



Trauma-Informed Care

Taking a trauma informed approach to oral history interactions is instrumental for keeping narrators safe as a historian. While the term "trauma-informed" was coined in medicine, there's some basic steps we can take to ensure we're prepared to navigate many kinds of conversation in our type of work in a responsible way.

It's important to note, while we are practicing skills that may sound similar to or even overlap with therapy, **we are not therapists**. Even if you have the credentials, providing therapy is not the goal of oral histories; and if you do not have the background to safely conduct therapy sessions, accidentally stepping into that area can cause more harm than good. So keep this in mind as we explore some steps we can take to make sure that oral histories are conducted in as safe and transparent away as possible.

Take a moment to center yourself. Find a memory of feeling safe; if this is difficult to do, feel free to imagine safety you've resonated with represented in movies or books.

What Does Safety...

Look like? Feel like? Taste like? Smell like?

It's important to ask ourselves the questions we might ask our narrators; while you might not necessarily ask your narrator to do this — remember that everyone will picture and experience safety differently. We won't have a one-size fits all approach with interviews; but with this knowledge we can navigate shared space more intentionally and that is half the work.

It's also important that we acknowledge that intent and impact are not the same, and that we have to own both. While our intent might be in good faith, if the impact is not we must still take responsibility for it.



Proactive Reflections

We are not infallible — we will unintentionally create harm.

When you approach trauma-informed care, as well as oral histories, it's important to acknowledge some core truths. Because none of us are not infallible all of us will create harm unintentionally at some point. It doesn't mean you are good or bad — it's a part of being human. Because safety looks so unique to all of us, it's impossible to be a safe space for everyone.

So — why acknowledge this? Because then we can DO something about it. Now is the time to prepare and figure out how you'd like to handle conflict as best as we can before it happens. Then we can prepare a specific space and "escape routes" for our narrator to utilize.

Reflection Questions	Thoughts
<i>What are possible triggers or activation points I have with the topics?</i>	
<i>What would I do if I notice I'm starting to react to the topic, eg dissociation?</i>	
<i>How can I give the narrator as much power as possible?</i>	
<i>How would I react if someone shuts down completely?</i>	
<i>How would I react if someone were to start crying? Snap at me? Yell?</i>	
<i>When might I know it's time to stop the interview (temporarily or permanently)?</i>	

One of the best things we can do is create the shared space very intentionally so there are as few surprises as possible. To do this, 'space setting' should begin as soon as outreach is begins. On the next page are some steps to take to be as transparent as possible.



Trauma Informed Care Checklist

1. During Outreach

- a. Explain the purpose of the oral history
 - i. Mention any key topics you know you want to explore that could be activating or triggering for the individual
- b. Ask them to reflect on the topic when they have a chance and determine if there are topics that:
 - i. Create stress
 - ii. Will be activating
 - iii. Are off limits
- c. Explicitly say they have the power! They can say no to any topic, question, or line of discussion in the oral history.
 - i. Depending on the situation, I will even offer for them to see all the questions I'd like to ask beforehand
- d. Be transparent in that this oral history interview isn't the same as therapy; we have limited capacity but will try our best to accommodate and support

2. Pre-Interview/Before Recording:

- a. Go over everything discussed in email to make sure everyone is on the same page
- b. Don't be afraid to ask follow up or clarifying questions, it's important you understand
- c. Ask them if there are coping mechanism that they already use
 - i. It is HIGHLY encouraged you research some techniques yourself, e.g. square breathing, body scans
- d. Exercise vulnerability, this is a good time to create some rapport and help the narrator feel more comfortable navigating tough topics - this carries into the interview portion as well, just be sure you're not turning the attention onto you!

3. Interview:

- a. Be aware and ask questions not only about the topic but as check ins, e.g. "I noticed after that question you seem a bit drained, do you want some water?"
- b. Be prepared to act if someone does become activated or triggered by utilizing what was shared for coping mechanism/techniques before

4. When not Recording:

- a. Let them know the recording is off and relax a bit - becoming more casual via voice/body language is a good signal that we're done to the narrator
- b. Check in with their well being before letting them go, and of course thank them for their wisdom

5. Post-Interview:

- a. Give them the option to re-listen/read the interview so they can provide edits or omissions
- b. Check in to see if they had any post-interview drops
- c. Keep the line open for feedback!