

**A SUMMARY OF PUBLISHED RESEARCH  
ESTABLISHING CONNECTIONS BETWEEN BULLYING OR  
MOBBING INCIDENTS AND THE INFLICTION OF PHYSICAL  
AND/OR PSYCHOLOGICAL HARM TO VICTIMS AND WITNESSES  
REQUIRING ACTIONS UNDER SAFEGUARDING PROCEDURES  
WITHIN THE CHURCH OF ENGLAND AND A SHORT  
CONSIDERATION OF UK CASE LAW RELATING TO DENIAL OF  
FORESEEABILITY OF OUTCOMES OF BULLYING BEHAVIOUR.**

**A RESEARCH PAPER**

**BY**

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Version 2  
Published 1 July 2021  
Updated 9 July 2021

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## **1. Introduction and Background**

This Paper was prepared at the instigation of an independent assessor appointed by the Diocesan Safeguarding Team of the Church of England Diocese in Europe to determine whether a series of safeguarding complaints arising from alleged bullying incidents should properly be dealt with under Safeguarding Procedures.

The assessor, having received an initial set of papers lodged by a number of individuals for determination as to whether the matter merited consideration as a "Safeguarding Matter" invited the complainants to submit any further details in support of this.

As there seemed to be reluctance on the part of Church of England Safeguarding Teams to acknowledge that bullying should be treated with the same level of gravity as other forms of physical and mental abuse, this Research Paper was produced in order to summarise published research into the direct links between actions required to be treated as "Safeguarding Matters" and the physical and psychological consequences of actions defined as "bullying" or "mobbing" on both the targets of such actions and on those persons who are vicariously victims either as members of a target's family or as a witness to the actions.

As a period of only one week was granted for this paper to be produced, it is probable that there are many other academic papers which support those cited in this paper, and the author is very willing to further develop this paper by the inclusion of other citations if these are provided.

The paper contains 21 cross-references to published scientific studies and other documents relating to Safeguarding and Bullying. Full details of the sources cited are listed at the end of the paper.

The paper then sets out a basis under English Law by which the consequences of such actions can be held to be the responsibility of the persons alleged to have committed them and why any attempt to explain the consequences away as unexpected or unintended should be disregarded.

It seeks to define what would be described as "a test of reasonableness" which could be applied to an individual's failure to appreciate the consequences of their actions.

Finally, the paper considers the extent to which the overall organisational status within an organisation might itself contribute, through shortcomings in its governance, to the situation arising.

The paper does not attempt to describe or document any specific physical or psychological harm which a target of bullying may wish to report in order to prevent it being dismissed as providing a pro forma checklist for complainants. It is intended to simply provide a scientific evidence base which a victim (or "target") may wish to use in invoking Safeguarding procedures to address the physiological and/or psychological consequences of bullying that they may have suffered.

The paper is now published to provide a set of reference material for any person who is challenged to justify why a Bullying or Mobbing complaint should be dealt with as a Safeguarding matter. It also seeks to demonstrate the gravity with which incidents of Bullying or Mobbing should be treated.

The paper does not seek to consider issues of civil or criminal liability since such matters would always be specific to the case under consideration and these might vary depending on the location and jurisdiction involved. It only highlights general legal principles.

This paper has been entirely anonymised to remove any reference to the individuals involved in the original case or the details of the case. Parts of the original paper, which are only relevant to the particular case, have been omitted.

## UPDATE 8 JULY 2021

On 8 July 2021, the following communication was received from the Assistant Diocesan Safeguarding Manager of the Diocese in Europe:

*On the basis of the documentation provided, [THE INDEPENDENT ASSESSOR APPOINTED BY THE DIOCESE IN EUROPE] has informed the Diocese Safeguarding Team that it is his opinion that, within the information provided, there is no evidence that indicates that the behaviour reported is of an abusive nature, though he is clear that significant upset has been caused. [THE INDEPENDENT ASSESSOR APPOINTED BY THE DIOCESE IN EUROPE] also assessed that from the information provided that he does not consider the individuals in this matter to be vulnerable within the usual description such as to constitute a safeguarding matter.*

It sadly appears therefore that the Diocese in Europe did not consider the documented evidence of bullying and mobbing to constitute ‘abuse’ nor that the medical evidence provided by complainants of the consequences of being targeted for bullying and mobbing to be sufficient to justify action under safeguarding procedures.

In addition, the Diocese in Europe require that any person complaining about being targeted for bullying are required to meet a threshold of being ‘vulnerable’ in order to receive safeguarding protection from bullying. Unless this threshold is met, no safeguarding action will be taken in the Diocese in Europe to prevent bullying.

As a result of the latter, a new Section 3 has been added to this report – “Who is a Vulnerable Person?”. This shows that under English Law, in order to become deemed a ‘Vulnerable Person’ the threshold is not very high and safeguarding departments within the Church may be either ignorant of this or are preferring their own definitions to avoid accepting and dealing with cases.

## **2. What is the Definition of “Safeguarding”?**

Within the Church of England, the House of Bishops’ “Parish Safeguarding Handbook”<sup>i</sup> defines Safeguarding thus:

“ ‘Safeguarding’ means the action the Church takes to promote a safer culture in all our churches.....We will take care to identify where a person may present a risk to others, and offer support to them whilst taking steps to mitigate such risks”

The Handbook then repeats the definitions of Adult Abuse from the UK Central Government Document ‘Care and Support Statutory Guidance’:

**“Physical abuse** including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions

**Psychological abuse** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.”

The Handbook places great emphasis on the need for the protection of individuals from harm, physical and psychological.

### **3. Who is a “Vulnerable Adult” (added 9 July 2021)**

Under English and Welsh Law, a “vulnerable adult” is considered someone who, having attained the age of 18 meets any of the following criteria:

- is in receipt of health care or personal care or social work care *or*
- is in receipt of the the provision of assistance in relation to general household matters to an adult who is in need of it by reason of age, illness or disability, *or*
- is in receipt of any relevant assistance in the conduct of an adult's own affairs<sup>ii</sup>.

Note that “Health care includes all forms of health care provided for individuals, whether relating to physical or mental health and also includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.”

Thus any person who is receipt of ongoing medical care, which includes the repeat prescription of medication for chronic medical conditions such as hypertension or cardiac problems would qualify to be termed as “vulnerable”.

It therefore appears very important when dealing with ‘bullying’ or ‘mobbing’ to consult a health professional at the earliest moment to establish that some form of care is being received in order to meet this criteria.

However, the World Health Organisation recognises “self-medication” as a form of healthcare, particularly in environments where there is a maldistribution of healthcare resources or public healthcare or medication is not provided free of charge<sup>iii</sup>

Thus, someone self-medicating in order to alleviate the health effects of bullying or mobbing without consulting a healthcare professional should be considered to be in receipt of health care and therefore also be deemed as “vulnerable”.

### **4. What is “Bullying” ? What is “Mobbing” ?**

One of the definitive books on Adult Bullying is “Adult Bullying – Perpetrators and Victims” by Peter Randall<sup>iv</sup>

Randall describes bullying as a form of aggression intended to “deliver noxious stimuli to another organism” with an intention or consequence of causing pain to the victim.

Randall cites the Advisory, Conciliation and Arbitration Service (ACAS) which characterises “bullying” as "offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient".

In its 2008 Publication “Dignity At Work”, the Church of England Archbishops’ Council endorses the ACAS description and terms it as a form of “harassment”.

While the generally held perception of bullying is of one individual perpetrator demonstrating aggression towards one or more individual targets, a more insidious phenomenon is “mobbing”.

The term “mobbing” which is frequently used in European literature was first adopted by P Heinemann in 1972 and describes the actions of a group of peers victimising individual(s).<sup>v</sup>

Mobbing is defined by Professor Miguel Nunez, Professor of Christian Ethics and Ministry at the Universidad Peruana Unión, in Lima, Peru, as “intentional and constitutes the systematic mistreatment of an individual, designed to cause him or her to resign”.<sup>vi</sup>

Nunez also quotes a Spanish author Pinuel that “The objective of mobbing is to intimidate, subject, reduce, suffocate, terrorize, and consume the victim, emotionally and intellectually, with the aim of eliminating the employee from the organization.”<sup>vii</sup>

Nunez observes that “mobbing allows the abuser to utilize the bureaucratic context of the organization in order to perpetrate the abuse”

Duff and Sperry (2012)<sup>viii</sup> define “workplace mobbing” as “non-sexual harassment of a coworker by a group of members of an organisation for the purpose of removing the targeted individual(s) from the organisation. Mobbing involves individual, group and organisational dynamics. It predictably results in the humiliation, devaluation, discrediting, and degradation; loss of professional reputation; and, often, removal of the victim from the organisation through termination, extended medical leave, or quitting. The results of this.....are.....psychosocial losses or other negative consequences” [p.52]

In 2014<sup>x</sup> they further developed this stating that “mobbing” “leaves the victim reeling, not knowing what has happened, why it has happened and, most important, what will happen in the future. Being mobbed can take away a victim’s sense of safety and security in the World” [p.1]

## **5. Physiological and Psychological Effects of Bullying and Mobbing**

In an article “Frequency of bullying at work, physiological response, and mental health”<sup>x</sup> Hansen, Hogh and Persson detailed their research into the physiological impact of being subjected to bullying by measuring levels of the hormone Cortisol in the saliva of self-identified victims of bullying as well as monitoring health symptoms of their subjects.

The measurement of levels of Cortisol was chosen because Cortisol is a potent anti-inflammatory that functions to mobilize glucose reserves for energy and modulate inflammation.

It is clinically recognised that a “Cortisol dysfunction” or prolonged low levels of Cortisol can trigger widespread inflammation, and pain.<sup>xi</sup>

The Hansen study showed that persons who were subjected to bullying or mobbing of any level of frequency showed either or both of reduced levels of salivary Cortisol or mental health symptoms. The causative link between the reduced levels of Cortisol and bullying was proposed to arise from poor sleep patterns caused by the stress of being targeted for bullying or mobbing. There is clinical evidence that Cortisol production is harmed by poor sleep patterns<sup>xii</sup>

Hansen also showed that significant correlation between somatic, cognitive, stress, and depressive symptoms was observed in those reporting being the targets of bullying.

The Swedish Researchers Anneli Matsson and Thomas Jordan in an investigation into 81 different types of workplace bullying cite the work of Heinz Leymann who observed that “Psychical terror or mobbing in the working life means hostile and unethical communication which is directed in a systematic way by one or a number of persons mainly toward one individual.” Leymann observed several effects of this behaviour on the target:

“1. Effects on the victim’s possibility to communicate.

2. Effects on the victim's possibility to maintain relationships.
3. Effects on the victim's possibility to maintain personal integrity and reputation.
4. Effects on the victim's working conditions or life situation.
5. Effects on the victim's physical health.

Leymann argues that it is these strong negative effects that lead to the risk of serious psychological health problems because they inhibit stress coping strategies.<sup>xiii</sup>

The Australian Government term some forms of bullying as "emotional abuse" and on their Health Direct website<sup>xiv</sup> show as the potential consequences of such abuse:

- poor relationship satisfaction
- symptoms of anxiety and depression
- insomnia
- low self-esteem
- suicidal thoughts
- increased physical health problems

Other serious physiological symptoms are reported by researchers because of bullying or mobbing. Amongst those which were found to have been cited were:

- Gastro-intestinal problems and (Vranceau, Barsky & Ring 2009)<sup>xv</sup>
- Chronic stress and raised blood pressure (De Vogli, Ferrie, Chandola, Kivimaki & Marmot - 2007)<sup>xvi</sup>
- Eroded self-esteem, mental performance and emotional strength (Brodsky 1976)<sup>xvii</sup>
- Symptoms of post-traumatic stress disorder (Matthiesen and Einarsen 2004)<sup>xviii</sup>

It is therefore demonstrable that Bullying and Mobbing are capable of leading to physiological and psychological effects on the target(s) of these acts. In other words, even where the bullying is non-physical, physical harm can be shown to be caused by these actions. As such, these actions may be classed as "physical abuse" and therefore fall to be dealt with under Safeguarding Procedures if it can be shown that physical harm has befallen a targeted person or persons and that the perpetrators remain in a position where such actions can be repeated against other individuals in the future.

## **6. Impact on Witnesses to Bullying**

In 2009, a report published by Rivers, Noret, Poteat and Ashurst demonstrated that the negative impact on individuals who are compelled to witness acts of bullying without being able to intervene to prevent them is as harmful as being the target of bullying themselves.<sup>xix</sup>

They suggest that those who observe the victimisation of their peers suffer what they describe as "psychological revictimisation or covictimisation" and thus suffer the same effects as the direct target of the negative act themselves.

They conclude that "The results from this study suggest that observing the victimization of other peers can have a significant negative impact on multiple indicators of mental health. Furthermore, the nonsignificant moderating effect of victimization on the association between witnessing bullying

and experiencing elevated mental health risks suggests that observing victimization can negatively impact psychological functioning even in cases where [students] themselves have not been victimized in other settings or at other times.”

In her article “Vicarious and Secondary Victimization in Adult Bullying and Mobbing: Co-workers, Target-Partners, Children and Friends”, Lutgen-Sandvik<sup>xx</sup> considered in detail the harm caused to the lives of persons who were primary targets of bullying or mobbing. She found that people around targets often have sympathetic feelings with the target as well as feeling overwhelmed if having to cope with their partner’s or colleagues’ suffering of abuse. They can also experience a form of uncontrolled anger at the entire situation which can engender stress responses in them.

She observes that Ferguson and Barry (2011)<sup>xxi</sup> suggest that witnessing abuse of a person to whom the witness feels some sympathy causes them to mentally place themselves in the victim’s shoes and so vicariously suffer the same symptoms as the victim themselves.

It is therefore important to appreciate that an individual is not necessarily the direct target of bullying or mobbing but can suffer equally to those who are.

Now that it has been demonstrated by extensive evidence from a wide body of published research that there are physically harmful consequences of ‘bullying’ or ‘mobbing’ behaviour both to the target and to bystanders, two further questions fall to be considered:

1. Were the consequences reasonably foreseeable to those about whom a complaint of bullying is made and
2. Can any defence be offered that the complainants are particularly and arguably over-sensitised to the consequences of the behaviour?

These two questions do not have any bearing on the severity of the outcome, since Safeguarding Policies are absolute and exist for the protection of the victim and to mitigate and minimise future risk.

They are, however, relevant, in determining the extent to which actions of a person who is found to have committed a bullying act and the organisation which may have abetted them in this by their own inaction should be held liable for their actions and what remedial actions should be taken.

For example, if a person is shown to have committed a bullying act and should reasonably have anticipated the outcome, then a recourse to re-training as a remedy is clearly inadequate unless it is supported by removal from any position of responsibility within the Church in which they can repeat their behaviour until it can be positively demonstrated that the risk of repetition has been mitigated.

These two questions can be answered in any order, so I will first consider:

**7. Were the consequences of their actions reasonably foreseeable to the subjects of a safeguarding complaint related to bullying ?**

While the principles of Safeguarding focus on the protection of the individual from harm irrespective of the motivation of the person causing that harm, it seems rational to consider whether the harm which occurred was reasonably foreseeable at the time of the act being committed or omitted.

Where the harm which occurred was a reasonably foreseeable consequence, this must be considered to be an aggravating circumstance where the target(s) of the act realise(s) that the person committing that act against them clearly intended the outcome which occurred, since it potentially adds greatly to the suffering of the target(s).



The British courts have considered the question of “reasonable foreseeability” at great length, and have developed away from the Common Law principle of *Res ipsa loquitur* to require it to be demonstrated that a person or organisation failed in a duty to exercise reasonable care.

*Donoghue v Stevenson* ([1932] AC652) ruled that “You must take reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour” and the landmark case of *Bourhill v Young* ([1943] AC 92) ruled that a person must take such reasonable care as will avoid the risk of injury, and to be mindful that the result of an act or omission that injury is likely to follow must also be such as a reasonable person would contemplate.

These principles were further developed in the case of *Walker v Northumberland County Council* [1995] ICR 702 where past occurrences of a bad outcome from particular conduct were required to be taken into account as part of a reasonable consideration.

So, it is possible to consider whether an individual against whom a safeguarding complaint is being made about bullying behaviour could have been seen to have been reasonably likely to have been aware of the physical consequences of their actions.

Therefore, how does one define “reasonable” ? There are a number of factors which might be relevant:

Firstly, has the person against whom the complaint has been made received any form of Safeguarding Training ? If so, it would be reasonable to expect them to be aware of the impact of bullying. This would especially be true of anyone who has undertaken the comprehensive safeguarding training offered within the Church of England.

Secondly, does the person’s role inside the Church or elsewhere include any specific responsibilities for safeguarding ? As part of accepting such a role, it would be reasonable for the organisation placing them in that role to have ensured that the person was properly trained and informed. A failure to do this implies negligence on the part of both parties.

Finally, is the person sufficiently well-educated to be expected to be informed about current affairs ? Issues about bullying have been appearing in the popular press and media for well over a decade and so it would be reasonable to expect them to be aware of the likely adverse consequences of their behaviour.

It is however also reasonable to expect any adult to be conscious of the possible adverse physiological or psychological effects of their actions on another when they knowingly and deliberately commit a ‘bad act’ since a deliberate ‘bad act’ such as a false accusation or libellous remark is clearly intended to gain a negative reaction from the person against whom it is made.

And so the second question:

**8. Would it be a reasonable excuse to say that those committing the ‘bullying’ or ‘mobbing’ act had not realised the severity of the effect on the person who submits a complaint ?**

The English legal position regarding this was established almost a century ago.

In 1939, Mackinnon LJ, uttered the famous principle which has since become known as the “egg-shell skull rule.” In the case of *Owens v Liverpool Corp.* [1939] 1 KB 394, his Lordship said that “one who is guilty of negligence to another must put up with idiosyncrasies of his victim that increase the

*likelihood or extent of damage to him: it is no answer to a claim for a fractured skull that its owner had an unusually fragile one.”*

The principle requires that a defendant must take their victim as it finds them and is therefore answerable for the full extent of the injury which a claimant may suffer even where it is argued that only slight injury would have been foreseeable in a different person of ‘different’ fortitude.

Its reach has arguably been extended in by the High Court in the recent case of *Christine Reaney v University of North Staffordshire NHS Foundation Trust* [2014] EWHC 3016 (QB). This latest evolution of the “egg-shell skull rule” will ensure that claimants recover full compensation where pre-existing injuries have been made materially worse by a defendant’s subsequent negligence.

Witness statements should therefore be provided by the complainants documenting the negative physiological and/or psychological effects by either being the target or the witness to the bad acts of the persons complained about. However, the issue of whether or not those effects were worse than what might have been expected to be the consequence of the bad act performed to a different person is not relevant in consideration of a complaint since the consequences “are what they are”, and a dismissal of the complaint on the grounds that the actions leading to the outcome are part of the normal “rough and tumble” of life is entirely invalid.

## **9. Summary of findings**

In the Church of England’s own published Safeguarding Guidance, Psychological Abuse is deemed to include “humiliation and blaming”.

Physical Abuse details several examples of ways in which physical pain or physiological harm is inflicted upon the sufferer.

Overwhelming evidence from multiple, published, scientific research papers have clearly demonstrated the physical consequences of bullying on both the target and ‘onlookers’.

The legal basis under which the consequences of bullying may be shown to be reasonably foreseeable as an outcome of the conduct about which a complaint is made is also documented. This therefore establishes a basis for a complainant to require the Church of England to address incidents of bullying as a serious Safeguarding matter where physiological or psychological harm is alleged.

There is, in addition, a further matter which must be highlighted as part of this paper, and that is the extent to which the conduct and management of a Diocese might contributed to these situations.

## **10. The Passive Collusion Of The Organisation In Chaos**

In an interesting piece of research published in 2006, Professor Randy Hodson of Ohio State University and others proposed that organisations themselves can become instrumental in aiding and abetting bullying if they are beset with organisational chaos which offers openings for abuse of power and position.<sup>xxii</sup>

Relevant matters for consideration in such cases might include:

- Periods of vacancy either within a Parish or a higher level in the Episcopal Management Structure – e.g. Area Deans or Archdeacon vacancies or persons departing or newly entering office where interim provisions are inadequate

- Lack of adequate resources within the Safeguarding function to address bullying with the same urgency as other forms of Safeguarding Incident.
- A level of tolerance of bullying demonstrated by the Safeguarding function taking allegations of bullying less seriously than other forms of abuse by compartmentalising it or treating it as a “local matter”.
- Related activities within the Diocese which distort or adversely affect normal safeguarding management processes
- Absence of clear and timely management intervention to address bullying. This might include a failure or reluctance to use established procedures and sanctions to prevent or minimise repetitions of ‘bad acts’.
- Unreasonable delay in dealing with allegations of bullying leading to further incidents occurring.

## **11. Conclusions**

As the Church of England finalises its considerations of the future of Clergy Discipline, there have been many references to the question on how to address the bullying of clergy and others by members of the laity.

In his paper “Reflections On The Nature And Role Of Ordained Ministry” which is due to be presented to the General Synod of the Church of England on Sunday 11 July 2021<sup>xxiii</sup>, Rt Revd Tim Thornton, Bishop at Lambeth, states “Sadly there are situations that arise where lay people disagree with each other and there are examples of lay people misbehaving towards other, lay people and clergy”. His Recommendation (para 29d) says:

“A group should be set up to review how complaints made by lay people about other lay people are dealt with and how matters that are identified that are issues of lay people misbehaving towards clergy are identified and processed. A group should be formed to consider a range of matters relating to lay people not only church officers and the area of complaints and matters of concern.”

This seems to perpetuate the principle that bullying is somehow separate from Safeguarding, and requires a separate set of remedies.

This paper has sought to highlight medical evidence confirming the sad fact that bullying is no less than another facet of Safeguarding and therefore should be dealt with no less seriousness.

## **12. Waiver of copyright**

*This paper may be cited or quoted in part or in full, provided that the sources set out below are also included in any citation (where relevant)*

*The paper is available for download in .PDF format from*

[http://ourchurchfiles.info/research/bullying\\_medical.pdf](http://ourchurchfiles.info/research/bullying_medical.pdf)

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<sup>i</sup> <https://www.churchofengland.org/sites/default/files/2019-10/ParishSafeGuardingHandBookAugust2019Web.pdf>

<sup>ii</sup> Part 2 of Schedule 4 of the Safeguarding Vulnerable Groups Act 2006 as amended by The Safeguarding Vulnerable Groups Act 2006 (Miscellaneous Provisions) Order 2009 and The Protection of Freedoms Act 2012

<sup>iii</sup> Self-medication practice among patients in a public health care system –Alghanim S A - Eastern Mediterranean Health Journal [Vol 17 Issue 5]

<sup>iv</sup> “Adult Bullying – Perpetrators and Victims” by Peter Randall, published by Routledge 1997 (ISBN 0-203-36025-7)

<sup>v</sup> Heinemann, Peter-Paul (1972) *Mobbning: gruppvåld bland barn och vuxna*, Stockholm: Natur och kultur

<sup>vi</sup> [Nuñez, M. A. and Gonzalez, S. (2009) "Mobbing in Christian Organizations: When Abuse is Spiritualized," *Journal of Applied Christian Leadership*: Vol. 3: No. 2, 33-47]

<sup>vii</sup> [Piñuel, I. (2001). *Mobbing: Cómo sobrevivir al acoso psicológico en el trabajo*. Santander, Spain: Sal Térrea.]

<sup>viii</sup> Duff, Y. M. & Sperry, L. (2012). *Mobbing: causes, consequences, and solutions*, Oxford University Press.

<sup>ix</sup> Duffy, M. and Sperry, L. (2014). *Overcoming mobbing: a recovery guide for workplace aggression and bullying*, Oxford University Press.

<sup>x</sup> “Frequency of bullying at work, physiological response, and mental health”, *Journal of Psychosomatic Research* 70 (2011) 19–27

<sup>xi</sup> [Hannibal, K. E., & Bishop, M. D. (2014). Chronic stress, cortisol dysfunction, and pain: a psychoneuroendocrine rationale for stress management in pain rehabilitation. *Physical therapy*, 94(12), 1816–1825. <https://doi.org/10.2522/ptj.20130597>]

<sup>xii</sup> Backhaus J, Junghanns K, Hohagen F. Sleep disturbances are correlated with decreased morning awakening salivary cortisol. *Psychoneuroendocrinology* 2004;29:1184–91.

<sup>xiii</sup> A. Matsson, T. Jordan, *Workplace bullying investigations*, *Organisational Dynamics* (2021), <https://doi.org/10.1016/j.orgdyn.2021.100840>

<sup>xiv</sup> <https://www.healthdirect.gov.au/emotional-abuse>

<sup>xv</sup> Vranceanu AM, Barsky A, Ring D. Psychosocial aspects of disabling musculoskeletal pain. *J Bone Joint Surg Am*. 2009 Aug;91(8):2014-8. doi: 10.2106/JBJS.H.01512. PMID: 19651964.

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<sup>xvi</sup> De Vogli, R., Ferrie, J. E., Chandola, T., Kivimäki, M., & Marmot, M. G. (2007). Unfairness and health: Evidence from the Whitehall II Study. *Journal of Epidemiology and Community Health*, 61(6), 513–518. <https://doi.org/10.1136/jech.2006.052563>

<sup>xvii</sup> Brodsky, C. M. (1976). *The harassed worker*. D. C. Heath & Co.

<sup>xviii</sup> Matthiesen, S. B., & Einarsen, S. (2004). Psychiatric Distress and Symptoms of PTSD among Victims of Bullying at Work. *British Journal of Guidance & Counselling*, 32, 335-356. <http://dx.doi.org/10.1080/03069880410001723558>

<sup>xix</sup> Rivers, Noret, Poteat and Ashurst. *School Psychology Quarterly* 2009, Vol. 24, No. 4, 211–223  
Observing Bullying at School: The Mental Health Implications of Witness Status

<sup>xx</sup> *Workplace Bullying and Mobbing in the United States*, Eds Duffy M and Yamada C, ABC-CLIO 2018

<sup>xxi</sup> I Know What You Did: The Effects of Interpersonal Deviance on Bystanders, Ferguson M and Barry B - Article in *Journal of Occupational Health Psychology* · January 2011

<sup>xxii</sup> [Hodson, R., Roscigno, V. J., & Lopez, S. H. (2006). Chaos and the Abuse of Power: Workplace Bullying in Organizational and Interactional Context. *Work and Occupations*, 33(4), 382–416]

<sup>xxiii</sup> <https://www.churchofengland.org/sites/default/files/2021-06/GS%20Misc%201285%20Role%20and%20Nature%20of%20Ordained%20Ministry%20%20%20GS%20%20July%202021.pdf>