

# The value of peer support groups following disaster: From Aberfan to Manchester



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**Abstract:** This article reviews the nature of post-disaster peer support groups and highlights their role in addressing collective grief and trauma following mass fatality incidents. With reference to best practice guidelines for responding to collective trauma events the article highlights the functions of peer support in promoting social support, connectedness and self/community efficacy. Different types of UK-based peer support group are described – from independent user-based action groups to facilitated talking groups as part of wider community support networks. The establishment and delivery of the Manchester Attack Support Group Programme (following the 2017 Manchester Arena terror attack) is discussed as a contemporary example of a network of facilitated talking groups. It complements the participation of bereaved people and survivors in other independent and self-determined peer-based activities such as the Manchester Survivors Choir and terrorism-related campaigns.

**Keywords:** disaster, peer support groups, traumatic grief, terrorism, emergency planning

## Introduction

In 1959 Margaret Torrie started a small group in her own home for the support of local widows living in London. From this single support group evolved Cruse Clubs for widows and children and the national organisation now celebrating its 60<sup>th</sup> anniversary. Margaret and her peers founded Cruse based on the idea that as long as they looked after each other they would always have resources both for others and for themselves.<sup>1</sup> In other words they recognised the need and value for peer support in dealing with loss and bereavement.

Researchers in grief around this time also recognised the role of the psychosocial, the reconstruction of social ties and the need to connect with others as a way of processing grief, including after mass traumatic loss. Erich Lindemann, for example, in his study of bereaved survivors of the 1942 Cocoanut Grove fire in the US, identified the importance

of grief work through the formation of new relationships and finding ways of living in their new world. According to Rosenfeld (2018) his paper on the symptomatology and management of acute grief would become a foundational document in standards of psychological care after disasters, spawning the field of crisis theory and being an early signpost in the long road to understanding trauma.

Over the last 50 years or so peer support groups have played a valuable role for many bereaved people and survivors of multiple and mass fatality incidents. History highlights how they not only have the potential to serve the personal, emotional needs of individuals joining them, but can also function as the basis for collective action, social education, and campaigning for political, legal and social change.

This article reviews this landscape of peer support across time and disaster and highlights the recent establishment of the Manchester Attack Support Group Programme as a contemporary example of one type of peer support group.

<sup>1</sup> [www.crusescotland.org.uk/about-us/our-history.html](http://www.crusescotland.org.uk/about-us/our-history.html)

## Peer support following the Aberfan disaster

The intuitive coming together of individuals drawn to each other by shared experiences reflects human resilience and resourcefulness. While these qualities are sometimes less immediately appreciated by those focused only on pathological aspects of complex bereavement, loss and trauma, others have highlighted how resilient communities and social networks tap into important aspects of social capital with positive bonding, bridging, and linking opportunities (Patel, Rogers, Amlot, & Rubin, 2017).

There is no shortage of examples of emergent peer support following collective grief. In the aftermath of the Aberfan disaster (1966) in Wales in which 144 people, including 116 children, were tragically killed, a group of young mothers from the village came together to form a support group. Connected by their mutual experience and understanding of collective loss they met up a few months after the disaster to provide friendship and mutual support and continued to do so; their weekly tea-and-chat gatherings continuing to this day. ‘They developed a decades-long bond to help deal with their grief’ commented Jonathan Hill, the journalist behind a documentary about the Young Wives Club marking the 50<sup>th</sup> anniversary of the disaster. Of his first meeting with them 10 years earlier he speaks of being ‘struck by their positivity and zest for life’ and writes of ‘silent understanding’ between the women, for whom grief has never gone away but they have learned how to live with it and to still enjoy life.<sup>2</sup>

Interestingly Hill adds: ‘The disaster isn’t spoken of, because they don’t need to’. His comment suggests that peer-led groups like this can work when there is a mutual understanding and shared expectation not to talk precisely about the very thing that unites them, namely the tragedy itself and the grief wrought by it. Indeed peer support in the form of sharing painful emotions and a talking group can be actively off-putting and alien for some people. Again in Aberfan a men’s talking group did convene but met once or twice only; the traditional male working class culture within this coalmining community precluded talking as a focus for emotional release. However the Ynysowen male choir formed in the wake of the disaster, nominally to raise funds for charity, thrived as a social activity for the local men and also continues to this day.<sup>3</sup>

## The function of peer support following collective trauma

In the UK emergency planning and humanitarian assistance frameworks tend to focus on the formal provision and organisation of psychosocial support following major

incidents including prioritising individualised interventions and focusing on pathways for addressing mental health-based models of grief and trauma.<sup>4</sup> Less attention tends to be paid to peer support despite it having been established that social support is the single most powerful protective factor for trauma victim connectedness (Norris & Stevens, 2007), that peer support can counter feelings of isolation and neglect, including for those falling through gaps or geographically dispersed (Reifels et al., 2013) and that promoting connections through support groups can positively influence post-disaster mental health and psychosocial recovery (Hobfoll et al., 2007). The latest international guidelines (Brady, Randrianarisoa, & Richardson, 2018) recommend the promotion of connectedness and self/community efficacy as best practice principles for responding to collective trauma events. An understanding of the nature and function of different forms of peer support and how it may complement other post-incident responses is thus essential for those planning for and responding to people’s needs following disaster.

Elsewhere I have highlighted the function of post-disaster groups as part of wider psychosocial support networks for bereaved people and survivors following various types of disaster and outlined different types of post-disaster support group.<sup>5</sup> In distinguishing between them I have highlighted how in practice groups might fulfil the functions of either one or both of the ideal types outlined below, and indeed there may be a number of groups and activities associated with any particular disaster fulfilling these differing functions (Eyre, 2006).

## Independent action groups

During the 1980s – a decade of disasters in the UK – many independent user-based action groups emerged, initiated and led by those directly affected by particular incidents.<sup>6</sup> Their membership consisted of bereaved family members or survivors or sometimes a mixture of both. In the absence of co-ordination and central information points such as those now provided through police family liaison officers (FLOs)<sup>7</sup> and formal humanitarian assistance arrangements, such groups emerged to provide mutual support, share information and activate collectively for the pursuit of common goals such as information, the

2 [www.itv.com/news/wales/2016-10-12/the-aberfan-young-wives-club](http://www.itv.com/news/wales/2016-10-12/the-aberfan-young-wives-club)

3 <https://ynysowenmalevoicechoir.webs.com/about-us>

4 See for example the London Mental Health Response to Major Incidents: Pathway for First Responders, July 2017 [www.healthylondon.org/wp-content/uploads/2017/10/London-incident-support-pathway-for-first-responders-%E2%80%8B%E2%80%8B.pdf](http://www.healthylondon.org/wp-content/uploads/2017/10/London-incident-support-pathway-for-first-responders-%E2%80%8B%E2%80%8B.pdf)

5 Eyre, 2006; Eyre, 2017; Eyre & Dix, 2014.

6 Examples of bereaved family support groups include those set up after the disasters at Zeebrugge, Lockerbie, Hillsborough and the Marchioness riverboat sinking. For details of the decade of disaster see Eyre & Dix, 2014.

7 See McGarry and Smith (2011) for information about the history, purpose and role of police family liaison officers.

prevention of similar incidents and/or legal outcomes (Spooner, 1990).

Having a clear aim and purpose and effective member-based leadership helps promote efficacy<sup>8</sup> within such independent action groups by enabling members to draw on impetus and inspiration from among their number. In so doing their focus is often on identifying and utilising strategies for helping others as well as themselves: 'By offering a community resource to anyone in the community, self-help groups strengthen a whole community's ability to cope and heal. Bringing people together offers the potential for group action or advocacy efforts, which empower both individuals and the community' (Salzer, 2003, pp. 21–22). A contemporary example of this kind of group is the Manchester Survivors Choir made up of survivors of the 2017 Manchester terror attack, discussed later.<sup>9</sup>

The umbrella organisation Disaster Action<sup>10</sup> offers a model illustration of how an independent, self-led association can function cohesively and effectively in the pursuit of common goals. Founded in 1991 by bereaved and survivors from a number of disasters it was forged in the pursuit of three aims – accountability, support and prevention. Financial and political independence was crucial in enabling this collective body of family groups and individuals to fulfil its purpose as was their self-determination and self-direction. Adhering to these principles guided the organisation in bringing together bereaved people and survivors from subsequent disasters, offering peer mentorship based on reflective experience over time, and enabling others to establish their own independent associations.

### Facilitated talking groups

A second type of peer support group is facilitated talking groups. Examples of these include those established after the 1989 Hillsborough disaster, the Oklahoma City bombings (1995) and, the September 11 attacks (2001). Although their functions may overlap with the groups described above, these groups differ from action groups primarily in terms of the way they are organised and their purpose which tends to be more focused on providing opportunities to share the feelings and experiences about the emotional recovery of members.

They are more likely to be set up by those delivering a wider community support network than initiated by bereaved people and survivors themselves, with organisers

providing a room for meetings, communicating with attendees about the time/place of meetings and often providing a facilitator for the meetings, or at least for initial ones.

An example of this followed the Asian tsunami (2004) when the British Red Cross facilitated a number of local support group meetings for UK bereaved people and survivors as part of the Tsunami Support Network.<sup>11</sup> The Network was founded on the principle of providing facilitated talking support groups while at the same time co-ordinating collective family meetings and working towards the establishment of an independent, self-determining association. This was achieved with the founding of Tsunami Support UK (TSUK) as a mutual support group by and for the bereaved and survivors.<sup>12</sup> An independent review of the response to the Tsunami concluded that those agencies that provided a supportive advocacy role, including the Tsunami Support Network (TSN), were experienced as the most effective and recommended it as a good model for future practice: 'The services and support provided by the TSN, delivered by the British Red Cross and part-funded by government, has amongst the highest satisfaction ratings reported by the survey respondents. It provides a good model for use in the future' (NAO, 2006, p. 36).

### The Manchester Arena attack and its aftermath

On the evening of 22 May 2017 a suicide bomber detonated an improvised device in the foyer of Manchester Arena just as many of the 14,000 concert-goers, including many young people and their parents, were leaving. The substantial bomb containing nearly 2,000 nuts had a devastating impact killing 22 people. More than 100 people were physically injured and many more suffered psychological and emotional trauma. The Manchester Arena attack was the deadliest in the UK since the London bombings on 7 July 2005 and had a significant impact on many communities (The Kerslake Report, 2018, p. 5).

Manchester's emergency response and recovery arrangements were promptly activated. This included the deployment of FLOs to bereaved families and seriously injured survivors and the establishment of a council-led human aspects, welfare and health workstream for addressing the support needs of those affected both within and beyond Manchester. Furthermore the We Love

<sup>8</sup> The presence of the following has been correlated with positive outcomes including increased abilities to successfully decrease stress levels and function adaptively following exposure to extreme stress: promoting a sense of safety; promoting calming; promoting a sense of self-efficacy and community efficacy; promoting connectedness, and instilling hope (Hobfoll et al., 2007).

<sup>9</sup> <https://twitter.com/survivorschoir?lang=en>

<sup>10</sup> Disaster Action – [www.disasteraction.org.uk](http://www.disasteraction.org.uk); see Eyre and Dix (2014).

<sup>11</sup> Despite the significant impact of the tsunami on diverse populations, including for example the UK's Sri Lankan community, this diversity was not reflected in the demographic of those coming forward for help and support services, despite outreach efforts, or in the make-up of TSUK. Our understanding in the case of the UK Sri Lankan community was that strong and supportive family and wider networks may have been one of the reasons for this.

<sup>12</sup> [www.tsuk.org.uk/Aboutus.php](http://www.tsuk.org.uk/Aboutus.php)

Manchester Emergency Fund (WLMEF) was established four days after the attack to co-ordinate, administer and distribute the various monies donated in response to the attack. By the first anniversary much of the WLMEF's monies had been distributed directly to bereaved families and physically injured survivors (WLMEF, 2018). Aware of and keen to address outstanding, unmet need the Trustees awarded grant funding for a two-year Manchester Attack Support Group Programme (MASGP).

## Connecting through social media

In the aftermath of the Arena attack many people including the bereaved and survivors turned to social media to seek information, dialogue and support. In contrast to the past where access to other people's contact details was often only achieved through the (often reluctant) assistance of the authorities, platforms such as Facebook and Twitter now enable immediate, easily accessible, frequent, 24/7, widespread interaction between large numbers of people. Consequently after the Arena attack many bereaved people and survivors were among those seeking solace and mutual support from others by joining or establishing their own post-incident discussion forums or online groups.

More research is needed on the risks and benefits of social media use in online environments and in particular the question of whether, and the extent to which, this may promote peer support functions and activities. Anecdotal feedback from participants engaged in our programme has suggested that while there are advantages in connecting this way there are also risks associated with spontaneous, unreflective and unfiltered communications, particularly for emotionally vulnerable individuals. The response to our outreach efforts and feedback from those coming into the MASGP also indicated that there was a need and wish for physical support groups in addition to any online opportunities for connection. Notwithstanding this the possibilities for enhancing online peer support and positive connectedness merit further exploration and analysis.

## Establishing the Support Group Programme (MASGP)<sup>13</sup>

Our initial aim with Manchester was to establish a network of regional, face to face, facilitated talking groups for adult bereaved and survivors from the attack. We were aware of the need and wish for this following feedback from those who had been brought together for initial family and memorial meetings. While our strategy was informed by

<sup>13</sup> As programme manager of the MASGP I work closely with clinical manager Jelena Watkins (<http://jelenawatkins.com/about>) and we have benefitted much from the counsel and support of our external advisor Professor Atle Dyregrov ([www.uib.no/en/persons/Atle.Dyregrov](http://www.uib.no/en/persons/Atle.Dyregrov)). His expertise in emergency preparedness, bereavement, trauma and crisis management has included extensive work with bereaved and survivors following the 2011 Norway attack.

Manchester's indications our predictions were also based on precedent. After both the Norway and 7/7 attacks, for example, screenings quantified significant longer-term impacts (including PTSD, complicated grief and general psychological distress) and the need for support in the first two years after the attacks (Reifels, et al., 2013; Dyregrov, Kristensen, Johnsen, & Dyregrov, 2015).

During initial planning and scoping across our programme<sup>14</sup> we knew certain facts such as the numbers on police and mental health contact lists and could roughly quantify the size of our initial target recruitment pool for outreach efforts. However a key challenge with this kind of support offer remained the impossibility of predicting with much accuracy not only the extent of the ripple impact of the attack, but also the potential levels of need and interest in peer support, and the likely level of take-up through registration of interest.

## Assessment and allocation to the support groups

Our outreach efforts following the first anniversary resulted in more than 100 people expressing initial interest in the groups. Each respondent to the publicity and invitation emails was personally followed up by email within 24 hours and offered a telephone call. These calls enabled exploration of experience, explanation of the programme and assessment of suitability.<sup>15</sup> A number of people benefitted especially from a call at this particular juncture; it was mid-summer and after the first anniversary – a time when many individuals can feel isolated, misunderstood and forgotten. The contact also provided emotional support and signposting to additional services where helpful. The calls also helped in identifying which potential group locations would work for the individuals (this needed careful consideration and was not just about geography).

A second outreach phase after Christmas generated further interest, resulting in the temporary expansion of the existing groups to 15, including some mergers and a couple of group closures. The groups have all been concentrated in the north west and north east of England, Yorkshire and Scotland, as well as a telephone support group. This

<sup>14</sup> My management role also involves co-ordinating across the support groups and a series of psychosocial workshops for families and young people being delivered by the Manchester Resilience Hub [www.penninecare.nhs.uk/your-services/manchester-resilience-hub](http://www.penninecare.nhs.uk/your-services/manchester-resilience-hub). Partnership working here helped us to be able to contact our target audience despite information-sharing obstacles and challenges with others.

<sup>15</sup> In some cases for example individuals may be helped to access individual therapy or other forms of support to prepare them for joining groups. Our experiences are reinforcing the importance of ensuring that the initial assessment and allocation of individuals to groups is carefully considered and conducted by appropriately qualified professionals. This follows through into the group discussions where the members have found it especially helpful to draw on the facilitators' knowledge and skills relating to disaster-related trauma.

reflects the areas from which most people had travelled to attend the concert. Most of those joining the groups were survivors but they also included bereaved individuals and responders, and of course these categories blurred. All were dealing with various psychosocial reactions associated with disaster-related bereavement, loss and trauma. Not all, however, might have applied or met the eligibility criteria of the Disaster Fund for payments to cover physical or psychological injury. Because our eligibility criteria were wider we were able to accept into our programme many who may have been or felt disenfranchised or marginalised despite being significantly psychosocially affected. In this way accepting people into the groups sent an important message about their legitimacy, validity and worth.

### Role and skills of the facilitators

Recruitment to our network of facilitators was (and remains) subject to qualification to postgraduate level diploma and accreditation by relevant professional bodies (UKCP, BACP or BPS<sup>16</sup>) as well as group facilitation experience. In the MASGP we matched facilitators both with each other and the groups (each group session is run by two facilitators) to achieve an appropriate balance of skillset and experience. Our facilitator pool includes a range of specialist qualification and skills in areas such as: managing grief, loss and trauma; running peer support groups, including disaster and terrorism-specific groups; providing therapy to individuals affected by complex trauma and disaster; working with victims of crime and homicide; and treating child bereavement and trauma.

Although the groups are not therapy groups as such<sup>17</sup> most of the facilitators are experienced psychotherapists. In addition to their pre-existing and ongoing other work, all facilitators were required to attend an initial briefing workshop, receive updates on the incident and wider support-related activities, attend facilitator meetings, participate in debriefings after each session and have regular programme-specific supervision sessions.

The way the sessions are structured, organised and delivered helps to explain the value of these groups. For some this includes members' uptake of other more action-oriented activities, in keeping with their exercising informed choice and more akin to some of the kinds of activities similar to the Disaster Action model. In this sense as stated earlier, the different types of peer-based activity and the kinds of individuals attracted to them are not mutually exclusive. As Jelena Watkins, our clinical lead

and group facilitator explains it, mutual support is more in the foreground for the talking groups although they also support action-oriented activities; for those involved in more action-based activities (see below for Manchester's examples) mutual support, talking about common experiences and sharing feelings is a key function, albeit not a primary one.

### How the sessions help

The sessions themselves have been carefully designed to enable members to connect with others affected by the attack; share their thoughts, feelings and experiences in a calm and safe environment; identify and understand areas of common experience and feeling; benefit from psycho-education, tips and tools; recognise and enhance their individual and collective coping strategies and resilience; share information and be signposted to wider resources and support; and prepare for future incident-related events and processes, including the forthcoming inquest, anniversaries and memorialisation.

Every attendee completed a brief preparatory questionnaire indicating a very high level of agreement (over 90%) with our aims and wishes for the groups. A follow-up feedback questionnaire has so far reinforced similar levels of agreement based on responders' experiences of the groups, though further independent evaluation is needed and planned.

Nine months into the programme the number of regular attenders across the groups is about 60. Most of the group members (three-quarters) are female, predominantly young adults and many mothers. This partly reflects the demographic of those who attended the concert and those who were waiting to collect them at the Arena.<sup>18</sup> Men are primarily in the responder, physically injured and bereaved groups; some survivor groups are women only.

It is important to state here that the value in meeting with others is not just about the numbers attending each particular session. Although there are important considerations around having too few or too many participants for best effect and dynamic within the groups, we have found that it is often both the very existence of the opportunity and the depth of connection in first and subsequent encounters that is especially significant. Indeed there are a number of individuals – the 'not coming, not goings' – remaining on group contact lists who do not attend meetings but who ask to stay connected through

<sup>16</sup> UK Council for Psychotherapy (UKCP); British Association for Counselling & Psychotherapy (BACP); British Psychological Society (BPS).

<sup>17</sup> Our model of disaster peer support differs from therapy groups in terms of their purpose, openness, facilitator role and relationships between members. While not therapy groups, they are designed to achieve therapeutic effect.

<sup>18</sup> The performer that night, Ariana Grande, has a large following among young female fans. This is not to suggest that fathers, brothers, grandparents and other wider family members were not also significantly affected by the bombing, directly and indirectly. An interesting future research question both for Manchester and other disasters is whether or to what extent the appeal of talking groups for those affected by disasters and the wish to connect and share, as opposed to or in addition to the appeal of more action-based groups, is influenced by gender or other social factors.

continuing receipt of communications and emails. And in terms of depth of connection there has been feedback from individuals who before the group sessions had not had the opportunity to meet with a single other individual affected by the attack. In this kind of circumstance encounters between even a few individuals are often very powerful and affirming.

As well as peer support individual therapy has been important for participants in our programme. In this regard the clinical manager has played a key role – assessing, signposting and escalating cases. In some cases advocacy and follow-up has been necessary due to blocked pathways and here liaison with other organisations and services, including the Manchester Resilience Hub as a partner organisation has been valuable. The NICE evidence review of principles of care following PTSD suggests peer support can complement individual treatment (NICE, 2018)<sup>19</sup>; it refers to how peer recommendation can prompt others into individual treatment and we are keen to stress how our peer support programme complements rather than replaces individual therapy.

## Other peer-based activity following the attack

It is important to say that while the ripple effects of disasters are wide-reaching most individuals affected by them do not join support groups and as anticipated the MASGP's facilitated talking groups have not appealed to everyone affected by the arena attack. Rather, as usual, the many different individuals affected by the tragedy have responded in myriad ways and themselves initiated a number of activities. This includes the foundation of several charitable trusts by families and their supporters in honour of individuals killed<sup>20</sup> and the involvement of survivors and bereaved family members in various campaigns and groups focusing on aspects of terrorism-related prevention<sup>21</sup> and support. Survivors Against Terror is a further example of an umbrella group by and for family members who have lost a loved one to terror and survivors of terror attacks. Their two priority areas are to tackle terrorism more effectively and ensure victims and their families get the support they deserve (Survivors Against Terror, 2019).

19 The National Institute for Health and Care Excellence (NICE, 2018) recognises the value of people sharing common experiences and recommends healthcare professionals tell people about and help them access peer support groups if they want to and could benefit. See [nice.org.uk/guidance/ng116](https://www.nice.org.uk/guidance/ng116); [www.nice.org.uk/guidance/ng116/evidence/evidence-review-h-principles-of-care-pdf-6602621012](https://www.nice.org.uk/guidance/ng116/evidence/evidence-review-h-principles-of-care-pdf-6602621012)

20 These include: Chloe & Liam Together Forever Trust, Megan Hurley Foundation, Eilidh MacLeod Memorial Trust, Liv's Trust, and the Remembering Nell Foundation.

21 For example the mother of victim Martyn Hett has started a petition calling for increased security measures at public venues. By the second anniversary this had attracted more than 14,000 signatures.

Resonant of the positive power of singing following the Aberfan disaster, the Manchester Survivors Choir was founded by and for those directly affected by the arena attack. Its members say that meeting, singing and performing has helped them cope with the trauma of that night as well as providing the opportunity to talk with others about what happened and how they are dealing with it. The choir performed at the city's first anniversary commemorations and continues to perform at public events. According to one member: 'It's not just about the choir. It's about the cake afterwards. The people here know how it felt, so that makes a big difference'.<sup>22</sup> It is a poignant reminder of the power of people's resilience and support being enhanced by and for themselves as well as its impact reaching the wider community.

## Conclusion

From Aberfan to Manchester those directly affected by disaster have initiated and participated in peer support groups and activities. This is testimony to the resilience of individuals in the face of collective loss and trauma and highlights the benefits that coming together affords both their members and wider society. Those involved in planning and delivering bereavement support and related services will benefit from integrating the role and value of different forms of peer support – from independent, self-generated initiatives to formal, facilitated networks – and encouraging peer-based approaches for the wider promotion of connectedness, social support and efficacy after disaster. ■

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