



Trauma, Bereavement and Loss:

Key learning and messages from research and practice

**Nina Vaswani, Sally Paul, Fern Gillon, Fiona Bennett, Lisa Hogg,
Kirsten Hogg and Nicki Lawrence**

July 2019

Introduction

Professionals, and wider society, are becoming increasingly aware of the prevalence of traumatic and adverse childhood experiences, and of the potentially enduring and detrimental impact of such experiences on emotional, psychological and physical health and wellbeing. As a result, there is increased policy and practice attention paid to identifying, understanding and addressing trauma and adversity among individuals. Importantly, this attention is not solely focused on trauma-specialist provision for individuals who are known to have experienced trauma, but also on ensuring that the entire workforce is trauma-informed, as outlined in the *Transforming Psychological Trauma* framework (NHS Education for Scotland, 2017).

The Centre for Youth & Criminal Justice, Barnardo's Scotland and the University of Strathclyde support and promote the focus given to understanding and addressing the needs of those who have experienced trauma and adversity. We believe that individuals, services, systems and society need to be trauma-informed, which as an absolute minimum should ensure that our interactions in any part of that system do no further harm (Miller and Najavits, 2012). For us this means universal systems that provide a safe, inclusive and nurturing environment in which individuals feel able to disclose and be heard, and in which the workforce feels skilled and confident to be able to listen, acknowledge and respond appropriately, while protecting their own safety and wellbeing. It also means ensuring that high-quality specialist provision is accessible and available to those who need it, and at the earliest point that it is needed.

However, our combined experience in policy, practice and research in this field also means that we understand some of the hurdles that might need to be overcome in order to implement the necessary changes in policy and practice. Over the past five years we have been engaged in a body of work that seeks to document and support the trauma, bereavement and loss needs of vulnerable young people and adults who have found themselves caught up in justice and other systems, or were at risk of becoming so. The practice developments, and associated research studies that accompany them, represent a programme of work that has developed in response to the learning gained at each stage. In this short paper, we summarise the main findings from each piece of research, drawing out the key messages and themes in order to inform the development of trauma-informed approaches more widely.

Summary of key research and findings

Research Paper 1. [The Ripples of Death: Exploring the Bereavement Experiences and Mental Health of Young Men in Custody](#). Funder: none. 2014.

The research involved a survey of 33 young men in HMP & YOI Polmont to document their bereavements and also semi-structured interviews with 11 young men aged 16 to 21 to hear about their bereavements from their own perspective.

Almost all of the young men (91%) had experienced the death of someone close to them, and all but one had experienced multiple bereavements. Two-thirds had experienced a substantial level of bereavement (four or more) and the average number of bereavements was more than five. Worryingly, more than three-quarters (77%) had experienced at least one traumatic bereavement (caused by murder or suicide for example) which can often make bereavement more problematic.

The young men found it difficult to deal with their bereavements. They described feeling shocked, sad and angry. However, many of them believed that, as young men, they needed to be strong and masculine and just get on with it. Young men often took their cue from the male role models in their lives who tended to emphasise stoicism: *“I mean I’ve never seen my dad cry . . . when ma Granda died I didn’t see him greet, when ma Gran died I didn’t see him greet.”* As a result many of the young men had not really had the chance to talk about or process their bereavements.

This also meant that many of the young men relied on avoidant coping strategies, such as anger and using substances to self-medicate. *“The more I drank the more I wouldnae think of him basically. Not to forget about him, but forget about his death”*. These coping strategies often led to young men coming into contact with the criminal justice system and some young men drew a direct link between their bereavement, offending and subsequent prison sentence.

Most of the bereavements had occurred before the young person entered custody; indeed, more than half (57%) had experienced their first bereavement before the age of 11. However, being in prison disrupted the grieving process for both past and recent bereavements. Incarceration separated them from their loved ones and social supports, restricted participation in bereavement rituals and constrained how the young men were able to grieve. Furthermore, the prison environment exacerbated the tendency towards restricted emotionality and communication: *“Some people really try and put on a brave face, I haven’t seen anyone cry because you don’t want to show anything like that for reputation or something like that.”* These factors often combined to leave young men isolated in their grief.

Following the publication of *The Ripples of Death*, HMP & YOI Polmont undertook a planned series of developments aimed at improving the support offered to young men. This included training for the entire staff group, the commissioning of a pilot of a specialist service (both delivered by Barnardo's Scotland) and an organisational push to ensure joined-up and seamless service provision that was more 'trauma-informed'. An evaluation of these developments was also commissioned and involved a pre-and-post training survey completed by 208 staff, focus groups with 12 staff, interviews with ten managers and service providers, as well as interviews with 12 young men who had received a service. Referral data was analysed for 167 young men, and service assessment data analysed for 50 young people who went on to receive a service during the timeframe for research.

The young men had experienced significant bereavements, as well as other traumas and losses including the death of parents, the death of their child and considerable levels of abuse. Young men also reported experiencing frequent symptoms that are often associated with Complex Post Traumatic Stress Disorder such as dissociation, anxiety, poor concentration, anger, intrusive negative thoughts and hyperarousal: *"I would have nightmares and day dreams of it."*

These symptoms had significantly decreased by the end of service provision and young men described the benefits gained from their involvement: *"It just helped us a lot and I'm grateful for it know what I mean? I just didn't think anything like that would have actually helped us, it was a big surprise."* Notably the young men gained coping skills and strategies to help them learn to live with their childhood experiences. For example, 45% of young people stated that they regularly got angry and found it very difficult to calm down. Following the service provision none of the young men reported experiencing this symptom frequently.

The staff found the training relevant, interesting and well-delivered. Almost all (96%) advised that they would recommend it to colleagues. Following the training, staff reported significantly increased confidence in: understanding how trauma, bereavement and loss affects young people; acknowledging these experiences with young people; and responding directly to young people affected by these issues. Staff also indicated that they desired more support in this area in order to translate this learning into practice, mainly in the form of refreshers or continued training, but also at times support for dealing with their own personal or professional experiences: *"More support for staff going through these issues not just the boys"*.

There was evidence of a small and positive shift in organisational culture and an acknowledgement that the establishment had commenced on a journey: *"Increasingly as training kicks in and the staff group become more aware of the direction we're moving that way. There is more good staff doing that sort of stuff now than there has been in the past. I don't know if it has reached the critical tipping point yet but it's going in that direction."* However staff were also constrained in their work with trauma, bereavement and loss due to a number of factors relating to time, resources, the practicalities of the regime and a lack of professional culture of supervision and, in some cases, attitudes and values that were not congruent with the work being undertaken: *"It gets back to the whole system, the environment.... There are a lot of officers doing good work but there are still people, and quite often in training they have been fairly critical of young people, fairly dismissive and very judgemental. So I do think there's a journey."*

Research Paper 3. "It's knowing the right things to say and do." Challenges and opportunities for trauma-informed practice in the prison context. Funder: The Robertson Trust. 2019 (*in press, Howard Journal of Crime and Justice.*)

The third paper in the series explored staff perspectives in more depth. This involved secondary analysis of the staff feedback in the survey, and interviews and focus groups to gain an understanding about the practical, emotional and organisational logistics of adopting a more trauma-informed approach within this specific context.

There were many factors that helped facilitate a trauma-informed approach within HMP & YOI Polmont. There was senior management commitment and a strategic vision for young people in custody. The way that staff portrayed their daily interactions at work revealed that many already viewed supporting young people in relation to trauma, bereavement and loss as part of their role. Staff described aspects of their practice that were already congruent with a trauma-informed approach such as the emphasis placed on forming positive relationships and being role models, with care and warmth evident: *"I was there as a kind of grandfather figure, someone to talk to who he sees on a regular basis."* Staff often provided emotional support (listening, talking, empathy), and practical problem-solving support, such as giving advice, providing information and organising contact with family. The awareness-raising training and the existence of a specialist service to fall back on increased staff's confidence and willingness to broach difficult subjects with young people: *"He started opening up to me. Probably before that course I wouldn't have known how to handle it or what to say to him, poor lad, but I think I done quite well speaking to him."*

Yet despite high-level policy intentions and examples of good practice on the ground, the reality of prison life meant that many staff faced challenges in ensuring their interactions were truly trauma-informed. These challenges were often related to the scale of need in the prison, and the fact that resources were stretched. Staff reported that finding the time to listen, talk and identify needs was often problematic: *"Spending the necessary time with individuals during loss can be difficult to manage as you could have as many as 40 other young people in your care."* The specialist service was not of sufficient capacity to meet the need in the establishment and waiting lists were long and unavoidable. There were other complicating factors that related to the role and purpose of prison itself and whether such an environment could realistically be the site of a fully trauma-informed approach. These included tangible issues to do with security operations, such as the regime and the physical built environment: *"Difficult to offer support behind a closed door. Difficult to talk to them especially when other young people can hear what is being said"*; or less perceptible issues to do with organisational culture and underlying values and assumptions: *"There's definitely things that need to be changed, people's attitudes towards the young boys, a lot of the language needs to change."*

There was a recognition that the environment also posed a challenge for staff, many of whom came with their own personal or professional experiences of loss, bereavement or trauma and who were expected to work with very vulnerable people with complex needs: *"I found a hanging and I kept everything in to myself until I went on that course and then it all came out how I felt at the time, how I felt after it."* However, despite plans to professionalise the workforce, there was a sense that staff could be better supported to undertake such demanding work: *"The issue we have with bereavement or trauma, you're scared because we don't have supervision at the back of us so although you want to ask the question you don't because you're thinking 'where will this lead to?'"*

As a result the paper concludes that although clear progress has been made, these advances did not necessarily ensure a trauma-informed approach. It was noted that the power imbalances, restrictive regimes, fear and negative attitudes that exist in prison are not conducive to trauma-informed practice and that a truly trauma-informed approach is not possible in a system that has punishment at its core.

The partial closure of Scotland's only dedicated female prison, Cornton Vale, following the recommendations from the Commission on Women Offenders report, led to the relocation of many women from Cornton Vale to HMP & YOI Polmont in 2016. As a result Barnardo's Scotland received funding to extend the trauma, bereavement and loss service to women in the establishment. In order to ensure that the service was age and gender responsive the service adopted a more open-ended psychotherapeutic approach, and Barnardo's Scotland commissioned a further small-scale evaluation to document and assess the trauma, bereavement and loss needs of women in custody; to evaluate the impact of the service, and to identify any gender-specific needs.

The women presented with a range of loss, bereavement and trauma experiences. Fifty seven percent had experienced the death of a parent or sibling, 15% the death of a partner and 7% the death of a child. Loss of contact with children was mentioned in 15% of referrals to the service. There were often potentially complicating factors such as offence-related trauma or the prevalence of traumatic deaths. Exposure to Adverse Childhood Experiences (ACEs) in this small group was higher than their male and female counterparts across the SPS prison estate. On average the women had been exposed to six out of the 10 measured ACEs, and almost 40% had been exposed to eight. Unsurprisingly the women also displayed a high level of trauma symptoms, with anxiety, sadness and intrusive thoughts occurring frequently and with a debilitating effect on day-to-day functioning. However, women also displayed resilience in the face of this adversity, with high levels of internal resilience such as social skills, physical caregiving skills (providing food for example) and personal skills. Yet external resilience provided by others, such as peer, community, or spiritual support was reduced, suggesting women who were isolated or excluded in society, and this reduced resilience overall. Staff described feeling ill-equipped and overwhelmed by the magnitude of the women's experiences: *"But what training you did as a residential officer certainly didn't prepare you for some girl randomly screaming at you, and you've no idea why, and it turns out it's because her mum's just died, but it turns out that she was abused when she was younger, and you've happened to say a word that triggers her, you're not taught any way of how to deal with that..."*

Despite the clear need for trauma-informed interventions there were a number of challenges encountered in implementing a service for the women that were located within the wider criminal justice system as well as within the establishment itself. Short-term sentencing limited the work that could be achieved, and there was a further level of instability in terms of short-notice transfers for sanctions or prison logistics. Staff knowledge and awareness of the impact of trauma, bereavement and loss and the purpose of the service was low, as organisational priorities and pressures meant that training could not be delivered to help equip staff. The capacity of the specialist service was also not sufficient to meet the demand of self-referrals and waitlists were in place. Furthermore, ensuring that therapeutic sessions were prioritised over other activities was not always straightforward, and there was misunderstanding and miscommunication between different agencies. The organisational culture, while beginning to shift, still influenced how women were responded to, sometimes in ways that added to their distress, and this was compounded by the practicalities of the physical environment which meant that spaces did not always feel therapeutic or even safe. Nonetheless, the women engaged wholeheartedly with the service and described the positive benefits of being involved: *"The support it's offered me has been tremendous, because I'm quite a sort of...closed person and to be able to trust somebody, that was the big thing."* There was limited data in relation to outcomes but it appeared that the service had significantly improved how women coped with their symptoms, although in a short space of time had not necessarily affected the frequency of those symptoms.

It was also apparent from the previous research that many of these loss and bereavement experiences had taken place long before the person had entered custody, and that many young people had not received the support that they had needed much earlier in childhood. Drawing on the learning from HMP & YOI Polmont a pilot service was planned for three schools in two local authority areas, and funded by Scottish Government. A further evaluation was commissioned by Barnardo's.

Due to organisational restructuring and the pressures of time-limited funding, only a partial implementation was achieved. A ten week one-to-one programme was established in three schools: in one school using Barnardo's staff that were already embedded within the school system, and in two other schools employing new staff to deliver the programme. It was not possible to implement the planned provision of support to the child's wider network, such as support for families and professional development activities for school staff, within the timeframe. Pre-and-post measures were analysed for 15 young people referred to the service, and young people, carers, Barnardo's and school staff were consulted about their experiences of the service. Given the partial implementation and the small sample size the research focused on the factors that hindered or supported delivery. Three broad themes emerged from the data:

1) The importance of groundwork

It was observed that more time and consideration was needed about how to embed a discrete service into the wider school ethos, systems and processes. Where Barnardo's staff were already embedded within a school, the process of implementation was expedited. Where connections and understanding required to be built, implementation was more problematic and required additional time. In particular, time was needed to understand, work with, and influence the school organisational culture.

2) The centrality of relationships

The effect of the limited time for groundwork was felt most strongly in the ability to build familiarity, trust and rapport between Barnardo's and the school staff. This relationship was integral in identifying, referring, sharing information and in supporting young people throughout and beyond their involvement in the trauma, bereavement and loss service. The young people valued their relationships with Barnardo's staff and spoke highly of them, but the staff felt that a longer lead in to the intervention work would have benefitted the work with young people further. *"To me trauma, bereavement and loss would be really really useful if someone already had a relationship with a child...either that or we make sure...that we're doing that introduction properly, we're spending longer to meet the child..."* There was also evidence of strong peer relationships between young people, fostering understanding about and engagement with the service. Direct work with carers was planned but not achievable in the circumstances, however all participants felt that supporting the child's wider environment would be beneficial.

3) Building knowledge and confidence in wider systems

While all agreed that a trauma-informed system would strengthen the support available to a child, there was a sense that the child's wider networks (family, school, professional etc) lacked the knowledge, confidence, skills and capacity to underpin any specialist support. The young people described an increase in confidence in talking about their bereavement and other childhood experiences, and in seeking help in the future. This underscores the importance in upskilling and resourcing peers, families and professional systems to be able to respond appropriately to this emerging openness. For example, school staff expressed a clear desire for more training in this area, although acknowledged that their primary role as educator meant that there was reduced capacity for such work.

Emerging themes and ideas for consideration

The universal provision of trauma, bereavement and loss-informed approaches

Trauma and loss-informed provision in universal services such as school is a necessity to create the right environment for development, learning and thriving, and benefits everyone, not just those affected by trauma. In that sense the goal of *Transforming Psychological Trauma*, in working to ensure that 'trauma is everyone's business' is correct. Yet this has huge implications for organisations who must ensure that staff not only possess the knowledge and skills to implement trauma-informed approaches, but must also take some responsibility for ensuring that organisational policies and procedures support staff appropriately, including: supervision, support and debriefing as well as understanding and working with (or changing) the organisational culture. Staff may also require support to deal with the impact of their own loss, bereavement and trauma where appropriate, especially when this may affect their wellbeing in the workplace. This is something that is often only given secondary or insufficient attention in the implementation of trauma-informed approaches.

It was also apparent that there is still some anxiety and apprehension around talking about and engaging with difficult subjects such as death and dying, especially with children and young people. Many of the young people in our research had never had the opportunity to talk in depth about their bereavements during childhood, yet bereavement is a normative childhood experience, and an issue that the majority of people can identify with. This raises questions about other types of loss or adversity that children face and which might receive even less societal acknowledgement or support, for example due to stigma, or a lack of understanding. In this regard, schools have an important role to play in educating all children and young people about loss, death, grief and adversity as a core component of the curriculum, as well as in fostering the development of self-care strategies to improve health and well-being such as skills in coping, stress management, help-seeking and an understanding of children's rights. This knowledge and skill acquisition has broad benefits for the many children who are bereaved or are likely to face adversity in the future as well as ongoing ripple effects across society. For example, it may support young people to better understand and support affected peers, or assist in creating an environment in which children have the potential to grow up to be adults who are better equipped to facilitate a more open and supportive culture around loss, death and adversity.

The availability of early and community-based interventions

The provision of trauma-informed universal services should reduce the need for targeted or specialist provision by better supporting children and young people more generally. Many forms of common childhood adversity, such as bereavement, need not always be experienced as traumatic with the right support. However, the universal provision of trauma-informed approaches may also encourage disclosure and help-seeking and it is imperative that targeted and specialist provision is available when and where it is needed, and is resourced appropriately. Universal upskilling of the workforce and society should provide a foundation from which to build a network of third sector and statutory provision within communities. It is important that this provision is not stigmatising, and avoids drawing vulnerable children into formal systems where possible. Many of the children in our research expressed their distress in ways that often challenged the services and systems around them, such as substance misuse, anger and violence and found themselves labelled as 'difficult', and ultimately excluded and punished.

Understanding the context of trauma-informed approaches

When implementing trauma-informed approaches it is essential that the organisational and cultural context is understood. Certain environments such as custody or residential care mean that the presence of historical trauma is increased, but the very act of system intervention is also likely to

create or exacerbate trauma, bereavement and loss. While all organisations can make improvements to their approach towards individuals who have experienced loss, bereavement and trauma there is a need for a more nuanced understanding of what truly constitutes trauma-informed practice and caution about whether sites such as prison can fully meet the criteria. There is also an implication for specialist trauma and related services that operate in these environments. While this research has documented positive experiences by recipients of such services, and an improvement in symptomology, it is clear that individual services can only achieve so much within the constraints of the organisational culture.

The clash between organisational culture, values and attitudes and trauma-informed practice may be felt most strongly within the prison and criminal justice systems. Unfavourable attitudes towards the treatment and care of those who offend or harm others can be a complicating factor, despite organisational policy and examples of good practice to the contrary. However, even in more 'benign' environments such as schools, the prevailing organisational culture can still exert an undue influence on the experience of trauma-informed approaches, by both recipients and staff. The organisational culture and how it aligns with or challenges a trauma-informed approach should therefore be clearly understood, worked with and changed where necessary.

Developing longer-term trauma-informed knowledge and understanding

The research presented here provides a snapshot of practice and outcomes in a specific context. Longer term research is necessary to look at the sustainability of any programme, and also if the short-term effects demonstrated translate into lasting changes to practice or outcomes. For example, the evaluation of staff-awareness raising training in HMP & YOI Polmont highlighted significant changes to staff confidence and intentions. It has not been possible to verify if this newfound confidence resulted in any widespread changes to practice, or whether any changes have been maintained through staff turnover and shifts in organisational priorities. Likewise, it is not currently possible to state whether the reduced symptomology reported by recipients at the end of the service has been sustained over a longer period, or following their return to the community.

Similarly, if a public health approach to trauma, loss, bereavement and adversity is adopted, with increased skills and capacity within universal services such as schools, the long term impact of these developments on current and future generations should be monitored and reported.

References

- MILLER, N. A. & NAJAVITS, L. M. 2012. Creating trauma-informed correctional care: a balance of goals and environment. *European journal of psychotraumatology*, 3.
- NHS EDUCATION FOR SCOTLAND 2017. Transforming Psychological Trauma: A Skills and Knowledge Framework for The Scottish Workforce. Edinburgh: NHS Education for Scotland.