

Meaningful participation as an approach to trauma healing? Reflections from the VOICES Network

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Community-based projects working with refugees have the potential for both positive and negative impact on the mental health of participants. This article shows how embedding the principles of safety, affect management and the use of narratives while applying the co-production approach can have a healing effect on trauma, by drawing on the case of a UK-based participation project, the VOICES Network.

For those fleeing their homes to seek sanctuary, the arrival to the host country is supposed to be the happy ending. Yet it is just the beginning of a new chapter in life, often adding further damage to existing and complex migrant trauma. Months in refugee camps, bereavement, separation from family and friends (Morrice et al., 2019) in conjunction with the post-migration stressors such as a language barrier, limited access to healthcare and education, the complex legal system, uncertainty, isolation and social exclusion (Simpson, 2019; Stewart, 2012) make the effects of trauma more severe. Stigma, cultural aspects or difficulties with understanding how the support system works can prevent refugees and asylum seekers from seeking mental health support (Turrini et al., 2017; van der Boor and White, 2020). In addition, the extreme emotional and health needs associated with the physical or psychological trauma can require more holistic interventions than what counselling services can offer. It is not always possible that a person can feel safe talking about past and present traumatic experiences (Horsman, 2000). Moreover, not being able to articulate and share the experiences of social injustice can make that person feel voiceless and therefore, worthless. In the UK, the VOICES Network was set up as a safe platform to work with, not for, experts by experience of forced displacement to facilitate empowerment, integration and distribution of power, promoting self-awareness, confidence and wellbeing.

The VOICES Network was established in 2018 as a part of [Amplifying the Voices of Asylum Seekers and Refugees for Integration and Life Skills \(AVAIL\) Project at the British Red Cross](#). The VOICES Network's aim was to speak out about the issues that affect forced migrants, advocate to change policy, use the media to change minds and use expertise from lived experience to improve services and practice. The network used the principle of co-production to enable people with the lived experience of forced migration to inform, shape and participate in the project delivery. Starting with a small number of participants, called [VOICES ambassadors](#), the network quickly expanded with its branches in Birmingham, Derby, Glasgow, Leeds, Leicester, London, Sheffield, and across Wales and south-east England. To date, with training and support, VOICES ambassadors raised their voices at more than 300 different events. Apart from the project delivery objectives, one of the main results of the project was the new skills and

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abilities demonstrated by participants particularly with positive outcomes for mental health and wellbeing. The adherence to the principles of co-production, safety, affect management and the use of narratives contributed to this project becoming therapeutic and bringing positivity and engagement into the lives of many participants.

Co-production approach

Agency plays a fundamental role in trauma healing and well-being (van der Kolk, 2015). In the context of the hostile environment and systematic discrimination, a sense of control over your own life and faith in your ability to cope with an issue can reduce trauma symptoms and maintain psychological stability (Levine, 2015). To facilitate the restoration of the sense of agency, the co-production approach oriented the project participants towards the activation of their transformative capabilities and a hopeful vision. This value-driven participatory approach gave space for the ambassadors to reflect on the material conditions of their lives and experiences, and, where appropriate, act to effect a change. Rather than treating people as passive recipients of a service, co-production ensured equal and reciprocal partnerships. Service providers and people with lived experience worked collaboratively to shape and deliver services and activities. Some of the activities included designing the VOICES logo, co-designing workshops of gender-based violence for migrant women and on improving communication with the Home Office, developing advocacy strategies, leading assemblies at schools about refugees, taking part in advocacy and media training, creating podcasts and videos and organising conference in Parliament. Thus, the ambassadors took initiative and worked together to co-design and -deliver these activities, which promoted the sense of gaining power and control contributing to mental health stability and well-being.

Safety and a sense of belonging to a like-minded community

Displaced people who have been traumatised see the world with different eyes. Their sense of security and trust can easily be destroyed by traumatic events and/or violated by a lack of fair and effective asylum and support systems. This is why safety is probably the most significant element for the well-being of the displaced people (Horsman, 2000). The provision of such space for safe connection and environment, fostering community-building among people who could truly understand the challenges and hardships of being a forced migrant was the priority of the network. This reciprocity created emotional safety and a comforting feeling of being in the mind and hearts of people who had similar experiences, which is fundamental for healing and growing.

Given that the issues shared or discussed during meetings or events could trigger traumatic memories, the opportunity to opt out of the activity was available at any time. Such flexibility ensured the ambassadors' experiences and feelings were respected and responsibility for their own well-being was promoted. Having a meeting agenda, optional attendance, financial support towards transportation costs, effective feedback and support mechanisms all contributed to building strong relationships, rebuilding trust and strengthening social support that is the most powerful protection against trauma.

Affect Management

The trauma caused through the experience of forced migration can be exacerbated by ongoing issues in the UK asylum system including uncertainty over a relatively long asylum period, striving to reunite with families, or combatting the impact of immigration detention. The huge human impact of such issues can make it very difficult for VOICES ambassadors to share and speak out at events or regular meetings, as it could easily trigger negative memories and lead to re-traumatisation. It was therefore vital to set up a provision of psycho-social support and the help of a caseworker to offer social, emotional or case-specific support. As part of the induction to the project, self-care sessions to educate the participants about mental health and promote taking responsibility for one's own well-being were provided. The ambassadors were constantly reminded about the voluntary nature of the participation, anonymity options and informed consent, and supported before, during and after each engagement to create an atmosphere of trust, respect, comfort, care and safety.

Healing through narratives

Emerging from the traumatic experiences while telling the personal stories can be a part of the healing process (Herman, 1992), the celebration of attained strengths, the reconstruction of safety, trust, attachment and hope (Nicholas et al., 2011). For many ambassadors, the VOICES network proved to be a safe place to open up rather than pretend that traumatic events did not happen. Throughout the project implementation, the majority of participants noted that connecting with people who understand or try to understand was one of the best ways to improve their well-being. Ambassadors expressed their pain, mourned together, disclosed personal stories, fears and worries. They believe it helped them accept their past and be understood and supported, rather than being in a cycle of victimhood. The participants valued the opportunity to share their stories with other ambassadors and the wider public. Expressing self through creative poetry, performing, music, songs or photos minimised the dependency on English language proficiency and helped avoid the speechlessness caused by trauma. The power of personal stories not only played the role of a therapeutic technique but also became a powerful tool in reaching the audience.

Challenges and recommendations

There are a number of challenges that can make participation in community-based projects potentially detrimental for mental health and wellbeing of both participants and the project staff.

- The time needed for changes in the system. As the collaborative aim of working towards a hopeful future depends on many elements, sharing voices is often not enough to bring a sustainable change for that future. The absence of any positive transformative impact and influence on the mind, policy and practice can make refugees and asylum seekers feel disheartened about their involvement.
- Tokenistic nature of some events. In the policy and public service context, the achievement of meaningful engagement and effective participation is not an easy process. Public bodies, including the media, have often shown opportunistic attitudes when it came to engagement with 'experts by experience'. An invitation to join a

stakeholder meeting can present a gesture of goodwill. However, it can have a subtle tokenistic nature when experts by experience are used by the bodies to promote their profile, rather than meaningfully collaborate. This can exacerbate ongoing frustration and disappointment, leading to desperation and a loss of confidence from the self and the collaborative aim.

- To prevent potential harm, effective management of expectations, continual reminders about keeping realistic expectations, a proactive policy analysis of how to make greater contributions, and the use of available tools and resources from existing campaigns have been applied and shown some positive effects. Achieving true co-production, especially in policy and public context where there are systemic imbalances, is vital, and it should be fully appreciated and implemented reciprocally.
- Building peer power and engagement within the network. Staff and ambassadors should show a dedication to upholding co-production principles, embodying a proactive stance over opportunities in the media, policy and service improvement work. As the underpinning aspects of the network are trust, safety and support, it is also important that ongoing support and communication with dedicated staff members is available beyond normal working hours. Building a meaningful engagement is more likely through fostering sustainable relationships within the network, and these relationships would benefit if staff member(s) have lived experience of forced displacement.
- Exposure to traumatic narratives. Indirect exposure to traumatic narratives can be overwhelming not only for participants, but it can also put staff members at risk of secondary or vicarious trauma, burnout or compassion fatigue (Guhan and Liebling-Kalifani, 2011). To prevent this, members of staff should be offered regular psycho-social support and be aware of the symptoms of vicarious and secondary trauma, and self-care strategies.
- Difficulties in meaningfully engaging online. As a response to COVID-19 pandemic, the network has made a shift to virtual meetings and activities. It created further challenges to meaningful engagement. These circumstances made it more important to put extra effort into the ways and mechanisms of building a like-minded community that will create conditions to promote mental health and wellbeing.

When participation becomes 'therapeutic'

Our experience has shown that the achievement of the aim of a community-based project can be a relatively complex process. However, community projects create a suitable environment to enhance belonging to the society, create safety and reciprocity to address the emotional and mental health needs of participants. Thus, these projects have space for migrant trauma healing. Regardless of having expertise in trauma, the project facilitators can still embed the principles of safety, affect management, co-production (or at least an effective participation) to help the displaced people gain control over their lives. Allowing refugees and asylum seekers to advocate for themselves to be released from silence, offering participation choices, strengthening community ties present a platform for making a step towards trauma healing, finding meaning and purpose in life.

Creating a space for refugees to use their insights and expertise from their lived experience can turn meaningful participation into a 'therapeutic' activity:

"I have the privilege to bring change to my own life and the lives of the many who do not have a voice. I'm grateful to be part of a group that understands my situation because we all have a lot in common when it comes to our experiences." (Isabella, VOICES Ambassador, Glasgow)

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