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Superheroes Need Help too: Understanding Peri- and Post-Traumatic Symptoms amongst Library Staff as Essential Frontline Workers

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Abstract:

Trauma-informed care for library patrons is a growing movement. However, scant research examines the nature of workplace trauma experienced by library staff as essential frontline workers in today's complex communities. We share findings to-date from our IMLS funded study "Trauma in the Library: Symptoms of PTSD Among Staff and Methods for Ensuring Trauma-Informed Care." The project aims: 1) to identify the types of peri- and post-traumatic symptoms experienced by staff in diverse library settings where violence and other trauma has occurred; 2) to identify trauma-informed care tools, policy and procedures that libraries can implement; and 3) create curricula for library students and staff. The methodology comprises an online survey, in-depth interviews and fishbowl sessions based on cognitive behavioural theory and Sense-Making with library staff. With over 1,100 responses to-date, the survey provides benchmark data about the types of trauma staff experience and identifies trends amongst demographics, library factors, and the situations contributing to peri-traumatic and PTSD symptoms--including COVID-19, on staff mental health, burnout, and feelings of safety/support in the workplace.

Keywords: public libraries, trauma, trauma-informed care, staff, frontline workers

BACKGROUND

Dangers in public libraries from problematic patrons and other factors have been recognized for decades (Clark, 2019; Easton, 1977). Societal shifts in employment, education, health (including COVID-19), housing, social support, and family cohesion are bringing unprecedented numbers of users (over 1.4 billion in-person users in 2016) seeking support and refuge in America's over 16,500 public libraries, especially as libraries have broadened

their community engagement, programming and e-services (IMLS, 2019). However, the hallmark features of unfettered, open, free access also make library staff susceptible to trauma: “access and vulnerability often go hand-in-hand, yet we rarely, if ever, talk about safety and security in libraries” (McBride, 2017). As extreme examples, in 2019 in Cleveland a patron was shot inside a library bathroom, adding to death tolls at branches in 2016 and 2013 (Ferrise, 2019). In 2017, a shooter killed two staff in the Clovis-Carver Public Library (Kravarik, 2017). In 2018, a Sacramento librarian was murdered in the parking lot by a patron previously banned from a Missouri library for making threats against staff (Cummings, 2018), while the Director received death threats from a different patron. In 1993 two Sacramento Library staff were shot to death at the reference desk; the assailant was killed by a SWAT team—an event viewable on YouTube. A 2019 report found that at least 16 city library staff in San Diego asked judges for protection from unruly patrons (Krueger, 2019). A different 2018 report from Los Angeles cited hundreds of disturbing incidents reported at LA City libraries which pose threats to public safety (Grover & Corral, 2018). A 2019 report from Phoenix, Arizona referenced hundreds of incidents, including video of an individual with a loaded gun being disarmed by security officers with help from another patron (Biscobing & Wilson, 2019). A presentation at the 2017 ALA Annual Conference indicated that 63% of respondents experienced sexual harassment from members of the public (Civitello, & McLain, 2017). At ALA 2019, an impromptu session on library worker safety brought more than 60 people together to discuss concerns and issues. Traumatic events and unsafe conditions experienced by library employees are also a very frequent topic on library-themed social media, such as Facebook and Reddit. A December 2019 post reads: “Just really could use some prayer or virtual support. This evening upon closing we found an OD in the restroom... Needless to say a traumatic experience.” Another from December 2019 reads: “We had a stabbing in the library today.” Yet another post from January 2020 says: “Can we talk about mental health services for library employees? I work for a very large, busy, urban public library system in a city that has a homelessness crisis and also a severe problem with heroin... We’ve had guns pulled in our libraries, staff members attacked (these occurrences are very rare but have happened) and endure daily verbal abuse and sexual harassment from patrons. But they do not provide us the psychological tools necessary to keep doing our jobs.”

Following debate on librarians’ role as social workers (e.g., Harris, 1992; Westbrook, 2015), trauma-informed care for library patrons is a growing movement as part of supporting social justice, equity, diversity, inclusion and accessibility (EDIA), continuing learning, the United Nations Sustainable Development Goals (SDGs), and more (e.g., Ford, 2019; Pelayo, 2020; PLA Social Worker Task Force, 2022; Tolley, 2020). In the aim of increasing the safety of public libraries and improving patron-centered understanding of how trauma affects patrons’ behavior, libraries have increased their hiring of security guards and social workers, and training library staff in social work and trauma-informed care. However, while anecdotal data suggest that public library staff are subject to unsafe conditions due to serving a population that may exhibit high risk behaviors—amplified by COVID19 factors, and calls for recognizing secondary traumatic stress (e.g., Becker & McCrillis, 2015) and compassion fatigue (e.g., Katopol, 2015; Linden et al., 2018), scant research has focused on the effects of increased workplace trauma on library staff, especially as essential frontline workers in today’s complex communities. Primary studies include Davis Kendrick’s (2021) qualitative inquiry with 20 public librarians about low morale, Jordan’s (2014) ranking of 25 pre-identified stress indicators by 75 librarians, and Comito and Zabriskiw’s (2022) study of trauma and urban library staff that used mixed methods, including codesigning solutions. We share evidence to-date from our U.S. Institute of Museum and Library Services (IMLS)

funded study “Trauma in the Library: Symptoms of PTSD Among Staff and Methods for Ensuring Trauma-Informed Care.”

TRAUMA AND TRAUMA-INFORMED CARE

What is trauma and who is susceptible? Trauma is “an event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being” (SAMHSA, 2019). Drawing on the National Child Traumatic Stress Network (2018), SAMHSA (2016), and Stevens, Andrade, Korchmaros, and Sharron (2015), the National Council for Mental Wellbeing (2019) reported:

Trauma is experienced in multiple forms and ways including physical, sexual and emotional abuse; interpersonal violence; impacts from natural disasters; neglect; serious illness; surviving or witnessing violence; historical trauma; bullying; military trauma and war; racism; and forced displacement, among others. Pervasive and long-lasting, trauma can be experienced at any level, have community-wide effects and pass through generations resulting in historical or cumulative trauma.

While all populations are affected by trauma, certain groups may experience trauma at higher rates, including people who identify as Black, Hispanic or multiracial; individuals who are unemployed or earn less than \$15,000 per year; and unemployed individuals; youth who identify as lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ); urban populations; and people who have suffered discrimination, racism, slavery, genocide, war, forced migration and other forms of oppression. Cumulative trauma occurs when a person experiences multiple traumatic incidents and can transcend generations, and is often associated with risky behaviors such as smoking, illicit drug use, and abuse of alcohol, legalized drugs and prescription medication—and contributing to increased likelihood of attempted suicide (National Council for Mental Wellbeing, 2019). In short, trauma occurs in all populations regardless of socioeconomic status, race, ethnicity, gender and sexuality or geography and the impacts of trauma are long-lasting affecting development, wellness and stress response across the lifespan (SAMHSA, 2014). The National Center for PTSD (2019) and National Institute of Mental Health (2019) indicate that risk factors for developing PTSD include living through dangerous events and traumas, getting hurt or seeing another person hurt, and having little social support after the event. Demographics such as ability, gender and ethnicity may be correlated with PTSD vulnerability.

SAMHSA (2014) defines a trauma-informed approach as providing an organizational structure and treatment framework that embeds the six principles of trauma-informed care into practice and services. These six principles include: safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice and choice, cultural, historical and gender issues. SAMHSA proposes 5 change concepts to create a trauma-informed care approach: 1) help all individuals feel safety, security and trust, 2) develop a trauma-informed workforce, 3) build compassion resilience in the workforce, 4) identify and respond to trauma among patients, and 5) finance and sustain trauma-informed approaches in primary care.

Cognizant of trauma and its effects, many libraries have recently undertaken a trauma-informed care approach to serving library users. Hagelin (2020) and Tolley (2020), for example, discuss how libraries can apply the SAMHSA principles and change concepts in

libraries; Dowd (2018) advocates for an empathy-driven approach for serving homeless populations. The Public Library Association Social Worker Task Force (2022)'s workbook focuses on how specific situations involving library users can be approached using trauma-informed care. In an earlier work, The Public Library Association Social Work Task Force (no date) explains that a trauma-informed approach understands "how policy work, advocacy, and compassion must be used together to systematically address" trauma and its effects, and advocates for approaching "people with an understanding that they've experienced trauma, and we do not want to further traumatize them. This builds trust in us as library staffers and also trust in our libraries." The PLA Task Force, for example, recommends such best practices as: people-first language, strengths-based perspective, compassion, a focus on behavior, and creating welcoming spaces.

CURRENT STUDY

The current study aims to help public libraries fulfil all aspects of a people-first, positive culture change by applying trauma-informed care principles and practices in supporting library staff. The project seeks: 1) to identify the types of peri- and post-traumatic symptoms experienced by library staff in diverse library settings where violence and other trauma has occurred; 2) to identify trauma-informed care tools, policy and procedures that libraries can implement; and 3) create trauma-informed care curricula for library students and staff.

Factoring COVID-19 and its financial and service impacts on the library profession, we are using mixed-methods based on Cognitive-Behavioral Theory of Trauma (Whealin, et al., 2008) and Dervin's Sense-Making Theory (c.f., 1992) to guide data collection, analysis, and recommendations. These methods include an online survey, online interviews, and the fishbowl discussion technique to gather rapid insights from large groups at key conferences. Cognitive-behavioral theories describe factors in trauma, guide research that has identified risk for PTSD, and help develop interventions that can effectively reduce post trauma symptoms. Dervin's Sense-Making, a stalwart LIS framework, enables understanding the contexts in which trauma incidents occur and staff reactions/perceptions.

The online survey (about 10-15 minutes to lower the burden on participants) primarily focuses on quantitative responses regarding demographics and the nature of traumatic event(s) that participants have experienced in the workplace. The survey instrument is based on the PTSD PCL/DSM 5 Checklist (Weathers, et al., 2013) and has been running since spring 2020, available to staff of any library. The survey has been promoted online via library-related social media groups, through interest groups (e.g., ALA, state library associations, Webjunction), and word of mouth. Respondents can choose to have their contact information entered for lottery drawings of \$25 Amazon gift cards. The survey, visualized for mobiles and laptops, comprises primarily quantitative questions (many with Likert scales), with a few open questions, and is draws upon Life Events Checklist created by the National Center for PTSD, including relevant events that occur in a public library setting and adding others, such as "Administered medical attention to an individual impaired by narcotics" and "Found someone who was unresponsive due to narcotics." Participants are provided with mental health resources should traumatic symptoms occur after the survey is completed.

Audio-recorded, online interviews (30-45 minutes) are being conducted with approximately 60-80 participants drawn from the online survey as with other library staff across the country, identified through open recruiting on social media and through word-of-mouth/snowball

techniques. Participants receive \$50 Amazon gift cards for participating. Contextual qualitative data expand on the survey findings and will be collected using open-ended interview questions using Dervin's Sense-Making Theory [24], which uses a micro-moment timeline approach and her situations-needs-uses triangle model to focus on "helps." The open-ended interview questions are designed to enable participants to provide as much or as little detail as they wish, and are above all, to avoid re-traumatizing the participant—links to trauma resources are also provided.

Fishbowl sessions at library conferences are the third method. Unlike typical conference sessions that involve a panel and audience, fishbowls are lauded for the interactivity and opportunity for all audience members to participate and drive the conversation. Fishbowls are appropriate for any audience size 15 and up. After an overview of the project and findings to-date, the technique comprises placing 5 empty chairs in a small circle in the middle of the room, with circular seating for everyone else outside. The convener asks for 4 volunteers to start the fishbowl by occupying the inner circle and then ask the volunteers to discuss the session theme, i.e., trauma amongst library staff. As the discussion progresses, if an audience member wishes to join the small discussion, then that person takes the empty chair and one of the original seating 4 people returns to the outer circle. Over the session, the discussion is driven by the small circle (fishbowl) participants with the convener adding questions/comments as needed. Cognizant that discussion may be triggering for participants, the conveners include a trauma specialist (MSW) and participants are provided with help resources.

SELECTED FINDINGS TO-DATE

To-date over 1100 staff have participated in the online survey. Most (83%) work in public libraries, followed by academic libraries (5%), school libraries (7%), special libraries (2%) and other setting (1%). The respondents are employed in urban central (29%), urban branches (23%), or suburban (26%) libraries, followed by towns (14%) and rural settings (8%). With 82% working full-time (30+ hours per week), 60% of respondents work as frontline staff, 18% as administrators and the remaining in technology/IT or as pages or security. Over 59% have 8+ years of experience working in libraries. Regarding gender, 35% identify as LGB or other, and 8% identify as transgender. Over 16% are unsure of their existing Employee Assistance Program (EAP) benefits, and 10% have been denied access to EAP.

Figure 1 shows the disease and health conditions reported by respondents: the largest categories being anxiety and depression. When asked "If you experienced trauma working for a library, has the impact of these events heightened (amplified) your personal history of trauma or discrimination?" 26% indicated chronic stress, 24% indicated mental health diagnosis/condition, with 13% for other trauma (domestic based violence, childhood), 11% for sexual orientation, 7% for race/ethnicity, 5% for disability status, and 14% for other situations. Similarly, respondents reported that having a pre-existing condition or experience, amplified their workplace trauma experiences, i.e., contributed to cumulative and intergenerational trauma.

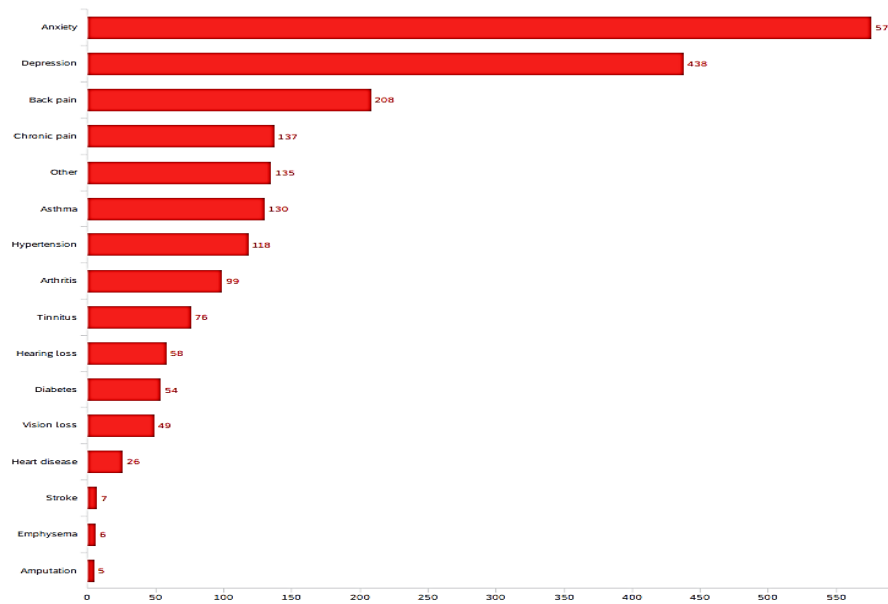


Figure 1
Survey Respondent Disease and Health Conditions

What types of traumatic experiences do staff experience? The 1100 respondents to-date reported 8,120 incidents that they experienced themselves (directly) or witnessed at work, with 80% of these incidents occurring in the past 5 years. Figure 2 shows the types of traumatic situations experienced by staff with the leading categories being verbal abuse and threats, destruction of property, theft, sexual harassment, finding a person with drug overdose or unresponsive, and burnout as being experienced first-hand. All other types have been witnessed or respondents learned about happening to another staff person.

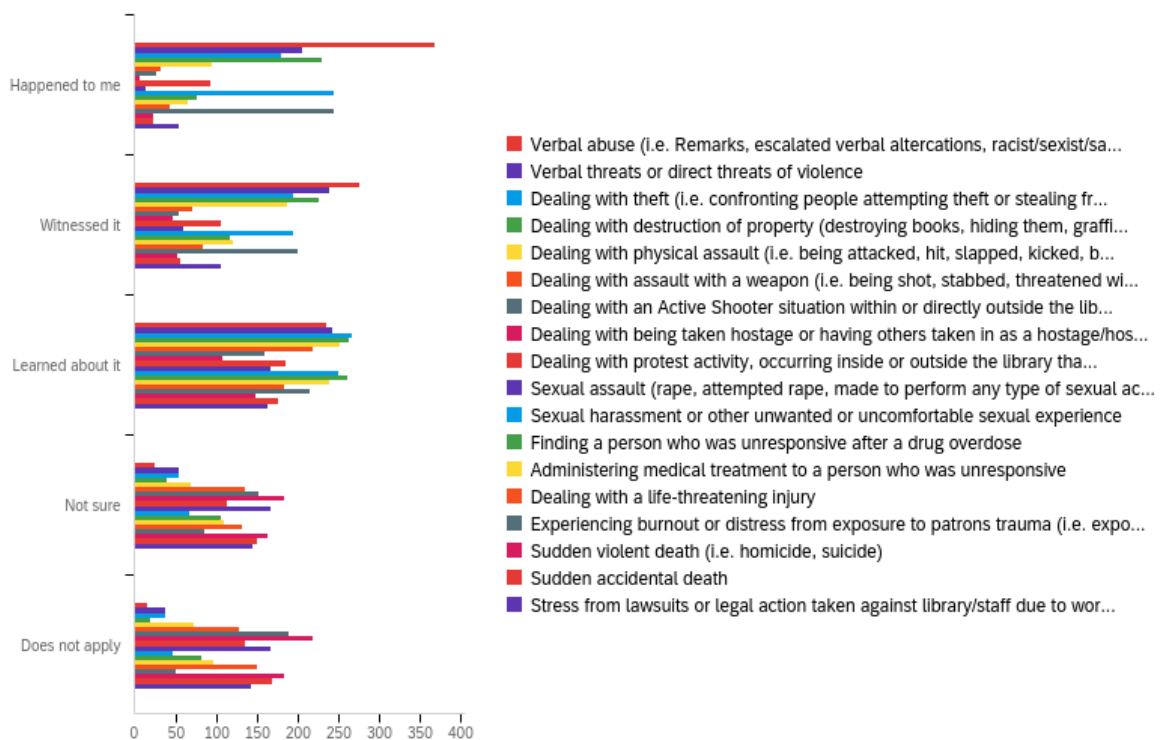


Figure 2
Types and Frequency of Traumatic Situations Experienced by Library Staff

Figure 3 depicts peritraumatic and environmental stress on library staff’s risk for PTSD, with Figure 4 showing manifestations of staff’s peritraumatic responses. As we complete the surveys, interviews and fishbowl sessions, this model and peritraumatic manifestations along with financial and other effects is being used to inform integrated data analysis and derive specific recommendations for preventing and treating trauma amongst library staff.

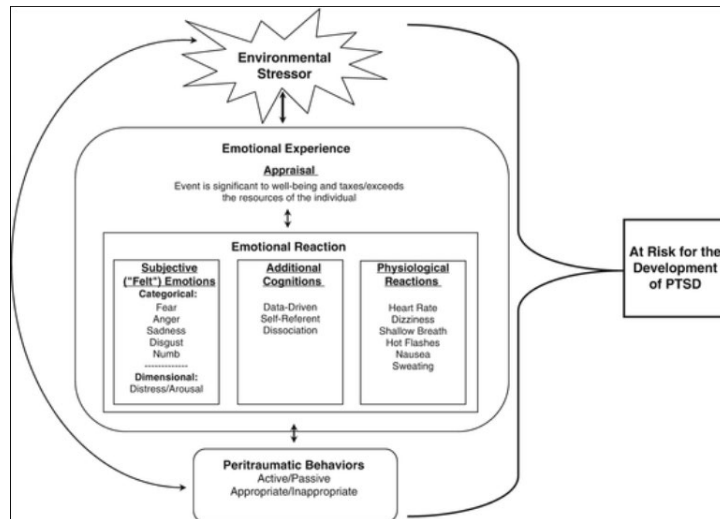


Figure 3
Peritraumatic and Environmental Stress on PTSD Risk

Affective Effects	Cognitive Effects
Shock Anger Anxiety Fear Despair Guilt Irritability Anhedonia	Impaired concentration, decision-making Impaired memory Disbelief Distortion of time Decreased self-esteem Self-blame Intrusive thoughts, nightmares Worries Dissociation
Physical Effects	Interpersonal Effects
Fatigue Insomnia Somatic complaints Hyperarousal Headaches	Alienation Social withdrawal Increased interpersonal conflicts Impaired ability to work

Figure 4
Peritraumatic Response Categories to Workplace Stress

DISCUSSION

“Trauma in the Library” is the first comprehensive, national baseline study of library workplace-related PTSD symptoms, of library staff who are most at-risk, and creating tools for supporting library staff and curricular materials for LIS schools and professional associations. With over 1100 responses to-date throughout the United States, Canada, and Europe, the survey

provides benchmark data about the types of trauma library staff experience in the workplace and identifies trends via statistical variance amongst demographics—such as age, experience, disability status, gender and sexual identities, race, and past trauma experiences—library factors including library type, size, and services; and the situations contributing to peritraumatic and PTSD symptoms. The survey, interviews and fishbowl discussions include the impacts of COVID-19 on staff mental health, burnout, and feelings of safety and support in the workplace, and what would help staff.

Our data thus far indicates that stressful situations are increasing in public libraries, that staff in all types of library settings are experiencing trauma across the spectrum of stressful situations, and that management is also a cause of workplace trauma in addition to providing inadequate support. COVID19 and current social conditions have amplified trauma in the library workplace. Ironically, recent public library efforts to provide trauma-informed care to patrons is creating (triggering) additional trauma for frontline staff themselves, as they are more exposed and involved with supporting patrons' situations—echoing Katapol's observations of compassion fatigue in public libraries, and Becker and McCrillis's (2015) about secondary traumatic stress experienced by health sciences librarians.

Our research complements the recent “Urban Library Trauma Study” by Comito and Zabriskie (2022), who focused exclusively on urban settings and derived four recommendations: a national library worker helpline, a set of standards for healthy library work environments built by a coalition of worker-led library organizations, a collection of policies and procedures written from the perspective of trauma-informed library leadership, and a series of peer-led support groups made up of library workers. Our curricula and recommendations for prevention and treatment of peritraumatic symptoms will build on Comito and Zabriskie by integrating effective insights from trauma experts that can be implemented easily in different types of library settings.

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