownst to her this team had never shared in this way, and they became fearful and upset. Luckily one member let Vivian know that many did not feel safe enough to share. This introductory getting-to-know-you exercise ended up being an intervention about trust and risk taking in this team.

Achieving enough forward progress and confidence to overcome fear about backsliding seems to be a longer, slower process in persistently traumatized systems. It is easy for staff and leaders to retreat into old feelings of fear, hurt, and isolation. Consultants need to address this dynamic directly with patience and empathy. With honesty and kindness they can help members see what is going on and regain traction on forward progress. For example, staff turnover in RCA re-kindled everyone’s worries about program

ineffectiveness and agency closure. Staff lost focus on agency progress as they were swept back into fear-based conversations. We patiently listened to their fears, normalized their recurring feelings, and helped them remember the progress they had made.

Leaders need continuous support and attention. They feel vulnerable and unsure of themselves but hesitate to reach out for help. One leader needed assistance to crystallize and understand her deep ambivalence about remaining in her ED role. As she distinguished her own needs from the organization's needs, she was able to consider her options more dispassionately. Leaders in their busyness may be infrequent and erratic communicators. We find ourselves reaching out over and over again to leaders before we receive a response. Vivian developed creative ways to stay in touch with several executive directors who were too far away to visit informally. She used travel for other client work as opportunities to visit. Those leaders responded with appreciation for the extra effort of staying in contact with them.

In any consultation, follow-up activities include support of leaders; this is especially important for a leader in a persistently traumatized system. A leader was mired in her organization's unhealthy patterns and feeling stuck. With support she was able to set priorities for her attention and develop strategies to continue her change efforts.

Often dysfunctional patterns get in the way of interventions. Communication can be sporadic, follow through on tasks intermittent, and focus easily lost. Consultants can be left wondering about an organization's motivation and readiness to do the work. Intermittent or sporadic behavior does not necessarily mean that leaders and staff are unmotivated or unready. It often means they are overwhelmed by their circumstances and stuck. It is important for interveners to have a personal reservoir of energy, compassion, and patience.

Outside helpers can be seen as lifesavers to the organization and its members. They act as an oasis of safety in an unsafe world. The more effective outsiders are, the more the organization trusts and depends

on them. Consultants need to remain aware of dependency dynamics and stay ready to offer confidence in their clients' ability to move forward on their own. We have had clients express desire for more frequent access to us and joke about our moving closer to them. We have learned to balance supporting client independence while showing ongoing interest in the organization's progress.

Effective intervention happens when consultants understand strategies and techniques that work: they know when to enter an organization, what to do when they are inside, and when to leave. Practitioners who have the energy, compassion, and stamina for this work can assist traumatized organizations to transform by moving beyond their trauma. We interveners need to be ready for the depth of work required to help organizations heal from damage and wounding. Otherwise helping persistently traumatized systems is doomed to failure or superficial Band-Aid fixes. Even if we are knowledgeable about trauma and traumatization, practitioners need to be ready personally and professionally to work at a profound level to help nonprofits recover and heal.

References

- Kahn, W.A. (2008). *Transformation of meaning in traumatized systems: A case study*. Presentation at the International Society for the Psychoanalytic Study of Organizations Conference, Philadelphia. regonline.com
- Kahn, W.A. (2003). The revelation of organizational trauma. *Journal of Applied Behavioral Science*, 39(4), 364-380.
- Stein, H.F. (1991). Metaphors of organizational trauma and organizational development: A case example. *Organizational Development Journal*, 9(4), 22-30.
- Vivian, P., & Hormann, S. (2002). Organizational trauma and healing. *OD Practitioner*, 34(4), 52-57.
- Vivian, P., & Hormann, S. (2013). *Organizational trauma and healing*. North Charleston, SC: Create Space.

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