

Trauma Informed Practice

Interpersonal Communication & Library Services



A Quick Guide

Statement of Purpose

As libraries continue to expand and provide safe and welcoming spaces to people of all backgrounds and experiences, it is critical that library workers have and/or develop the skills to serve people whose experiences may not mirror their own. Recognizing the prevalence of trauma is vital to building trust and to serving the needs of people who are a part of vulnerable communities who are at risk of further harm and/or disenfranchisement. It is equally as important that library workers are adequately supported in coping and/or responding to trauma that they (re)experience as a result of their work. Understanding that individuals may not identify themselves as belonging to invisible, at-risk, vulnerable communities due to concerns about their privacy, safety and/or inability to express it, adopting and developing institutional practices and services that are trauma informed will result in improved experiences for library users and library workers. This resource largely focuses on *interpersonal communication* and provides a grounding on recognizing trauma; responding to trauma; and, how to adopt language and/or policies that does not cause or result in further individual harm.

TERMS OF USE

This guide was developed by [Library Freedom Project](#) in 2019. Library Freedom consulted with members from a variety of disciplines, experiences and backgrounds to inform this work including an LMSW who worked closely with this project in order to ensure that information provided is in alignment with best practices of the Social Work field.

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WHAT IS TRAUMA?

Trauma is a common, widespread public health reality that affects people of all ages, gender identities, socioeconomic status, race, ethnicity, geography and/or sexual orientation. It occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences. It is an almost universal experience of people with mental and substance use disorders. An individual's response to trauma varies from person to person; individuals recover at different paces and/or have more difficulty managing their stress and experience to trauma.¹

Individuals who have experienced and/or are living with trauma may exhibit a wide range of responses. According to the National Institute of Mental Health, an individual's response to trauma may include²:

- Feeling anxious, sad, or angry
- Trouble concentrating and sleeping
- Continually thinking about what happened
- Worrying a lot or feeling very anxious, sad, or fearful
- Crying often
- Having trouble thinking clearly
- Having frightening thoughts, reliving the experience
- Feeling angry
- Having nightmares or difficulty sleeping
- Avoiding places or people that bring back disturbing memories and responses

Symptoms of physical responses to trauma may include:

- Headaches
- Stomach pain and digestive issues
- Feeling tired
- Racing heart and sweating
- Being very jumpy and easily startled

¹ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

² National Institute of Mental Health. "Coping with Traumatic Events." *National Institute of Health*. National Institute of Health, <https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml>. Accessed 3 Oct. 2019.

WHAT DOES IT MEAN TO BE TRAUMA INFORMED?

Trauma Informed Practice is defined as an organizational structure and treatment framework involving understanding, recognizing, and responding to the effects of all types of trauma. The delivery of this practice has become more widely adopted within and beyond the Social and Human Services professions. Educators, lawyers, libraries and medical fields are incorporating this practice into services so as to better respond, connect and serve the people with whom they interact. Approaching interactions with members of the public with an understanding that they may have experienced trauma results in an improved trust between the community and the library staff and institution as a whole.

At the core of Trauma Informed Practice is acknowledging that trauma is common, individuals respond differently to these challenges, and that library staff does not want to worsen and/or re-traumatize someone. People who are experiencing trauma and/or are actively "triggered" may demonstrate an impaired sense of safety; lack of trust; difficulty processing information; impaired self-expression; difficulty sharing their history; and/or difficulty making decisions.³ When people are seeking services, acknowledging and validating the reality of an individual's experience is critical to establishing positive outcomes. This can be accomplished by framing interactions away from "What's wrong [with you]?" towards "What happened [to you]?" This mindset of empathy and compassion will keep centered the specific individual's needs with whom you are interacting and will foster respect and trust.

Along with bringing more Social Workers on staff, the integration of Trauma Informed Practice into Library Services is becoming increasingly more common. ALA's Public Library Association Social Work Task Force published Overview of Trauma-Informed Care which highlights the five major ways libraries can begin to integrate trauma informed strategies into services. The best practices for Trauma Informed Services include: People-First Language; Strengths-Based Perspective; Compassion; A Focus on Behavior; Creating Welcoming Spaces.⁴ For further details, consult the Public Library Association Social Work Task Force's handout directly: http://www.ala.org/pla/sites/ala.org.pla/files/content/tools/Public-Library-Social-Work_Overview-of-Trauma-Informed-Care_FINAL.pdf

³ Kraemer, Talia, and Eliza Patten. "Establishing a Trauma-Informed Lawyer-Client Relationship (Part One)." *American Bar Association: Child Law Practice*, vol. 33, no. 10, Oct. 2014. http://www.lsc-sf.org/wp-content/uploads/2015/10/Article_Establishing-a-Trauma-Informed-Lawyer-Client-Relationship.pdf

⁴ "Public Library Social Work: Overview of Trauma-Informed Care", American Library Association, February 1, 2018. <http://www.ala.org/pla/resources/tools/homelessness>.

WHAT IS SECONDARY & VICARIOUS TRAUMA?

Secondary Trauma is a normal response that individuals have to working with survivors of trauma. This refers to a person being traumatized by hearing another person speak about or disclose their own traumatic experience.⁵ They may take on the emotions of the person who experienced trauma or see the trauma in their mind's eye which is uncomfortable and may trigger their own trauma. Related but not the same is being triggered; a trigger refers to one's own trauma being activated by something in their environment such as a place, smell, words, person, situation. Library workers typically balance a wide variety of tasks, needs, projects and interactions throughout the day are vulnerable: the emotional and mental labor that goes into their work is significant. Library workers are at risk of Compassion Fatigue and/or can be re-traumatized themselves based on personal histories and interactions they encounter as part of their work. Library work may result in Compassion Fatigue which is when an individual begins not care less about other people's problems, trauma, experience because they themselves are burnt out. Administrators must be aware of trauma and of its impact that it has on the people who work at their organization. Steps that Administrators can take to reduce the effects of trauma includes: ongoing training and education on trauma; training on how traumatic stress affects the body and brain; training on the relationship between mental health and trauma; providing training on de-escalation; providing safe and private spaces for support, including Employee Assistance Program; and/or providing staff adequate time to process [their] trauma.

Strategies to Prevent Secondary Traumatization

- **Peer Support:** Maintaining adequate social support, both personally and professionally, helps prevent isolation and helps counselors share the emotional distress of working with traumatized individuals.
- **Supervision and Consultation:** Professional consultation will help library workers understand secondary traumatization, their own personal risks, the protective factors that can help them prevent or lessen its impact, and their countertransference reactions to specific clients.
- **Training:** Ongoing professional training can improve library worker's understanding of trauma and enhance a sense of mastery and self-efficacy in their work.
- **Personal psychotherapy or counseling:** Being in counseling can help library workers become more self-aware and assist them in managing the psychological and emotional distress that often accompanies working with patrons who have trauma histories in a number of settings.
- **Maintaining balance in one's life:** Balancing work and personal life, developing positive coping styles, and maintaining a healthy lifestyle can enhance resilience and the ability to manage stress.
- **Engaging in spiritual activities that provide meaning and perspective:** Connection to a spiritual community and spiritual practices (such as meditation) can help library workers gain a larger perspective on trauma and enhance resilience.

Example is from p. 220 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

⁵ American Counseling Association. *Vicarious Trauma Fact Sheet #9*, https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=f0f03a27_2.

Advice to Administrators

Preventing Turnover and Increasing Workforce Retention

To prevent behavioral health staff turnover and increase retention of qualified, satisfied and highly committed trauma-informed staff members, consider:

- Offering competitive wages, benefits and performance incentives that take into account education, training and levels of responsibility in providing trauma-informed or trauma-specific services.
- Creating a safe working environment that includes both the physical plant and policies and procedures to prevent harassment, stalking and/or violence in the workplace and to promote respectful interactions amongst staff at all levels of the organization.
- Establishing an organizational policy that normalizes secondary trauma as an accepted part of working with [the public] and views the problem as systemic — not the result of individual pathology or a deficit on the part of the [employee].
- Instituting reasonable, manageable workloads that mix projects and responsibilities.
- Letting staff offer input into clinical and administrative policies that directly affect their work experience.
- Provide vacation, health insurance (which includes coverage for psychotherapy/personal counseling) and other benefits that promote the well-being of staff.
- Implementing regular, consistent supervision for all staff members.
- Providing ongoing training in trauma-informed services offered by the organization.

Example is from p. 176 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

Advice to Administrators

Trauma Informed Staff Training

- Establish training standards for the evidence-based and promising Trauma Informed practice models (ex: Seeking Safety) adopted by your organization.
- Bring expert trainers with well-developed curricula in Trauma-Informed Care & trauma-specific practices into your organization.
- Select a core group of employees and counselors to attend multisession training or certification programs. These employees can then train the rest of the staff.
- Use sequenced, longitudinal training experiences instead of single-session seminars or workshops.
- Emphasize interactive and experiential learning activities over purely didactic training.
- Provide ongoing mentoring and training on coping with trauma.
- Build organization-wide support for the ongoing integration of new attitudes and skills to sustain constructive, Trauma Informed Care consistent changes.
- Include information and interactive exercises on how employees can identify, prevent and ameliorate secondary traumatic stress (STS) reactions during staff trainings.
- Offer cross-training opportunities to enhance knowledge of trauma-informed processes throughout the organization.

Example is from p. 181 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

Secondary Traumatization Signs

The following are some indicators that employees may be experiencing Secondary Traumatization:

Psychological Distress

- Distressing emotions: grief, depression, anxiety, dread, fear, rage, shame
- Intrusive imagery of client's traumatic material: nightmares, flooding, flashbacks of patron's disclosures
- Numbing or avoidance: avoidance of working with patron's traumatic material
- Somatic issues: sleep disturbances, headaches, gastrointestinal distress, heart palpitations, chronic physiological arousal
- Addictive/compulsive behaviors: substance abuse, compulsive eating, compulsive working
- Impaired functioning: missed or canceled appointments, decreased use of supervision, decreased ability to engage in self-care, isolation and alienation

Cognitive Shifts

- Chronic suspicion about others
- Heightened sense of vulnerability
- Extreme sense of helplessness or exaggerated sense of control over others or situations
- Loss of personal control or freedom
- Bitterness or cynicism
- Blaming the victim or seeing everyone as a victim
- Witness or professional guilt if patron re-experiences trauma or reenacts trauma
- Feeling victimized by patron(s)

Relational disturbances

- Decreased intimacy and trust in personal/professional relationships
- Distancing or detachment from patrons which may include labeling patrons, pathologizing them, judging them, canceling appointments, or avoiding exploring traumatic material
- Overidentification with the patron, which may include a sense of being paralyzed by one's own responses to the patron's traumatic material or becoming overly responsible for the patron's life

Frame of Reference

- Disconnection from one's sense of identity
- Dramatic change in fundamental beliefs about the world
- Loss or distortion of values or principles
- A previous sense of spirituality as comfort or resource decreases or becomes nonexistent
- Loss of faith in something greater
- Existential despair and loneliness

Example is from p. 199 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

COMPASSION SATISFACTION & COMPASSION FATIGUE (PRoQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *past 30 days*.

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I *[help]*.
- _____ 3. I get satisfaction from being able to *[help]* people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I *[help]*.
- _____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person *[help]*.
- _____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- _____ 10. I feel trapped by my job as a *[helper]*.
- _____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- _____ 12. I like my work as a *[helper]*.
- _____ 13. I feel depressed because of the traumatic experience of the people I *[help]*.
- _____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a *[helper]*.
- _____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- _____ 21. I feel overwhelmed because my workload seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
- _____ 24. I am proud of what I can do to *[help]*.
- _____ 25. As a result of my work, I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a *[helper]*.
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I choose to do this work.

Example is from p. 201 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

Your Scores on the ProQOL: Professional Quality of Life Screening

Based on your responses, place your personal scores below. If you have any concerns, you should discuss with them a physical or mental healthcare professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent greater satisfaction related to your ability to be an effective caregiver on your job.

The average score is 50 (SD 10; alpha scale readability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason-- for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a healthcare professional.

Example is from p. 202 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

Compassion Satisfaction & Compassion Fatigue Score Sheet

Score sheet is from p. 203 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

In this section, you will score your test so you understanding the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up, you can find your score on the table to the right.

*You Wrote	Change To
1	5
2	4
3	3
4	2
5	1

3._____
6._____
12._____
16._____
18._____
20._____
22._____
24._____
27._____
30._____

Total:_____

The sum of my Compassion Satisfaction Questions is:	So my score equals:	My Compassion Satisfaction Level is:
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. Ex: Question 1 "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score.

*1.____ = ____
*4.____ = ____
8._____
10._____
*15.____ = ____
*17.____ = ____
19._____
21._____
26._____
*29.____ = ____

Total: _____

The sum of my Burnout Questions is:	So my score equals:	My Burnout Level is:
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2._____
5._____
7._____
9._____
11._____
13._____
14._____
23._____
25._____
28._____

Total:_____

The sum of my Secondary Traumatic Stress is:	So my score equals:	My Secondary Traumatic Stress Level is:
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Supporting Staff Development⁶

Training & Education	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown
Staff at all levels of the organization receive training & education on the following topics					
What traumatic stress is					
How traumatic stress affects the brain & body					
The relationship between mental health & trauma					
The relationship between substance abuse & trauma					
The relationship between homelessness & trauma					
The relationship between racism & trauma					
The relationship between heteronormativity & trauma					
How trauma affects a child's development					
How trauma affects children's attachment to their caregivers					
The relationship between childhood trauma & revictimization (ex: domestic violence, assault)					
Different cultures (eg: different cultural practices, beliefs, rituals)					
Cultural differences in how people understand and respond to trauma					
How working with trauma survivors impacts staff					
How to identify triggers and help patrons through triggers					
How to help patrons manage their feelings					
De-escalation strategies					
How to develop safety & crisis prevention plans					
How to establish & maintain healthy boundaries					

⁶ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

Staff Supervision, Support & Self-Care⁷

Staff Supervision, Support & Self- Care	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown
Staff members have regular team meetings					
Topics related to trauma are addressed in team meetings					
Topics related to self-care are addressed in team meetings (eg: vicarious trauma, burn-out, stress-reducing strategies)					
Staff members have regularly scheduled time for individual supervision					
Staff members receive individual supervision from a supervisor who is trained in understanding trauma					
Part of supervision time is used to help staff members understand their own stress reactions					
Part of supervision time is used to help staff members understand how their stress reactions impact their work with patrons					
The organization helps staff members debrief after a crisis					
The organization has a formal system for reviewing staff performance					
The organization provides opportunities for on-going staff evaluation of the organization					
The organization provides opportunities for staff input into organizational policies					
Outside consultants with expertise in trauma provide on-going education and consultation.					

⁷ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

Listed below are resources on Compassion Fatigue and/or Secondary Trauma that may be useful to facilitate trainings and/or development of resources for your organization:

- **American Psychology Association (APA):** The Road to Resilience: <https://www.apa.org/helpcenter/road-resilience>
- **California Library Services:** Mental Health Initiative Video Series: <https://www.youtube.com/channel/UCnSA9yKFJNxKLTzG49aiSVw/videos>
- **National Child Traumatic Stress Network:** Secondary Traumatic Stress: <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>
- **Substance Abuse & Mental Health Services Administration:** Tips for Supervisors of Disaster Responders: Helping Staff Manage Stress When Returning to Work: <https://store.samhsa.gov/system/files/sma14-4871.pdf>
- **Substance Abuse & Mental Health Services Administration:** Trauma-Informed Care in Behavioral Health Services Toolkit: https://www.ncbi.nlm.nih.gov/books/NBK207201/pdf/Bookshelf_NBK207201.pdf
- **Trauma Informed Law:** Resources: <http://www.traumainformedlaw.org/resources>
- **US Department of Health / ASPR TRACIE:** Disaster Behavioral Health Self Care for Healthcare Workers Modules: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-dbh-self-care-for-healthcare-workers-modules-description-final-8-19-19.pdf>
- **Workplace Strategies for Mental Health (Compliments of Canada Life):** Resources & Tools: <https://www.workplacestrategiesformentalhealth.com>

WHAT IS HISTORICAL & COLLECTIVE TRAUMA?

Trauma cannot be viewed narrowly: it needs to be seen and understood through a broader lens which involves considering the context of the individual by integrating biopsychosocial, interpersonal, community, societal and memory politics which all contribute to an individual's response to trauma.⁸ The term *Collective Trauma* refers to the psychological reactions to a traumatic event shared by a group of people of any size, up to and including an entire society. Historical Trauma refers to a complex and collective trauma experience which has occurred over time and across generations by a group of people who share an affiliation, identity and/or circumstance.⁹

Examples of oppressive systemic institutions include and are not limited to racism, nativism, sexism, heterosexism, cisgenderism, classism, colonialism, ableism, lookism, sizeism, and/or ageism. Individuals and groups may overlap and fit into several multiple categories which results in the benefiting from and/or being harmed by these systems; this experience is referred to as *intersectionality* which is defined as "the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect especially in the experiences of marginalized individuals or groups."¹⁰

It is critical to note that "people of color experience higher rates of post-traumatic stress disorder (PTSD) compared to white Americans, and one explanation for this difference is the experience of racism, which can itself be traumatic."¹¹ General examples of traumatic experiences that groups and individuals experience may involve and is not limited to physical, emotional and/or mental violence and harm; economic violence, disenfranchisement, low and/or unequal wages and/or cost of goods; reduced access to physical, mental, emotional health, transportation, family care, financial, education, information services.

⁸ 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. https://www.ncbi.nlm.nih.gov/books/NBK207201/pdf/Bookshelf_NBK207201.pdf

⁹ Hirschberger, Gilad. "Collective Trauma and the Social Construction of Meaning." *Frontiers in Psychology* vol. 9 1441. 10 Aug. 2018, doi:10.3389/fpsyg.2018.01441

¹⁰ "intersectionality." *Merriam-Webster.com*. Merriam-Webster, 2019. Web. 14 Oct. 2019.

¹¹ Williams, Monnica T. "Uncovering the Trauma of Racism: New Tools for Clinicians." *Psychology Today*, Sussex Publishers, 19 Jan. 2019, <https://www.psychologytoday.com/us/blog/culturally-speaking/201901/uncovering-the-trauma-racism-new-tools-clinicians>.

Specific examples of traumatic experiences that groups and/or individuals may be experiencing include but are not limited to the following¹²:

- **Overt racial slurs and threats made by anyone:** Perpetrator threatens the victim with assault or death using a racial/ethnic epithet.
- **Police harassment, body searches, and assaults:** Law enforcement officers assault the victim of color physically, issue threats, or search the victim's body for evidence of a crime (e.g., weapons, drugs).
- **Workplace discrimination:** Coworkers express racially motivated threats or carry out physical assaults against the targeted individual in the workplace.
- **Community violence:** Victim witnessed gang violence or was afraid for his/her life/ personal safety or that of family members.
- **Distressing medical experiences:** Victim of color has persistent fear for life of self/loved ones due to medical mistreatment.
- **Incarceration:** Victim of color was physically or sexually assaulted while in prison.
- **Immigration difficulties:** Victim of color experienced physical/sexual assault or robbery or feared for life of self/loved ones during the immigration process.
- **Deportation:** Children of undocumented immigrants witness violent confrontation, abduction of, and separation from parents by law enforcement.

Most significantly the cultural and systemic invalidation of a both an individual's and a group's reality, experience and memory has serious long-term consequences for individual's and groups who have been and continue to be harmed.¹³ *Assessing Racial Trauma Within a DSM-5 Framework: The UConn Racial/Ethnic Stress & Trauma Survey* (UnRESTS), speaks to these issues directly and demonstrates how racism perpetuates traumatization:

Although not all racial traumas will lead to PTSD, for a subset of people with certain vulnerabilities (e.g., genetic risk factors due to historical trauma, cultural trauma, racial oppression), it is posited that these events have the ability to lead to PTSD. These vulnerabilities result in a base of stress that is exacerbated by ongoing experiences of racial maltreatment (i.e., overt and/or covert racism). Following a triggering experience of racism, which likely includes a perceived threat to safety, life, or personhood,

¹² Williams, Monnica T. "Uncovering the Trauma of Racism: New Tools for Clinicians." *Psychology Today*, Sussex Publishers, 19 Jan. 2019, <https://www.psychologytoday.com/us/blog/culturally-speaking/201901/uncovering-the-trauma-racism-new-tools-clinicians>.

¹³ Hirschberger, Gilad. "Collective Trauma and the Social Construction of Meaning." *Frontiers in Psychology* vol. 9 1441. 10 Aug. 2018, doi:10.3389/fpsyg.2018.01441

individuals experience emotions associated with the traumatic event (e.g., fear, disbelief, anger). Subsequently, and possibly after having their experience invalidated and having no perceived safe space to process said experience, they begin to experience the typical symptoms of PTSD (re-experiencing the event, avoiding trauma reminders, worsening cognitions and mood, altering arousal and hyper-vigilance for an extended period), thus causing significant distress or impairment that is not otherwise explained or treated. Further, due to the marginalized status of the victims, avenues for professional help may be limited, thus maintaining and/or worsening traumatization.¹⁴

Understanding the Levels within the Social-Ecological Model of Trauma and Its Effects

Individual Factors	Interpersonal Factors	Community & Organizational Factors	Societal Factors	Cultural & Developmental Factors	Period of Time in History
Age, biophysical state, mental health status, temperament and other personality traits, education, gender coping styles, socioeconomic status	Family, peer, and significant other interaction patterns, parent/family mental health, parents' history of trauma, social network	Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates	Laws, State and Federal economic and social policies, media, societal norms, judicial system	Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturational development	Societal attitudes related to military service members' home-comings, changes in diagnostic understanding between DSM III-R* and DSM-5**

***Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (American Psychiatric Association [APA], 1987)**

****Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (APA, 2013a)**

Example of is from p. 16 of SAMHSA's *Trauma-Informed Care in Behavioral Health Services Toolkit*

When individuals seek assistance, services and/or support from libraries, library workers must understand the complex history in which we live, any privilege they benefit from, and approach interactions with an openness to the visible and invisible experiences that may be factoring into an individual's behavior and response. Individuals who are a part of privileged groups must understand

¹⁴ Williams, M.T., Metzger, I. W., Leins, C., & DeLapp, C. "Assessing Racial Trauma Within a DSM-5 Framework: The UConn Racial/Ethnic Stress & Trauma Survey." *Practice Innovations*. 6 Aug. 2018, Advance online publication. <http://dx.doi.org/10.1037/pri0000076>

and acknowledge their own role and the larger historical context in which we exist and that the past has not been reconciled with the present, that our collective memory has been constructed to relieve responsibility of “severe moral transgressions”¹⁵ by its perpetrators. It is important that library workers ensure that their actions and statements work to eliminate micro-aggressions and validate the library patron’s experience, comfort and responses; historical and collective trauma both influence our public narrative and directly impacts Public Health.

Training and/or documentation on cultural competence, transforming perceptions and implicit bias can be found across a wide variety of disciplines and communities. Listed below are examples of existing toolkits and/or resources that may be useful to facilitate trainings and/or development of resources for your specific organization:

- **Human Rights Campaign:** Resources: Communities of Color: <https://www.hrc.org/resources/topic/communities-of-color>
- **NAACP:** Issues: <https://www.naACP.org/issues>
- **National Education Association (NEA):** Research and Tools: Why Cultural Competence: <http://www.nea.org/home/39783.htm>
- **National Center of Domestic Violence, Trauma & Mental Health:** Trauma-Informed Legal Advocacy (TILA) Project: <http://www.nationalcenterdvtraumamh.org/trainingta/trauma-informed-legal-advocacy-tila-project>
- **Perception Institute:** *The Science of Equality in Education: The Impact of Implicit Bias, Racial Anxiety, And Stereotype Threat on Student Outcomes:* <https://perception.org/wp-content/uploads/2017/05/Science-of-Equality-Education.pdf>
- **Perception Institute:** *Transforming Perceptions: Black Men and Boys:* <http://perception.org/wp-content/uploads/2014/11/Transforming-Perception.pdf>
- **Racial Equity Tools:** Implicit Bias: <https://www.racialequitytools.org/act/communicating/implicit-bias>
- **Teaching Tolerance:** Professional Development Webinars: <https://www.tolerance.org/professional-development/webinars>

¹⁵ Mohatt, Nathaniel Vincent et al. “Historical trauma as public narrative: a conceptual review of how history impacts present-day health.” *Social science & medicine* (1982) vol. 106 (2014): 128-36. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4001826/> (Accessed 14 Oct. 2019).

TOOLS & TIPS: LANGUAGE & COMMUNICATION

Words matter. Paying attention to the verbal and nonverbal language and labels used by the institution and members of library staff when working and/or describing patrons is critical to making resources and services available to library patrons from all backgrounds and experience. The verbal and nonverbal language used by library workers when interacting with library patrons plays a significant factor in the success of a transaction and overall library services.¹⁶ When serving individuals whose actions are challenging, addressing the behavior that is challenging rather than viewing and/or labeling the individual as challenging keeps a focus on what can be changed (behavior) versus implying a judgement against the patron. As an example, “[Using] terms such as ‘people experiencing homelessness’ or ‘having an experience of being homeless; rather than a blanket statement of ‘homeless’” more accurately reflects the situation that someone is in versus characterizing a person by a situation that they are experiencing.¹⁷ This approach is widely used across the Human Services Field and combines *behavior-based approach* and *people first language*. It is also equally as important that library workers manage their physical response (body language, voice volume). Showing respect, asking before touching and extending formalities can greatly improve interactions with people who are actively experiencing trauma and hardship.

GENDER INCLUSIVITY & LANGUAGE

Pronouns are a personal term that is used in every day conversation (ex: you, they) that refers to a person[s] and are the way we refer to a person's gender identity. Gender is interpreted largely based on a person's outward appearance and expression; but that reading may not be an accurate interpretation of a person's identity. Since gender identity is internal, there is no way of knowing a person's correct gender pronoun by looking at them¹⁸; as such, it is imperative that normalizing language that is not gendered and to adopt customer service practice that consistently seeks and discloses pronouns. Normalizing the disclosing and offering of pronouns is critical to respectfully interacting and serving individuals who are a part of your community and to maintaining a welcoming environment.¹⁹ Contained within this section are tools to facilitate navigating pronouns.

¹⁶ Dowd, Ryan J. "The Librarian's Guide to Homelessness." *American Libraries Magazine*, American Libraries, 8 Aug. 2018. <https://www.americanlibrariesmagazine.org/2018/06/01/librarians-guide-homelessness>.

¹⁷ "Letter from Public Library Directors and Social Workers." *American Libraries*, 4 Sept. 2018, <https://americanlibrariesmagazine.org/blogs/the-scoop/letter-from-public-library-directors-and-social-workers>.

¹⁸ Human Rights Campaign. "Talking About Pronouns in the Workplace." *Advocating for LGBTQ Equality: Human Rights Campaign*, Human Rights Campaign, https://assets2.hrc.org/files/assets/resources/TalkingAboutPronouns_onesheet_FINAL.pdf. Accessed 20 Oct. 2019.

¹⁹ Ziv, Stav. "How to Use Pronouns and Gender-Inclusive Language at Work." *The Muse*, The Muse, 14 Jan. 2019, <https://www.themuse.com/advice/using-pronouns-gender-inclusive-language-in-the-office>.

Examples of Microaggressions^{20 21}

Microaggression	Theme	Implicit Bias/Context	Impact/Message
<p>"Where are you from?"</p> <p>"Where were you born?"</p> <p>"You speak good English."</p>	<i>Alien in own land</i>	When Asian American and Latino Americans are assumed to be foreign born.	<p>You are not American.</p> <p>You are a foreigner.</p>
<p>"You are a credit to your race."</p> <p>"You are so articulate."</p> <p>Asking an Asian person to help with a Math or Science problem.</p>	Ascription of Intelligence — Assigning intelligence to a person of color on the basis of their race.	<p>People of color are generally not as intelligent as Whites.</p> <p>All Asians are intelligent and good in Math/Sciences.</p>	It is unusual for someone of your race to be intelligent.
<p>"When I look at you, I don't see color."</p> <p>"America is a melting pot."</p> <p>"There is only one race, the human race."</p> <p>"All lives matter."</p>	<i>Color Blindness</i> — Statements that indicate that a White person does not want to acknowledge race.	Since race doesn't have an affect on me (White person), I can't see why we can't all get along.	<p>Denying a person of color's racial/ethnic experiences.</p> <p>You must assimilate/acculturate to the dominant culture.</p> <p>Denying the individual as a racial/cultural being.</p>
<p>A White person clutching their purse or checking their wallet as a Black or Latinx person approaches or passes.</p> <p>A store owner following a customer of color around the store.</p> <p>Crossing the street when a person of color approaches.</p>	<i>Criminality</i> — Assumption of criminal status on the basis of race	A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race.	<p>You are a criminal.</p> <p>You are going to steal.</p> <p>You are poor.</p> <p>You do not belong.</p> <p>You are dangerous.</p>
<p>"Don't you want a family?"</p> <p>"Have you ever had real sex?"</p> <p>"So who is the man in the relationship?"</p>	<i>Heteronormativity</i>	<p>That people who aren't in heterosexual relationships are unable to have a family.</p> <p>Assumptions that all relationships must fall along heteronormative lines.</p>	<p>Your relationship isn't real.</p> <p>You can't be fulfilled.</p> <p>You must pick a side.</p>

²⁰ City of Cambridge Office of the Mayor. "Cambridge Digs DEEP." *City of Cambridge*, <https://www.cambridgema.gov/Departments/mayorsoffice/cambridgedigsdeep>.

²¹ Wing, Capodilupo, et al. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist*. vol. 62, no. 4, 2007, pp. 271-286.

Microaggression	Theme	Implicit Bias/Context	Impact/Message
<p>"You're going to stay home with the kids, right?"</p> <p>"What she's trying to say is..."</p> <p>"You should smile more."</p>	<i>Sexism</i>	That women must fall into gendered roles from the 1950's. That male affect, presence, behavior is the standard and everything else is contrary to.	<p>You shouldn't be working.</p> <p>You're a failure as a woman.</p> <p>You're not good enough.</p> <p>You're not being listened to and valued.</p>
<p>"You have a mental illness but you seem normal."</p> <p>"Why don't you just get out of bed and get some fresh air?"</p>	<i>Invalidation of Severity of Mental Illness</i>	<p>That mental illness looks/behaves a certain way.</p> <p>General misunderstanding of the effects that mental illness can have.</p>	<p>You must not be hurting that much.</p> <p>It must not be that bad.</p> <p>Why can't you get over this?</p>
<p>"Oh! I wouldn't think <i>you</i> live here."</p> <p>"Oh, you haven't been to Europe, you really should go."</p>	<i>Classism</i>	<p>Assuming someone doesn't live in a certain neighborhood because of how they look, talk, act.</p> <p>Assuming that everyone has the means to travel.</p>	<p>You don't belong.</p> <p>You're not going to lead a fulfilling life.</p>
Washington Redskins Robert E. Lee High School College room and hallways with pictures of predominantly White heterosexual upper class males.	<i>Environmental</i>	Assumes that harm cannot take place by names or visuals.	<p>You don't belong.</p> <p>You're not welcome here.</p>
<p>"You're just being too sensitive."</p> <p>Eye rolling.</p> <p>"You're [always so] difficult."</p> <p>"You're making too big of a deal of things."</p>	<i>Emotional</i>	Dismissive Reaction that occurs when bringing up that a micro-aggression has taken place.	<p>Your thoughts, feelings, experience does not matter.</p> <p>You do not deserve respect.</p>
"Everyone can succeed in this society if they work hard enough."	<i>Myth of meritocracy</i>	Assertions that race does not play a role in life successes.	<p>People of color are given extra/unfair benefits because of their race.</p> <p>People of color are lazy and/or need to work harder</p>
<p>Use of pronoun "he" to refer to all people.</p> <p>Being forced to choose Male or Female when completing basic forms.</p> <p>Labeling a homosexual man who hangs out often with female friends more than male friends gay.</p>	<i>Sexist/ Heterosexist Language</i>	Excluding and/or degrading LGBT and/or women persons.	<p>Male experience is universal.</p> <p>You do not exist.</p> <p>Your experience does not exist.</p> <p>You are inferior.</p>

Microaggression	Theme	Implicit Bias/Context	Impact/Message
<p>Asking a Black person: "What do you have to be so loud/animated? Just calm down."</p> <p>To an Asian or Latino person: "Why are you so quiet? We want to know what you think. Be more verbal, speak up more."</p> <p>Dismissing an individual who brings up race or culture in work/school setting.</p>	<i>Pathologizing cultural values / communication styles</i>	The values and communication styles of the dominant / White culture is ideal.	<p>Assimilate to dominant culture.</p> <p>Leave your cultural baggage outside.</p>
<p>People of color mistaken for a service worker.</p> <p>Being ignored at a service counter as attention is being given to a White person behind you</p> <p>"You people..."</p>	<i>Second-Class citizen</i>	White person is given preferential treatment over a person of color	<p>People of color do not occupy high status positions.</p> <p>Whites are more valued than people of color.</p> <p>You do not belong, you are lesser.</p>
Imitating accents or dialects.	<i>How to offend without really trying</i>		
<p>A person asks a woman her age and upon hearing she is 31, looks quickly at her ring finger.</p> <p>Shows of surprise when a feminine woman is a lesbian.</p> <p>Labeling an assertive boss/coworker as a "bitch" while describing male counterpart as a "forceful leader."</p>	<i>Traditional Gender Role Prejudicing & Stereotyping</i>	Degrading, discrediting women persons and/or knowledge	<p>Women are less capable.</p> <p>Women are out of line when they are aggressive or assertive.</p> <p>Women should be married because that is their purpose.</p>

Examples of People First Language

People First Language	Language to Avoid
Person with a disability	Disabled person, handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Retarded, slow, simple, moronic, defective or retarded, afflicted, special person
Person with an emotional or behavioral disability, person with a mental health or psychiatric disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Hearing impaired, suffers a hearing loss
Person who is Deaf	Deaf, dumb and/or mute
Person who is blind/visually impaired	The blind
Person who has a communication disorder, is unable to speak, or uses a device to speak	Mute, dumb
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability	Crippled, lame, deformed, invalid, spastic
Person with epilepsy or seizure disorder	Epileptic
Person with multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP Victim
Accessible parking or bathrooms	Handicapped parking or bathroom
Person of short stature	Midget
Person with Down syndrome	Mongoloid
Person with Autism	Autistic person
Person who has a fluency disorder	Sutterer
Person with a substance abuse disorder	Alcoholic, drug addict
Person who is successful, productive	Has overcome [their] disability, is courageous

Examples of People First Language is largely adapted from the Center for Disease Control (CDC)²²

Key takeaways: a diagnosis, condition, circumstance does not define a person; omit the use of gendered language

²² Center for Disease Control. *Communicating With and About People with Disabilities*. Accessed October 12, 2019, from https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf.

SELECTED TIPS ON PRONOUNS ETIQUETTE

- Do not assume
- Be consistent: ***ask everyone***
- Practice and make an effort: the only way to get better at using non-binary pronouns is to step outside of your comfort zone
- Pronouns are personal; pronouns are to be shared voluntarily
- In meetings, invite participants to share pronouns when introducing themselves as part of ice breakers/go-arounds
- When introducing yourself to a new person, begin with your name and include your pronouns; lead by example by *offering* your pronouns; this is especially important for people who are privileged to demonstrate allyship
 - *"It is nice to meet you. My name is Jane Doe and my pronouns are they/them."*
 - *"I am wondering about how you would like me to address you. What pronouns do you use?"*
 - *"I just want to make sure that I am using the correct language to address you. What pronouns would you like me to use?"*
- Use gender neutral pronouns (ex: one, they, person) when referring to every person you encounter
- Do not engage in deadnaming²³ which is calling a transgender person by a name that they do not use
- Correct others when you hear a person use the wrong pronoun or name to refer to a person whether or not the person who was misgendered or deadnamed is aware
- If your organization and/or event uses name tags, invite staff, patrons and/or attendees to add their pronouns onto their name tag
- Add your pronouns on your nameplate; office door; business card; email signature; electronic based accounts
- Provide options for patrons to add names that differ from their legal names to their library account and library documentation
- Make available access to unisex bathrooms and include menstrual hygiene products in all bathrooms
- Do not ask a person about their genitals
- Do not ask a person if they have had surgery or if they are planning to have surgery

²³ Waldron, Lucas and Ken Schwencke. "Deadnamed." *ProPublica*, ProPublica, 8 Aug. 2018, <https://www.propublica.org/article/deadnamed-transgender-black-women-murders-jacksonville-police-investigation>. Accessed 18 Sept. 2019.

Gender Neutral Pronoun Usage Table²⁴

Subject	Object	Possessive Adjective	Possessive Pronoun	Reflexive
_____ Laughed.	Ask _____!	That's _____ book.	That book's _____.	Did ____ enjoy ____?
Co	Co	Cos	Cos	Coself
E	Em	Eir	Eirs	Emself
He	Him	His	His	Himself
She	Her	Her	Hers	Herself
They	Them	Their	Theirs	Themselves
Ze (zie)	Hir	Hir	Hirs	Hirself
Ze (zie)	Zir	Zir	Zirs	Zirself

How to pronounce gender neutral pronouns²⁵

Ze	Hir	Hirs	Hirself	E	Em	Eir	Eirs	Emself
/zee/	/here/	/heres/	/hereself/	/ee/	/em/	/air/	/airs/	/emself/

Pronouns of Reference	Subject	Objective	Possessive Adjective	Possessive Pronoun	Reflexive
	____ wrote a great book!	I checked out the DVD to ____.	____ hard work paid off.	That computer is ____.	They quoted ____.
he/him/his					
she/her/hers					
they/them/theirs					
ze/hir/hirs					
ze/zir/zirs					
e/em/eirs					
co/cos					

Grammar Quiz: Explore Gender-Neutral Wording: <https://www.grammar-quizzes.com/agree6.html>

²⁴ University of California . "LGBTQ Terminology: Gender Neutral Pronoun Usage Table." *University of California LGBT Campus Resource Center*, University of California, <https://www.lgbt.ucla.edu/Resources/LGBTQ-Terminology>.

²⁵ University of California . "LGBTQ Terminology: How to pronounce gender neutral pronouns." *University of California LGBT Campus Resource Center*, University of California, <https://www.lgbt.ucla.edu/Resources/LGBTQ-Terminology>.

Gendered Language Examples²⁶

Gendered Terms & Phrases	Try This Instead
You guys	You all, Y'all, Folks, Friends, Everyone, People
Ladies and gentlemen	Folks, Hello, everyone, All of you, or nothing at all
Men and women	People, employees, workers, patrons
Sir, Ma'am	Nothing at all
Man hours, man the door, manpower, etc	work, staff, or people/person as in "work hours", "people hours," "staff the door"
Mankind	Humankind
Fireman, congressman, councilwo/man, waitress	Firefighter, legislator or Member of Congress, Councilperson, and server (same extends to all sorts of professions)
His or her job responsibilities include...	"Job responsibilities include," "Their job responsibilities include..."
Library patrons should approach Circulation Staff with any questions regarding his/her account...	"Library patrons should approach Circulation Staff with any questions regarding their account," or "Do you have questions about your account? Ask at the Circulation Desk."
Freshman	First-year student
Mother, Father, Grandmother, Grandfather	Parent, grandparent, caretaker
Girl, boy, son, daughter	Child
Sister, brother	Sibling
Girlfriend/Boyfriend, Wife/Husband	Partner, significant other
Saleswoman, salesman	Salesperson
Mailman	Mail carrier, letter carrier, postal worker
Policeman	Police Officer
Actor, actress	Actor
Sir, Madam (as in "Dear Sir", "Dear Madam")	Dear Editor, Dear Members of the Search Committee, To Whom it May Concern

²⁶ Ziv, Stav. "How to Use Pronouns and Gender-Inclusive Language at Work." *The Muse*, The Muse, 14 Jan. 2019, <https://www.themuse.com/advice/using-pronouns-gender-inclusive-language-in-the-office>.

APOLOGIES

There may be times when library staff unintentionally misgenders and/or offends someone. When this happens, acknowledging, apologizing and committing to not making the same mistake in the future. Dwelling on and continuing to express how apologetic about the mistake and/or how hard you are trying is will not make the situation any better; by engaging in explaining and justifying behavior, you are inadvertently asking a person to tell you that your behavior was okay. "By doing so, you are ultimately asking them to take on responsibility for educating you and relieving your guilt. That is a big emotional burden for them to bear, on top of the discrimination, harassment, and other obstacles they may already face."²⁷ Being quick, sincere and committing to improving future behavior will improve relations. Provided below is a framework on constructing apologies:²⁸

Constructing Apologies	
Apology Structure	Expression of Apology Example
Expression of apology	I am sorry / I apologize
Explanation of what went wrong	Sometimes I mix up my pronouns.
Take responsibility	It is my fault.
Promise	I'll get it right in the future.
Don't dwell	

Apology Exercise

- 1) **You:** Did you check in Annie's books? She just left and I told her I would forgive her fines.
Coworker: Annie uses *they* as their pronoun. And I forgave their fines when I checked in their books.

You (apology):

- 2) **You:** (referring a patron to a staff member): This is Sam. He would like to use a computer.
Sam (patron): I actually go by *she*.

You (apology):

²⁷ Ziv, Stav. "How to Use Pronouns and Gender-Inclusive Language at Work." *The Muse*, The Muse, 14 Jan. 2019, <https://www.themuse.com/advice/using-pronouns-gender-inclusive-language-in-the-office>.

²⁸ Lewicki, Roy J., et al. "An Exploration of the Structure of Effective Apologies." *Negotiation and Conflict Management Research*, vol. 9, no. 2, May 2016, pp. 177–196.

Training and/or documentation on LGBTQIA+ Inclusion can be found across a wide variety of disciplines and conversations. Listed below are examples of existing toolkits and/or resources that may be useful to facilitate trainings and/or development of resources for your specific organization:

- **ABCs of LGBT+** by Ashley Mardell: https://www.worldcat.org/title/abcs-of-lgbt/oclc/1037088637&referer=brief_results
- **American Library Association GLBTRT:** Open to All Toolkit: <http://www.ala.org/rt/glbtrt/tools>
- **Human Rights Campaign:** Talking About Pronouns in the Workplace: https://assets2.hrc.org/files/assets/resources/TalkingAboutPronouns_onesheet_FINAL.pdf
- **Human Rights Campaign:** Transgender Inclusion Conversation Starters: https://assets2.hrc.org/files/images/resources/Assessing_your_starting_point_transgender_inclusion_one_pager_2017.pdf
- **LGBTQ Architect:** Educational Presentations and Workshops: http://architect.lgbtcampus.org/educational_presentations_and_workshops
- **Out & Equal Workplace Advocates:** Best Practices for Non-Binary Inclusion in the Workplace: <https://outandequal.org/best-practices-for-non-binary-inclusion-in-the-workplace>
- **National Center for Transgender Equality:** Frequently Asked Questions About Transgender People: <https://transequality.org/issues/resources/frequently-asked-questions-about-transgender-people>
- **SAMHSA Lesbian, Gay, Bisexual and Transgender (LGBT) Resources:** <https://www.samhsa.gov/behavioral-health-equity/lgbt>
- **UCLA Lesbian, Gay, Bisexual, Transgender Campus Resource Center:** LGBTQIA+ Resources: <https://www.lgbt.ucla.edu/Resources/LGBTQIA-Resources>
- **Vanderbilt University English Language Center:** Pronoun Guide: A Supplement to What Should I Call YOU: Faculty Modeling Vanderbilt's Commitment to Gender Inclusivity and Awareness: <https://vanderbilt.box.com/shared/static/68zho68z1y16co3axrzk098tdpgjz3y1.pdf>

LIBRARY POLICY & DOCUMENTATION

When speaking and/or writing to and/or about individuals that you encounter, the words that you choose carry significant power and meaning. Remaining neutral, unbiased and mindful about the way in which you describe someone will help ensure that you are respectful and accurately reporting on a situation of which you have knowledge. It is critical that you report accurately and only provide relevant information needed about the person in order to describe them and the event that they occurred. Debra Walsh, LCSW, a Social Work Coordinator at [Jefferson County Public Library](#) in Colorado published an article, [Incident Report Writing: A Person-in-Incident Approach](#) which provides a number of suggestions on how to ensure that institutional writing and speech is accurate and respectful in a library environment²⁹. For guidelines on creating procedures regarding library behavior, the American Library Association (ALA) [Guidelines for the Development of Policies & Procedures Regarding User Behavior and Library Usage](#)³⁰ provides guidance on establishing policy.

When establishing policy and conducting outreach, incorporating feedback from the community is critical. Libraries that are unable to have Social Workers on staff may want to consider exploring partnerships with community organizations, health systems, and advocates. By working through these organizations, libraries can establish a stronger community connection and incorporate into their policy and practices the needs of your community and directly benefit from the expertise of Human Services professionals. Additional ideas on including Health Services in the library without hiring a Social Worker includes but is not limited to: inviting health services professionals to offer drop-in hours; explore social work field placement options through schools, hospitals; be aware of Veteran's Resources; have materials readily available on resources; establish a community partnership between health services organizations and/or advocates in your area. As an example, [Forbes Library](#) of Northampton, Massachusetts developed community guidelines in partnership with [Clinical Support Options \(CSO\)](#), a local behavioral and mental health agency that conducts outreach with people in our community experiencing homelessness.³¹ Reviewed annually, the guidelines were developed to keep the library space welcoming. The guidelines stipulated includes direct feedback from its community and from the Outreach Worker at CSO who passes out the guidelines on the street; during visits to at local shelters; and copies are available in the library.

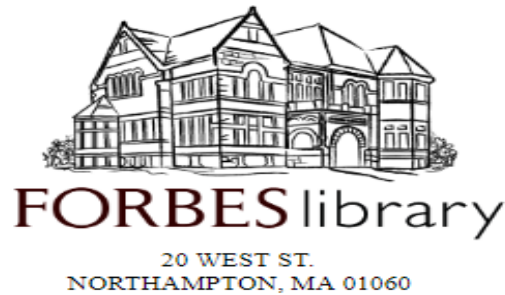
²⁹ Walsh, Debra. "Incident Report Writing: A Person-in-Incident Approach." *Public Libraries Online*, 12 Apr. 2019, <http://publiclibrariesonline.org/2019/04/incident-report-writing-a-person-in-incident-approach>.

³⁰ "Guidelines for the Development of Policies and Procedures Regarding User Behavior and Library Usage", *American Library Association*, 1 October 2007. <http://www.ala.org/advocacy/intfreedom/guidelinesdevelopment>.

³¹ Forbes Library. "Letter to Shelter Residents." *Forbes Library*, Northampton, MA, 2019. Print.

TRUSTEES

Russell W. Carrier
Marjorie R. Hess
Elaine M. Reall
Katy E. Wight
Joseph Twarog



DIRECTOR
Lisa Downing
ASSISTANT DIRECTOR
Molly Moss
SECRETARY
Elizabeth Sheirer
TREASURER
Cheri Buckhout

Welcome to the Forbes Library!
Our library is a place where everyone is welcome.

You can come:

- To stay warm
- To get cool
- To read or do research
- To use our computers
- To get help from our librarians
- To attend a program or meeting

Neat snack food and covered drinks are allowed except by the computers.
Please clean up after yourself and report any spills.

You cannot come:

- To lie down (sleeping in chairs is ok)
- To use our restrooms for washing clothes, bathing, or shaving
- To camp out on our grounds
- To store your belongings (or leave them unattended)
- If you are intoxicated
- If you act in a disruptive or unsafe way
- To smoke (we are a smoke free property)

Getting a library card:

If you are staying at a shelter, we will need a statement printed on official letterhead signed by an administrator indicating that you are receiving mail at the agency; we will also ask for a photo I.D. These cards will expire in 3 months when we will ask to update your contact information. You do not need a library card or I.D. to use our computers or to borrow items from our Sojourner collection. Ask us to show you where these are.

We appreciate your cooperation with our rules and with library staff, and we look forward to seeing you at the library!

Sincerely,

The staff of the Forbes Library

Main Library Hours

Monday 9-9
Tuesday 10-6
Wednesday 9-9
Thursday 10-6
Friday 9-5
Saturday 9-5
Sunday Closed

Phone Number
413-587-1011

Website
www.forbeslibrary.org

Developing & Adopting Trauma Informed Organizational Policies³²

A. Creating Written Policies	Strongly Agree	Agree	Disagree	Strongly Disagree	Unknown
The organization has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices					
Written policies are established based on an understanding of the impact of trauma on patrons and the community					
The organization has a written commitment to demonstrating respect for cultural differences and practices					
The organization has a written policy outlining staff responses to patron crises (ex: self-harm, suicidal thinking, aggression towards others)					
The organization has written policies outlining professional conduct for staff (ex: boundaries, responses to patrons)					
Policy word choice and language is gender neutral and is people first					
Policy adapted is behavior based					
Staff representatives from across the organization has the opportunity to provide feedback to the development of organizational policy.					
Community members have the opportunity to provide feedback to the development of organizational policy.					
B. Reviewing Policies					
The organization reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.					
The organization involves staff in review of its policies.					
The organization involves community members in review of its policies.					

³² Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

NONVERBAL COMMUNICATION

Communication goes beyond verbal expression; whenever you are interacting with a person, wordless signals are expressed and received. “All of your nonverbal behaviors, the gestures you make, your posture, your tone of voice, how much eye contact [is made] send[s] strong messages. They can put people at ease, build trust...or they can offend, confuse and undermine what you are trying to convey.”³³ Even if you are silent, you are still communicating; your body language plays a significant role in establishing trustworthiness and respect. As such, it is important that library workers are conscious of their own and of others nonverbal communication signals and that what is being communicated nonverbally aligns with what is being communicated verbally.

Types of Nonverbal Communication	
Facial Expressions	The human face is extremely expressive, able to convey countless emotions without saying a word. Unlike other forms of nonverbal communication, facial expressions are universal. Facial expressions for happiness, sadness, anger, surprise, fear, disgust are the same across cultures
Body Movement & Posture	Consider how your perceptions of people are affected by the way they sit, walk, stand, hold their head. The way you carry yourself communicates a lot of information to the world. This type of nonverbal communication includes your posture, bearing, stance, and subtle movements.
Gestures	Waving, pointing, beckoning or using your hands when arguing or speaking animatedly are examples of gesturing. The meaning of some gestures vary across cultures. While the OK sign made with the hand conveys a positive message in English-speaking countries, it is considered offensive in countries such as Germany, Russia and Brazil. Be careful of how gestures are used to avoid misinterpretation.
Eye Contact	The way that you look at someone can communicate many things including interest, affection, hostility. Eye contact is important in maintaining the flow of conversation and for gauging the other person's interest and response.
Touch	Some people are very responsive to touch while others may not be responsive to touch. Consider if touching another person is appropriate to the situation; it is best to ask before touching someone.
Space	The need for the amount of physical space differs by individuals based on the culture, situation, experience and/or closeness of the relationship. Physical space can be used to communicate many different nonverbal messages including affection, aggression or dominance.
Voice	When you speak, people “read” your voice in addition to listening to your words. Things people pay attention to include your timing and pace, volume of your voice, tone and inflection, sounds that convey understanding such as “ahh” and “uh-huh”. Consider how your tone of voice can indicate sarcasm, anger, friendliness, confidence.

Chart of adopted from material available at [HelpGuide.Org](https://www.helpguide.org)³⁴

³³ Smith, Melinda, et al. “Nonverbal Communication.” *HelpGuide.org*, HelpGuide, June 2019, <https://www.helpguide.org/articles/relationships-communication/nonverbal-communication.htm>. Accessed 10 Nov. 2019.

³⁴Smith, Melinda, et al. “Nonverbal Communication.” *HelpGuide.org*, HelpGuide, June 2019, <https://www.helpguide.org/articles/relationships-communication/nonverbal-communication.htm>. Accessed 10 Nov. 2019.

Improve Your Listening Skills with Non-Verbal Skills	
Pay close attention to what the person is saying	Really listening to what a person is telling you is crucial to being a helpful listener. When you reply, it can be helpful to repeat some of what they told you, using the same language. This attention to detail demonstrates that you care.
Do not interrupt the speaker	It is difficult to hear when you are talking yourself. It is natural to feel that you want to “fix” things or that you have an effective answer. The problem is that if you have not heard all of what the person needs to say, your “fix” may be for the wrong issue.
Clarify what you hear	Summarize or otherwise clarify your understanding of what is being said. This will help ensure that you are obtaining the correct message. It is also important to admit if you do not understand something.
Maintain comfortable eye contact	Don't avoid eye contact, but do avoid staring. It is important to meet someone's gaze; it shows that you are interested and that your focus is on them.
Maintain an open body position	Avoid crossing your arms over your body — it may appear defensive. When your body position is open, it conveys that you are open to listening.
Consider sitting down, even if the person is standing	Being on the same level as someone appears less threatening and can make them feel more comfortable, while avoiding feelings of tension or nervousness when having personal conversations.
Consider sitting alongside and angled toward the person rather than directly opposite them	This allows the conversation to feel friendly and non-confrontational. No one wants to feel like they are being interviewed.
Listen to their voice	Does the person's tone project warmth, confidence, interest, or is it strained, fast-paced? Is there an easy flow of information back and forth; are responses coming too quickly or slowly? Do you hear sounds that indicate interest, caring or concern from the person?
Avoid fidgeting	During a sensitive conversation, it may be tempting to fidget, but it can be distracting to the person who is talking. It could also make it appear that you are uncomfortable, nervous or bored.

Chart is adopted from material available at [MentalHealthFirstAid.org](https://www.mentalhealthfirstaid.org)³⁵

Ryan Dowd, author of *Librarian's Guide to Homelessness*, provides a number of resources, trainings and tips for library staff on how to build relationships, establish and enforce boundaries. Ryan Dowd's [work and training on de-escalation techniques in public libraries](#) can support administrators in their efforts to strengthen staff competencies on deescalation.

³⁵ Natoli, Stephanie. “6 Ways to Improve Your Non-Verbal Communication Skills.” *Mental Health First Aid*, Mental Health First Aid USA, 18 June 2018, <https://www.mentalhealthfirstaid.org/external/2018/06/6-ways-to-improve-your-non-verbal-communication-skills>

Training and/or documentation on nonverbal communication can be found across a wide variety of disciplines and conversations. Listed below are examples of existing toolkits and/or resources that may be useful to facilitate trainings and/or development of resources for your specific organization:

- **Blatner, Adam:** *About Nonverbal Communications*: <https://www.blatner.com/adam/level2/nverb1.htm>
- **Crisis Prevention Institute:** Resources: Libraries > Mental Health & Trauma: <https://www.crisisprevention.com/Resources?topic=12&industry=16>
- **Dowd, Ryan:** Librarian's Guide to Homelessness: <http://www.homelesslibrary.com>
 - Training handout: *Librarian's Guide to Homelessness*: <https://www.wla.org/assets/Homeless%20Training%20Handout.pdf>
- **HelpGuide.org:** Website for individuals looking to learn more about Health & Wellness: www.helpguide.org
- **Mental Health First Aid USA:** Find a Mental Health First Aid Course: <https://www.mentalhealthfirstaid.org/take-a-course/find-a-course>
- **National Child Traumatic Stress Network:** <https://www.nctsn.org>
- **Perception Institute:** *The Science of Equality in Education: The Impact of Implicit Bias, Racial Anxiety, And Stereotype Threat on Student Outcomes*: <https://perception.org/wp-content/uploads/2017/05/Science-of-Equality-Education.pdf>
- **Substance Abuse Mental Health Services Administration (SAMHSA):** Improving Cultural Competence for Administrators: <https://store.samhsa.gov/system/files/sma16-4932.pdf>
- **Substance Abuse Mental Health Services Administration (SAMHSA):** Improving Cultural Competence for Clinicians: <https://store.samhsa.gov/system/files/sma16-4931.pdf>
- **Trauma & Learning Policy Initiative by Harvard Law School & Massachusetts Advocates for Children:** Trauma Sensitive Schools: <https://traumasensitiveschools.org>
- **Wertheim, Edward, PhD.:** *The Importance of Nonverbal Communication*: <https://ysrinfo.files.wordpress.com/2012/06/effectivecommunication5.pdf>
- **Great-West Life Centre for Mental Health in the Workplace:** Verbal vs. Non-Verbal Communication: https://www.workplacestrategiesformentalhealth.com/mmhm/pdf/full_communicating_0.pdf

STORY-BASED STRATEGY & NARRATIVE POWER ANALYSIS

At the core of trauma informed services is framing interactions and services away from “What’s wrong [with you]?” toward “What happened [to you]?” Trauma is an exceptionally common condition and response to events that individuals experience. The effects of trauma are not always visible or apparent; librarians and library workers are not equipped to diagnose and/or determine a library patron’s health condition. Library workers, however, can approach customer service and their day-to-day interactions with coworkers and members of the public by deliberately challenging held assumptions and reframing the stories we tell ourselves.³⁶

Narrative power analysis “recognizes that humans understand the world and our role in it through stories, and thus all power relations have a narrative dimension, likewise, many stories are imbued with power. This could be the power to explain and justify the status quo or the power to make change imaginable and urgent.”³⁷ When considering the reality of trauma, historical trauma, mental and physical health and the larger sociopolitical context of interpersonal interactions, library workers must engage in a conscious reflection and adoption of a framework that centers on shifting interactions to one that considers the narrative and experience of the person with whom library staff is engaging. Narrative power analysis is a particularly useful framework to consider exploring and integrating into customer service training.

On a large scale, questions and considerations raised by Narrative Power Analysis includes:³⁸

- **Which stories define cultural norms?** In a library setting, library workers should be coached to consider what are my assumptions and/or internal biases?
- **Where did these stories come from?** In a library setting, library workers should be coached to consider why do I hold these beliefs? Where did I learn them?
- **Whose stories were ignored or erased to create these norms?** In a library setting, library workers should be connecting to resources, advocates and information which expands perspectives and promotes cultural competence.

³⁶ Brown, Brene. “The Power of Vulnerability.” *Ted: Ideas Worth Spreading*, June 2010, https://www.ted.com/talks/brene_brown_on_vulnerability.

³⁷ Reinsborough, Patrick, and Doyle Canning. *Re:Imagining Change -- How to Use Story-Based Strategy to Win Campaigns, Build Movements, and Change the World*. PM Press, 2010.

³⁸ Reinsborough, Patrick, and Doyle Canning. *Re:Imagining Change -- How to Use Story-Based Strategy to Win Campaigns, Build Movements, and Change the World*. PM Press, 2010.

- **What new stories can we tell to more accurately describe the world we see?** In a library setting, library workers should be coached to consider alternate stories and perspectives; receive training on how to shift away from “What’s wrong?” to “What happened?”
- **What are the stories that can help create the world we desire?**

Training and/or documentation on reframing stories that individuals tell themselves can be found across a wide variety of disciplines and conversations. Listed below are examples of existing toolkits and/or resources that may be useful to facilitate trainings and/or development of resources for your specific organization:

- **Brown, Brené:** Operationalizing Your Organization’s Values: <https://daretolead.brenebrown.com/operationalizing-your-orgs-values>
- **Center for Story-Based Strategy:** Re:Imagining Change: How to use story-based strategy to win campaigns, build movements, and change the world: <https://www.storybasedstrategy.org/tools-and-resources>
- **Dowd, Ryan:** Librarian’s Guide to Homelessness: <http://www.homelesslibrary.com>
 - Training handout: *Librarian’s Guide to Homelessness*: <https://www.wla.org/assets/Homeless%20Training%20Handout.pdf>
- **North Carolina Council of Community Programs:** A Communication’s Guide on Behavioral Health and Intellectual/Development Disabilities: <https://www.trilliumhealthresources.org/sites/default/files/docs/trillium-communications-guide-behavioral-health-idd.pdf>
- **Opportunity Agenda:** *Visions, Values, and Voice*: A Communications Toolkit: <https://www.opportunityagenda.org/sites/default/files/2019-05/2019.05.06%20Toolkit%20Without%20Comic%20Book.pdf>
- **Racial Equity Tools:** *American Opportunity*: A Communications Toolkit: <https://www.racialequitytools.org/resourcefiles/opportunity.pdf>
- **Substance Abuse & Mental Health Services Administration (SAMHSA):** A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services: https://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

LIBRARY CASES & ADDITIONAL RESEARCH

This document is a basic grounding in trauma, its impact on our communities and how to begin integrating trauma informed practice into library services. This is a growing topic with many facets; we strongly encourage the greater library community to continue to dig deeper and to find tools and/or methodologies that will work for their specific environment: this document and its tools are not exhaustive. To facilitate additional research, we have identified several major resources for consultation and independent research below:

BROAD USE RESEARCH TERMINOLOGY

- Allyship
- Behavior based approach
- Binary Phrasing
- Communication and (multicultural society) (trauma) (body language) (cultural competence)
- De-escalation (verbal) (body language) (techniques)
- Empathy driven (customer service) (communication)
- Historical Trauma *and/or* Collective Trauma
- Memory Politics
- Microaggressions
- Psychologically Informed (Environment) (Practice)
- Secondary Trauma *or* Vicarious Trauma *or* Compassion Fatigue
- Trauma Informed (Services) (Practice) (Environment) (Communication) (Language)
- Triggering (Behavior) (Language)
- White Supremacy
- Woke (Language) (Behavior)

EXAMPLES OF TRAUMA INFORMED LIBRARIES

Integrating trauma informed practices into Library Services is a significant undertaking. At the time of this writing, the full adoption of Trauma Informed Practices within librarianship is nascent. Examples of library systems that have been pioneering Trauma Informed Practices across all levels of its organization include but is not limited to:

- Athens-Clarke County Library (GA): <http://www.athenslibrary.org/athens>
- Denver Public Library (CO): <https://www.denverlibrary.org>
- Jefferson County Public Library (CO): <https://jeffcolibrary.org>
- San Francisco Public Library (CA): <https://sfpl.org>

NATIONAL HEALTH DATA RESOURCES

Listed below are links to National Data on trauma and National Health Statistics on a Federal level. Local Town, City, County and/or State websites are also useful resources for locating health and population statistics. We also suggest identifying any local commissions in your area that may be studying and/or generating this type of Public Health data.

- **National Health Interview Survey (NHIS):** <https://www.census.gov/programs-surveys/nhis.html>
 - **Census.gov** training on accessing & viewing health data: <https://www.census.gov/data/academy/webinars/2019/census-data-made-easy/health.html>
 - **Census.gov** additional datasets available on their Index: <https://www.census.gov/about/index.html>
- **Center for Disease Control (CDC) National Center for Health Statistics:** <https://www.cdc.gov/nchs/index.htm>
 - **Center for Disease Control (CDC) Data & Statistics:** <https://www.cdc.gov/datastatistics/index.html>
- **Health Data Interactive:** <https://healthdata.gov/dataset/health-data-interactive-hdi>
- **Data & Dissemination:** <https://www.samhsa.gov/data>
- **National Network of Libraries of Medicine:** <https://nnlm.gov>
 - **National Network of Libraries of Medicine Regions:** <https://nnlm.gov/regions>
- **SAMHSA-HRSA Center for Integrated Health Solutions:** <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

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