

**Research Network
on Severe and
Multiple Disadvantage**

**A Literature Review into the prevalence and impact of
loss and bereavement on individuals experiencing severe
and multiple disadvantage.**

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Lankelly Chase



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Where to get support

Cruse Bereavement Care operate a free National Helpline which is open Monday-Friday 9.30-5pm (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings until 8pm. The number is 0808 808 1677.

The Samaritans can be contacted free at any time from any phone on 116 123.

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Introduction

Loss is an inevitable and universal experience, however people facing multiple disadvantage experience loss at a disproportionate rate. For instance, the majority of young people in secure settings have experienced the death of someone close to them, either before they came into custody or while they were there (Fitz, 2010). As well as being more frequent, people facing multiple disadvantage experience more traumatic forms of loss, such as suicide, than those experienced by the general population.

The impetus for this literature review is the insights of people with lived experience – both people with whom we work and those whose stories we have been privileged to hear. Over the last 5 years we have spoken to approximately 2,500 people in repeat criminal justice contact and almost all have experienced significant trauma. This includes loss through bereavement and other losses, as well as abuse, neglect, domestic violence and community-level violence. In the absence of protective factors such as affluence and social support, these experiences can shape people's life chances and lead to the revolving door.

We set out to better understand the impact and prevalence of a wider range of losses in the lives of people facing multiple disadvantage. The available literature has meant this review focuses primarily on bereavement through death and the role this experience may play in the lives of those who come into contact with the criminal justice system. It is intended as an introduction to the literature on this topic. We hope it will contribute to sector understanding, inspire researchers to develop further evidence, and policy-makers and practitioners to develop more effective responses.

How we completed this paper

A detailed methodology is available in Appendix A.

The key themes introduced in this paper are based on the literature on loss, dying and bereavement. We conducted a database search of key terms (see appendix) from which we prioritised academic materials originating in the UK and published in the last 20 years. We also included grey literature, largely voluntary sector and user-led research, to supplement gaps and to gain a deeper understanding from wider perspectives. As well as the database search, we issued a call for evidence to our network of multidisciplinary researchers, and experts in the field advised on key authors.

Key Themes

Loss as a continuum

To some degree, the emphasis on loss through death is a reflection of the fact that many feel that death is 'by virtue of its permanence, the ultimate loss' (Vaswani, 2015). Read and Santatzoglou (2018) note that:

"Both the literature and the...empirical evidence demonstrate that perception of losses...are aligned with the wider perception that death is usually the hardest, greatest loss to accommodate, perhaps because of its finality, permanence and irreversibility" (p.18).

However, despite the fact that the 'overwhelming majority of the studies place their focus on death' (Ibid), several authors have identified types of loss that are unrelated to death. Vaswani (2015) organises types of loss into four main categories: loss of future, loss of relationships, loss of status and loss of stability. This could include divorce, parental imprisonment, loss of children to social services, separation caused by migration or addiction. Henley (2018), writing about the experiences of the prison population, identified prominent 'pains' in the UK which include the deprivation, restriction or outright denial of employment, financial services, accommodation, international mobility, educational opportunities, victimisation and civic participation. He argues that collectively they represent a form of premature 'social death' (Králová, 2015).

There is no doubting that the effects of non-death losses can be significant and wide-reaching. There is evidence that the effects of parental imprisonment are comparable to death of parent (Loureiro, 2010), that adjusting to adoption can be more difficult than adjusting to bereavement for some children (Courtney, 2000) and there are several studies to suggest that there is little difference between depression as a result of bereavement and depression as a result of other losses/life stressors (e.g. Kendler et al., 2008; Flaskerud, 2011). Ultimately, it is clear that loss experiences (of all kinds), if left unresolved, can reverberate throughout an individual's life and can have a 'cumulative effect which magnifies current grief' (Parkes, et al., 1983). In this sense, it is more helpful to construct loss 'as a continuum' or a scale ranging in severity and response from less severe (e.g. losing an important object like a wedding ring) through to the loss of a home, job or indeed a loved one.

Prevalence of bereavement through death

As acknowledged in the introduction, loss and grief are an inevitable part of life. It is estimated that as many as 90% of secondary school students have known a family member or friend who has died (Ens and Bond, 2005), with 5% of British children experiencing the death of a parent or sibling by the age of 16 (Parsons, 2011) and 6% experiencing the death of a friend (Fauth et al., 2009). The Childhood Bereavement Network estimates that around 19,100 parents die in England each year, leaving around 33,000 dependent children (Penny, 2014).

However, whilst everyone experiences loss through bereavement, some people experience more loss than others. People who have been in prison, for instance, have experienced loss at a disproportionately higher rate than the general population (Shear et al, 2008). Nina Vaswani's 2014 study which found that a bereavement had been experienced by 91% of the sample of young men in prison, with the average around six bereavements each. Amongst the homeless population, Harding et al. (2011) found that 71% of their sample reported a mental health problem and bereavement was the most commonly cited cause of depression.

Traumatic death as a unique loss

Not only does the prison population experience *more* loss but also *more traumatic* loss. Vaswani (2014) found that as well as 91% of the sample having experienced bereavement, the rates of traumatic bereavements (such as murder or suicide) were high and experienced by more than 75% of the young men.

Traumatic deaths are different from other bereavements in a number of ways. Bereavement after a traumatic death can make survivors feel more isolated (Sveen and Walby, 2008) and traumatic death is more likely to be subject to 'death taboo' (Chapple, Ziebland and Hawton, 2015) whereby other people are particularly reluctant to talk about the death. Chapple et al. (2015) found, in a UK study of 80 people who had experienced traumatic bereavements, that traumatic deaths threaten our sense of ontological security, undermining the stability of the relationship between the individual's sense of self and the outside world and can potentially invoke feelings of personal meaninglessness. This awareness of mortality can disrupt the bereaved's personal ambition and achievement (Willmott, 2001).

The shock of hearing about a sudden death can also cause people to withdraw suddenly, so the bereaved lose their support network (Chapple et al. 2015). Doka (2003) found that people offer less sympathy when a death occurs as a result of unnecessary risk (such as dangerous driving).

Chapple et al. (2015) also found that whether a death is constructed as a 'private' or 'public' issue significantly affects the bereaved. People bereaved by a terrorist attack, for instance, found their mourning met by public outrage and memorials which encouraged and supported their grief. However, as is noted by the authors, 'deaths due to poverty and homelessness may be seen as closely related to the social structure yet do not attract the same attention' (p. 622).

Effects of loss

Non-problematic scenario

Common grief responses amongst adult can be emotional (e.g. depression, guilt, remorse, anger, low self-esteem), behavioural (e.g. agitation, fatigue), cognitive (e.g. idealisation, hallucinations, anxiety, hopelessness, disassociation), social (e.g. relationship difficulties, loneliness) or physiological (e.g. loss of appetite, muscular pains, indigestion, palpitations, lowered resistant to infections) (Relf, Machin and Archer, 2002). For children, common responses include 'shock and disbelief, dismay and protest, apathy, anxiety, vivid memories, sleep difficulties, sadness, anger, difficulty concentrating and physical complaints' (Dyregrov, 2008). Bereavement is also associated with an increased risk of depression, and Post-Traumatic Stress Disorder (Zisook et al., 2014).

These reactions are normal, expected responses to grief and bereavement and most grief follows one of three patterns (Bonnano et al., 2011; Mancini et al., 2015):

- Resilience (a return to functioning after a number of months after initial intense grief)
- Gradual recovery over a year or more
- Prolonged distress which may pre-date the death and can last for years

There is also evidence to suggest that in such a non-problematic scenario, people can actually derive *positive* changes or growth through their experiences of parental bereavement (Brewer and Sparkes, 2011). These may include a positive outlook, gratitude, appreciation of life, desire to live life to the full and increased altruism.

Problematic scenario

However, some bereavements are more problematic and it is estimated that approximately 10% of bereaved individuals experience complicated grief (Lundorff et al., 2017). Zisook et al. (2014) defined complicated grief as a category of intense, prolonged chronic grief where the bereaved individual feels stuck in the mourning process and does not recover over time. Symptoms can include intense longing and yearning and recurrent intrusive thoughts of the deceased, inability to accept death, excessive guilt and anger and avoidance of reminders of the deceased. Research suggests that specific vulnerability factors for developing complicated grief include history of mood/anxiety disorders, insecure attachments developed in childhood, lack of social support, multiple losses and concurrent life stressors (Shear and Mulhare, 2008).

Exposure to multiple trauma and bereavements can result in 'the development of a non-recovery process' which young people in particular frequently attempt to assuage with problematic self-medication and risk-taking behaviour (Pitt and Thomson, 2018). This supports Vaswani's (2014) study that found that 67% of a sample of young people in a custodial setting had experienced 4 or more deaths before the age of 20. When bereavements occur in a series (especially in the context of childhood developmental trauma) there are few opportunities to 'process immediate difficulties before the next adversity strikes' (Ibid.).

Complications in the grieving process might also be due to disenfranchised grief which occurs when someone suffers a loss that is not recognised by wider society. This might be because it involves an unrecognised relationship (e.g. extramarital affairs), an unrecognised loss (e.g. abortion or miscarriage) or an unrecognised griever (e.g. children and the very elderly) (Doka, 2002). These losses can be difficult to process *precisely because they are less understood* or validated by society, resulting in a lack of professional support and an inability to ritualise the mourning process (Boss, 2006).

Disenfranchised grief can, of course, occur in situations where the loss is unrelated to death, but less has been written about it in such circumstances. One existing example, however, is that of a child separated from a parent as a result of arrest or imprisonment which, as a sudden, abrupt and unexpected event, can be experienced by the child as a grief which goes unrecognised or unacknowledged as such by the family and community (Hayslip and Glover, 2009).

Some common effects of complicated and disenfranchised grief include:

i. *Risk-taking behaviour*

Children who have suffered significant losses will be more likely to offend in adolescence than children for whom there is no evidence of loss (Stewart, Dennison and Waterson, 2002). Those who experienced the death of a parent during childhood have a greater risk of violent criminal convictions (Wilcox et al., 2010) and increased risk of somatic symptoms, accidents and mortality, with bereaved children 50% more likely to die before middle age than those not bereaved. This is explained, in part, by the increased likelihood that they will partake in risky health behaviours, with higher rates of substance and alcohol use and early pregnancy (Penny and Stubs, 2014). Amongst young men who experience traumatic bereavements, anger is a common response, especially where the death is perceived as needless (Vaswani, 2014) and unresolved grief can lead to challenging behaviours and a disregard for danger (Wright and Liddle, 2014). Hammersley and Ayling (2005) found strong evidence that prisoners felt that their lifetime losses were connected to their offending behaviour.

ii. *Mental health problems*

It has been suggested that those who experience the suicide of a parent during their childhood or adolescence are 3 times more likely than non-bereaved peers to themselves die by suicide and those who experienced the accidental death of a parent as a child are 2 times as likely to die by suicide (Wilcox *et al.* 2010; see also Felitti *et al.*, 1998). Both groups have a greater risk of hospitalisation for all types of psychiatric disorder compared to the non-bereaved population (*Ibid.*). Around 1/3 of bereaved children reach clinical levels of behavioural or emotional difficulty during the two years following a parent's death (Penny and Stubbs, 2014) and there is evidence that young people with a range of mental health difficulties are more likely to have experienced the death of parent than those with no such disorders (Green, 2005). Bereaved people make greater use of healthcare services (Stroebe *et al.*, 2007) including GP services, mental health services, acute and psychiatric hospitals, and consumption of medicines.

iii. *Maladaptive self-medication*

Traumatic loss may prompt the bereaved to turn to substance abuse to ease feelings of debilitating depression and isolation (Retzinger and Scheff, 2000; Vaswani, 2014) and a number of studies have found that loss is linked to alcoholism - either its initiation or its increase (Stroebe and Stroebe, 1987). Blankfield (1983) found that 12 out of 50 consecutive admissions to an inpatient alcohol treatment centre had suffered loss through bereavement of a significant person in their lives. In a study involving mothers who experienced the loss of a child through death, all participants described maladaptive responses such as the use of alcohol and drugs (Lewin and Farkas, 2012). The women experienced unresolved, prolonged grief and the coping patterns that emerged were complicated by self-medicated substance misuse after the child's death.

What causes these detrimental effects?

“Death never occurs in a vacuum but within a social context, the nature of which can influence greatly how the person deals with that loss” - Read and Santatzoglou (2018: 13).

From the literature examined, it seems as though there are three key social factors which determine the likelihood that a person will experience the negative symptoms associated with disenfranchised or complicated grief: lack of support, low socio-economic status and shame. It is important to note that the revolving doors cohort will likely experience all three.

i. *Lack of support*

Lack of support can exacerbate grief-related responses to death for all people, but is particularly experienced amongst the revolving doors cohort who often have little support in place (formally or informally). The 'Buffer Hypothesis', developed by Cohen and Willis (1985), supposes that the availability of social support protects individuals to some extent against the deleterious effects of stressful life events. Conversely, when bereaved persons perceive themselves to be without support, complicated grief can be expected (Rando, 1993).

Access to formal support mechanisms is often denied to those in custodial settings. It has been argued that 'the right to grieve is taken away when a person is incarcerated' (Olson and McEwen, 2004) and this can 'lead to the suppression of mourning...leaving the prisoner to internalise their grieving process and thereby creating ever more complex issues' (Leach, Burgess and Hollywood, 2008).

As well as the lack of formal support, those in custodial settings and people who may be isolated from support networks (such as those who are street homeless or sex workers) are also denied the benefits of informal social support which is equally significant; Stroebe and Stroebe (1987) concluded that whether bereaved individuals can rely on their families and friends to stand by them and help them in their distress is an important moderator of bereavement outcome.

ii. *Socio-economic status (SES)*

For those of a lower socio-economic status, the loss of a person who is the primary carer or breadwinner can have wide-reaching consequences. This could include the loss of the family home or the involvement of social services with children. Vaswani (2014) coined the term 'the far reaching ripples of death' in reference to the fact that many of the young men she interviewed found that the most difficult part of bereavement was not necessarily the loss itself, but rather the wider impact of the loss, such as family breakdown.

These 'ripples of death' were also evident in the Casey Review (2011) which surveyed families who have bereaved by homicide; 75% of respondents said that the bereavement had affected other close relationships, 60% found it difficult to manage their finances, 25% stopped working permanently, 25% moved house and 25% gained sudden responsibility for a child or children. Although this report centres on death by homicide, it is likely that similar effects would be found in relation to other modes of death and other kinds of loss for those with low socio-economic status since 'financial and practical hardships [are] disproportionately borne by those in our society who are already the least well off' (Clarke, *foreword in Casey 2011*: 5).

This evidence of an inverse relationship between mental illness and socio-economic status is not new, however. The greater prevalence of psychiatric problems amongst individuals of lower SES, for instance, is 'one of the oldest and most accepted findings in psychiatric epidemiology' (Stroebe and Stroebe, 1987). Part of these can be explained by the fact that there is a relationship between SES and exposure to stressful life events (besides death) which are overrepresented within this group (Myers, Lindenthal and Pepper, 1974).

Additionally, the ability for family members of the bereaved to provide bereavement support is closely bound up with SES and the ability to take time away from work. This has been raised as an issue by the National Childhood Bereavement Network who noted that the cuts to bereavement benefits are making 75% of families worse off because the new benefit is only paid for one year, compared to until the youngest child leaves full-time education under the old scheme.

iii. Shame and guilt

Guilt is a common manifestation of grief (Worden, 2008). There are some particular forms of guilt and shame that have been explored in the literature.

a. Shame from mode of death

Losses such as suicide are unique due to the stigma and the guilt that is often experienced by the bereaved, as well as other distinguishing factors such as potential press interest (Stroebe and Stroebe, 1987). Similar shame is associated with drug-related overdoses (Templeton *et al.*, 2017) and Gekoski, Adler and Gray (2013: 307) explains how 'secondary victimisation' occurs when those who have been directly affected by crime are subjected to 'inadequate, insensitive or inappropriate treatment, attitudes, behaviour responses and/or practices' in ways that compound the original trauma. Death by crime can be particularly traumatic; for instance, homicide survivors experience more intense grief and have a higher risk of poor bereavement outcomes than natural death survivors (Vargas and Loya, 1984 *cited in* Stroebe and Stroebe 1987).

Traumatic deaths may also be linked with survivor syndrome, the notion of surviving a traumatic event which is often perceived as being random, unfair or irrational (Adfam, 2014; Perreault, Fitton and McGovern, 2010). Perreault *et al.* (2010) note how the stigma around the mode of death can be isolating and can leave the bereaved without support. Similarly, Guy (2003) argues that deaths by drugs are 'qualitatively different' to other modes of death due to a number of factors including the unexpected nature, the average age of the deceased and, due to the illegal nature of drug activity, deaths are often 'loaded with social/moral stigmas, secrecy, shame and denial' (Da Silva, Noto, Formigoni, 2007).

b. Shame of incarceration

The shame of being in custodial setting, particularly prison, can make the grieving process very difficult for the bereaved. This is largely caused by the 'very real stigma that is associated with a prison sentence' which means that the identity of 'offender' simply amplifies the loss' (Vaswani, 2015). Prisoners have less social support due to the physical separation from support networks and are also less likely to seek out support due to the shame and embarrassment associated with their incarceration and involvement in the criminal justice system (Lewin and Farkas, 2012). Guilt and shame can be particularly intense if the death is perceived to be a consequence of imprisonment (Potter-Effron, 2002). This was demonstrated in Masterton's case study of a young man called Craig whose brother committed suicide after Craig went to prison and who remarked that 'if (only) I hadn't got the jail it would never have happened'. Ultimately, the 'powerful sociocultural prescriptions [of prisons] can cause the grief of prison inmates to be profoundly disenfranchised and...this can impact hugely negatively on their coping ability' (Masterson, 2014: 56).

c. Shame caused by toxic masculinity

Hendry (2009) reports that issues relating to masculinity and prison culture increase the risk of male inmates developing disenfranchised grief, likely because 'the dominant macho culture [does] not promote the display of vulnerability or weakness, and the...men [tend] to put on a front in order to maintain their status' (Vaswani, 2014). Vaswani's 2015 study found that, despite relationships being the most obvious kind of loss, this was only mentioned by one young man out of the 23 interviewed. She explains that this might be due to a 'personal or cultural reluctance to discuss potentially sensitive and taboo subjects, especially without the explicit 'permission' to do so'.

The effects of support, socio-economic status and shame demonstrate the way in which 'culture creates, influences, shapes, limits, and defines grieving, sometimes profoundly' (Rosenblatt, 2008: 208).

Implications for support

Like Chapple et al. (2015), we too hope that in time public health interventions and education can influence a cultural shift in perceptions of 'appropriate mourning', allowing the bereaved to express their grief and receive adequate support from informal networks and professional channels. It is beyond the scope of this literature review to formally call for specific policy changes in relation to loss/bereavement as a site of intervention for this group. However, we have included some core aspects and principles that the literature highlights as effective ways to encourage appropriate mourning. More research is required in order to convert the insights generated through analysis of the literature into practicable recommendations.

The principles for effective grieving

Fundamentally, people need to be able to accomplish the four tasks of grieving as described by Worden (2008):

1. Accept the reality of the loss
2. Work through the pain and grief
3. Adjust to a new environment
4. Find an enduring connection with the deceased whilst moving forward with life.

Mooney et al. (2007) noted that many staff members in custodial settings feel that bereavement is an overlooked issue in the secure setting and the Childhood Bereavement Network has argued that the current provision of universal bereavement services for children is inconsistent and vulnerable. This is reflected in the fact that in 2015, only one in four of those who wanted to talk about their feelings about their relative's illness or death with someone from a health, social care or bereavement services got to do so (Office for National Statistics, 2016). Therefore, expanding the implementation of bereavement services is essential and the literature suggests that there are a number of provisions which are particularly vital.

i. Support in immediate aftermath

'It takes much longer to recover from a death if there is no funeral ritual, no coffin to cry over or ceremony to go through' (McNeill-Taylor, 1983). It is important that the bereaved, especially those in custodial settings, are able to attend the funeral or memorial service and that they are provided adequate information about the death, especially if sudden or unexpected and the bereaved person was not present when it happened; 'it is very natural, and not morbid, for the bereaved to want to know minute details about what happened, and they should be told if they ask' (Stroebe and Stroebe, 1987). This was reflected in Adfam's scoping review of bereavement through alcohol and drugs in which it was emphasized that the fact that there is an average delay of 170 days in registering drug deaths can put additional stress on bereaved families (Adfam, 2014). Indeed, it was noted that some families find inquests to be a key part of the process of making sense of the death and expect questions around the death, such as 'why' the person died, to be answered and are disappointed when this is not permitted by the coroner's remit.

ii. Acknowledging the loss and its long-term effects

National guidance for professionals on end of life care recognises the universal and elementary need for the bereaved to 'have their loss recognised and acknowledged by professionals' (Bereavement Services Association and Department of Health, 2013: 4). It is important that grief is not suppressed or 'permanently postponed, for it will reach expression in some way' (Stewart, 2005).

If the loss has had detrimental effects on the bereaved person's life and they are seeking help some time after the loss, it can be helpful to acknowledge the role of the loss on the person's maladaptive behaviours (e.g. offending, drug misuse). It is quite common for people who have experienced loss in childhood or young adulthood to revisit their grief, experiencing and expressing it in new ways and developing understandings of the meaning that the death has played in their lives (Christ, 2000). Hammersley and Ayling (2005) argue that this is the first step towards a healthy grieving and rehabilitation process. This can also help with resolving shame and understanding their own behaviour which has been shown to significantly reduce depression (Aslund et al., 2007). It is also important to commemorate the loss; Vaswani (2014) found that the partaking in bereavement rituals such as marking anniversaries helped with adjustment and helped the bereaved develop and maintain a positive connection to the deceased person.

iii. Providing stability

The National Childhood Bereavement Network has acknowledged that 'stability is key'. This means guarding against stressful life changes that can follow a bereavement, including moving house or school, changes in household routines and income. It is interesting to note that a drop in the level of income and changes to lifestyle are more convincing indicators of mental health problems than the actual level of income (Lin et al., 2004). This stability also applies to the coordination of support; a wide range of staff are likely to be involved in helping any one person manage the impact of bereavement and it is essential that the work is harmonised (National Children's Bureau, 2017). Stability is particularly essential in custodial settings in terms of maintaining contact with friends or relatives. Craig, the young man from Masterton's case study, found that daily phone calls to his grandmother were 'like medicine, a wee dose of life' during his early bereavement (2014).

iv. Provision of therapeutic treatments through partnerships

For those experiencing traumatic grief, therapeutic treatments must be accessible and must distinguish between grief counselling ("helping people facilitate uncomplicated, or normal, grief...within a reasonable time frame" Worden, 1982) and grief therapy ("those specialised techniques...which are used to help people with abnormal or complicated grief reactions" Worden, 1982). It is also imperative that support offered is sensitive to the particular needs of the bereaved. Research on recipients' reactions has suggested that the major reason why an offer of aid frequently elicits a negative reaction is the implied inferiority, inadequacy and dependency inherent in the role of someone needing help (Nadler and Fisher, 1986). This is feeling is likely heightened amongst the revolving doors cohort.

More informal kinds of therapeutic treatment can be equally beneficial. For instance, the Samaritans run a listening scheme in most prisons in England and Wales and the listeners are trained prisoners which

provides the confidential support in line with the Samaritans model (Jaffe, 2012). Studies of the effects of peer support suggest that it can help alleviate anxiety and depression (Pfeiffer et al., 2011) and improve attitudes and behaviour related to substance misuse (Black, Tobler and Sciacca, 1998).

In developing these sorts of practices, we recommend that services heed the advice of the Department of Health and, where possible, establish 'a bereavement forum [in each area]...to identify opportunities for integrated working and share good practice' (2018).

Implications for research

This review confirmed our experience that those who come into contact with the criminal justice system experience bereavement by death at a disproportionate rate to the general population. We know that 'complicated' and 'disenfranchised' grief can have particularly detrimental effects on the bereaved including risk-taking behaviour, mental ill-health and maladaptive self-medication. The literature also demonstrates that there are a number of environmental factors which can act as protective or exacerbating factors; socio-economic status, the provision (or lack) of support, and the shame associated with the death/the guilt experienced by the bereaved.

Despite these themes, it is not yet known exactly what causes complicated or disenfranchised grief. More work is needed to identify why bereaved people are over-represented amongst some groups of offenders, for instance (Ribbens McCarthy, 2006).

However, the primary focus of future research should have the aim of dismantling what Read and Santatzoglou (2018) refer to as the 'hierarchy of losses' whereby death is viewed as the ultimate loss. Vaswani argues that 'it is important [to] understand that loss does not have to be outwardly huge, nor devastatingly permanent' in order to affect someone's life (2015: 34). Given the dearth of research on other forms of losses, such as those referred to as 'ambiguous' or 'social' losses, it is imperative that future research explores their effects on people facing severe and multiple disadvantage.

The kinds of losses this research should examine include *inter alia*:

- Divorce
- Loss of health
- Parental imprisonment
- Loss of children to social services
- Separation caused by migration
- Loss of identity

- Loss of employment
- Loss of home

In particular, it was evident that most of the research to date has focused on loss in a criminal justice context. Future research should aim to look at the effects of loss on other characteristics of disadvantage and situations faced by people in the revolving door cohort, including homelessness, poor physical and mental health, sex work and problematic substance use.

This research is imperative for developing and improving services. Whilst a three-component model for expected death has been created by the National Institute for Clinical Excellence and developed by the Department of Health in their End of Life Care Strategy, no such model exists for unexpected death (Penny and Relf, 2017). A greater evidence base is required in order for services to be able to provide people with suitable support through difficult losses.

Appendices

Appendix A: Detailed methodology

The key themes introduced in this paper are based on the literature on loss, dying and bereavement, largely taken from peer-reviewed journals and other academic texts, as well as significant voluntary sector and user-led research, and commissioning guidelines and materials.

With regard to ambiguous losses, there is necessarily overlap between 'impact' and 'subject' as set out in the table. For instance, loss of physical health can be a consequence of the loss of a close relationship but it can also be classified as a loss in and of itself. However, this did not impede the search because one term from each column was used in each search.

Quite often, the research reviewed was heavily focused on loss in a criminal justice context.

This is because the impact of grief and loss on the likelihood that someone will experience homelessness, sex work, problematic drug or alcohol use and mental ill health is relatively unexplored as yet. Adam (2014) note that, for instance, 'the literature available specifically on drug and alcohol related bereavement is not extensive'.

Nonetheless, it is important to note that those who come into contact with the criminal justice system have almost certainly likely also experienced any one of the other related issues. There is evidence that the majority of the prison population have one or more diagnosable mental health problems (Singleton *et al.*, 1998; Stewart 2008; Rebalancing Act 2017) and it is widely acknowledged that the homeless population will experience repeated bereavements which leaves them more at risk of isolation, loneliness, depression, suicidal ideation (Lakeman, 2011).

Therefore, although there is an unavoidable focus on the criminal justice system in this review, the themes explored and the conclusions reached are not entirely divorced from the overarching issues of multiple disadvantage. As Vaswani (2018) acknowledges, "many of these losses and traumas have occurred, and have been left to go unresolved, long before the prison gates are reached".

Database searching for this paper took place between April and June 2018. We searched for key terms in databases including Google Scholar, the British Library, Wiley Online and University of Cambridge's iDiscover. As well as the database search, we issued a call for evidence to our network of multidisciplinary researchers, and experts in the field advised on key authors. In selecting the papers to review, we limited scope to English language papers and prioritised literature originating in the UK published in the last 20

years (although important seminal work outside of these confines is also included). We prioritised academic materials and peer-reviewed papers but used grey literature to fill particularly pertinent gaps in the literature.

Search Terms

Loss	Subject	Impact
loss	family*	mental health
bereavement*	relative	criminal
death	relation*	addict*
grief*	baby	substance misuse
trauma	parent*	prison
dying	friend*	homeless*
	child*	social care
	pet	physical health
		prostitute*
		sex work

Appendix B: References

- Adfam and Cruse Bereavement Care (2014). *Drug and alcohol related bereavement scoping review*. [online] London. Available at: https://www.adfam.org.uk/files/docs/Adfam-Cruse_Drug_and_alcohol_related_bereavement_Scoping_review_-_October_2014.pdf [Accessed 26 Nov. 2018].
- Aslund, C., Nilsson, K. and Sjöberg, R. (2007). Shaming experiences and the association between adolescent depression and psychosocial risk factors. *Eur Child Adolesc Psychiatry*, [online] 16(5), pp.298-304. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/17473948> [Accessed 26 Nov. 2018].
- Bereavement Services Association and Department of Health (2013). When a person dies: guidance for professionals on developing bereavement services. Available at: <http://bsauk.org/uploads/834766631.pdf> [Accessed 26 Nov. 2018]
- Black, D., Tobler, N. and Sciacca, J. (1998). Peer helping/involvement: an efficacious way to meet the challenge of reducing alcohol, tobacco, and other drug use among youth?. *Journal of School Health*, [online] 68(3), pp.87-93. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/9608448> [Accessed 26 Nov. 2018].
- Blankfield, A. (1983). Grief and alcohol. *Am J Drug Alcohol Abuse*, [online] 9(4), pp.435-6. Available at: <https://www.ncbi.nlm.nih.gov/m/pubmed/7188004> [Accessed 26 Nov. 2018].
- Bonanno, G., Westphal, M. and Mancini, A. (2011). Resilience to Loss and Potential Trauma. *Annual Review of Clinical Psychology*, [online] 7(1), pp.511-535. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21091190> [Accessed 26 Nov. 2018].
- Boss, P. (2006). *Loss, trauma, and resilience: therapeutic work with ambiguous loss*. New York; London: W.W. Norton & Co.
- Brewer, J. and Sparkes, A. (2011). Young people living with parental bereavement: Insights from an ethnographic study of a UK childhood bereavement service. *Social Science & Medicine*, [online] 72(2), pp.283-290. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21146275> [Accessed 26 Nov. 2018].
- Casey, L. (2016). *The Casey Review: A review into opportunity and integration*. London: MHCLG.
- Chapple, A., Ziebland, S. and Hawton, K. (2015). Taboo and the different death? Perceptions of those bereaved by suicide or other traumatic death. *Sociology of Health & Illness*, [online] 37(4), pp.610-625. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.12224> [Accessed 26 Nov. 2018].
- Christ, G. (2000). *Healing Children's Grief: Surviving a Parent's Death from Cancer*. New York: Oxford University Press
- Cohen, S. and Wills, T. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, [online] 98(2), pp.310-357. Available at: <https://www.researchgate.net/publication/19261005> Stress Social Support and the Buffering Hypothesis [Accessed 26 Nov. 2018].
- Courtney, A. (2000). Loss and Grief in Adoption: The Impact of Contact. *Adoption & Fostering*, 24(2), pp.33-44.

- Clarke, P. (2014) Report into allegations concerning Birmingham schools arising from the 'Trojan Horse' letter. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340526/HC_576_accessible_.pdf [Accessed 26 Nov. 2018].
- Department of Health (2018). *When a person dies: guidance for professionals on developing bereavement services*. [online] London: NHS England. Available at: <http://bsauk.org/uploads/834766631.pdf> [Accessed 26 Nov. 2018].
- Doka, K. (Ed.). (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press.
- Doka, K. J. (2003). *What Makes a Tragedy Public?*. In Marcia Lattanzi-Licht & Kenneth J. Doka (Eds.), *Coping with Public Tragedy* (pp. 3-13). Washington, DC: Hospice Foundation of America.
- Dyregrov, A. and Yule, W. (2008). *Grief in children*. London: Jessica Kingsley.
- The Guardian Editorial (2017). The Guardian view on bereavement benefit cuts: cruel, stingy, wrong. *The Guardian*. [online] Available at: <https://www.theguardian.com/commentisfree/2017/apr/02/the-guardian-view-on-bereavement-benefit-cuts-cruel-stingy-wrong> [Accessed 27 Nov. 2018].
- Ens, C., Bond, J. B. (2005). Death anxiety and personal growth in adolescents experiencing the death of a grandparent. *Death Studies*, 29, 171–178.
- Fauth, B, Thompson, M and Penny, A (2009) *Associations Between Childhood Bereavement and Children's Background, Experiences and Outcomes: Secondary Analysis of the 2004 Mental Health of Children and Young People in Great Britain Data*. London: National Children's Bureau
- Felliti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *The Adverse Childhood Experiences (ACE) Stud. Am J Prev Med.*, [online] 14(4), pp.245-58. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/9635069> [Accessed 26 Nov. 2018].
- Fitz, C. (2010). *Palliative Care Strategy Implementation Board Report on Child Bereavement*. [online] Welsh Assembly Government. Available at: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=831> [Accessed 26 Nov. 2018].
- Flaskerud, J. (2011). Grief and Depression: Are they Different?. *Issues in Mental Health Nursing*, 32(5), pp.338-340.
- Gekoski, A., Adler, J. and Gray, J. (2013). Interviewing women bereaved by homicide. *International Review of Victimology*, [online] 19(3), pp.307-329. Available at: https://www.researchgate.net/publication/256381343_Anna_Gekoski_Jacqueline_M_Gray_Ioanna_R_Adler_2013_Interviewing_women_bereaved_by_homicide_Reports_of_secondary_victimization_by_the_criminal_justice_system_International_Review_of_Victimology_19_3 [Accessed 27 Nov. 2018].
- Green, H. (2005). *Mental health of children and young people in Great Britain, 2004*. Basingstoke: Palgrave MacMillan.

- Guy, P. and Holloway, M. (2007). Drug-related Deaths and the 'Special Deaths' of Late Modernity. *Sociology*, [online] 41(1), pp.83-96. Available at: <https://journals.sagepub.com/doi/abs/10.1177/0038038507074717> [Accessed 27 Nov. 2018].
- Hammersley, P. & Ayling, D. (2006). 'Loss Intervention Project for adult male prisoners.' *Prison Service Journal* 66, 22-26
- Hayslip, B. and Glover, R. (2009). Custodial Grandparenting: Perceptions of Loss by Non-Custodial Grandparent Peers. *OMEGA - Journal of Death and Dying*, [online] 58(3), pp.163-175. Available at: <https://journals.sagepub.com/doi/pdf/10.2190/OM.58.3.a> [Accessed 26 Nov. 2018].
- Inquest. (2018). *Deaths in prison*. [online] Available at: <https://www.inquest.org.uk/deaths-in-prison> [Accessed 26 Nov. 2018].
- Jaffe, M. (2012). *Peer support and seeking help in prison: a study of the Listener scheme in four prisons in England*. PhD in Criminology. Keele University. Available <https://www.samaritans.org/sites/default/files/kcfinder/files/research/Peer%20Support%20in%20Prison%20Communities%20-%20Listener%20Scheme%20Full%20Report%202012.pdf> [Accessed 26 Nov. 2018].
- Jin, J., Sklar, G., Sen Oh, V. and Li, S. (2008). Factors affecting therapeutic compliance: A review from the patient's perspective. *Theoretical Clinical Risk Management*, [online] 4(1), pp.269-286. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2503662> [Accessed 26 Nov. 2018].
- Kendler, K., Myers, J. and Zisook, S. (2008). Does Bereavement-Related Major Depression Differ From Major Depression Associated With Other Stressful Life Events?. *American Journal of Psychiatry*, [online] 165(11), pp.1449-1455. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2743738/> [Accessed 26 Nov. 2018].
- Krállová, J. (2015). What is social death?. *Contemporary Social Science*, 10(3), pp.235-248.
- Lakeman, R. (2011). How Homeless Sector Workers Deal with the Death of Service Users: A Grounded Theory Study. *Death Studies*, 35(10), pp.925-948.
- Leach, R., Burgess, T. and Holmwood, C. (2008). Could recidivism in prisoners be linked to traumatic grief? A review of the evidence. *International Journal of Prisoner Health*, [online] 4(2), pp.104-119. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/18464064> [Accessed 26 Nov. 2018].
- Lewin, L. and Farkas, K. (2012). Living with the loss of a child: Mothers in the criminal justice system. *Palliative and Supportive Care*, [online] 10(04), pp.265-272. Available at: <https://doi.org/10.1017/S147895151100099X> [Accessed 26 Nov. 2018].
- Loureiro, T. (2010). *Perspectives of Children and Young People With a Parent in Prison*. [online] Scotland's Commissioner for Children and Young People and Families Outside. Available at: <https://hub.careinspectorate.com/media/109137/sccyp-perspectives-of-cyp-with-parents-in-prison.pdf> [Accessed 26 Nov. 2018].
- Lundorff, M., Holmgren, H., Zachariae, R., Farver-Vestergaard, I. and O'Connor, M. (2017). Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *Journal of Affective Disorders*, [online] 212, pp.138-149. Available at: <https://www.sciencedirect.com/science/article/pii/S0165032716318651?via%3Dihub> [Accessed 26 Nov. 2018].

- Mancini, A., Sinan, B. and Bonanno, G. (2015). Predictors of Prolonged Grief, Resilience, and Recovery Among Bereaved Spouses. *Journal of Clinical Psychology*, [online] 71(12), pp.1245-1258. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22224> [Accessed 26 Nov. 2018].
- Masterton, J. (2014). A confined encounter: the lived experience of bereavement in prison. *Bereavement Care*, [online] 33(2), pp.56-62. Available at: <https://www.tandfonline.com/doi/abs/10.1080/02682621.2014.933572> [Accessed 26 Nov. 2018].
- Mooney, A., Statham, J. and Storey, P. (2007). *The Health of Children and Young People in Secure Settings*. Final Report to the Department of Health. [online] London: TCRU. Available at: <https://core.ac.uk/download/pdf/82091.pdf> [Accessed 26 Nov. 2018].
- Myers, J. K., Lindenthal, J. J., & Pepper, M. P. (1974). Social class, life events, and psychiatric symptoms: A longitudinal study. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.), *Stressful life events: Their nature and effects*. Oxford, England: John Wiley & Sons.
- Nadler, A. and Jeffrey, D. (1986). The Role of Threat to Self-Esteem and Perceived Control in Recipient Reaction to Help: Theory Development and Empirical Validation. *Advances in Experimental Social Psychology*, [online] pp.81-122. Available at: https://www.researchgate.net/publication/264894668_The_Role_of_Threat_to_Self-Esteem_and_Perceived_Control_in_Recipient_Reaction_to_Help_Theory_Development_and_Empirical_Validation [Accessed 26 Nov. 2018].
- National Children Bureau (2007). *Off the Radar: Shining a light on children whose rights and welfare are at risk*. [online] London: National Children Bureau, p.18. Available at: <https://www.ncb.org.uk/sites/default/files/uploads/Off%20the%20Radar%20full%20report.pdf> [Accessed 26 Nov. 2018].
- Office of National Statistics (2016) National Survey of Bereaved People (VOICES): England, 2015. Available at: <http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/nationalsurveyofbereavedpeoplevoices/england2015#support-for-relatives-friends-or-carers-at-the-end-of-life> [Accessed 26 Nov. 2018]
- Olson, M. and McEwen, M. (2004). Grief Counseling Groups in a Medium-Security Prison. *The Journal for Specialists in Group Work*, [online] 29(2), pp.225-236. Available at: <https://doi.org/10.1080/01933920490439392> [Accessed 26 Nov. 2018].
- Parkes, C.M., and Weiss, R.S. *Recovery from Bereavement*. New York: Basic Books, 1983.
- Parsons, S (2011) *Long-term Impact of Childhood Bereavement: Preliminary Analysis of the 1970 British Cohort Study (BCS70)*. London:Child Well-being Research Centre.
- Penny, A. (2014). *Key Statistics on Child Bereavement*. [online] Child Bereavement Network. Available at: <http://childhoodbereavementnetwork.org.uk/media/16090/KeystaticsonChildhoodBereavementOct2014.pdf> [Accessed 26 Nov. 2018].
- Penny, A. and Relf, M. (2017). *A guide to commissioning bereavement services in England*. [online] London: National Bereavement Alliance. Available at: <https://nationalbereavementalliance.org.uk/wp-content/uploads/2017/07/A-Guide-to-Commissioning-Bereavement-Services-in-England-WEB.pdf> [Accessed 27 Nov. 2018].
- Penny and Stubbs (2014) *Childhood Bereavement: what do we know in 2015?* London: National Children's Bureau.

- Perreault, Y., Fitton, W. and McGovern, M. (2010). The presence of absence. *Bereavement Care*, [online] 29(3), pp.26-33. Available at: <https://www.tandfonline.com/doi/abs/10.1080/02682621.2010.522377> [Accessed 27 Nov. 2018].
- Pfeiffer, P., Heisler, M., Piette, J., Rogers, M. and Valenstein, M. (2011). Efficacy of peer support interventions for depression: a meta-analysis. *General Hospital Psychiatry*, [online] 33(1), pp.29-36. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052992> [Accessed 26 Nov. 2018].
- Pitt, D. and Thomson, L., 2018. Factors involved in the design and delivery of a therapeutic service within the confines of a custodial setting. *Loss, Dying and Bereavement in the Criminal Justice System*.
- Potter-Efron, R. *Shame, guilt, and alcoholism*. 2. New York: Haworth Press; 2002
- Read, S., Santatzoglou, S. and Wrigley, A. (2018). *Loss, dying and bereavement in the criminal justice system*. 1st ed. Oxford: Routledge, p.18.
- Relf, M., Machin, L. and Archer, N. (2010). *Guidance for bereavement needs assessment in palliative care*. [online] London: Help the Hospices. Available at: <https://www.hospiceuk.org/docs/default-source/default-document-library/guidance-for-bereavement-needs-assessment-in-palliative-care.pdf?sfvrsn=0> [Accessed 26 Nov. 2018].
- Retzinger, S. and Scheff, T. (2000). Emotion, alienation, and narratives: Resolving intractable conflict. *Mediation Quarterly*, [online] 18(1), pp.71-85. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/crq.3890180107> [Accessed 26 Nov. 2018].
- Revolving Doors Agency, Public Health England and Home Office (2018). *Rebalancing act*. [online] p.p.26. Available at: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I> [Accessed 26 Nov. 2018].
- Ribbens McCarthy, J. (2007). 'They all look as if they're coping, but I'm not': The Relational Power/lessness of 'Youth' in Responding to Experiences of Bereavement. *Journal of Youth Studies*, [online] 10(3), pp.285-303. Available at: <https://www.tandfonline.com/doi/abs/10.1080/13676260701262574> [Accessed 26 Nov. 2018].
- Rosenblatt, P. C. (2008). Grief across cultures: A review and research agenda. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 207-222). Washington, DC, US: American Psychological Association
- Shear, M. and Mulhare, E. (2008). Complicated Grief. *Psychiatric Annals*, [online] 38(10), pp.662-670. Available at: <http://psycnet.apa.org/record/2008-15494-003> [Accessed 26 Nov. 2018].
- da Silva, E., Noto, A. and Formigoni, M. (2007). Death by Drug Overdose: Impact on Families. *Journal of Psychoactive Drugs*, [online] 39(3), pp.301-306. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/18159785> [Accessed 27 Nov. 2018].
- Stewart A, Dennison S & Waterson E. 2002. *Pathways from child maltreatment to juvenile offending*. Trends & issues in crime and criminal justice No. 241. Canberra: Australian Institute of Criminology. <https://aic.gov.au/publications/tandi/tandi241> [Accessed 26 Nov.2018]
- Stroebe, MS; Schut, H and Stroebe, W (2007) Health outcomes of bereavement. *Lancet*, 370, 1960-73.
- Stroebe, W., & Stroebe, M. S. (1987). *Bereavement and health: The psychological and physical consequences of partner loss*. New York, NY, US: Cambridge University Press. <http://dx.doi.org/10.1017/CBO9780511720376> [Accessed 26 Nov. 2018].

- Sveen, C. and Walby, F. (2008). Suicide Survivors' Mental Health and Grief Reactions: A Systematic Review of Controlled Studies. *Suicide and Life-Threatening Behavior*, [online] 38(1), pp.13-29. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/18355105> [Accessed 26 Nov. 2018].
- Templeton, L., Valentine, C., McKell, J., Ford, A., Velleman, R., Walter, T., Hay, G., Bauld, L. and Hollywood, J. (2016). Bereavement following a fatal overdose: The experiences of adults in England and Scotland. *Drugs: Education, Prevention and Policy*, [online] 24(1), pp.58-66. Available at: <https://doi.org/10.3109/09687637.2015.1127328> [Accessed 27 Nov. 2018].
- Vaswani, N. (2014). The Ripples of Death: Exploring the Bereavement Experiences and Mental Health of Young Men in Custody. *The Howard Journal of Criminal Justice*, [online] 53(4), pp.341-359. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/hojo.12064> [Accessed 26 Nov. 2018].
- Vaswani, N. (2015). A catalogue of losses: implications for the care and reintegration of young men in custody. *Prison Service Journal*, [online] (220), pp.26-35. Available at: [https://strathprints.strath.ac.uk/53914/1/Vaswani PSJ 2015 A catalogue of losses implications for the care and reintegration of young men.pdf](https://strathprints.strath.ac.uk/53914/1/Vaswani%20PSJ%202015%20A%20catalogue%20of%20losses%20implications%20for%20the%20care%20and%20reintegration%20of%20young%20men.pdf) [Accessed 26 Nov. 2018].
- Vaswani, N. (2018). Ambiguous Loss. *Scottish Journal of Residential Child Care*, [online] 17.3. Available at: https://www.celcis.org/files/7715/3717/6627/2018_Vol_17_No_3_Vaswani_N_Ambiguous_Loss.pdf [Accessed 26 Nov. 2018].
- Vaswani, N. (2018). Beyond loss of liberty : how loss, bereavement and grief can affect young men's prison journeys. In: *Loss, Dying and Bereavement in the Criminal Justice System*. [online] Routledge Key Themes in Health and Society, pp.pp. 177-187. Available at: <https://strathprints.strath.ac.uk/63680/> [Accessed 26 Nov. 2018].
- Wilcox, H., Kuramoto, S., Lichtenstein, P., Långström, N., Brent, D. and Runeson, B. (2010). Psychiatric morbidity, violent crime, and suicide among children and adolescents exposed to parental death. *Journal of American Academy Child Adolescent Psychiatry*, [online] 49(5), pp.858-9. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/20431471> [Accessed 26 Nov. 2018].
- Willmott, H. (2000). Death. So What? Sociology, Sequestration and Emancipation. *The Sociological Review*, [online] 48(4), pp.649-665. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-954X.00237> [Accessed 26 Nov. 2018].
- Worden, J. (2008). *Grief counseling and grief therapy*. New York: Springer.
- Wright, S. and Liddle, M. (2018). *Young Offenders and Trauma: Experience and Impact*. [online] Beyond Youth Custody. Available at: <http://www.beyondyouthcustody.net/wp-content/uploads/BYC-Trauma-experience-and-impact-practitioners-guide.pdf> [Accessed 26 Nov. 2018].
- Zisook, S., Iglewicz, A., Avanzino, J., Maglione, J., Glorioso, D., Zetumer, S., Seay, K., Vahia, I., Young, I., Lebowitz, B., Pies, R., Reynolds, C., Simon, N. and Shear, M. (2014). Bereavement: Course, Consequences, and Care. *Current Psychiatry Reports*, [online] 16(10). Available at: <https://www.sdpsych.org/resources/Documents/iglewicz%20bereavment.pdf> [Accessed 26 Nov. 2018].