

Exploring the impact of residential group programmes for children and young people bereaved by murder or manslaughter

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Abstract:

A death by murder or manslaughter is one of the most painful and complicated types of bereavement families can experience. The psychological, educational and social effects on the survivors, who are indirectly victimised, have been widely documented. A study by Winston's Wish, a UK based charity for bereaved children, has been conducted to evaluate the effectiveness of murder and manslaughter residential group programmes. We specifically explored the perspectives of traumatically bereaved children and young people on residential weekends. Data was collected for 35 children and young people who attended a therapeutic weekend. Thematic analysis was conducted to explore the main themes. Five superordinate themes were identified: having fun, feeling understood and making friends, managing feelings and relationships, sharing the story of loss and remembering the deceased, and developing personal strengths.

Keywords:

Bereavement; homicide; residential groups; children; thematic analysis

Introduction

According to the Crime Survey for England and Wales (CSEW) there was an 11% rise (up 53 to 573 offences) in homicide cases (which encompasses murder, manslaughter and infanticide) for the year ending December 2015. For each murder victim, there are 6-10 members of the family who can be considered as co-victims of the homicide (Gross, 2007;

Kilpatrick and Acierno, 2003). Taking this into consideration, the number of individuals affected is much greater than the number representing direct homicide victims. The family members, loved ones and friends that survive murder victims are usually called 'homicide survivors' or 'co-victims'.

Although the death of a parent or a sibling is one of the most fundamental losses a child will ever face, there are no official records showing how many children and young people are bereaved every year in the UK. Nevertheless, it is estimated that a child is bereaved through murder or manslaughter every day (Penny and Stubbs, 2015).

The secondary victimisation of murder and manslaughter

Attention is usually focused on the deceased and on the perpetrator of a crime, therefore those bereaved by homicide may, to a great extent, be left forgotten or somewhat invisible (Armour, 2002). Some family survivors describe feeling as if the murder had created a barrier between them and the people around them, which led to feelings of isolation, shame and stigmatisation (Mezey et al., 2002). In addition, they may face serious difficulties in their relationships with friends or family that are suspected perpetrators and become preoccupied with revenge (Feldman Hertz et al., 2005).

One in seven homicides are perpetrated by an intimate partner (Stöckl et al., 2013). When children are exposed to parental intimate partner homicide, they are confronted with a unique combination of trauma and loss. They lose not only a loved one but also the person who would usually help them cope with this loss (Gaensbauer et al., 1995). In such cases, one parent is deceased and the other one is usually detained, has fled, or has taken their own life (Steeves and Parker, 2007).

The situation may be further compounded because of the absence of guardianship which might result in conflict between relatives regarding the placement of the children and their contact with the perpetrating parent (Harris-Hendriks et al., 2000). In the complex situation of one parent killing the other, children will undergo multiple losses, involving their attachment figures and their living environment (Alisic et al., 2015). It is not uncommon for these children to face other secondary losses as well, e.g. losing their familiar living environment by changing home, changing school and losing their friends.

Grief with the volume turned up

The loss of a parent has been considered as a traumatic experience itself for a child, regardless of whether the death is sudden, expected, violent, or peaceful (Kaffman and Elizur, 1996). The experience of bereavement by murder or manslaughter is emotionally devastating. There has been the suggestion that it is impossible to imagine the depth of suffering for anybody who has not had the same experience (Malone, 2007). When it comes to traumatic loss, violence caused by humans is the most harmful and is responsible for the most severe reactions in survivors (Charuvastra and Cloitre, 2008). According to Trickey (2008), child risk factors for trauma include perceived life threat, lack of social support and psychological problems in the parent. These are all more likely to be present following death by murder or manslaughter.

A thorough review by Connolly and Gordon (2014) highlighted the variety of psychological, educational, social, occupational and familial effects of homicide on family member survivors or co-victims of homicide. Studies refer to symptoms of posttraumatic stress disorder (PTSD), distress, memory loss, attentional problems, sleep problems, angry outbursts, feelings of sadness and social withdrawal (Burke et al., 2010; Feldman Hertz et al., 2005; Mahoney and Clarke, 2004; Norris et al., 1998).

Supporting children, young people and their families after murder and manslaughter

There is evidence that specialist interventions and programmes which normalise grief can be helpful for all bereaved children, whether they exhibit clinical levels of distress or not; particularly when these interventions are tailored to each child's individual needs and situation (Akerman and Statham, 2014). Rolls and Payne (2007) interviewed 24 children and 16 parents who participated in group and/or one-to-one interventions; following the intervention children had increased understanding about the death and felt less isolated; parents reported that they found it helpful to share their experience with others and felt more confident to support their child.

Survivor support groups and survivor family therapy appear to be the most common interventions with family homicide survivors (Connolly and Gordon, 2014). Psychoeducation support groups are time limited and structured to provide support within a time frame between 6 and 12 weeks (ibid). Participants are encouraged to share

how the loss affected them, what their needs are, what support systems and future goals they have (Lyon et al., 1992). Being with others with similar experiences and discussing about what happened with them allows survivors to share what happened with people who can appreciate the significance of their loss. The main aim of these groups is to reduce the marginalisation survivors feel and to encourage them to acquire a sense of control over their lives (Lyon et al., 1992). Self-help support groups are more informal and member-managed. Bereavement camps or residential groups for bereaved children and young people are usually briefer but they share similar aims with other support groups. Overall research describes a positive experience of these camps (Clute and Kobayashi, 2013).

Specifically trauma-focused interventions combined with grief-focused interventions have been suggested, as for some children, trauma-related symptoms may obstruct the child's ability to mourn their loss (Cohen et al., 2002). In those cases, the child might need to process the event of the death first in order to be able to accept support towards mourning their loss (Black and Trickey, 2009).

Winston's Wish is a child bereavement charity, established in 1992 in the UK to meet the needs of children and young people following the death of someone important in their lives. It offers a range of services which include a two-day residential group for families bereaved by murder and manslaughter every year; this allows families with similar experiences to get together, talk openly, explore different ways of managing their feelings and the difficult situations they are dealing with. The aims of such groups are to: (a) Decrease sense of isolation and increase self-esteem through meeting similarly bereaved families, (b) Find ways to remember the person who died, not only how they died, (c) Create the opportunity for children and parents or carers to share their story with others who have had similar experiences, (d) Talk about the death and specific circumstances of the murder in a safe and accepting environment, (e) Create the opportunity to express feelings and thoughts and to specifically consider the trauma associated with a death due to homicide and (f) Explore positive strategies for coping with distress, fears and difficulties, and consider personal resources and ways of facing the future with greater confidence and hope. The full programme for the group and the theory behind the activities are fully described by Stokes (2004).

A previous evaluation of a therapeutic residential group organised by Winston's Wish for traumatically bereaved children and young people demonstrated measurable improvements in terms of their behaviour and emotions (Trickey and Nugus, 2011); after participating in the weekend, they were less hyperactive, less emotionally distressed and showed fewer behavioural problems. Although the authors highlighted particular elements of this intervention that could be linked to these positive outcomes, it was difficult to be certain about which aspects of the weekend group contributed to these results.

According to Rolls and Penny (2011), there is not much data on what helped and what might have changed after the completion of an intervention. In order to further explore what was most helpful regarding the efficacy of an intervention, qualitative studies have been suggested (Jordan and Neimeyer, 2003) as they could offer more insights and inform policy development.

Methods

The data for this paper originates from a wider study on the effectiveness of residential group bereavement programmes for children, young people and adults who have lost a family member due to murder or manslaughter. This service evaluation study explores the effects of specialised therapeutic residential groups on children and young people's (referred to as 'children' in the rest of the paper) mental health and wellbeing after the death, by homicide, of someone important in their life.

The focus for this paper is to explore the perceived beneficial aspects of such groups according to children. The qualitative questionnaires allowed for an in-depth exploration of children's views and experiences which are crucial in evaluating services offered and for building upon the available evidence.

Setting and participants

For this study, children who had received bereavement group support from Winston's Wish were recruited. All children had received face to face support at home or in a school setting. The intervention started with a family assessment meeting followed by a number

of visits, in this process it was mutually determined whether the weekend was right for the family and preparation work was completed.

Participants were assured of confidentiality and consent was requested from both children and their parents. All participants were given adequate and clear information about their involvement. They were re-assured that participation was voluntary, that they had the right to withdraw at any point and that their decision to participate (or not) would not affect any future support offered by the organisation.

Data had been gathered from groups run between 2012 and 2016. We gathered 35 qualitative questionnaires from the children who gave their consent to participate. Our sample included children bereaved by a parent, sibling or grandparent. Although services for bereaved children may vary throughout the country, Winston's Wish supports children bereaved by murder and manslaughter across England and Wales. This sample is based solely on children accessing this service and, therefore, may not be representative of all homicide bereaved children across the country. However, it can be considered as indicative of most homicide bereaved children receiving tailored support in the voluntary sector. The participants (46% male; 54% female) ranged in age from 4 to 18 years old ($M = 10.57$; $SD = 3.84$). Although participants were living in different parts of England or Wales, the majority of them are from the White British population. Demographic characteristics of the sample can be seen in Table 1.

Data collection and analysis

We utilised the Winston's Wish Residential Group Evaluation Questionnaire, a short, qualitative feedback questionnaire, to explore children's perspectives of participation in a residential bereavement group. The questionnaire consisted of open-ended questions about children's worries and hopes as well as the experience and most effective aspects of the residential group. The first part of the questionnaire was administered just before the weekend started (pre-intervention) and the second part at the close of the last day (post-intervention). All questions included in the questionnaire can be seen in Table 2.

We subjected our data corpus to an in-depth thematic analysis due to its theoretical flexibility and meaning-making direction (Braun and Clarke, 2006). Thematic analysis allows the emergence of patterns and the identification of notable issues (Boyatzis, 1998). Moreover, it is used on many types of qualitative data, including qualitative

questionnaires (Joffe and Yardley, 2004). To improve inter-coder reliability, multiple readings of the questionnaires were undertaken by both authors.

Table 1. Participants' responses according to their background characteristics

Category	Subcategory	N (%)	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
			Having fun	Feeling understood and making friends	Managing feelings and relationships	Sharing the story of loss and remembering the deceased	Developing personal strengths
			<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
Gender	Male	16 (46)	14	8	11	9	3
	Female	19 (54)	14	12	7	6	9
	Total	35 (100)	28	20	18	15	12
Age	4 – 5 years old	1 (3)	1	0	0	0	0
	6 – 8 years old	13 (37)	13	6	7	7	4
	9 – 11 years old	6 (17)	5	3	4	2	3
	12 – 14 years old	10 (29)	6	7	3	4	3
	15 – 18 years old	5 (14)	3	4	4	2	2
	Total	35 (100)	28	20	18	15	12

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Relationship of							
deceased to	(Step)Father	15 (43)	10	10	9	7	5
child							
	Mother	10 (28)	10	4	4	6	2
	Mother and father	3 (9)	2	1	2	0	3
	Brother	3 (9)	2	3	1	1	0
	Grandfather	4 (11)	4	2	2	1	2
	Total	35 (100)	28	20	18	15	12
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Relationship of							
child to	(Step)Son	14 (40)	12	7	9	7	2
deceased							
	(Step)Daughter	14 (40)	10	8	6	6	8
	Brother	1 (3)	1	1	1	1	0
	Sister	2 (6)	1	2	0	0	0
	Grandson	1 (3)	1	0	1	1	1
	Granddaughter	3 (8)	3	2	1	0	1
	Total	35 (100)	28	20	18	15	12
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Cause of death	Stabbing	20 (57)	16	11	8	9	7
	Shooting	8 (23)	7	4	6	4	2
	Assault – head injuries	6 (17)	5	4	4	1	2
	Road traffic accident – dangerous driving	1 (3)	0	1	0	1	1
	Total	35 (100)	28	20	18	15	12
Perpetrator	Family member	9 (26)	8	2	3	3	3
	Known person	12 (34)	11	9	6	5	5
	Stranger	8 (23)	4	6	4	4	3
	Unknown person	6 (17)	5	3	5	3	1
	Total	35 (100)	28	20	18	15	12

Time since loss	Less than 1 year	4 (11)	2	3	2	2	1
	1 – 2 years	18 (52)	15	8	11	7	7
	2 – 3 years	9 (26)	8	7	3	4	2
	3 – 6 years	4 (11)	3	2	2	2	2
	Total	35 (100)	28	20	18	15	12

Table 2. Winston’s Wish Residential Group Evaluation Questionnaire items

Questionnaire items	
Pre- Intervention (Items 1 – 4)	1. What things are you most looking forward to this weekend?
	2. What things are you most worried about this weekend?
	3. What are you hoping to gain or achieve from the group?
	4. What changes in yourself would you most like to see after this weekend?
Post- Intervention (Items 5 – 8)	5. What was good about the weekend? What are you most proud of?
	6. What could make the weekend better?
	7. What things will be different for you now that you’ve been on the weekend?
	8. What would you say to others who are not sure about coming to the group?

Ethics

As part of a wider service evaluation, this study did not require the same level of ethical scrutiny as research projects. Although an ethical approval was not necessary, the study was conducted in accordance with generally accepted ethical principles which maintain the ethos of the organisation and its caring intent.

Findings

All children recognised at least one benefit after attending the group. Interestingly, the vast majority of children ($N = 32$, 91%) identified more than one relevant benefit. The findings also show that the group allayed some children’s initial worries around being with others whom they had never met before.

Theme 1: Having fun

Most of the children ($N = 28$, 80%; 88% male; 74% female) reported that they had a lot of fun while engaging in the outside or indoors activities. This was a very positive aspect of the group and in some cases it made it a unique experience.

Fun. Having fun is an important part of the weekend. While directly appraising this aspect of the weekend, some children also commented on the group as a thoroughly memorable experience.

- It's fun and very helpful. (Participant 16 – female, 10 years old)
- It's a life experience. (Participant 22 – male, 17 years old)

In these extracts, children have commented on the fun element of the weekend but also on the value of therapeutic work. Having some normal fun with other bereaved children has been mentioned as one of the aims of such groups (Stubbs, 2006).

Physical/Outdoor activities. The programme is carefully designed to include a lot of physical activities throughout the weekend, for example: archery, rock climbing and football. Some of them aim to encourage children to realise hidden sources of strength or courage while others are included to facilitate relaxing, getting to know each other and building trust between group members.

- Question: What was good about the weekend? What are you most proud of? Respondent: Archery. Popping balloons. Hunting in the jungle. Football. (Participant 11 – male, 8 years old)

A great number of children highlighted how much they enjoyed being involved in a variety of outdoor activities. Traditional camp activities may help campers – especially those who cannot tolerate painful feelings for a long period of time – to relax and connect (Searles et al., 2012).

Creative activities. From the day of arrival, the children are also invited to participate in creative activities, for example: making a memory box, making a memory jar and creating a team flag. The main purpose of these activities is to serve as a canvas for talking about previous experiences and to encourage exploring and sharing a range of memories by also

being in control of painful memories. They provide another means of expression for inner feelings as well as support bonding with other group members.

- Question: What was good about the weekend? What are you most proud of? Respondent: Making the memory jar. (Participant 17 – male, 8 years old)

In this extract, the child proposed making a memory jar as being the best part of the weekend. The child did not expand on the reasons for their choice, but this has been described as a meaningful way to approach memories of the past (Stokes, 2004).

Theme 2: Feeling understood and making friends

A significant benefit proposed by more than half of the children ($N = 20$, 57%; 50% male; 63% female) was related to feeling less isolated, meeting others and making new friends. The group constantly offers gentle opportunities for social contact by bringing in sub-groups of children of similar age.

Less isolation and feeling understood. The group serves multiple social functions and offers an opportunity to counteract the feelings of isolation that may be linked to the stigma of homicide.

- I know I'm not the only person that [has] gone through it. (Participant 16 – female, 10 years old)
- You're not alone! (Participant 25 – male, 14 years old)
- I know that people feel the same as I do and that people can relate [to me]. (Participant 15 – female, 14 years old)
- Question: What things will be different for you now that you've been on the weekend? Respondent: Knowing that there are people who understand. (Participant 13 – female, 14 years old)
- Question: What things will be different for you now that you've been on the weekend? Respondent: Knowing that I have people who are in the same boat that I can talk to. (Participant 34 – female, 17 years old)

These extracts show that the weekend helped children who were feeling isolated. This view is consistent with literature emphasising the value of children's concerns regarding isolation from peers and feeling understood (Metel and Barnes, 2011; Worden, 1996).

Meeting others and making friends. The weekend offers various opportunities for social interaction and networking that may continue even after the group is over.

- Question: What was good about the weekend? What are you most proud of? Respondent: Meeting new people in the same situation. Being able to speak openly. (Participant 34 – female, 17 years old)
- I thought I would have no friends but I am friends with everyone in my group. (Participant 18 – female, 12 years old)

Following the decreased sense of isolation, meeting others with experiences of bereavement in a safe and supporting environment (Stokes et al., 1997) encourages participants' open communication as mentioned above. The last extract represents the weekend's potential to support the development of strong and sometimes lasting relationships. Through social interaction and the development of such friendships, children appear to feel less isolated and different (Metel and Barnes, 2011).

Theme 3: Managing feelings and relationships

This theme was identified by half of the children ($N = 18$, 51%; 69% male; 37% female) who referred to the effective management of difficult feelings, the use of coping strategies and the development of healthier personal relationships.

Managing feelings. One of the group's aims is to voice difficult feelings such as guilt, shame, sadness, fear, anger and confusion. During the weekend, professionals assist children in their effort to acknowledge the existence of these feelings and to find ways of being in control of them.

- Question: What things will be different for you now that you've been on the weekend? Respondent: Expressing feelings and feeling relieved. (Participant 19 – male, 17 years old)
- I don't usually cry but Winston's Wish taught me that you need to let your tears out. (Participant 8 – female, 10 years old)

- I told the story without crying. It helped me, I've now let my anger and feeling out. (Participant 23 – female, 11 years old)
- Even [though] my dad's passed away I can still keep on smiling. (Participant 24 – male, 13 years old)

Support group interventions are shown to be useful in terms of expressing feelings of sadness and grief (Rolls and Payne, 2007). Children referred to managing difficult feelings as a beneficial aspect of the group. Even after the tragedy they went through, the last extract shows that children also reported positive feelings. Experiencing positive emotions after bereavement can support thinking about the future and setting goals, which is likely to enhance psychological adjustment and better emotional wellbeing (see broaden-and-build theory of positive emotions by Fredrickson, 2001).

Coping strategies. The weekend includes a coping session where children express, share and explore ways of coping.

- Question: What things will be different for you now that you've been on the weekend? Respondent: To relax when I am sad. (Participant 17 – male, 8 years old)
- It's helped me, being with other children, coping with what's happened. (Participant 20 – female, 7 years old)

According to the first extract, the child validates relaxing as a useful way of coping with difficult feelings of sadness. Similarly, in the next extract, social support is recognised as a helpful way of coping with difficult experiences. A range of coping strategies and specific advice can enhance empowerment (Dyregrov et al., 2016) and are an important part of such programmes.

Personal relationships. A death by murder or manslaughter may have adverse effects in family life and social life. The group provides many opportunities for reflection and thinking about personal relationships.

- Question: What things will be different for you now that you've been on the weekend? Respondent: I will start getting along with my sisters and brothers. (Participant 23 – female, 11 years old)
- Be a bit more grateful to have my mum around. (Participant 22 – male, 17 years old)

years old)

It seems that the first child expresses a goal related to trying to establish a better relationship with other members of her family. The importance of close relationships (Worden, 1996) is acknowledged in the next extract too.

Theme 4: Sharing the story of loss and remembering the deceased

Fifteen children ($N = 15$, 43%; 56% male; 32% female) reported sharing the personal story of loss and finding ways to remember the deceased as important advantages of their participation to the group.

Telling the story. Another specific session of the group equips children with confidence in telling their personal story of loss and supports them into gaining control over this story and related thoughts.

- I can now talk to people about what happened. (Participant 18 – female, 12 years old)
- I can tell my story. (Participant 30 – female, 12 years old)
- Question: What was good about the weekend? What are you most proud of? Respondent: Hearing others' stories and telling mine. (Participant 22 – male, 17 years old)

In the first two extracts, managing to tell the story is acknowledged as an important benefit for children. This view is further developed in the next extract, where the young person also refers to sharing all stories of loss within the group. This aspect of the group has been described as an important element in helping participants to find their story of the life together with the deceased (Klass et al., 1996).

Remembering the deceased. Remembering the person who died and not only how they died aids the psychological adjustment of the bereaved. However, it constitutes a massive challenge for families bereaved by murder and manslaughter.

- It has helped me to remember all the important people who died. (Participant 11 – male, 8 years old)
- Question: What things will be different for you now that you've been on the

weekend? Respondent: To think about my mum. (Participant 2 – male, 6 years old)

In the first extract, the child states that remembering the people who died was helpful. Thinking about the person who died is also expressed in the following extract as something that will be different after coming to the group. Metel and Barnes (2011) have highlighted remembering the deceased as an important function of bereavement groups.

Theme 5: Developing personal strengths

The last theme emerged in the responses of a large number of participants ($N = 12$, 34%; 19% male; 47% female) and refers to realising personal strengths and abilities through the children's achievements during the weekend as well as developing confidence.

Personal achievements/strengths. It is vital that children are supported towards the recognition of their personal strengths.

- The climbing wall was hard but I did it! (Participant 21 – female, 6 years old)
- I'm proud of getting to the top of the climbing wall when there was just one person holding the rope for me. (Participant 7 – female, 13 years old)

In the first extract the child makes a reference to obstacles related to physical activities, the effort they made, and their sense of personal achievement. In the second extract, the child feels proud of succeeding in a difficult task while being open to receiving support from somebody else at the same time. Increasing children's self-esteem (Sandler et al., 2010) and having an area of competence (Brewer and Sparkes, 2011) may serve as protective factors that support resilience after the death of a parent.

Confidence. In a similar context, the weekend was supportive in terms of developing confidence for participants.

- I will be able to climb high things. (Participant 7 – female, 13 years old)
- Feel a lot better about myself. (Participant 25 – male, 14 years old)

The first extract suggests that the child feels confident about tackling future challenges whereas the second one demonstrates the child's positive, and probably more balanced, sense of self.

Discussion

According to Rynearson (1995), the three V's of unnatural dying – violence, violation and volition act as a catalyst for a strong psychosocial aftermath. Although there is still no conclusive proof of the most valuable interventions in the long-term, there is evidence on the benefits of support offered at critical times. For example, a meta-analysis of the outcomes of grief interventions with bereaved children described small to moderate effects, but showed that they were more effective if they took place closer to the time of death and when directed at children facing additional complicating factors (Currier et al., 2007). The provision of support following traumatic events is a very complex and sophisticated process that needs to be taken into consideration when designing and conducting such studies, especially because evidence regarding the effectiveness and protective value of this type of support does exist (Dyregrov and Regel, 2012).

The present study provided an opportunity for the experiences and views of children bereaved by murder and manslaughter to be heard. It aimed to support the effort for evidence-led improvements in services provided to families bereaved by homicide. The use of qualitative methods to explore the most helpful aspects of interventions has been reported of great value in designing and improving such interventions (Jordan and Neimeyer, 2003).

The weekend served as a basis for new relationships that could grow over time. Moreover, it provided an environment for children to tell their story and experience being understood by others who knew what they were going through. The group facilitated grief processing by remembering the person who died and normalising feelings and thoughts connected to the loss. It also provided an opportunity to learn new coping skills and recognise personal strengths.

These findings support the positive results of an earlier evaluation of the same therapeutic residential group work programme (Trickey and Nugus, 2011). According to that evaluation, the children who participated in the weekend demonstrated

improvements in terms of their emotional well-being and their behaviour; they were less emotionally distressed and better able to manage their behaviour following the intervention. Similarly, the children in our study referred to managing their feelings and personal relationships more effectively. They also reported developing personal strengths and self-competence, which may contribute to their ability to manage different situations and issues that may have caused behavioural problems previously.

Connecting with other children has been described as a great benefit of similar programmes (Searles et al., 2012), particularly for bereaved children who may experience social isolation as a result of their friends not understanding what they are going through (Worden, 1996). Group homogeneity has been associated with the enhancement of cohesion (Dyregrov et al., 2013) as well as a greater identification and support among the members of a group (Jordan and Neimeyer, 2003). Therefore, further research efforts should consider the comparison of interventions specifically designed for children bereaved by homicide and interventions for children bereaved by multiple causes of death.

The Winston's Wish Residential Group Evaluation Questionnaire is a simple child focused questionnaire used for all residential groups offered by the organisation to help review and evaluate service delivery. Therefore, it may not be sensitive enough to illuminate the particular issues and outcomes for this specific group for murder and manslaughter. The Childhood Bereavement Network (UK) has developed a thorough framework of the outcomes of childhood bereavement service provision and a set of evaluation tools which provide very useful insights into the impact of services on children's wellbeing (Rolls and Penny, 2011).

Moreover, we used the questionnaire to explore children's views immediately after the end of the group. This might not have offered participants enough time to process and reflect on the experience of the group, particularly when the perpetrator was a member of the family – these children appeared to recognise fewer benefits compared to the rest (see Table 1). We currently use another tool approximately a month after the group; the Strengths and Difficulties Questionnaire, which is a psychometrically robust measure and covers children's behaviours, emotions and relationships.

In their article, Searles et al (2012) refer to some studies where the positive experiences of weekend camps reported in interviews are not always accompanied by changes in

anxiety and sadness as measured by rating scales. Thus, a mixed-methods approach for the evaluation of such programmes might be more beneficial. It would also be valuable to understand the long-term impact of the group, in particular to find out if it shares any of the long-term benefits identified in the longitudinal study by Sandler et al (2010).

The sample of participants for this study was limited to those accessing these residential weekends and as a result will not necessarily be representative of the full range of children bereaved in this way. The group was predominantly White British. It would be very interesting to explore if the outcomes would be similar for children from other ethnic backgrounds, who may use different coping strategies, and consider relevant implications for service delivery.

Finally, it is important not only to investigate the pathological consequences but also to conduct research on the effects of interventions on wellbeing and quality of life for homicide survivors (Tuck et al., 2012). For example, there is limited research on psychological adjustment and insight which have been reported to be particularly beneficial outcomes of bereavement support groups (MacKinnon et al., 2014).

Akerman, R. and Statham, J. (2014) *Bereavement in Childhood: The Impact of Psychological and Educational Outcomes and the Effectiveness of Support Services: Working Paper 25* (London: Child Wellbeing Research Centre).

Alisic, E., Krishna, R., Groot, A., and Frederick J. (2015) 'Children's mental health and wellbeing after parental intimate partner homicide: A systematic review', *Clinical Child and Family Psychology Review*, 18 (4), 328-345.

Armour, M.P. (2002) 'Experiences of co-victims of homicide: Implications for research and practice', *Trauma, Violence and Abuse*, 3 (2), 109-124.

Black, D. and Trickey, D. (2009) 'The effects of bereavement in childhood', in M. Geler, N. Andreasen, J. Lopez-Ibor, and J. Geddes (eds.), *New Oxford Textbook of Psychiatry*, 2nd ed (Oxford: Oxford University Press), 1758-1760.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, 77-101.

Boyatzis, R. (1998) *Transforming Qualitative Information: Thematic Analysis and Code Development* (London: Sage).

Brewer, J. and Sparkes, A. (2011) 'Parentally bereaved children and post-traumatic growth: Insights from an ethnographic study of a UK childhood bereavement service', *Mortality*, 16 (3), 204-222.

Burke, L.A., Neimeyer, R. A., and McDevitt-Murphy, M. E. (2010) 'African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD and depression'. *Omega: Journal of Death and Dying*, 61 (1), 1-24.

Charuvastra, A. and Cloitre, M. (2008) 'Social bonds and posttraumatic stress disorder', *Annual Review of Psychology*, 59, 301-328.

Clute, M.A. and Kobayashi, R. (2013) 'Are children's grief camps effective?' *Journal of Social Work in End-Of-Life and Palliative Care*, 9 (1), 43-57.

Cohen, J. A., Mannarino, A. P., Greenberg, T., Padlo, S., and Shipley, C. (2002) 'Childhood traumatic grief – concepts and controversies', *Trauma, Violence and Abuse*, 3 (4), 307-327.

Connolly, J. and Gordon, R. (2014) 'Co-victims of homicide: A systematic review of the literature', *Trauma, Violence and Abuse*, 16 (4), 494-505.

Currier, J.M., Holland, J.M., and Neimeyer, R. A. (2007) 'The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research', *Journal of Clinical Child and Adolescent Psychology*, 36 (2), 253-259.

Dyregrov, K., Dyregrov, A., and Johnsen, I. (2013) 'Participants' recommendations for the ideal grief group: A qualitative study', *Omega: Journal of Death and Dying*, 67 (4), 363-377.

Dyregrov, A., Dyregrov, K., Straume, M., and Grønvold Bugge, R. (2016) 'Weekend gatherings for bereaved family members after the terror killings in Norway in 2011', *Bereavement Care*, 35 (1), 22-30.

Dyregrov, A. and Regel, S. (2012) 'Early interventions following exposure to traumatic events: Implications for practice from recent research', *Journal of Loss and Trauma*, 17, 271-291.

Feldman Hertz, M., Prothrow-Stith, D., and Chery, C. (2005) 'Homicide survivors: Research and practice implications', *American Journal of Preventive Medicine*, 29 (5) [Supplement 2], 288-295.

Fredrickson, B.L. (2001) 'The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions', *American Psychologist*, 56, 218-226.

Gaensbauer, T., Chatoor, I., Drell, M., Siegel, D., Zeanah, C.H., and Jellinek, M. S. (1995) 'Traumatic loss in a one-year-old girl', *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 520-528.

Gross, B. (2007) 'Life sentence: Co-victims of homicide', *Annals of the American Psychotherapy Association*, 10, 39-43. [online] Available at:

<http://www.annalsofpsychotherapy.com/articles/fall07.php?topic=article10>

Harris-Hendriks, J., Black, D., and Kaplan, T. (2000) *When Father Kills Mother: Guiding Children Through Trauma and Grief*, 2nd ed. (London: Routledge).

Joffe, H. and Yardley, L. (2004) 'Content and thematic analysis', in D.F. Marks and L. Yardley (eds.), *Research Methods for Clinical and Health Psychology* (London: Sage), 56-68.

Jordan, J. and Neimeyer, R. (2003) 'Does grief counseling work?' *Death Studies*, 27, 765-786.

Kaffman, M. and Elizur, E. (1996) 'Bereavement as a significant stressor in children', in C. R. Pfeffer (ed.) *Severe Stress and Mental Disturbance in Children* (Washington DC: American Psychiatric Press).

Kilpatrick, D.G. and Acierno, R. (2003) 'Mental health needs of crime victims: Epidemiology and outcomes', *Journal of Traumatic Stress*, 16 (2), 119-132.

Klass, D., Silverman, P.R., and Nickman, S. L. (eds.) (1996) *Continuing Bonds: New Understandings of Grief* (Washington DC: Taylor and Francis).

Lyon, E., Moore, N., and Lexius, C. (1992) 'Group work with families of homicide victims', *Social Work with Groups*, 15 (1), 19-33.

MacKinnon, C.J., Smith, N.G., Henry, M., Berish, M., Milman, E., Körner, A., Copeland, L.S., Chochinov, H.M., and Cohen, S.R. (2014) 'Meaning-based group counseling for bereavement: Bridging theory with emerging trends in intervention research', *Death Studies*, 38, 137-144.

Mahoney, A. and Clarke, C. (2004) 'Understanding the psychosocial sequelae of the murder of a grandparent/caregiver: Cases of Jamaican school-age children', *Journal of Loss and Trauma*, 9 (4), 299-313.

Malone, L. (2007) 'In the aftermath: Listening to people bereaved by homicide', *The Journal of Community and Criminal Justice*, 54 (4), 383-393.

Metel, M. and Barnes, J. (2011) 'Peer-group support for bereaved children: A qualitative interview study', *Child and Adolescent Mental Health*, 16 (4), 201-207.

Mezey, G., Evans, C., and Hobdell, K. (2002) 'Families of homicide victims: Psychiatric responses and help-seeking', *Psychology and Psychotherapy: Therapy, Research and Practice*, 75, 65-75.

Norris, F.H., Ruback, R.B., and Thompson, M.P. (1998) 'Comparative distress levels of inner city family members of homicide victims', *Journal of Traumatic Stress*, 11, 223-242.

Penny, A. and Stubbs, D. (2015) *Bereavement in Childhood: What do we know in 2015?* (Childhood Bereavement Network).

Rolls, L. and Payne, S.A. (2007) 'Children and young people's experience of UK childhood bereavement services', *Mortality*, 12 (3), 281-303.

Rolls, L. and Penny, A. (2011) 'Mapping evaluation of UK childhood bereavement services', *Bereavement Care*, 30 (1), 43-47.

Rynearson, E.K. (1995) 'Bereavement after homicide: A comparison of treatment seekers and refusers', *British Journal of Psychiatry*, 166 (4), 507-510.

Sandler, I.N., Ayers, T.S., Tein, J.Y., Wolchik, S.A., Millsap, R., Khoo, S.T., Kaplan, D., Ma, Y., Luecken, L., Schoenfelder, E., and Coxe, S. (2010) 'Six-year follow-up of a preventive intervention for parentally bereaved youths: A randomised controlled trial', *Archives of Pediatrics and Adolescent Medicine*, 164 (10), 907-914.

Searles McClatchey, I. and Wimmer, J.S. (2012) 'Healing components of a bereavement camp: Children and adolescents give voice to their experiences', *Omega: Journal of Death and Dying*, 65 (1), 11-32.

Steeves, R.H., and Parker, B. (2007) 'Adult perspectives on growing up following uxoricide', *Journal of Interpersonal Violence*, 22, 1270-1284.

Stöckl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., and Moreno, C.G. (2013) 'The global prevalence of intimate partner homicide: A systematic review', *Lancet*, 382, 859-865.

Stokes, J.A. (2004) *Then, now and always. Supporting children as they journey through grief: A Guide for Practitioners* (Winston's Wish).

Stokes, J., Wyer, S., and Crossley, D. (1997) 'The challenge of evaluating a child bereavement programme', *Palliative Medicine*, 1, 179-190.

Stubbs, D. (2006) 'Piloting a residential weekend for families bereaved through murder', (Childhood Bereavement Network) (article available upon request).

Trickey, D. (2008) Children and Trauma (unpublished presentation).

Trickey, D. and Nugus, D. (2011) 'Evaluation of a therapeutic residential intervention for traumatically bereaved children and young people', *Bereavement Care*, 30 (1), 29-36.

Tuck, I., Baliko, B., Schubert, C.M., and Anderson, L. (2012) 'A pilot study of a weekend retreat intervention for family survivors of homicide', *Western Journal of Nursing Research*, 34 (6), 766-794.

Worden, W.J. (1996) *Children and Grief: When a Parent Dies* (New York: Guilford Press).

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