

Four Rs of Trauma-Informed Responses: Recognize

By **realizing** the traumatic effects of domestic violence, sexual assault, stalking, and harassment and how they show up in the workplace, **recognizing** the elements of trauma, **responding** in a survivor-centered way, and **resisting** policies and practices that lead to **re-traumatization**, workplaces can ensure safer, more productive, and resilient workplaces for all workers.

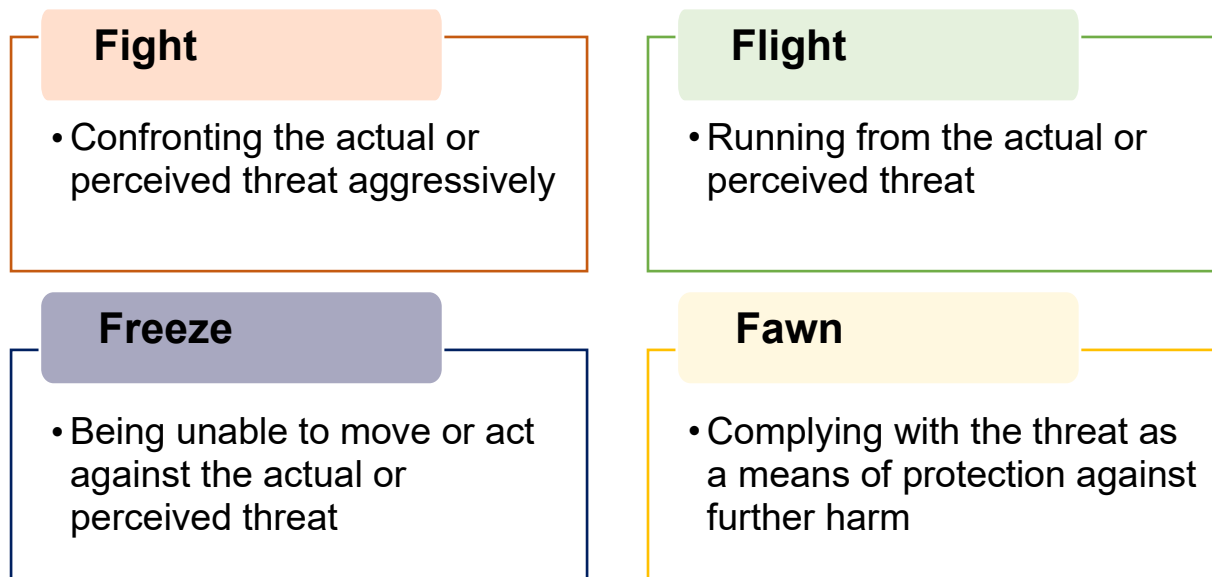


Recognize the impact of violence and trauma

Trauma often triggers an **unconscious “flight, fight, freeze, or fawn” response** in our brain and floods our body with stress hormones.ⁱ How one reacts to a traumatic event is not a choice an individual makes; it is a subconscious survival response that occurs deep within a person’s brain.

Threats or acts of violence and the resulting trauma can change how individuals perceive and relate to their surroundings. Without proper support and care, the body’s natural response to trauma can be detrimental to one’s long-term physical, emotional, and cognitive well-being (see below). While many of the signs associated with a trauma response – such as being withdrawn, having headaches, or difficulty concentrating – are experienced by all people from time to time, these symptoms are often chronic and multiplied for individuals who experience a traumatic event. The harms caused by experiencing traumatic events may also result in some individuals misusing drugs or alcohol and/or engaging in risk-taking

behaviors as a means of coping with their experiences, which can further exacerbate the impacts of trauma.



These physical, emotional, and mental health impacts can manifest themselves among employees in a variety of ways.

Emotional	Physical	Cognitive
<input type="checkbox"/> Numbness, apathy, withdrawal	<input type="checkbox"/> Gastrointestinal issues	<input type="checkbox"/> Difficulty focusing or making decisions
<input type="checkbox"/> Anxiety and fear	<input type="checkbox"/> Headaches	<input type="checkbox"/> Flashbacks
<input type="checkbox"/> Guilt and shame	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Hypervigilance
<input type="checkbox"/> Anger and irritability	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Decreased working memory
<input type="checkbox"/> Depression	<input type="checkbox"/> Panic attacks	
<input type="checkbox"/> Suicidal thoughts		



Physical signs of injury or chronic illnesses

Bruises, lacerations, and broken bones are often expected signs or abuse or violence, however domestic and sexual violence is comprised by more than physical abuse. Changes in health include headaches, gastrointestinal and/or gynecological issues which are common conditions resulting from abuse.ⁱⁱ

**Increased absenteeism**

Survivors of domestic violence on average lose 7.1 paid days of work a year, and survivors of sexual assault lose 8.1 days a year to seek medical attention, resources, and safety.ⁱⁱⁱ Abusive partners may also sabotage their partners' ability to get to work, or may force them to leave work early.^{iv} Individuals experiencing sexual harassment and violence from a coworker may avoid work because of the abuse experienced in the workplace.

**Inability to concentrate**

Trauma and fear can trigger a constant state of flight or fight which can diminish cognitive functioning.^v Some abusers may also keep survivors up at night in efforts to sabotage their employment.^{vi}

**Increase in personal calls, texts, or visits**

Domestic violence is about power and control, and abusive partners may constantly monitor their partners by calling to check on them or by showing up at the workplace unexpectedly.^{vii}

**Unwillingness to report or cooperate with an investigation**

Individuals who experience workplace harassment may fear retaliation, being ostracized by others, or may face threats for reporting. As a result, they may refuse to cooperate or seek help despite the severity of the abusive conduct.

**Appearing agitated, angry, sad, or hypervigilant**

Trauma, depression, and Post-Traumatic Stress Disorder – all common among survivors of domestic violence, sexual assault, stalking, and harassment– can result in survivors displaying a range of emotions that may appear to be inappropriate or extreme.^{viii}

**Other general changes in behavior or work performance**

Once confident employees may suddenly become timid or second guess themselves due to psychological abuse; or individuals experiencing abuse may withdraw from activities and engagement with coworkers that they used to enjoy.^{ix}

When such signs present themselves in the workplace, they may be mistaken for a lack of skills or poor work ethic and dismissed until a time when the impact becomes too disruptive and the employee who is exhibiting these potential signs of trauma are met with punitive measures rather than supportive measures. When signs are recognized as a result of violence or harassment, employees often want to help but lack the

strategies and resources to respond when a coworker is clearly in need or support.

By **recognizing** common responses to trauma and how they may manifest themselves within the workplace as well as understanding the ways in which workplaces themselves may compound the harm caused by abusive individuals and trauma, workplaces can take the necessary steps to proactively and supportively respond so that survivors, coworkers, and workplaces as a whole are able to remain safe and thrive.

Workplaces Respond provides technical assistance to workplace stakeholders seeking to better prevent and respond to domestic violence, sexual assault, stalking, and harassment impacting the workplace. Scan this QR code to access the Resource Center.



This project is supported by Grant No. 15JOVW-22-GK-04852-NRCW awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed herein or in any materials herein, are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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ⁱ van der Kolk, B. The Neurobiology of Childhood Trauma and Abuse. *Child Adolescent Psychiatric Clinics N Am* 12 (2003) 293-317.

www.traumacenter.org/products/pdf_files/neurobiology_childhood_trauma_abuse.pdf

ⁱⁱ Smith, Sharon G., Jieru Chen, Kathleen C. Basile, Leah K. Gilbert, Melissa T. Merrick, Nimesh Patel, Margie Walling, and Anurag Jain. 2017. "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report." Atlanta, GA: National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

ⁱⁱⁱ Centers for Disease Control and Prevention, and National Center for Injury Prevention and Control. 2003. "Costs of Intimate Partner Violence Against Women in the US." Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Injury Prevention and Control.

^{iv} Adams, Adrienne E., Cris M. Sullivan, Deborah Bybee, and Megan R. Greeson. 2008. "Development of the Scale of Economic Abuse." *Violence Against Women* 14 (5): 563–88.

^v "How Trauma Rewires the Brain." n.d. DomesticShelters.Org.

^{vi} Ridley, Ellen, John Rioux, Kim C. Lim, DesiRae Mason, Kate F. Houghton, Faye Luppi, and Tracey Melody. 2005. "Domestic Violence Survivors at Work: How Perpetrators Impact Employment." Augusta, ME: Main Department of Labor & Family Crisis Services.

^{vii} Swanberg, Jennifer E., and T. K. Logan. 2005. "Domestic Violence and Employment: A Qualitative Study." *Journal of Occupational Health Psychology* 10 (1): 3–17.

^{viii} Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

^{ix} *ibid*