

Resisting oral history's sonic silence on youth

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Abstract: How does oral history sound different when seen through the eyes of children and young people? How is it different if those young people are involved in co-producing, collecting and creatively sharing their own sources? This article reflects on these questions by drawing on a case study of the accounts of young people from a UK HIV oral history collection (Positively Spoken, 2021-2023). Through an analysis of project processes, young people's oral history extracts and reflections on involvement, it shares learning about how transitioning oral history towards meaningful youth participation challenges the wider system. It seeks to further extend questions about oral history's sonic focus on older age groups, resisting a sonic silence on young people's voices in the archives.

Keywords: young people; children; HIV; co-production; participation

Children and young people have been involved in oral history in important ways that have been well documented in this journal and beyond, especially in relation to a vast experience in educational settings.¹ Beyond schools, young people and oral history have been a focus of the UK National Lottery Heritage Fund (NLHF) since 1994. Examples include 'Kick the Dust' (11-25 years, including 'Hope Streets' and 'Norfolk Journeys') and 'The GAP Arts Project – Children in Movement' (13-25 years, stories of child migrants to Birmingham, 1939-2015).² Other projects with a youth element include the youth organisation Space 2's oral history interviews about Newcastle's migration heritage completed as part of a wider 'Journey to Justice' heritage project.³ 'Care Leavers' Stories' (British Library circa 2013) had four interviewees aged 18-23 years. 'Whizz Kidz' also had some younger interviewees collecting life stories from older wheelchair users. The 'Young Historians Project' (16-25 years) recorded oral histories with African nurses in Britain.⁴ In recording the history of student activism from 1910 to today, Rosa Schling worked with young interviewees aged 18-25 years.⁵

Young interviewees have featured in the Millennium Memory Bank⁶ and in the BBC Listening Project.⁷ Outside the UK, Eva Tamara Asboth's team's interviews with young people about living through the Balkan wars evidenced the uniqueness of young people's organisation of their memories.⁸ US projects like 'Borrow My Eyes', short video oral histories with pairs of adolescent best friends, show an extension of our sonic focus on youth towards peer interactions (14-18 years), suggesting that something different emerges compared to what adult interviewees would get from interviewing young people. This article does not seek to review this significant work but provocatively explores some of the 'gaps in the concrete' around the subject of young people's involvement. For example, many of these projects capture the young person's view in terms of the framing of questions, but the young people are usually the interviewees not the respondents and the results (with notable exceptions named above) often go unarchived.⁹

Good oral histories include long sections about childhood that are rich and illuminating, and most scholars of childhood history focus on adult recollec-

tions of childhood drawn from within these wider oral histories. Oral history interviews with children themselves remain rare. Janet Golden analysed oral histories to understand children's experiences of the 1918 flu pandemic in the US.¹⁰ She found few interviews with children, noting most were with white children and so not fully representative of the population of children living through the flu. She judged that nearly all the adult survivor interviews overfocused on the adult lives of the interviewees. Gillian Lamb mapped evidence relating to childhood in the British Library's National Trust's collection 1899-1980 and found that a relatively small seven per cent of interviews were useful in better understanding childhood.¹¹ Samantha McCormack examined the impact of policy-making and institutionalised care on people growing up with physical disabilities in mid-twentieth-century England and found that 'an absence of the perspectives of children within scholarship (is) rooted in primary sources', concluding that 'adult curated archives have disempowered children by not recording and preserving their words, drawings and voices'.¹² Within the substantial and growing interest in the history of childhood, evidenced for example in the 2003 establishment of the Centre for History of Childhood at Oxford University, such scholars have noted a paucity of children's voices. The ways in which childhood is documented in national archives often stem from government policies, reports and institutional viewpoints, without capturing the lived experience of children or reflecting the social and emotional fabric of childhood from the child's own viewpoint. We are curious about a near sonic silence on young people's voices in oral history archives.

In this article the authors explore the concept of sonic silence in relation to age in order to challenge the dominance of older voices in oral history. The concept draws on ideas from scholars studying the racial dynamics of sound in US radio, where many programmes were noted to be led by white male creators, hence reflecting a specific set of aesthetic and narrative norms referred to as 'sonic whiteness'. These norms, in turn, are argued to shape listener expectations and production practices, often marginalising voices and storytelling methods from Black and other communities.¹³ We are exploring a similar need to critically examine the age dynamics of oral history in terms of who is producing it and what it tells us. Oral historians have for some time been contemplating the reasons for the bias towards our notion of 'sonic silence on youth'. Alexander Freund challenged oral history's assumption that 'only those who have lived a life get to narrate their lives ... and (it is) best told toward the end of one's life because then it is supposedly most complete',¹⁴ asserting that 'the life story of a ten-year-old is as important and informative and incomplete as that of a 100-year-old'.¹⁵ Alessandro Portelli contended that a focus on older generations can valorise the past as we prioritise memories which are remembered and retained, but adds the caveat,

'even if they are inaccurate'.¹⁶ In other disciplines, such as critical geography, younger people have tended not to be interviewed as they are considered 'becomings' rather than 'beings' in their own right.¹⁷ The obvious legal palaver of gaining consent for under eighteens mitigates towards heritage work with older people as narrators, as the funding is simpler to source. To summarise, habit, cultural norms of the oral history discipline, philosophical framing of generational development, funding priorities and practical safeguarding concerns have seemed to preclude an increase in the collection of youth voices as oral history sources.

Drawing on learning from a recent youth-led participative oral history project, this article seeks to add to work prioritising the collection of young people's oral histories while they are still young, asking what we find out by approaching memories of childhood collected closer to the events described and by young people themselves. Using a case study, we include an account of the origins and progress of the project, authorised oral history extracts that recount the child's view (reported here under pseudonyms, except for this article's co-authors), reflective responses from the peer interviewing team (Ruth, Eli and Mustafa) and evaluative data. Responding to valid warnings that sharing authority is potentially 'a mantra for oral historians who engage non-scholars in their work [...] often misconstrued and oversimplified',¹⁸ we chose to explore complex issues by capturing the lively dynamics created in youth oral history, delving into the intangible atmospheres that formed the project backdrop. The article concludes by highlighting how oral history approaches to young people could be evolving.

Contextualising 'Positively Spoken' and its unfolding

From 2021 to 2023, we ran 'Positively Spoken: An Oral History of Growing Up with HIV' with people born with HIV between 1990 and 2002, although a few had acquired HIV early in childhood (such as through blood transfusions). There are just under 2,500 children and young adults growing up with HIV in the UK.¹⁹ Chiva, a Bristol charity, has been working with many of them on and off for over twenty years, aiming for them to become healthier, happier and more in control of their futures. Heritage has always implicitly been part of Chiva's role to help young people articulate, value and pass on their memories and experiences to future generations. Hence, oral history was a great fit for Chiva, even though it was entirely new to them. Participation was an important element. The US Denver Principles,²⁰ later embodied in the 1991 UK Declaration of Rights of People with HIV and AIDS, mean that 'people with HIV and AIDS should be fully involved in a working partnership with medical, health and social care workers and researchers around their needs'.²¹ Doing anything about HIV and AIDS, including around heritage, without involving people living with HIV

and AIDS was felt to be wrong.²² We set out the rationale (see below) and drafted a funding application to NLHF in partnership with National Life Stories, British Library Sound Archive (BLSA). This coincided with the dawning of the global Covid-19 pandemic. We were delayed by panic, lockdowns and everything that followed during that pandemic, including the inevitable heritage resource freezes.

Seed project

Meanwhile, Chiva's CEO Amanda funded a six-month seed project, engaging the oral history team (Wendy Rickard and Judith Dorrell),²³ rather than the other way around, often more usual in an academic context. Amanda's commitment to this community-embedded project pre-history was significant in giving the project extra strength, an effect noted by historians working in other contexts.²⁴ We recognised that young people growing up with HIV have had difficult, fractured lives, with stormy stories to tell and depth of experience that has the potential to hurt or humble the listener and the teller. To run this as a peer project, the young interviewees and interviewers would be potentially exposed without some extremely careful trauma-informed safeguarding of their words and emotions along with responsive follow-up support that we would need to work out as we went. The seed project proved vital.

A paid youth project team was recruited through Chiva networks. From nine applicants, five young

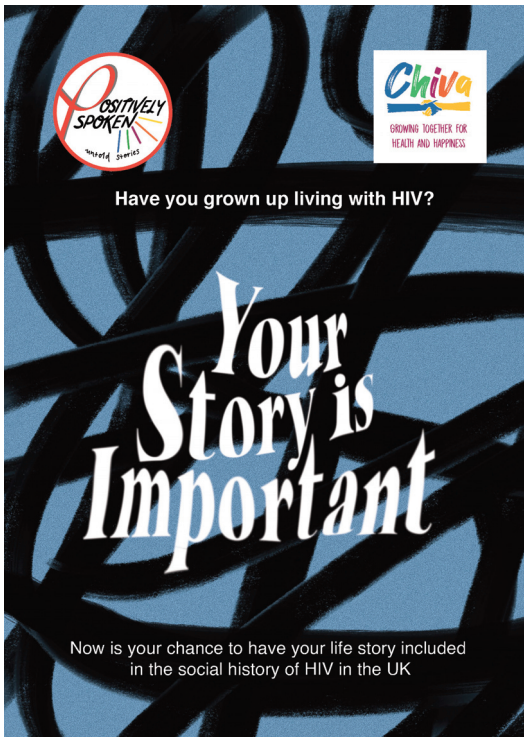
people were appointed to lead in planning and delivering the project, with specialist support offering oral history skills training, communications and social media development, and mentoring in preparation for a main project.²⁵ A steering group, a wider advisory group and an experienced paediatric psychologist to offer back-up counselling support were enlisted. The project team attended a residential weekend for training, brainstorming, project renaming and logo design. Interviews with each team member began at the weekend and were completed in the following weeks, giving each some idea of how it felt to be interviewed. Training followed, which included discussion of ethics, emotions and trauma along with the finalisation of a project handbook. Because of the epidemiological trajectory of HIV, our project used a definition of the young that embraced those aged seventeen to thirty-six years. BLSA colleagues agreed data management and advised how to accommodate General Data Protection Regulation (GDPR).²⁶

'Positively Spoken' main project

In 2021 NLHF re-opened and agreed to fund the project. We used social media posts to invite young people to come to be interviewed, but the project failed to recruit. We asked the young people questions, and found that they were reluctant to be interviewed alone. Locations acceptable to them were difficult to find, none were able to do recordings in their own homes,

The 'Positively Spoken' project rationale

- We need higher youth inclusion in heritage. NHLF suggest this is key to a flourishing, more equitable society
- HIV is a global pandemic, for which, as we write in 2025, there is still no vaccine and on a global level, young people have not been given much of a voice on it. Among people with HIV and AIDS, young people are often the last to receive HIV medications and the last to have their needs explicitly considered in policy terms
- HIV is not over. Of the 37.6 million people living with HIV today, 27% are at risk of dying unnecessarily as they are still unable to access life-lengthening medications. These drugs when taken regularly enable people to live long lives and also stop them passing on HIV to anyone else, but HIV continues to show up the world's brutal health inequalities. The recent withdrawal of US aid funding under the Trump administration from vital HIV prevention and treatment programmes in the global South, may be pointing us back to international drug rationing, rising infections, certain deaths and painful awareness of the perils of reliance on foreign aid.
- In the western world, the HIV battle of the 1980s and 1990s was driven by and focused on urban, dying gay men, but the community affected was broader and it has been important to expand the current orthodox historical accounts with hidden voices. Often in the name of protection, and privacy, young people's voices on HIV have been largely silenced.
- Oral histories with young people could provide a crucial source of information for HIV related histories that have no other basis in primary evidence
- There is a gap in knowledge about HIV in childhood. For example, of 433 archived HIV related life histories in the British Library, one was with a person who had HIV as a child
- It is only recently that most of the children born with and living with HIV turned 16 years of age and could speak for themselves as young adults
- Over the previous decade, vertical transmission (when an infant acquires HIV from their mother) had almost been eliminated in the UK, due to successful antenatal HIV screening programmes for pregnant women. The period of history that the young people involved in this project were born into was unique.
- From early conversations with young people at Chiva, we knew we had interest from the cohort of young people
- The fact that we were coming out of Covid-19 lockdowns added to the impetus, since young people were doubly disadvantaged and impoverished by lack of social contact and job opportunities and an oral history project offered both.



Social media assets and project flyer designed by young project participants.

and no-one wanted to be interviewed alone in an unknown community building or even in the Chiva office on a quiet day. They started telling us they would participate if the oral histories involved a weekend away, free meals and a social element. Some would only come with existing friends while some looked forward to seeing old friends they had met on former Chiva camps. They liked the residential model that Chiva had used in the past, so a revised project model emerged.

Residentials

We rented student halls of residence accommodation in different areas of the country, booking bedrooms and individual interview rooms, and interviewees started to come forward. We interviewed intensely over nine weekends with three to four interviewees at each. Interviewers were allocated to each person, with Wendy as the experienced oral historian interviewing individuals we knew to have the most difficult stories. A Chiva staff member attended to support people

Data Management Plan

1. Interview closure for seventy years, optionally reduced or removed if the interviewee, Chiva and the BLSA felt it appropriate.
2. Optional recording under a chosen pseudonym.
3. Invitation to approve ten clips from their interview, transcribed and released immediately. Options for: written transcriptions only, excerpts from the audio using real voice or audio re-voiced by an actor.

outside of their interviewing sessions.²⁷ We ate meals together in the college restaurant, and on the middle night we ate together in the local town. Following team feedback, the weekends were extended to include an extra evening to mentor interviewers and to allow participants to arrive into the space and settle before embarking on their interviews recognising the impacts of recording childhood experiences which for many meant revisiting traumas and adversities. Interviewers completed reflective diaries as voice notes, later included in the archive to provide the interview context. Interviewers started writing summaries but found doing so onerous, so Wendy wrote all the summaries and provided interviewer development feedback.

These weekends were highly productive in terms of oral history and were learning experiences. Last-minute non-attendance was sometimes an issue presented by both interviewers and interviewees. On one occasion, we ended up with only one interviewee (where we filled in with design and communications work for those not interviewing, but the outlay for the result was disappointing). Another time, we

started the weekend with only two interviewers and five interviewees. The interviewers created a rolling programme and rest periods for those not being interviewed, recording vox-pop group peer interviews instead (included in the archive with summaries).²⁸ Rarely being on time, not always responding to calls and messages promptly, constantly adjusting plans to accommodate shifting expectations and events in young people's lives (like drifting off to the shop or to sleep for an hour, mid-recording) were challenges throughout. The extract below from Wendy's diary illustrates the sometimes fluid nature of progress. A further challenge was that the original interviewing team of two dropped out (one completely and one temporarily, for a year, joining us again towards the end of the project) and so Eli and Ruth stepped up as interviewers in addition to their design and communications roles, with extra training shoehorned in.

The longest interview was over eight hours, the average was four hours, and these were mostly recorded over two days. Four training residentials were delivered. Altogether, this differed from the project that we had originally presented to the project funders. We adjusted the funding allocations, using up the transcription budget on residentials and using Otter AI to transcribe the clips, close editing them ourselves in our (spare!) time and redirecting resources to support the unforeseen residential costs. We told NLHF about these changes retrospectively and they graciously accommodated our revised plans. On reflection, the continuous change was difficult to navigate.

Extract from Wendy's diary, Sunday, day 3 of Midlands residential, 30 January 2023

07:00 am B is ready, bag packed and loaded on his back, circling reception in his wheelchair, with the electronic controls engaged for extra speed for two hours. Breakfast is listed as 07:00-09:00 am so B always comes for the whole of that time, despite others advice to just come and eat and leave at the same time as everyone else in the group.

08:30 am We all arrive for breakfast together in the restaurant. Hearty helpings, happy faces, low chatter. Our last meal together. They are all eating as much as they can.

09:00 am A lies prone in his brown student residence room, trapped and finding it difficult to move. His back is causing him severe pain. It often happens, he says. Receptionist was lovely about A staying in his bedroom for his interview session when we should have been checked out of the bedrooms already. A says he is happy to try to continue interview lying down.

M (A's interviewer) hovers nervously, ready to restart their interview, but reluctant to assert himself and master the situation. M disappears while I am talking to A. A said M went off to pray. M does not return (until 11.30 am). A's interview is aborted. We make a new plan to continue in a London venue at a later date.

09:30 am Precarious silence pervades as planned interview start time for other 3 pairs, comes and passes. No-one has arrived. Slack messages ping, but radio silence. Will we have loose ends left hanging or at least 2 interviews complete? Everything in these guys' lives seems fluid and uncertain. Slippery time ticks by in the one clock we have left intact in the interview rooms. The others lie strewn, their batteries dislodged at jaunty angles to prevent recording the background sound of clocks ticking. I have the master key that gives everyone access to their interviewing rooms and I glance anxiously through the glass panels that give me a view right down the empty corridor, through the fire doors. Against my own protocol (I normally encourage interviewers to undertake this task themselves, so it becomes second nature), I re-set all the recording equipment ready to begin, to save precious time.

9:51 am and we're all suddenly here and sitting down to day 3 interviews. Final Session, race to the finish at 12.30 am Will they, won't they manage this? Taxis are booked for scatter gun of trains leaving to return young people to their homes across the country. We cannot miss these.

The socio-demographic characteristics of interviewees

GENDER

64% female
28% male
5% trans
3% mixed group

PLACE OF BIRTH

28% UK (African /Asian /white ethnicity) (10)
18% Zimbabwe (6)
12% Malawi (4)
9% Nigeria (3)
9% Ireland (3)
6% Zambia (2)
18% Other (6) (Somalia, Vietnam, Myanmar, Uganda, USA, Philippines)

AGE (AIDS ERA/YEAR BORN)

14% born in the 1980s
20% born 1990-1996
51% born 1997-2002
14% born after 2003

OTHER CHARACTERISTICS

2 sisters
1 learning disability & wheel-chair user
1 trafficked, with translator (Vietnamese)
1 visually impaired
2 other physical disabilities

Interviewees

The goal was to interview fifty young people, however ten dropped out²⁹ and in total we interviewed thirty-five and added five group vox-pop interviews, with interviewees talking to each other, as in the 'Borrow My Eyes' model. We captured changing experiences as the HIV pandemic and medications developed, recruiting people from three time periods. Sixty-five per cent were born after 1997 (when HIV anti-retroviral medications became available), fourteen per cent of whom were born after 2003. Fourteen per cent were born in the 1980s, before anti-retroviral medications were available for children. The average age was twenty-four years. We included those who grew up in their biological families and those who grew up 'looked after' in care. Nearly half of the interviewees were from four African countries, and sixty per cent overall were born abroad, closely mirroring the proportion born abroad reported by paediatric studies.³⁰ The group was remarkably diverse. One young person died during the project, two months after she had been interviewed. It was a reminder of the ongoing fragility of lives around HIV, the pandemic that many people in the West assume is over.

Interviewee's authorised extracts on childhood

The extracts for each interviewee were selected by interviewers noting key aspects of each interview that stuck in their minds at the end of each interview. Wendy edited these down to ten per person and then asked each interviewee to authorise use, negotiating alternatives where requested. The experiences the young people had lived through were extraordinary and many had profoundly fractured childhoods. The death of one or both parents was a frequent feature of childhood. Bankai described a happy childhood disrupted when he was twelve years old:

January 2004 is [when] my mother died. February 2004 is when we moved to Bolton. So there was a very [finger clicks], 'Say goodbye to your friends.

Say goodbye to your life. Say goodbye to your home. It's over.' Bom, bom, bom, bom, bom. Gone ... Death is a weird one, especially death of a relative because it almost, especially death like that, it frames or shapes the way you look at life, wholly. It changed my childhood. And that moment was when I stopped. I was still a child, but it's different. And you kind of live in this existence or plane of like, Okay, what if? Am I still like other kids? Am I not like other kids because ... Literally like a month afterwards, they told me about my status. They told me everything. They told me I was HIV positive, they told me this, told me that. They told me that's the reason why my mum died [...] okay I was still a child, but then mentally I kind of had to grow up quickly. Very quickly. In like nought point two seconds.³¹

Bankai refers to the apparent suddenness of his mother's death in his eyes, the speed of change in his family life, the way it led him to be uprooted to go and live with relatives in an unfamiliar town, and he hints at the weight of information he suddenly carried about his own HIV diagnosis and awareness of death. Kay similarly recalled stark changes following the death of her mother:

So, when I first came to the UK, within about the first month, my sisters thought we as a family of siblings should have an HIV test, just to be on the safe side, and everything and we all said, 'Yes, we would'. I mean, we didn't really have a choice. So we did it and my brother and my sister came out HIV negative and I was HIV positive [...] and I was like, Oh. Then I just looked down, and in my head I was thinking so many things, and that's why I was saying in my head, after working so hard in school, I'm just going to die very soon and stuff like that. I was so negative at myself, I was thinking, I'll never get married, I'll never have children and I'm just going to die very soon, so what's the point.³²

Bankai's experience of growing up in 'nought point two seconds' and Kay's 'we didn't really have a choice' reminds the reader that as children they were acting within adult-controlled structures of the extended family and their experience was shaped by these power dynamics. Awareness of your own (perceived to be) imminent death and the feeling of having any future as an adult taken away were thoughts that most hope children do not have to contemplate. Issues of being set apart from your siblings who are HIV negative at the same time as losing a parent was a double jeopardy that many experienced. This occurred because mothers may not have contracted HIV when they had their older children, were perhaps given better HIV prevention advice when giving birth to their younger children, or may have had access to effective medications by then. Jinchuriki said:

Keeping my [HIV negative] brother from knowing [about my HIV], maybe I'd class that as a secret ... he was just too young, you know. I guess, as an older sibling, I always accelerated my process in order to be strong for him, and I was never strong in this [HIV] [...] I couldn't possibly handle his emotions and feelings towards this, cos I could barely handle mine, you know. So we thought. But he knew I took meds [medications]. He just didn't know what it was about.³³

Jinchuriki was protecting his younger sibling from knowledge he considered him too young to hear and masking his own unprocessed emotions about his HIV. He hints at doubts about what his brother actually knew, using the terms 'so we thought' and 'just didn't know what it was about'. Wider family were often kept in the dark about HIV being the reason behind actions. Mustafa described inventing a cover story with his mother: 'So my family members, they all know, well most of them know, that I have like an allergy or something that I need to take my medication for'.³⁴ So wider family shared knowledge that medications were being taken, but due to the stigma of HIV, the family were misinformed about what the medications were actually for and were given a less exposing explanation. For similar reasons, due to experiences of stigma among other children and families and sometimes ignorance among teachers and administrative staff, most families/carers did not share the HIV status of their children with schools. Eli recollected the double-life imposed by this masking of HIV around schooling:

I wish I had access to the ability to have told teachers at school that I was living with HIV. Because, you know, I was going to hospital every three months. And the things we were making up made me sound like I was skiving. And I was consistently written down as, you know, someone who just skipped school. And I wasn't, I was in hospital, but I couldn't tell them I was in hospital. So I was making out that I was throwing up. And I think that's so unfair. Like,

I'm not mad at it for my sake ... But I know it's not just me who's gone through that and has failed school. And I know for a lot of us [young people with HIV], school's not worked out. Or we've turned to things like drugs or alcohol or sort of have ended up homeless or struggling with money, or a lot of us do have trauma. And I think, throughout lives, or at points in our life, that's become such a problem that we've not been allowed the freedom to thrive.³⁵

An associated issue was the fixed and often simplistic way that HIV was sometimes taught in schools, without reflecting changes with regard to medicine availability and improvement and rarely mentioning that HIV could be contracted perinatally. Eli was told his HIV diagnosis towards the end of his primary school years, but recalled being taught inaccurately about HIV in class when he moved up to senior school:

I remember in humanities I had this one teacher who sort of explained [to the class] that, you know, if you get HIV you're gonna get AIDS and if you get AIDS you die. Like within five years. And I remember sitting there being like, but I'm thirteen. And I'm not dead. Like when am I due to die, when am I dropping off?³⁷

Oral histories told by hinging stories around the media could also be argued to reveal something new about the way the young frame history. Hana's realisation of the real gravity of living with HIV came when watching TV:

It was like, that moment. Because it was like me, my Dad, my Mum, like in the living room, we were watching Comic Relief or whatever it was, it was something like a fundraiser. And I think it was just like the silence of like, they were talking about HIV on the TV and it was just like real like utter silence in the house. Like, as it was like playing on the TV and then I think it was like little things like that. Where it was like, oh, this is a really big deal.³⁸

For Blue, TV was the conduit for his parents telling him his HIV diagnosis, while watching an episode of the adult cartoon series *South Park*:

Me and my parents, we were watching this episode of *South Park* where this character called Cartman gets a blood transfusion. But unfortunately, he gets infected with HIV. And there's a little joke in there saying like, 'I'm not just positive. I'm HIV positive'. And I think it was like Cartman taking the news like not well and people around him are making fun of him and stuff like that. But we stopped the episode and my mum and dad's like, 'Okay, we're gonna tell you that you have HIV. And this is what it's about'. I cried a little bit. I was told when I was eleven. [...] I was also told like don't share it with your mates because it's a very difficult subject to talk about. But

yeah, after when I was told all this, we went back into watching *South Park* and just finished the episode.³⁸

Like Blue, most interviewees were not told of their own diagnosis until they were in their early teenage years. They grew up being taken to hospital for check-ups, some taking regular medications (in a liquid form in their youngest days), some having illnesses and none of them quite knowing why. The full oral histories (not reported here) capture this sense of evolving mystery poignantly. The project also captured the history of the mobile phone, with participants describing their first phones with warm affection and how changing their phones marked periods of life growth using this as an opening to access buried memories. This was useful in an interviewer's line of questioning to encourage the sometimes reluctant interviewees to speak openly. As April described, phones also became a site of intergenerational worry for parents trying to police the sharing of HIV information about their children with the outside world:

When I got my first digital phone, I remember I had started [Chiva] camp and all that, but my Mum was a lot of paranoid. So like, every week, she'll be like, at the end of the week, let's see your phone. What are you guys texting? And she'll be paranoid. I remember like, we had a group chat and she will like, see that we're talking about HIV, and she would delete the messages. So she used to delete the messages and she'd be like: 'Oh, it's okay for you guys to talk, but like just delete the messages afterwards or don't let anybody touch your phone'.³⁹

Interviewees' experiences of being interviewed

We suspect that 'Positively Spoken', peer-led by young people with HIV, has been more important to interviewees than might be the case in other topics areas. Bankai summed this up as a sense of family with HIV peers:

The loneliness, the shame, the fear, the regret, the secrets, the duality, this double life, all of that kind of thing [...] the loneliness sometimes that you feel, the fear of being intimate or open with somebody. When you speak to your HIV peers about that, it's almost as if to say, oh my days. I am seen. I am affirmed. I am acknowledged. I'm home.⁴⁰

Eli stressed the value of being in an openly HIV safe space, which due to the careful, considered work of our archivists extended metaphorically to the archive:

A lot of us, we've grown up being told that we shouldn't talk about our lives, and that we can make up stories or make up that you got HIV in some other way, and I think it's nice to not have to lie. Not that I lie, now, I think I spent so much of my life lying about HIV, it's nice to just be like, there you go.

That's all of it ... And not have to worry about it, I think we worry a lot of us living with HIV, and it's nice to just sort of see it all. I don't know, it's been very freeing.⁴¹

All our other interviewee evaluation was positive,⁴² but we treated the feedback cautiously. As Michael Frisch reminds us, 'presuming to allow young people to speak is not enough'⁴³ and David Silverman warns that 'we risk a too-celebratory view, since interviewees have been shown to "recipient-design" what they say for audiences'.⁴⁴ At an end-of-project celebration BLSA event, an extraordinarily high number of interviewees attended. We knew many have trouble getting out of bed in the morning, many have jobs, family responsibilities and modern challenges of committing to being somewhere at a certain time on a certain day. But they came, travelling from all over the UK and it felt validating.

Peer interviewers' experience of interviewing

Team roles were evaluated in a rolling reflective log and an end-of-project interviewers' focus group. In relation to their own oral histories, the peer interviewers noted 'excitement' and 'self-discovery'. When interviewing their peers, they described sometimes feeling clumsy in their questioning but understanding the context, being affectively attuned and receptive.⁴⁵ Frustrations were noted. Ruth said:

Sometimes I came up into just being disappointed [...] Like one of the interviews I did, the person got really ill halfway through the interview, just because they caught a cold. But like, they had so much story to tell that I was like, gutted, you know, like, I was almost mad at myself, for not getting the interview that I thought I would get.⁴⁶

We did once allow a young person to completely re-record their oral history due to their later concerns about the way they had framed their mother, but we quickly realised we did not have enough funding to invite other interviewees back to repeat when such things happened. In listening back to interviews when writing summaries, Wendy noted in the reflection log:

Cultural and age-related value of peer interviewers is coming out in playback: use of street language is free, which has historical value and makes everyone comfortable. Some nice cultural resonances between interviewees and interviewers from different cultures who have shared experience of migrating to UK.⁴⁷

Eli and Mustafa noted the frequent use of shared humour as a coping device in interviews and as a feature of life growing up with HIV. Eli said:

We all collectively cope with our trauma in a really funny and sadistic, but like, comedic kind of way.



Artwork examples (above and opposite page), drawn to accompany a sample of oral history extracts for presentation alongside a transcript and QR code linking to the sound file. Courtesy of Chiva/Cai Burton.

Like, there is not a single person who I was listening to [interviewing] who at some point didn't make a solid, decent joke about either having HIV or having some like, intense traumatic thing happen to them.⁴⁸

This humour seemed important to record, opening discussion about who can and cannot share the jokes and their value in coping and understanding experience relating to sensitive issues. We speculate that peer interviewers were better at hearing this humour that young people may feel more reserved about sharing with adults, fearing it would be conceived as not politically correct or insensitive.

Each interviewer also recognised significant moments in their interviews where the interviewees had new revelations during the interview itself from piecing together parts of their childhood. Ruth said: 'I think that's the good thing about interviewing people now is they've got the hindsight from their childhood from like, when they didn't know [about HIV] [...] Sometimes mid talk, they'd have this, like, realisation'.⁴⁹ Also, peer interviewers recognised changing their own perspectives from witnessing the stories of others. Ruth said:

I didn't know you could change your emotions towards your [own] HIV. I thought you had to just

pick a lane. And you stick at it, like, you're proud of it. [...] You're going to be like working in the HIV sector but not tell anyone, that's your lane, but like for me, like I didn't know you can change lanes. [...] And I was like, oh, my gosh, we can just be fluid in how we talk about HIV [and to whom]. And so that's been really healing for me.⁵⁰

The peer interviewers noted the different eras of HIV described, depending on when the interviewee was born, and legitimately felt a sense of jealousy over their own missed opportunities before support services improved. Eli said:

I found it really interesting interviewing people younger than me, especially sort of, you know, where they're like, not even in their twenties yet not quite made it to twenty and listening to how they have perceived their HIV growing up, because obviously, I know, there's not that much of an age gap. But it's quite shocking. The changes that there actually are. Yeah the generational gap. It's like the whole thing about like, people who like paved ways for people to have better experiences, but then also you get that bitter feeling of like, where would I be if I had the support that I was advocating for?⁵¹



This extract reveals how peer interviewers were often interviewing people younger than themselves, who had sometimes had better access to HIV medications or services than they had had. We discussed this inequality of opportunity often in our reflective diaries and mentoring sessions. For some interviewees, there was fear about speaking and even remembering the past, but through mentored support sessions with interviewees between interviews, the young people told us how they wanted us to respond as interviewers. They did not want to pull out of interviews. So, we left gaps if certain topics became too much to talk about. Our question guide became looser and looser as the project progressed. We encountered deep trauma in nearly every interview and supported our interviewees and interviewers in both psychological and practical ways. No interviewees sought the individual counselling offered, preferring the less formal support built in with Chiva.

Evaluating youth oral history

Evaluative results from young people's oral history projects tend to be positive, following a broader trend across the social sciences on optimistic interpretations about youth and using results to generate guidelines and toolkits of good practice to enable others to better include young people. Less work exists examining the forces that work against the valuing of young people's voices and reporting adult failures.⁵² We agree with Alexander Freund that, 'Young people's life stories are

not simply shorter, less complete versions of a life story that is eventually almost fully complete at the end of one's life'.⁵³ Many 'Positively Spoken' stories were full and rounded. We did not follow the toolkits, but with hindsight, we support most of them.⁵⁴ Kate Melvin noted in relation to 'Gap Arts' that, 'There were logistical difficulties in finding people to interview, and there was some disappointment that there was not enough time for reflection on the material [...]. Each young person did one or two interviews but would not have heard others' interviews unless specifically motivated to do so'.⁵⁵ The NLHF projects studied by Kate included limited oral history interview opportunities, 'giving little chance for young people to develop their skill set over time, to make mistakes and to develop and grow as oral historians'.⁵⁶ 'Positively Spoken' explicitly addressed each of these concerns and tried to ensure that the peer-interviewing team had a balanced experience. Since the end of the project in 2023, Chiva has so far managed to keep the peer interviewers engaged, finding additional funding for creative outputs and conferences. It has not been enough to keep people employed long term or to find them work on other oral history projects to date. It is problematic that trained young oral historians appear to have few opportunities for paid oral history work. The culture favours offering volunteer opportunities at best, which are out of reach for young people trying to survive in times of austerity, particularly those from disadvantaged backgrounds.



Examples of the baby photos collected to accompany each deposited oral history interview recording in the BLSA. Courtesy of Chiva.

Our key learning from this project is that oral history is different if young people are involved in co-producing, collecting and creatively sharing their own sources. Involvement is slow, time-consuming, highly changeable and resource heavy. The confidence and commitment of young people ebbs and flows, both in relation to oral history and other life events. The oral history project offered part-time, occasional work, so had to be supplemented by other unstable, short-term work or college courses with heavy demands at certain times of the year and this was hard to juggle. As oral historians working in community groups, we were an intrusion into a system of existing relationships and we never understood all the tensions. The project required continuous adaptation, resilience and perseverance. We hope the project stayed true to a participatory ethic of making young people central to all the decisions made, acknowledging that the administrative work happened largely without them. We followed the project by creating a range of creative outputs designed by and with the young people (see [Chiva.org.uk/positively spoken](http://Chiva.org.uk/positively-spoken)), which are starting to play a part in communicating a non-medical, politicised, destigmatised HIV history of young people through presentations.⁵⁷ We did not think enough about funding for follow-on exhibitions to fully exploit the material outside an HIV audience. Kevin Burke found in the afterschool 'Photovoice' oral history programme that poor conditions for ongoing engagement mean that the lasting effects of youth projects are rarely discovered.⁵⁸ 'Positively Spoken' may yet fall into this trap. The young people on 'Positively Spoken' all naively pledged to recontact the BLSA on 1 December 2033 to review the future of the collection and to

consider whether a longitudinal follow-up project may be possible, depending on developments in HIV, particularly regarding medications or a cure. We speculate that they will tell their story up until the point of their recent interview differently at the other end of their life. Longitudinal interviews would make it possible to find out if we could overcome issues of staying in touch with interviewees. Finally, a more in-depth discussion of the methodological and theoretical challenges faced by oral historians who focus on vulnerable and marginalised children in the context of agency would be valuable, remembering not to simply juxtapose a potentially false binary of adult versus young people's accounts.⁵⁹ Evaluating the impact of long interview closures is another area that oral historians perhaps are yet to have a good opportunity to explore.

Conclusion

Public history looks different when told through the eyes of young people, perhaps because they can better recall the emotions of childhood, the poignant moments of realisation, the innocent assumptions and the weight of others' positions. They anchor their stories around the technology of the era of their childhood. Oral history could offer a richer, more personal understanding of childhood by allowing for the voices of young people to be heard directly. The supported peer interviewer approach shifts the narrative from one that is shaped primarily by adults to one that is shaped by young people themselves. This method could be an important step in creating a more inclusive and comprehensive understanding of childhood and in preparing the oral historians of the future.

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NOTES

1. A useful conduit to this huge body of work can be accessed online at

www.ohs.org.uk/teaching-resources/ and through the work of experienced practitioners like Julia Letts and Kate Melvin. Kate offered a powerful evaluation of progress in Kate Melvin, 'Oral history in schools – an ongoing discussion', *Oral History*, vol 47, no 2, 2019, pp 117-20.

2. Kate Melvin, 'You live the moment with the person telling your story', *Oral History*, vol 49, no 2, 2021, pp 122-27.

3. 'Oral History Project – Sharing Heritage' [web page], Journey to Justice Project. Accessed online at <https://journeytojustice.org.uk/projects/oral-history-project-sharing-heritage/>, 19 March 2025.

4. 'A Hidden History: African Women and the British Health Service, 1930-2000' [web page], The Young Historians Project. Accessed online at www.younghistoriansproject.org/african-women-and-the-british-health-service, 2 February 2025.

5. Rosa Schling, Eleanor Lu, Ewan Martin-Kane, Ibbly Alcraft, Leena

Mansouri, Max Driver, Róisín Atkins-Dykes, Shehrezad Khan, Sumayah Rahman and Ted Tinkler, 'Student Movement Oral History Archive ... Loading' [web page], 22 April 2025. Accessed online at www.maydayrooms.org/student-movement-oral-history-archive-loading/, 15 May 2025.

6. Millenium Memory Project, British Library National Sound Archive, catalogue reference C900, 1999/2000.

7. BBC Listening Project, British Library National Sound Archive, catalogue reference C1500.

8. Eva Tamara Asboth, 'Inherited border regions: remembrance strategies among young adults in post-Yugoslavia and their multi-layered perspective on the past', *Oral History*, vol 51, no 2, 2023, pp 67-79.

9. Melvin, 2019, pp 117-20.

10. Janet Golden, "'People would come up and look in your window and holler and see if you was still alive": recollections of the 1918 pandemic', *Journal of the History of Childhood and*

Youth, vol 17, no 2, 2024, pp 205-20.

- 11.** Gillian Lamb, 'Oral histories of childhood' [blog], TORCH: The Oxford Research Centre in the Humanities, 6 July 2023. Accessed online at www.torch.ox.ac.uk/article/oral-histories-of-childhood, 15 May 2025.
- 12.** Samantha McCormack, 'Uncovering childhoods: accessing archival material for projects focused on twentieth century British history' [blog], University of Oxford, Faculty of History, 16 November 2022. Accessed online at www.history.ox.ac.uk/article/uncovering-childhoods-accessing-archival-material-for-projects-focused-on-twentieth-century, 15 May 2025.
- 13.** 'Sonic whiteness' draws on ideas about an aural imaginary, described for example in Roshanak Kheshti, 'Touching listening: the aural imaginary in the world culture industry', in Kara Keeling and Josh Kun (eds), *Sound Clash: Listening to American Studies*, Baltimore, MD: Johns Hopkins University Press, 2012, pp 267-85. Marie Thompson further develops this idea into white aurality in Marie Thompson, 'Whiteness and the ontological turn in sound studies', *Parallax*, vol 23, no 3, 2017, pp 266-82. Accessed online at <https://doi.org/10.1080/13534645.2017.1339967>, 15 May 2025. Anjali Joshi Brekke extends this to ideas of 'sonic orientalism': Anjali Joshi Brekke, 'The sound of yellow rain: resisting podcasting's sonic whiteness', in John Allen Hendricks (ed), *Radio's Sound Century: Past Present and Future Perspectives*, Ithaca, NY: Rutgers University Press, 2020, pp 173-90.
- 14.** Alexander Freund, 'Inclusion or imposition? The life story interview as knowledge production', *Oral History*, vol 52, no 3, 2024, p 36.
- 15.** Freund, 2024, p 17.
- 16.** Alessandro Portelli, 'Living voices: the oral history interview as dialogue and experience', *Oral History Review*, vol 45, no 2, 2018, pp 239-48.
- 17.** Nancy Worth, 'Understanding youth transition as "becoming": identity, time and futurity', *Geoforum*, vol 40, no 6, 2009, pp 1050-60. Accessed online at <https://doi.org/10.1016/j.geoforum.2009.07.007>, 28 March 2025.
- 18.** Linda Shopes, 'Commentary: sharing authority', *Oral History Review*, vol 30, no 1, 2003, p 104.
- 19.** Collaborative HIV Paediatric Study, 2020. Accessed online at

- www.chipscohort.ac.uk, 1 April 2025. The Collaborative HIV Paediatric Study (CHIPS) was established April 2000-2021 as a multi-centre cohort study of children living with HIV in the UK and Ireland.
- 20.** Joe Wright, 'Only your calamity: the beginnings of activism by and for people with AIDS', *American Journal of Public Health*, vol 103, no 10, 2013, pp 1788-98. Accessed online at <https://doi.org/10.2105/AJPH.2013.301381>, 2 March 2025.
- 21.** Charles Roy and Richard Cain, 'The involvement of people living with HIV/AIDS in community-based organisations: contributions and constraints', *AIDS Care*, vol 13, no 4, 2001, pp 421-32.
- 22.** George Severs, *Radical Acts: HIV/AIDS Activism in Late Twentieth-Century England*, London: Bloomsbury Academic, 2024; Jose Catalan, *HIV Protagonists*, London and New York: Routledge, forthcoming.
- 23.** Judith Dorrell, HIV social researcher, joined us for the first nine months of the project and was instrumental in helping to shape the initial project. Judith's PhD was 'Growing Up with HIV: Exploring the Experiences of the First Generation of Perinatally Infected Young People in the UK PhD thesis, The Open University, 2010. Judith dropped out due to family health circumstances.
- 24.** For example, Jeff Oliver and colleagues who were engaged by the community organisation The Bailies of Bennachie to undertake a heritage project about the hill of Bennachie, north-east Scotland. See Jeff Oliver, Jackson Armstrong, Elizabeth Curtis, Neil Curtis and Jo Vergunst, 'Exploring co-production in community heritage research: reflections from the Bennachie Landscapes Project', *Journal of Community Archaeology & Heritage*, vol 9, no 3, 2021, pp 196-215.
- 25.** The whole team had a basic introduction to oral history. We practised using recording equipment, did interviewing exercises, listened back, learned from each other and practised some more. We listened to existing HIV oral history excerpts from around the world late into the night, steeping ourselves in others' stories and in preparatory methodological discussions. We pledged never to meet without headlining each meeting listening to young people's oral

- accounts of one kind or another (our recordings or pertinent ones from other collections) to keep oral histories right at the forefront of our thinking.
- 26.** GDPR means the BLSA has a legal requirement not to release material that through its release could cause 'substantial damage or distress' to living identifiable individuals, summarised in ten 'special categories' of sensitive data, which includes an individual's health status. Potential interviewees included young people who had acquired HIV perinatally, which meant that revealing an interviewee's name, identifiable details or even their voice could reveal the HIV status of their mother and other family members. If the HIV status of those individuals was not publicly known, then the very existence of the interview constituted a breach of data protection legislation. The solution was to close the interview until the interviewee's mother and potentially also their siblings and relatives were likely to be deceased, estimated at age 100 years. What that risked was further silencing young people whose voices were already seldom heard, so we chose the default procedure described in the text.
- 27.** Support included help with housing, finances, religion, families, mental health and childcare, to name a few.
- 28.** In hindsight, we would have saved ourselves trouble by thinking through separate recording agreements for these at the time.
- 29.** Ten interviewees expressed interest but did not attend or repeatedly failed to fix interview dates, eight male and two female. Reasons given were changing work expectations (not being able to take anticipated time off/gig economy), family obligations, illness and caring responsibilities, being offered tickets for music festivals that clashed with our dates. Some people did not say why they chose not to follow through with the interviews.
- 30.** Collaborative HIV Paediatric Study, 2020.
- 31.** Interview with Bankai, interviewed by Mustafa, 'Positively Spoken', British Library, catalogue reference C1894/M08/01, Clip 2 ChildChange.
- 32.** Interview with Kay, interviewed by Judith Dorrell, 'Positively Spoken', British Library, catalogue reference C1894/JD01/01, Clip 6 HIV Diagnosis.
- 33.** Interview with Jinchuriki, interviewed by Kay, 'Positively Spoken',

British Library, catalogue reference C1894/M07/03, Clip 7 Secrets.

34. Interview with Mustafa, interviewed by Wendy Rickard, 'Positively Spoken', British Library, catalogue reference C1894/WR04/07, Clip 5 Concealing meds.

35. Interview with Eli, interviewed by Wendy Rickard, 'Positively Spoken', British Library, catalogue reference C1894/WR03/09, Clip 9 Thrive.

36. Interview with Eli, C1894/WR03/05, Clip 7 School.

37. Interview with Hana, interviewed by Wendy Rickard, 'Positively Spoken', British Library, catalogue reference C1894/WR10/04, Clip 3 Realisation.

38. Interview with Blue, interviewed by Eli, 'Positively Spoken', British Library, catalogue reference C1894/EF30/04, Clip 5 Being Told.

39. Interview with April, interviewed by Wendy Rickard, 'Positively Spoken', British Library, catalogue reference C1894/WR11/03, Clip 6 Phone.

40. Interview with Bankai, Clip 5 Identity.

41. Interview with Eli, C1894/WR03/09, Clip 10 Being Interviewed.

42. Mary Stewart and Madeline White with the 'Positively Spoken' team, 'Celebrating Positively Spoken', *National Life Stories Review and Accounts 2023/2024*, pp 22-23.

43. Michael Frisch, *A Shared Authority: Essays on the Craft and Meaning of Oral and Public History*, Albany, NY: State University of New York Press, 1990, p xxi.

44. David Silverman, 'How was it for you? The Interview Society and the irresistible rise of the (poorly analyzed) interview', *Qualitative Research*, vol 17, no 2, 2017, pp 144-58.

45. Common to all oral history interviews, the peer interviewers recognised some awkwardness in the interviewing experience, from the heavy content revealed to sitting for lengthy periods: 'But to really sit through someone's story and

experience that. And just sitting in the discomfort and letting that pass was quite interesting. There's the obvious ones where like, you can't think of a question. And you have to sit in awkward silence and just don't pause anything.' (Focus Group with Ruth M, Eli Fitzgerald and Mustafa, peer interviewers and co-authors, Chiva Office, Bristol; recorded by Wendy Rickard, 16 February 2024).

46. Focus Group with Ruth M, Eli Fitzgerald and Mustafa, peer interviewers and co-authors, Chiva Office, Bristol; recorded by Wendy Rickard, 16 February 2024.

47. Focus Group with Ruth, Eli and Mustafa, 16 February 2024.

48. Focus Group with Ruth, Eli and Mustafa, 16 February 2024.

49. Focus Group with Ruth, Eli and Mustafa, 16 February 2024.

50. Focus Group with Ruth, Eli and Mustafa, 16 February 2024.

51. Focus Group with Ruth, Eli and Mustafa, 16 February 2024.

52. Kevin Burke, Stuart Greene and Maria McKenna, 'Youth voice, civic engagement and failure in participatory action research', *Urban Review*, vol 49, no 4, 2017, pp 585-601.

53. Freund, 2024, p 15.

54. For example, 'Kick the Dust' noted the benefits of a supportive environment that was 'authentic and empowering, not tokenistic and performative', the importance of attention to decolonising language and changing hierarchical structures, and the value of space to 'bring us their interests' and to explore their own creativity. We didn't find it necessary to seek a signed commitment to respect and value young people by everyone involved in the project, perhaps because Chiva already had ingrained this ethic into our target group. 'Kick the Dust' stressed their inclusive practice of having one young person on the delivery team as a paid staff member.

We would push for equality of opportunity here, paying all young people on the team for their involvement and expertise.

55. Melvin, 2021, p 126.

56. Melvin, 2021, p 126.

57. These include a podcast series titled *Positive Advice*. Accessed online at www.chiva.org.uk/about/our-podcasts/positive-advice/, 10 February 2025; two pieces of music developed by ten young people who had been interviewed, working with professional music producer Awate during a residency responding to oral history clips. Accessed online at www.chiva.org.uk/our-work/positively-spoken/artwork-and-music/, 21 May 2025; a series of bespoke artworks produced by a young artist who specialises in storytelling, illustrating audio clips. Accessed online at www.chiva.org.uk/our-work/positively-spoken/artwork-and-music/, 21 May 2025; both project web pages developed on the Chiva website and social media posts shared photographic outputs including images (baby photos of interviewees and discreet photos of backs of heads/hands taken at residencies) and sound clips. The work has been presented at the Chiva conference, London, May 2022; International AIDS Conference, Montreal, July 2022; BHIVA Conference, Gateshead, April 2023; Oral History Conference, Nottingham, June 2023; The National Archives, December 2024; and the AIDS Impact Conference, Casablanca, May 2025.

58. Burke, Greene and McKenna, 2017, p 600.

59. Mona Gleason, 'Avoiding the agency trap: caveats for historians of children, youth, and education', *History of Education*, vol 45, no 4, 2016, pp 446-59. doi:10.1080/0046760X.2016.1177121

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