




Imagining Trauma-Informed Care in Libraries

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LAND ACKNOWLEDGMENT

I live on a land once known as Tovaangar. It was the home of the Gabrieliño/Tongva peoples, who were the stewards of this land before it was settled. Tovaangar was occupied and colonized by Spain in the 1700s and then by Mexico in the 1800s. In 1846, the United States declared war on Mexico in order to take possession of the Los Angeles region, California and other lands in the West. I live in the city of Los Angeles that continues to evolve within the structures of capitalism. I will always have more to connect with and learn about this land.



MY STORY

My name is Nisha Mody (she/her). I identify as a South Asian American woman who is a daughter of immigrants. I am divorced. I am able-bodied, cisgender, and heterosexual. My positionality represents a lot of who I am but not everything about me.

I came into this work after I started my own healing journey. While I have always been interested in psychology and “self-improvement”, it took my divorce and the death of my father, within a year of each other, for me to take a deep look at my own trauma history and how it affected that way I am. This eventually led me to understanding the “self-care” needs to include “community care” and that we must consider systemic oppression in care work.

MY STORY

I have had to reckon with my own internalized sexism, ableism, and colonization, homophobia, fatphobia, transphobia with the privileges I hold. And I had to take a look at how my caregivers held so much trauma from their ancestors.

I'm learning and unlearning every day.

There is no one perfect answer. I'm interested in imagining ways for us to apply trauma-informed principles in libraries (and outside of them) through collaboration, discussion, and experimentation while being thoughtful and reducing harm as much as possible.

HARM AND REPAIR

Like anyone, I make mistakes and am capable of causing harm. I'm always happy to engage in accountability if you feel I have harmed you or the group today.

A FEW NOTES

- I'm not a psychological therapist, nor is this a substitute for therapy.
- What I'm talking about today is a framework, just one of many ways to look at ourselves, the work we do, and the world around us.
- I wish I could get to more about this amazing topic! But I will be leaving some things out.
- What I talk about will not give you all the answers, but I hope it helps you ask different questions.

TODAY

- You have choices for your presence and participation:
 - Video
 - Participating (in chat, private message me, in breakout rooms)
 - Leaving
- Your experience as a POC is valid
- Please take care of yourself first:
 - Hydrate
 - Breathe
 - Hum/Sigh
- Let's be confidential about sensitive information
- Consider language you use that might be triggering (ableist, gendered, other), we are all capable of harm and repair

TODAY

01

WHAT IS TRAUMA?

Let's define trauma and talk about how it's connected to the nervous system

02

WHAT IS TRAUMA-INFORMED CARE?

Assumptions and principles

03

LET'S IMAGINE

And apply it (40 min)



01

What is
trauma?




YOU TELL ME



SAMHSA DEFINITION

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



"Trauma is not a flaw or a weakness. It is a highly effective tool of safety and survival. Trauma is also not an event. Trauma is the body's protective response to an event—or a series of events—that it perceives as potentially dangerous."

Resmaa Menakem, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*





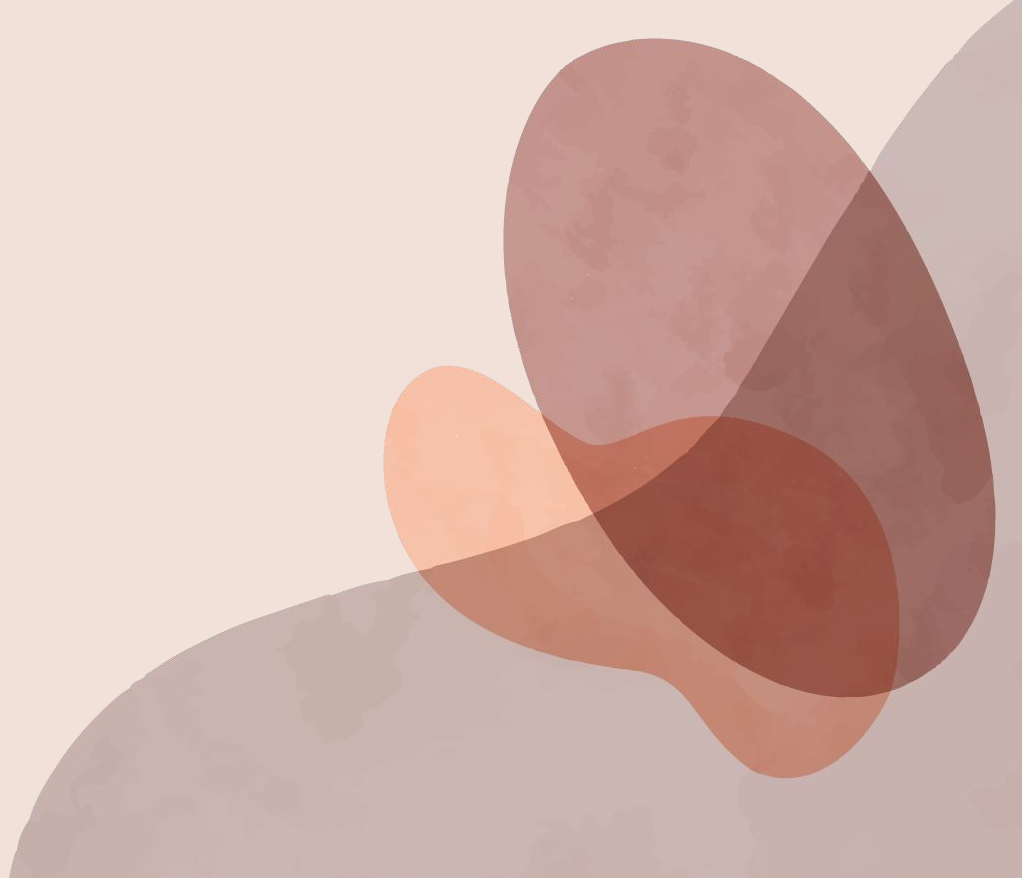
SYSTEMIC TRAUMA

Individual trauma can also result from systemic trauma - which looks at how larger systemic factors can cause trauma.

In the chat, tell me the types of individual and/or systemic trauma someone can experience.

SYSTEMIC TRAUMA

- Racism, sexism, ableism, classism, homophobia, transphobia, fatphobia, colonization, white supremacy
- We can look at trauma through the lens of primary, historical/intergenerational, and secondary trauma
- Content warning for next slide: Suicide



SYSTEMIC TRAUMA

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- We can look at these through the lens of primary, historical/intergenerational, and secondary trauma

Three Types of Trauma: An Illustration

When she is 13, Sharon loses her older brother to suicide.



For Sharon, the sudden death of her brother is a **primary trauma**.



Sharon was born and raised on a reservation in Montana, where multiple generations were subjected to primary traumas including displacement, starvation, violence, and poverty.



Sharon and her community may be experiencing the effects of **historical and intergenerational trauma**.



As an adult, Sharon works as a grief counselor, specializing in patients who have lost loved ones to suicide.



Sharon's job puts her at risk of **secondary trauma**.



Trauma Affects the Nervous System

THE AUTONOMIC NERVOUS SYSTEM

- Comprised of the sympathetic and parasympathetic branches
- Receives messages from the central nervous system
- Located in brainstem (vagus nerve) and spinal cord
- Affects your digestion, heart rate, and breathing
- Developed in an evolutionary way

The Polyvagal Ladder



DR. JUSTINE  @HEYDRJUSTINE

THE POLYVAGAL THEORY

- Developed by Stephen Porges
- Keep this in mind for yourself and when working with others (if you have capacity).
- Body perceives threat → Body becomes defensive or shuts down
- We learn what threats are from our childhood to adulthood, from media, from leaders, and from other “authority” figures.
- It’s okay to shut down or be anxious, your body is trying to help you! Give yourself grace.
- Meditation might not be best in dorsal but good for sympathetic or ventral.
- Think small!



Where would you
place yourself?

YOUR NERVOUS SYSTEM...

will turn off your
prefrontal cortex
(rational thinking,
decision making)
and move into
defense mode

cannot tell time
(day, month, year,
age) and doesn't
have eyes

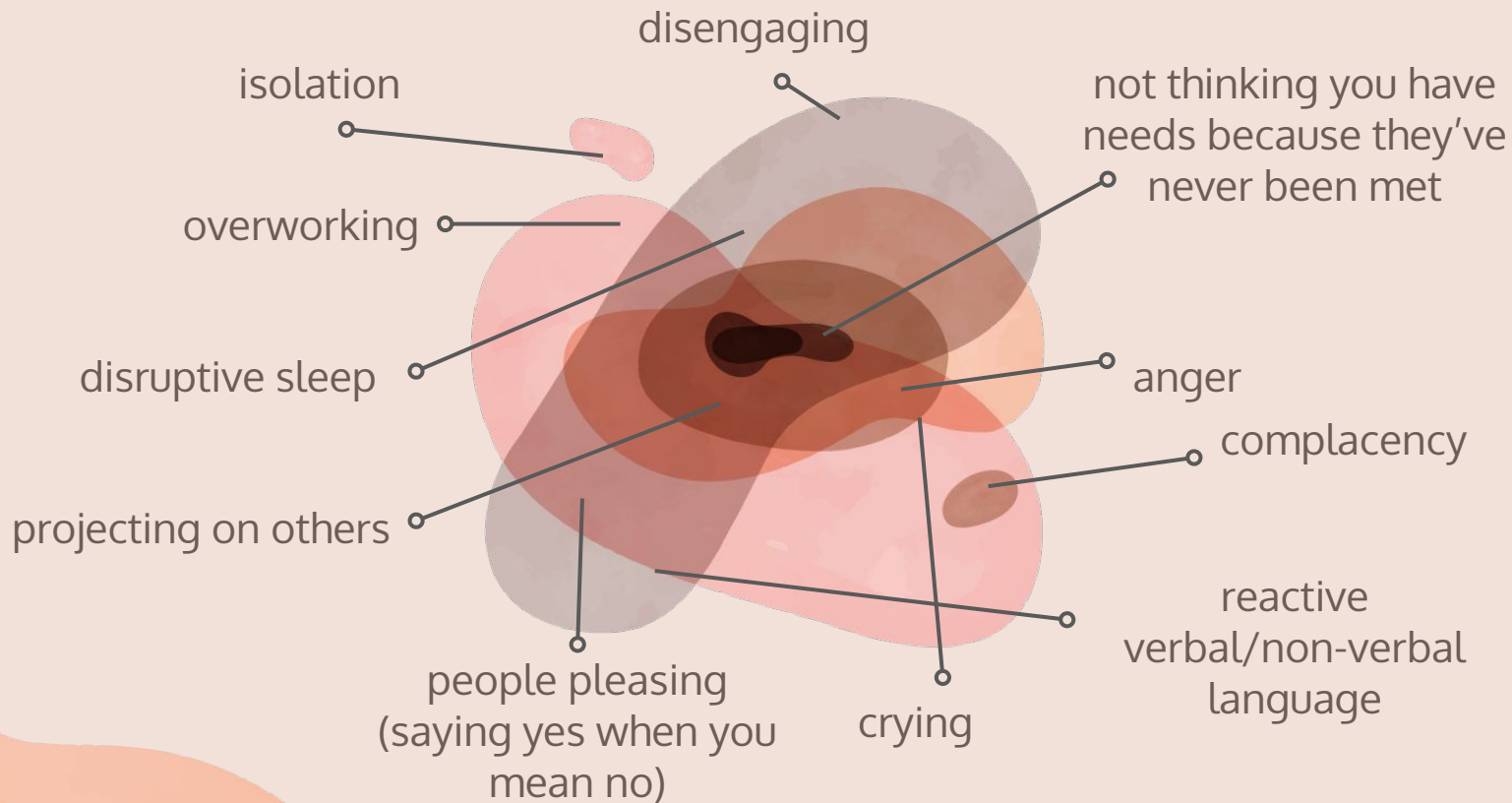
thinks you are a
helpless child who
needs protection

reacts to legitimate
and not-so-legitimate
threats to survival
(back to time and eyes)

doesn't know you
are an adult who
can learn to
self-regulate and
can effect change

can be retrained to
give you agency and
sovereignty (you are
an adult) - that's
another workshop :)

TRAUMA RESPONSES CAN LOOK LIKE...





O2

WHAT IS
TRAUMA-INFORMED
CARE?




TO PUT IT SIMPLY


Trauma-informed care asks “What happened to you?” instead of “What’s wrong with you?”

Most literature on this topic are in the social work and psychology disciplines where asking this question is more “acceptable”

@HEALINGHYPEGIRL



Have you noticed how Lia has been so rude lately? What the heck is wrong with them? I'm not gonna take one more minute of it!




Yeah, the other day, they told our team that they've been dealing with chronic fatigue and their partner's father just died. I don't think you were there.

@HEALINGHYPEGIRL



Oh wow, I didn't know that. That's a lot to deal with...



They haven't wanted to say much because they're worried that they'll get too emotional.

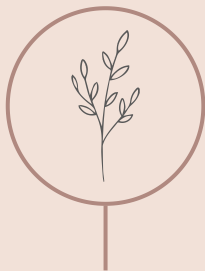


LIBRARY WORKERS AND PATRONS

Trauma-informed care can be applied across libraries with library workers and patrons. It helps for library workers to have an understanding AND application of it.

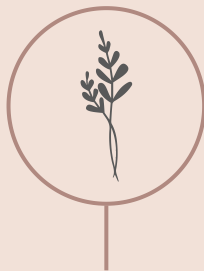
THE 4 R'S: ASSUMPTIONS ABOUT TRAUMA-INFORMED CARE

A trauma-informed approach will...



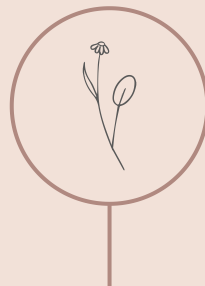
REALIZE

...the widespread
impact of trauma



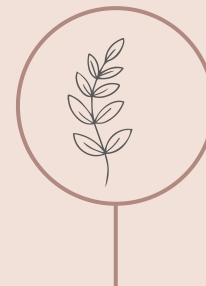
RECOGNIZE

...the signs and
symptoms of trauma in
others



RESPOND

...by fully integrating
knowledge about
trauma into policy,
procedures, and
practices



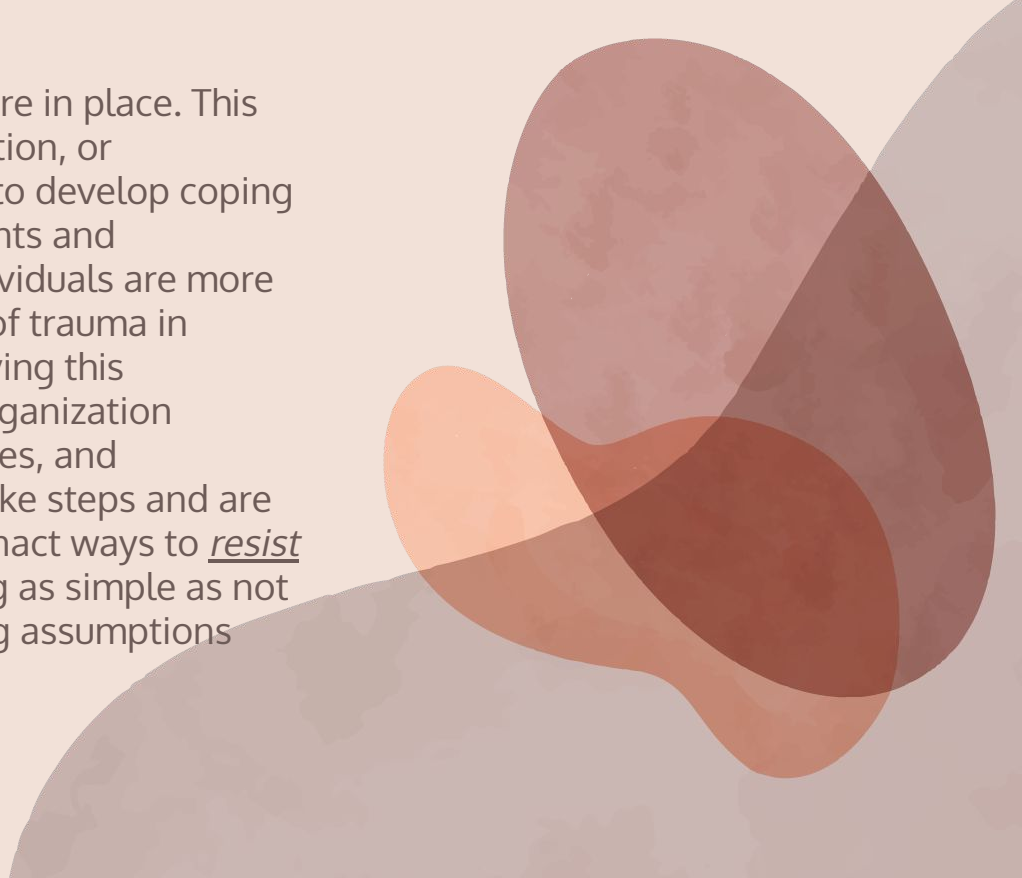
RESIST

RETRAUMATIZATION

...actively

4 R's: What does it mean?

Trauma-informed care is evident if the 4 R's are in place. This means people within a relationship, organization, or community realizing that trauma causes one to develop coping mechanisms that vary in different environments and relationships. Because of this realization, individuals are more attuned to recognizing signs and symptoms of trauma in others. As a result, they can respond by applying this knowledge to the way their relationship or organization functions through embodiment, norms, policies, and communication. With this knowledge, they take steps and are more conscious. And they can imagine and enact ways to resist re-traumatizing others. This can be something as simple as not approaching someone from behind or making assumptions about their identity.



6 PRINCIPLES OF A TRAUMA-INFORMED APPROACH



SAFETY



TRUSTWORTHINESS
AND
TRANSPARENCY



PEER SUPPORT



COLLABORATION
AND MUTUALITY



EMPOWERMENT,
VOICE AND
CHOICE

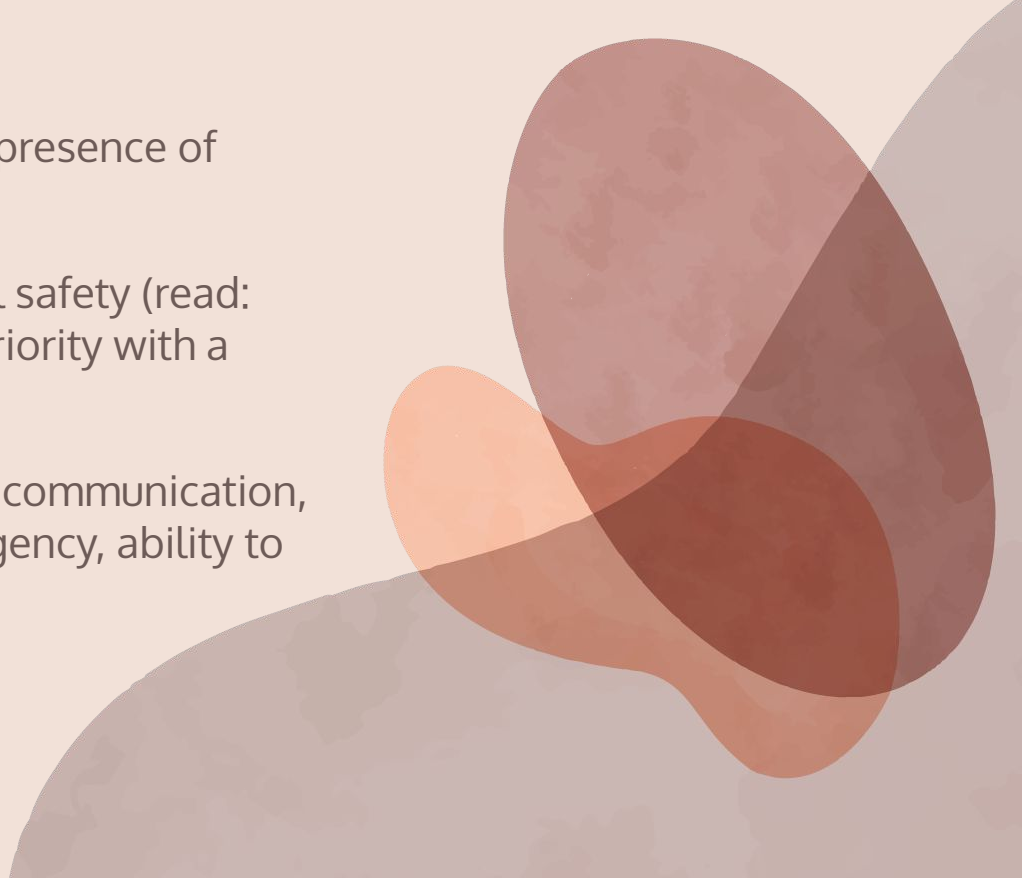


CULTURAL,
HISTORICAL, AND
GENDER ISSUES

Taken from SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

SAFETY

- Safety is the absence of threat and presence of connection.
- Creating physical and psychological safety (read: grounded nervous system) is first priority with a trauma-informed approach.
- This includes building trust, ease of communication, vulnerability, community, lack of urgency, ability to make mistakes, and empathy.



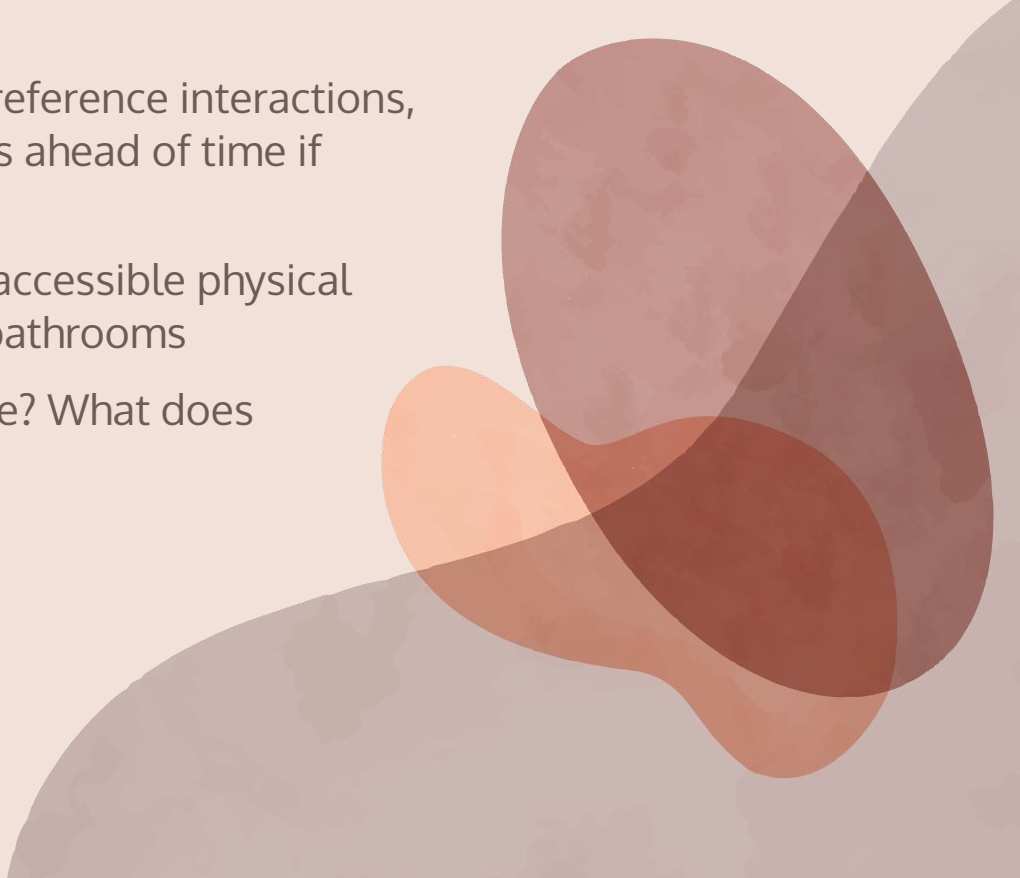
SAFETY: In Libraries

- Where do you feel threats in library spaces? Where might patrons feel threats?
- Is that project really urgent? Are timelines flexible? Slow down.
- Reconsider policing and security, think about communities of care.
- How can you ground yourself or ground with others? Take time to ground when you do feel safe.
- Who do you feel safe with? Who do you not feel safe with? What control do you have with your safety?



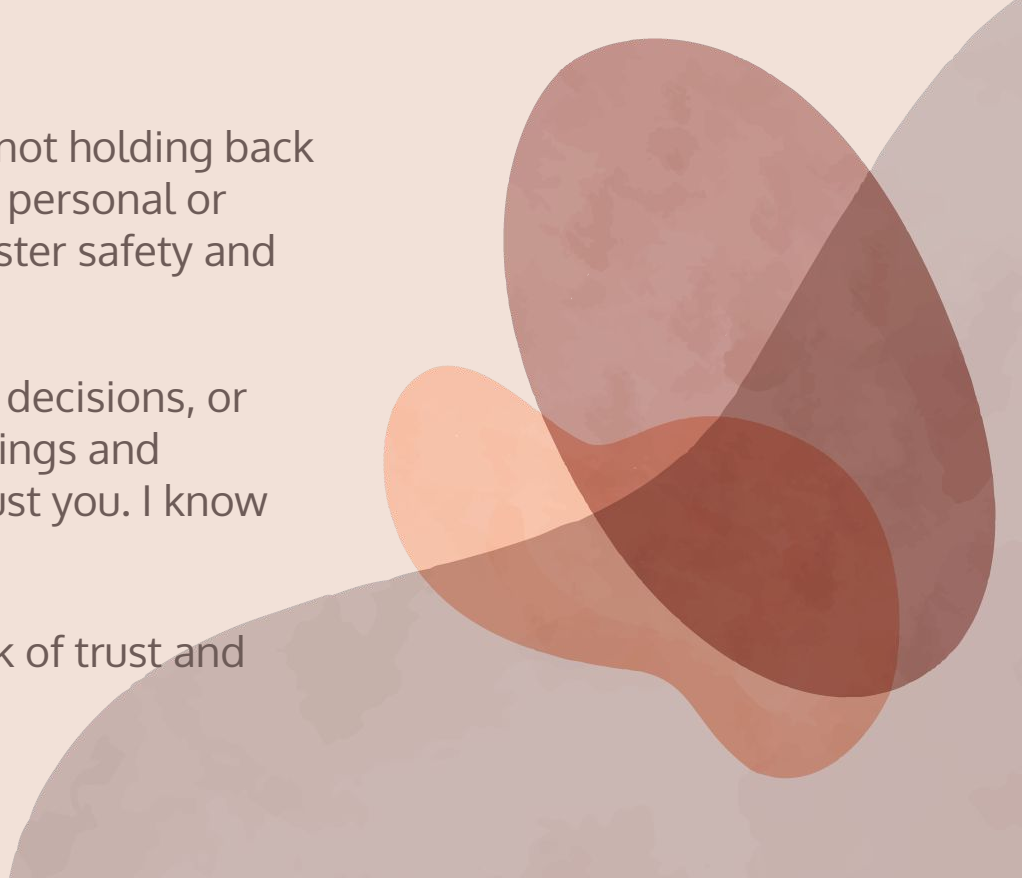
SAFETY: In Libraries

- Let people know what to expect in reference interactions, while you teach, give them materials ahead of time if possible. Check for understanding.
- Spaces for neurodivergent people; accessible physical and digital spaces; gender neutral bathrooms
- How do we repair after harm is done? What does accountability look like?



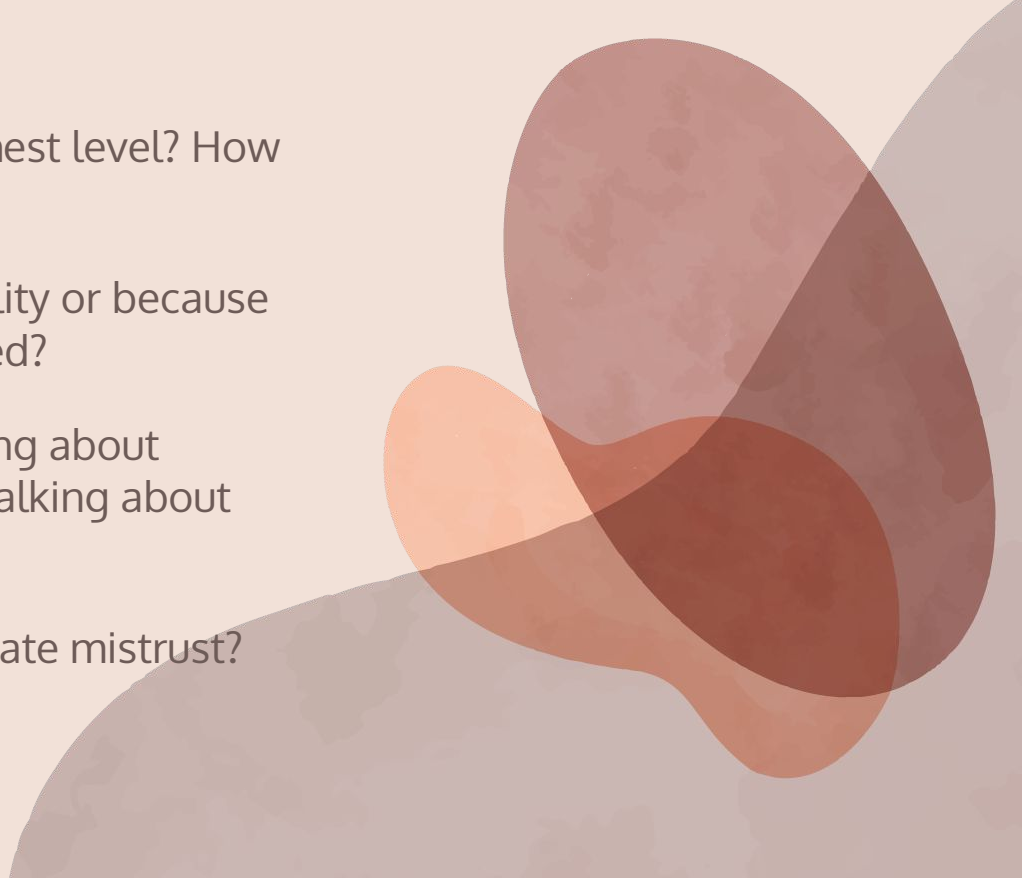
TRUSTWORTHINESS AND TRANSPARENCY

- Building and maintaining trust and not holding back information that affects others on a personal or organizational level continues to foster safety and doesn't catch anyone by surprise.
- By not communicating feelings and decisions, or why you might be holding back feelings and decisions, you are saying "I don't trust you. I know better."
- Not being transparent implies a lack of trust and care.



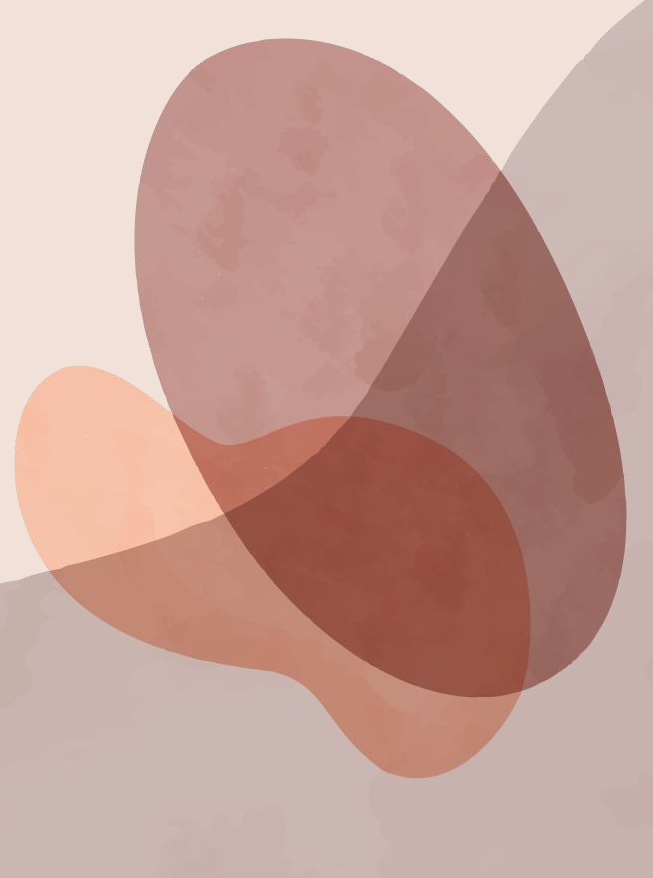
TRUSTWORTHINESS AND TRANSPARENCY: In Libraries

- How are decisions made at the highest level? How is it communicated?
- Is transparency a way to avoid liability or because of care? How is policy communicated?
- Metacommunication: Communicating about communication. Offering choices. Talking about pros/cons/accessibility.
- How does hierarchy foster trust/create mistrust? What practices mitigate this?



PEER SUPPORT

- Hyperindividualism is a characteristic of white supremacy culture (and capitalism) - let's help each other! Community care!
- You with one person or more than one person
- "Peers" refer to those who have experienced trauma directly or intergenerationally. When peers having the support of others with similar experiences, they gain a sense of safety and community.
- Peer support can happen through formal or informal peer support mechanisms such as identity groups, mentorship, associations, and activist circles.



PEER SUPPORT: In Libraries

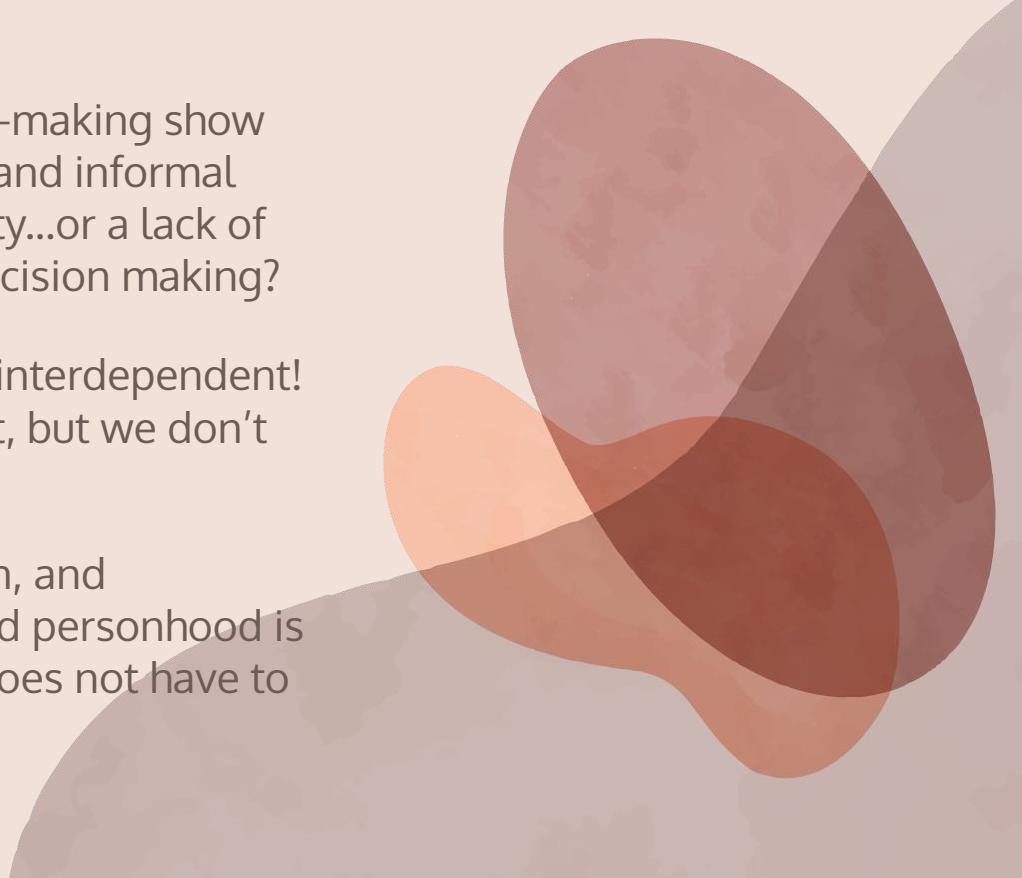
- we here community spaces
- This summit!
- Connecting with outside partners
- Providing this for students (academic libraries)
- What kind of care can be in place instead of policing? Who can be a partner?
- Animal support is okay too!





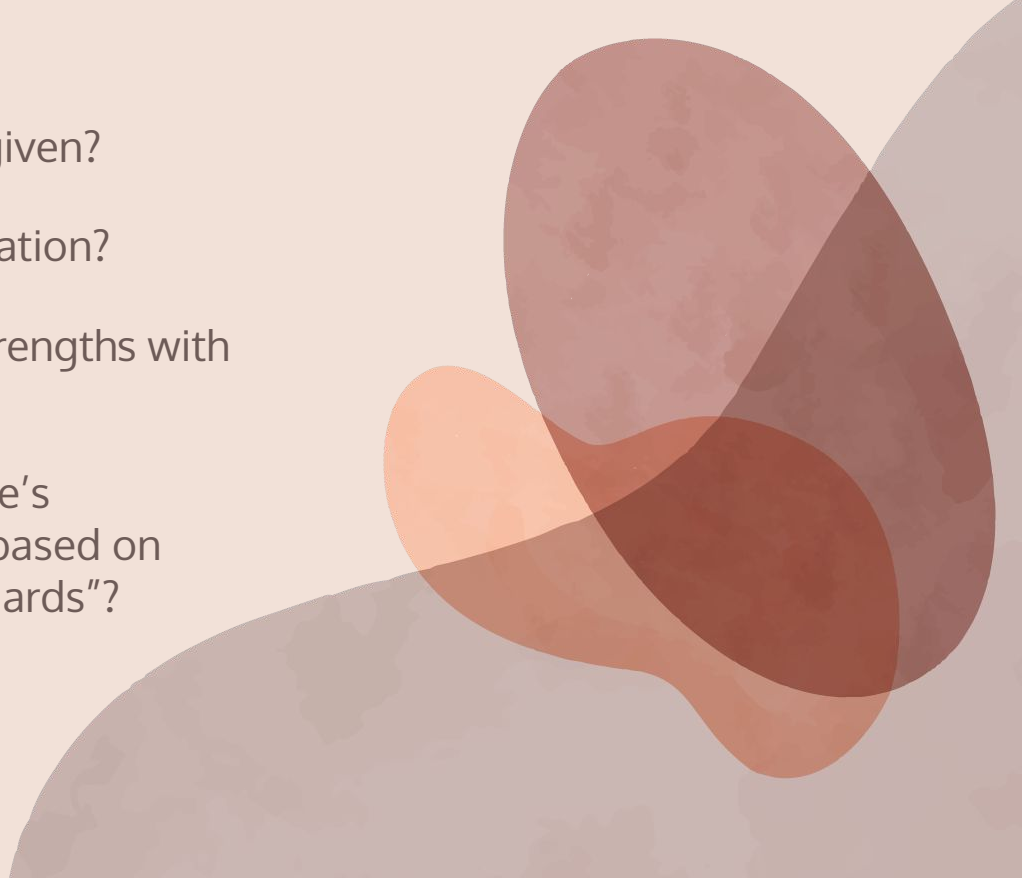
COLLABORATION AND MUTUALITY

- Recognize how power and decision-making show up in relationships. How do formal and informal power structures contribute to safety...or a lack of it? How can we share power and decision making?
- Everyone has a role to play, we are interdependent! Competition puts us into fight/flight, but we don't have to complete.
- Through transparency, collaboration, and recognizing how everyone's role and personhood is critical, healing can happen. "One does not have to be a therapist to be therapeutic."



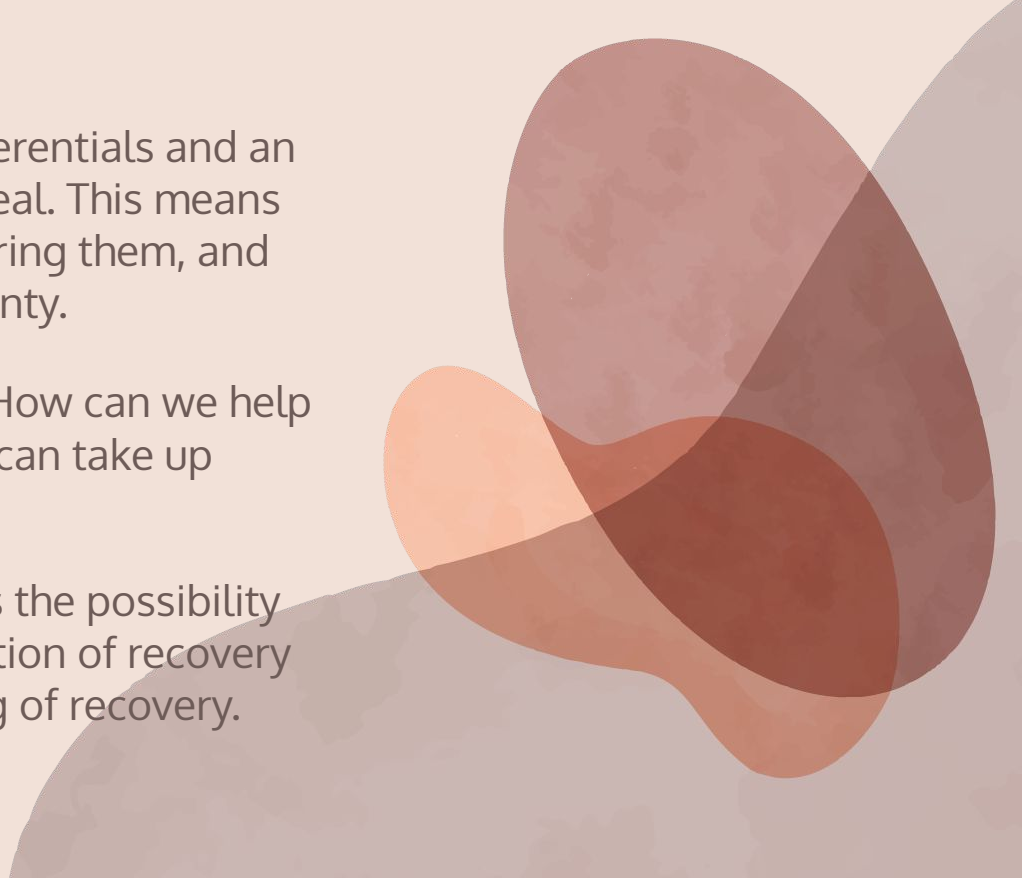
COLLABORATION AND MUTUALITY: In Libraries

- Are projects shared? How is credit given?
- How do leaders talk about collaboration?
- How do we celebrate everyone's strengths with care?
- Everyone has a role. How are people's accomplishments being measured based on people's unique strengths vs "standards"?



EMPOWERMENT, VOICE AND CHOICE

- There is a recognition of power differentials and an encouragement for individuals to heal. This means allowing space for others, empowering them, and promoting self-advocacy / sovereignty.
- We all want to be seen and heard. How can we help others feel seen so they know they can take up space?
- This is not the illusion of choice, it is the possibility of choice. This looks like the facilitation of recovery rather than the control/gatekeeping of recovery. This looks like consent.



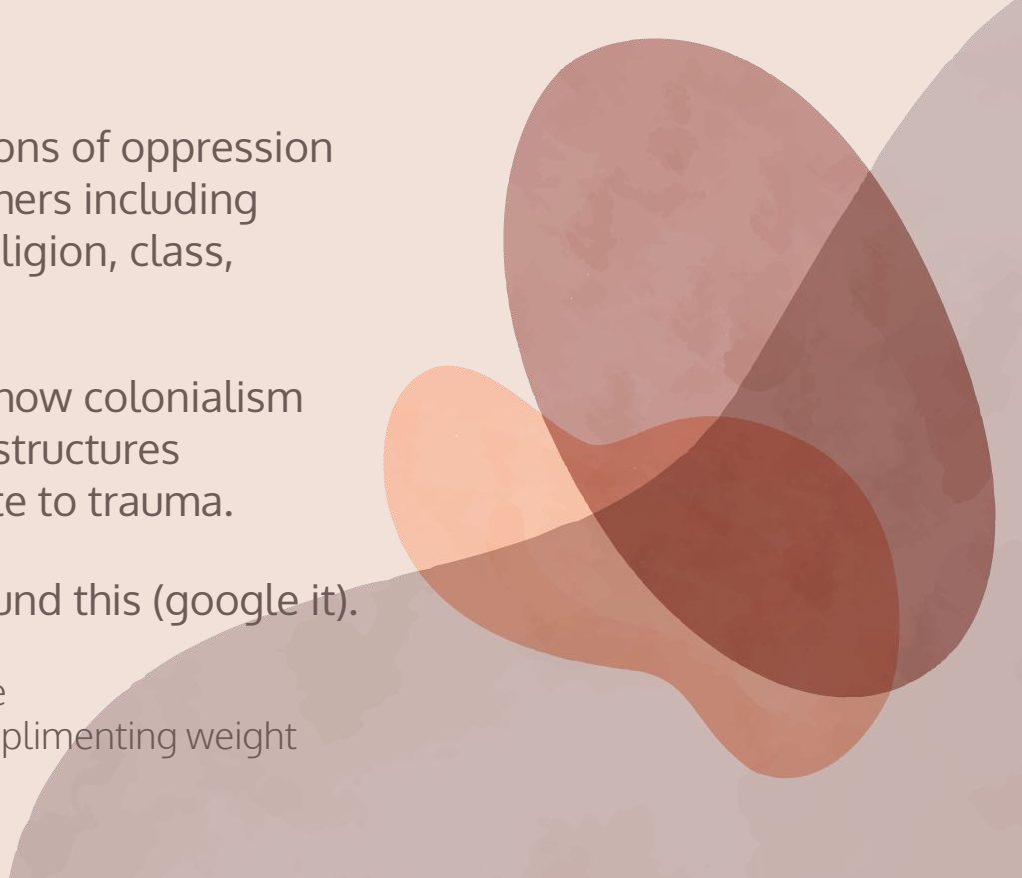
EMPOWERMENT, VOICE AND CHOICE: In Libraries

- If things get tense, offer choices. "I understand you're angry, and I really want to help you. Do you want to talk to my manager, pay the fine late, or talk about this together away from other patrons?"
- Give yourself permission to step away from work.
- As a leader, be very clear about how your team can care for themselves and each other.
- Maybe not everyone likes to speak up in certain contexts, get to know people's communication preferences. This makes them feel seen and heard.



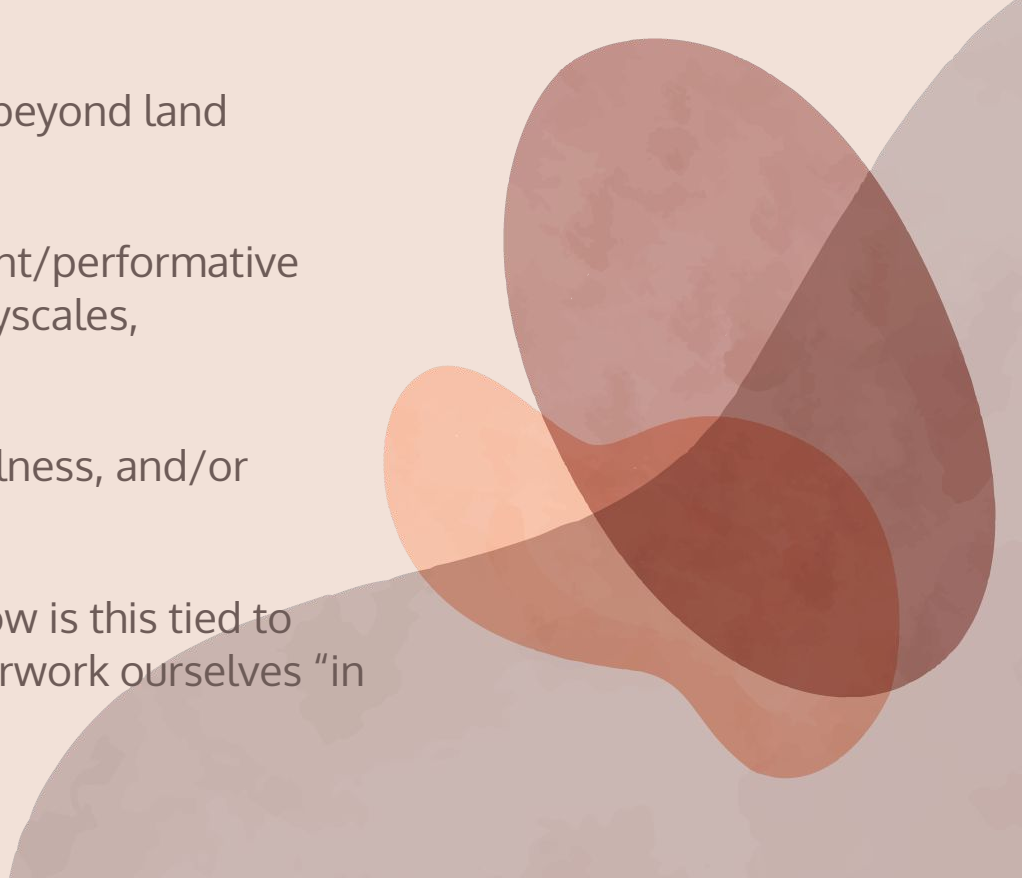
CULTURAL, HISTORICAL, AND GENDER ISSUES

- You are responsive to the intersections of oppression that directly and indirectly affect others including culture, lived experience, gender, religion, class, *ability*, sexuality, or age.
- There is reflective investigation for how colonialism and capitalism and other historical structures considered to be "normal" contribute to trauma.
- Consider how we use language around this (google it).
 - AAVE: "hustle", "woke", "sis", and more
 - Ableist: "crazy", "insane", "dumb", complimenting weight loss, and more



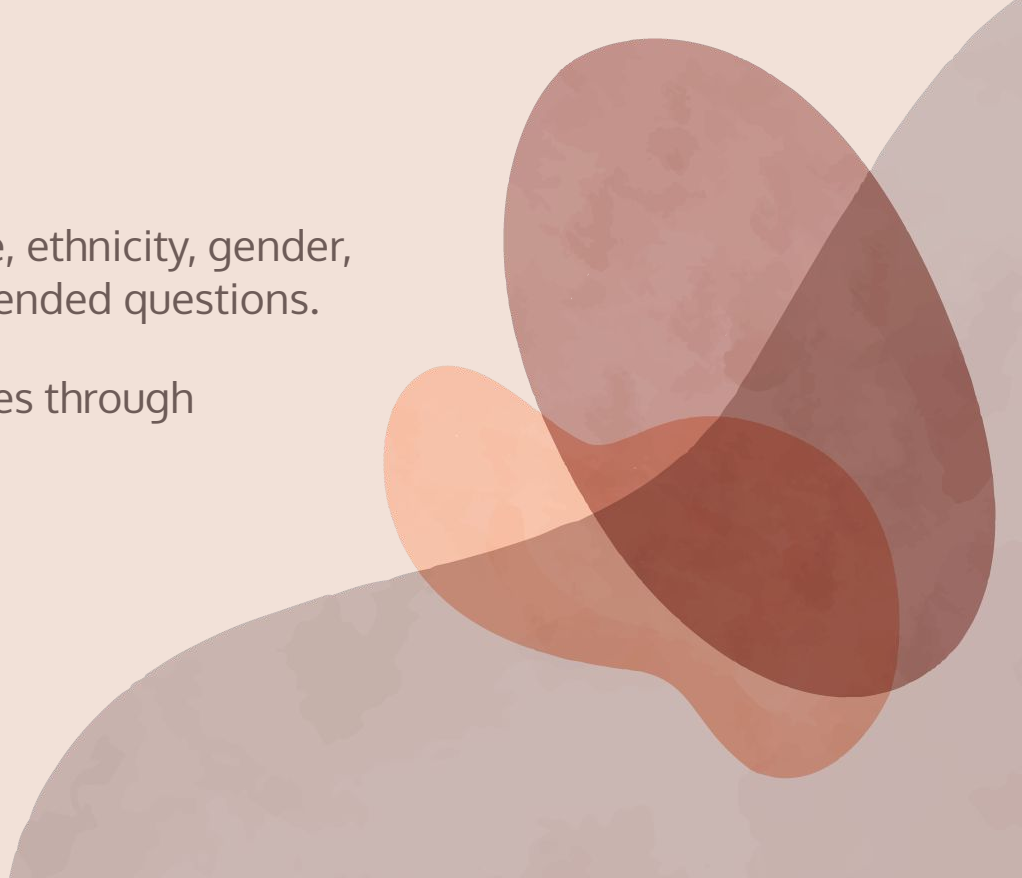
CULTURAL, HISTORICAL, AND GENDER ISSUES: In Libraries

- Responding to Indigenous erasure beyond land acknowledgments
- Moving beyond a diversity statement/performative allyship: what about hiring data, payscales, accountability?
- Remote work centering disability, illness, and/or mental health
- We are in a “service” profession. How is this tied to gender/race? How much do we overwork ourselves “in service to others”?



CULTURAL, HISTORICAL, AND GENDER ISSUES: In Libraries

- Compensate BIPOC for EDI work.
- How do we assume someone's race, ethnicity, gender, etc? How is this harmful? Ask open ended questions.
- How do libraries appropriate cultures through language, collections, exhibits, etc?



LET'S TAKE A
PAUSE (few
minutes) AND
ORIENT, BREATHE,
SIGH, HUM



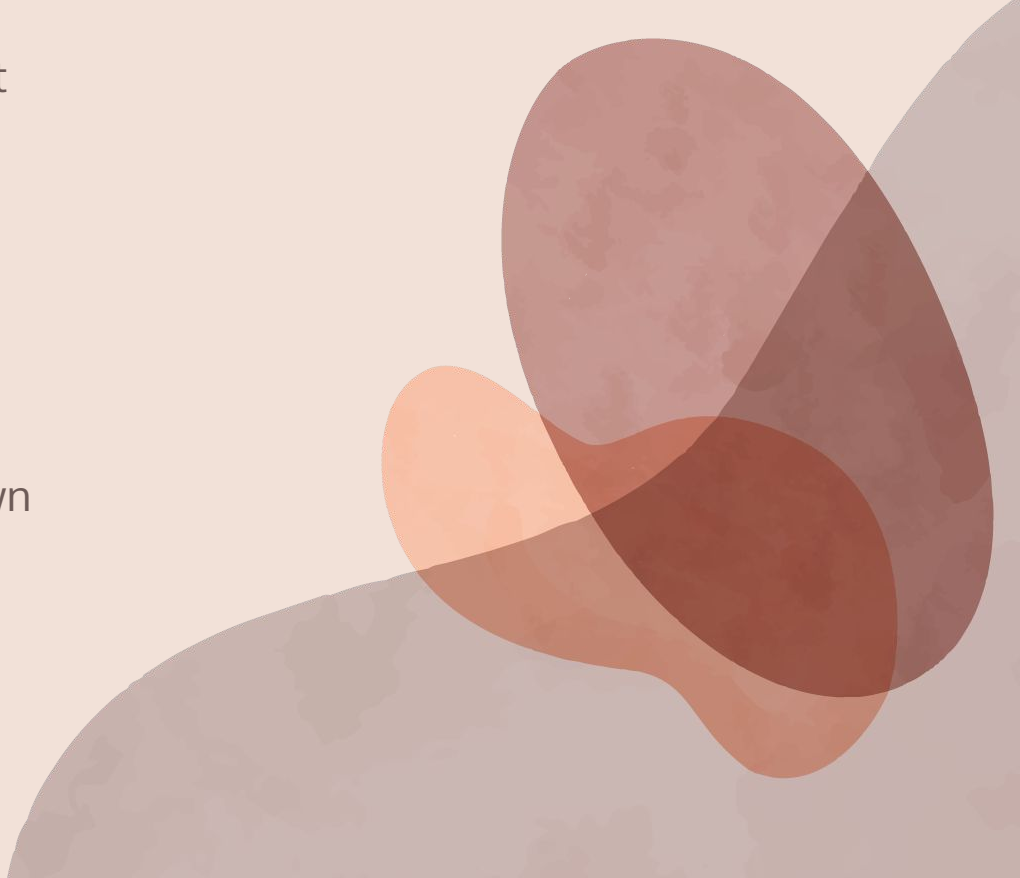


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LET'S IMAGINE

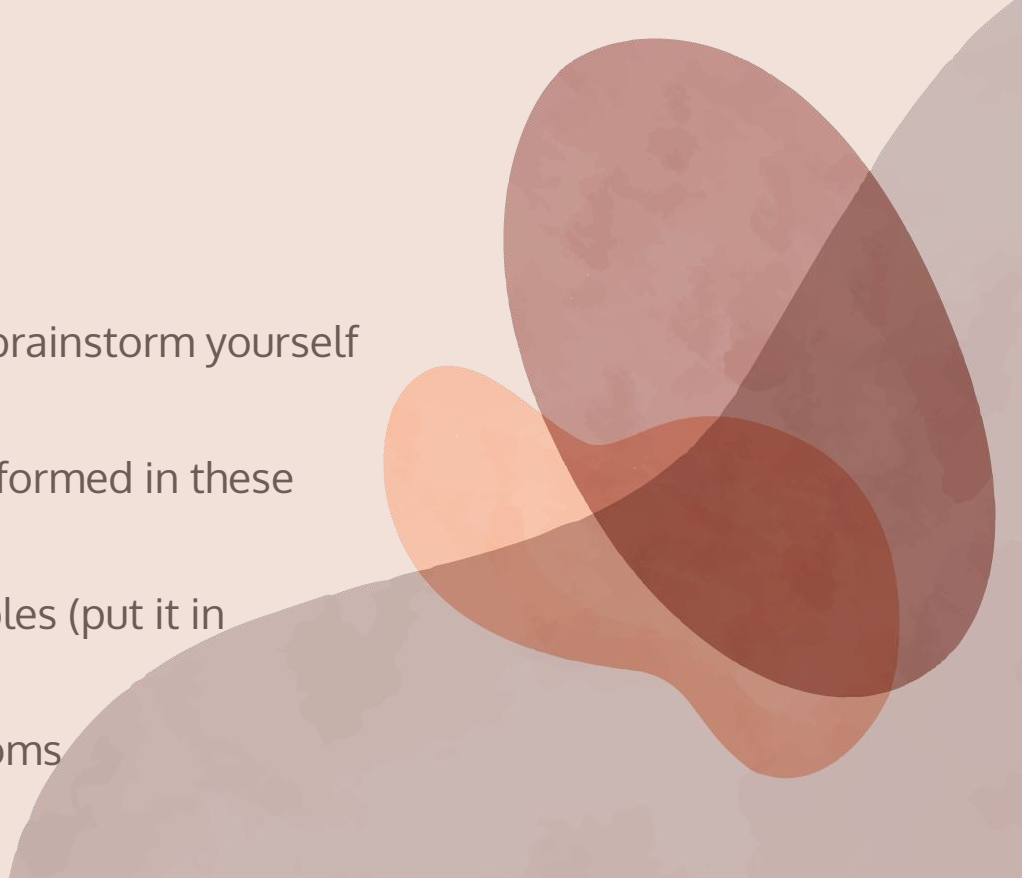
BREAKOUT GROUPS

1. Communication/Language/Consent
2. Reference and Instruction
3. Creating and communicating policy
4. Accessibility
5. Physical Spaces/Design
6. Investigating Urgency/Slowing down
7. Peer Support
8. Anti-racism/EDI
9. Collections



BREAKOUT GROUPS

- Jamboard: <https://bit.ly/pocinlis>
 - Discuss together and/or
 - Add things on your own
- Feel free to stay in main room and brainstorm yourself and add to the Jamboard
- Think of ways you can be trauma-informed in these areas
- Map them to the 4 R's and 6 Principles (put it in Jamboard or just talk about it)
- I will pop in and out of breakout rooms





Let's take a look

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QUESTIONS AND THANK YOU!

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