

## Persistent Offender Profile: Focus on Bereavement CJSW Briefing Paper 13: August 2008

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### Introduction

The purpose of this short report is to examine the literature on the link, if any, between bereavement and offending, to assess the prevalence of the issue in Glasgow, and to discuss the findings relevant to Glasgow.

Most of the available literature focuses on the bereavement experiences of the adolescent population in general. The literature suggests that bereavement is a common experience, with prevalence of up to 90% often recorded by the time a young person leaves secondary school<sup>i</sup>. Caution needs to be taken though, as many of these studies include the death of a family pet among their data. Studies from the UK that focus solely on close relatives and friends suggest an occurrence of between 43% among Glasgow schoolchildren<sup>ii</sup> to 78% in a study across three secondary schools in the NE of England<sup>iii</sup>.

The most common loss was, unsurprisingly, that of a grandparent, with a range in the general adolescent population of between 55%<sup>i</sup> and 66%<sup>iii</sup>. The rate of parental loss among adolescents appears to be fairly constant across all studies, recorded at between 3 and 4%<sup>i ii iii</sup>.

None of the UK studies concerned with the general population explored the cause of death in any detail. The only study that did so, conducted in Finland<sup>iv</sup>, reported illness as the most common cause of death (60%). Deaths caused by suicide were reasonably common (13%), but deaths by accident (9%) and murder (5%) less so.

The impact of bereavement obviously varies from person to person, and from one bereavement experience to another. However, studies have found that depressive symptoms increase with the number of losses experienced<sup>iii</sup> and are just as likely to be present among adolescents who lost a loved one in the past as those that experienced a more recent bereavement<sup>iii v</sup>. Guilt feelings have been commonly reported in response to sibling deaths<sup>vi</sup>.

Studies into traumatic deaths (such as suicide or murder) have identified a more complicated bereavement response, most likely because of the traumatic images associated with the death, or because of witnessing the event<sup>vii</sup>. Increased levels of Post Traumatic Stress Disorder (PTSD) and incidences of co-morbidity (for example depression and PTSD) have often been observed in such cases<sup>vii</sup>.

The only study identified that explored the impact of bereavement among young offenders involved a small sample of males (aged 17 to 21) who were in custody at HM Prison Cardiff<sup>viii</sup>. Healthcare staff had noted that several young offenders who had a history of loss/bereavement in childhood or adolescence were particularly emotionally vulnerable. The 15 young offenders in the sample were selected as they had all experienced at least one bereavement. A structured interview revealed that 40% of the sample had lost a parent and 80% a grandparent. Traumatic bereavements were fairly common (including suicide and car accidents) and more than 25% had witnessed a violent death. The most commonly reported persisting emotions included anger (75%), sleep problems (67%), guilt, depression and using substances to cope with the loss (all 53%).

Given these findings from the literature, it was decided to explore a sample of persistent young offenders in Glasgow for bereavement experiences and their impact.

### **Methodology**

The sample group was all 252 of Glasgow's persistent offenders for the 2005/2006 year. A short proforma (see Appendix 1) was sent to all allocated Social Workers for completion. A total of 167 responses were received (66%) and for the remaining non responses the Social Work case recording system, CareFirst, was examined for any references to bereavement.

### **Findings**

#### ***Prevalence among Persistent Offenders***

While 105 (42%) of all persistent offenders had experienced bereavement, 72 had no such experience (29%). For the remaining 75 young people it is not known whether they had experienced bereavement, either because a return was not received or the social worker did not know if this was the case.

If those young people with 'not known' responses are excluded from the analysis, leaving a total of 177 young people whose experiences were absolutely certain, the proportion experiencing bereavement rises to 59%.

This appears to be similar to the rate in the general population suggesting that the prevalence of bereavement is not different between the persistent offender population and young people in general. However it is likely that the survey method may produce a slight underestimate, not directly surveying young people and their families, but instead relying on worker knowledge and case file recording, although this was on occasion supplemented by worker discussion with service users.

#### ***Multiple Bereavements***

A total of 25 young people had experienced more than one bereavement (or almost 1 in 4 of all young people experiencing bereavement). Nine young people had experienced three or more bereavements and two young people had experienced five bereavements. A total of 144 deaths were recorded across the sample.

#### ***Age***

Over half (56%) of young people experienced their first recorded bereavement between the ages of 12 and 16, with a further 32% between the ages of 5 and 11. Only 11% of young people were aged under 5 and 2% aged over 16 at the time of their first bereavement.

#### ***Relationship***

Table 1 below shows the relationship that the deceased person had to the young person, and shows the number of young people who had lost *at least one* of the relatives listed – many young people had lost both grandparents for example, and thus the table does not show the full extent of losses suffered.

As to be expected the most common relationship was that of grandparent; however this is very closely followed by a parent. Two young people had lost both parents. In addition, in a number of the cases involving the loss of a grandparent or aunt/uncle, the relative was in fact the main carer or was heavily involved with the care of the child.

**Table 1: Relationship of deceased person to young person (% will add up to more than 100 as some young people experienced more than one bereavement)**

Relationship	Number of young people	%
Grandparent	44	42%
Parent	43	41%
Friend	12	11%
Sibling	9	9%
Aunt/uncle	8	8%
Other relative	4	4%
Other/unknown	3	3%
Foster carer	1	1%

The incidence of parental death among all persistent offenders was 17%, far higher than the 3% to 4% seen in studies of the general adolescent population. The proportion of those bereaved young people who experienced parental death (41%) was similar to that of the Cardiff prison sample. Thus, although persistent offenders do not appear to experience any more bereavements than the general adolescent population, the nature of these losses is markedly different.

### ***Cause of death***

For more than one-third of deaths (34%) the cause was not recorded. Cause of death for the 95 cases where this was recorded can be found in Table 2 below.

**Table 2: Recorded cause of death**

Cause of death	Number of deaths	%
Illness	35	37%
Drug/alcohol related	29	31%
Murder	15	16%
Accident	10	10%
Suicide	6	6%
<b>Total</b>	<b>95</b>	<b>100%</b>

It appears that many of these young people lost someone close to them in especially tragic or violent circumstances. Thus it can be seen that, of those cases where the cause of death was recorded, more than 1 in 5 deaths are defined as traumatic according to the literature (i.e. murder or suicide). Out of 33 recorded reasons for parental death, 18 (55%) were related to drug or alcohol use.

### ***Other Trauma***

An incomplete analysis of the sample in relation to trauma suggests that similar numbers of young people are witness to traumatic events (excluding bereavement). At this stage, where three-quarters of persistent offenders have had CareFirst records analysed, it appears that at least one-third have experienced trauma or witnessed traumatic events; for example a number have been stabbed, or have witnessed others being stabbed or violently assaulted, while others have witnessed domestic violence at home. A number

of responses from social workers also highlighted the fact that many young people had experienced significant losses without actually losing someone through death – for example many young people had lost touch with one or both parents and had not had any contact with them for many years. It is outwith the scope of this report to explore this issue further, but it would be of interest to revisit this in the future.

### ***Impact of bereavement***

For many cases the impact of the bereavement on the young person was not known. Table 3 below lists the commonly recorded responses to the bereavement, however this response can often be very complex and multi-faceted, and for the purposes of this report only the presenting issue that appears to have caused most difficulty has been listed.

**Table 3: Main impact of bereavement**

Main impact	Number of young people	%
Not known	40	38%
Emotional impact i.e. grief, guilt, difficulty coming to terms with death, sorrow	25	24%
Behavioural changes i.e. substance use, school attendance, self-harming, offending	21	20%
Practical problems, i.e. becoming accommodated	8	8%
Other	11	10%
<b>Total</b>	<b>105</b>	<b>100%</b>

Emotional reactions were present in almost 60% of all cases where an impact was recorded, even in the cases where another reaction has been recorded in the table, something which appears to be a natural and understandable reaction to bereavement. However feelings of guilt were most often recorded in those cases where it was a friend or sibling that had died; in some of these instances the young person had often argued with the sibling or friend prior to death, or felt guilty that they themselves were still alive.

Behavioural changes were the next most frequently presenting issue, although these tended to arise where there had been some level of challenging behaviour prior to the bereavement, with the behaviour being exacerbated by this bereavement. However several responses indicated that the worker felt the behaviour, particularly the misuse of substances, was directly attributable to the young person attempting to deal with their bereavement.

### ***Service Input***

The services available in Glasgow for young people affected by bereavement include, but are not limited to: national resources such as Childline and CRUSE, Child and Adolescent Mental Health ('CAMHs') teams and the Yorkhill Family Bereavement Service.

For more than half of the young people who had experienced bereavement (51%), it was not known what supports or counselling had been offered to the young person and their family in relation to the bereavement(s). This was often because the bereavement had occurred before the young person became known to Social Work, or because the worker had not been involved with the case at the time. Figures relating to the take up of support can be found in Table 4.

**Table 4: Take up of support**

Take up of support	Number of young people	%
Not known	54	51%
Support offered but declined	30	29%
No support offered	15	14%
Support offered and taken up	6	6%
<b>Total</b>	<b>105</b>	<b>100%</b>

As can clearly be seen, although support or counselling in relation to the bereavement was offered to more than one-third of young people, only 6 young people took up the support at the time that it was offered. This timing of this offer of support is key, as studies of bereavement have shown that it can often be weeks, months or even years before the bereaved person feels that they require support, or feel that they are in a position to take up support. In this respect a number of responses did state that although the support had been refused the offer was still open to the young person, who was aware that this was still available if required.

In addition, although counselling may not have been offered or accepted in direct relation to the bereavement, the very nature of the statutory relationship between social worker and persistent offender meant that a variety of supports were on offer to address issues such as offending, behaviour, educational attendance, anger management etc – issues that may have been, although not necessarily, linked to their bereavement experiences.

### **Conclusions and Implications**

The Joseph Rowntree Foundation conducted a review of the literature<sup>ix</sup> on the impact of loss and bereavement on young people. This review identified those who experience multiple bereavements or bereavement alongside other difficulties as statistically more likely to experience negative outcomes in areas such as education, depression, self-esteem and risk-taking behaviour. Thus they make the case for paying particular attention to this group of young people.

The extraordinarily high levels of parental death, multiple bereavements, traumatic and violent deaths and the witnessing of traumatic events among Glasgow's persistent offenders, in addition to the previously well documented<sup>x</sup> difficulties that many of these young people have faced, are therefore of clear concern.

With the focus of all agencies geared to reducing the level of persistent offenders and to improving outcomes for this group of young people, there needs to be better understanding as to how best to meet their needs. Considerable work has been achieved in Glasgow in improving the assessment of young people's criminogenic needs and in the use of evidence-based interventions to address these needs, yet bereavement is clearly a significant issue that requires further exploration and development. Drawing on the skills, knowledge and expertise from all relevant agencies there needs to be a clear appraisal of 'what works?' in relation to managing and supporting young people through their bereavements and services reviewed accordingly. The low level of take-up of existing supports needs to be explored through consultation with young people, to address whether this is because: support is not wanted; support is offered at an inappropriate time; the types of support available are unsuitable or if it is down to other reasons.

The benefits of this exercise will have an impact across wider children's services, but should also prove particularly helpful in improving the outcomes for young people involved in offending by ensuring that all of their needs are addressed appropriately.

## References

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<sup>i</sup> Ens, C & Bond, J.B. (2005). "Death Anxiety and Personal Growth in Adolescents Experiencing the Death of a Grandparent." *Death Studies* 29: 171-178

<sup>ii</sup> Centre for Research on Families and Relationships (2006). "Cool with Change: Young People and Family Change". *Research Briefing No. 26*. [www.cfr.ac.uk/Reports/rb26.pdf](http://www.cfr.ac.uk/Reports/rb26.pdf)

<sup>iii</sup> Harrison, L & Harrington, R. (2001). "Adolescents' bereavement experiences. Prevalence, association with depressive symptoms, and use of services." *Journal of Adolescence* 24: 159-169

<sup>iv</sup> Rask, K., Kaunonen, M., & Paunonen-Ilmonen (2002) "Adolescent coping with grief after the death of a loved one" *International Journal of Nursing Practice* 8: 137-142

<sup>v</sup> Fanos, J.H. & Nickerson, B.G. (1991). "Long-term effects of sibling death during adolescence" *Journal of Adolescent Research* 6: 70-82

<sup>vi</sup> Crehan, G. (2004). "The Surviving Sibling: The Effects of Sibling Death in Childhood" *Psychoanalytic Psychotherapy* 18 (2): 202-219

<sup>vii</sup> Pfeffer et al. (1997). Cited in Dowdney, L. (2000). "Annotation: Childhood Bereavement Following Parental Death". *Journal of Child Psychology and Psychiatry* 44 (7): 819-830

<sup>viii</sup> Finlay, I.G. & Jones, N.K. (2000) "Unresolved grief in young offenders in prison" *British Journal of General Practice*, Brief Reports

<sup>ix</sup> Joseph Rowntree Foundation (2005). "The impact of bereavement and loss on young people" [www.jrf.org.uk](http://www.jrf.org.uk)

<sup>x</sup> "Persistent Offender Profile (2004)" and "Persistent Offender Profile (2006)" *Internal Glasgow City Council documents, unpublished*

**Appendix 1****Bereavement Audit of Persistent Offenders**

Name: X

CareFirst ID: X

Q1) Has X ever experienced any bereavementYes  No  Don't Know 

If yes please complete the remaining questions.

Q2) Please provide details for all bereavements that X has experienced, including:  
 the relationship of the deceased to the young person (i.e mother, father, friend, carer etc),  
 the cause of death if known (i.e. illness, suicide, murder, car accident, drugs overdose etc)  
 the approximate age of the young person at the time of the bereavement

	relationship of deceased to yp	cause of death	age of yp at time of bereavement	did yp witness the death? (yes /no / don't know )
Bereavement 1				
Bereavement 2				
Bereavement 3				
Bereavement 4				
Bereavement 5				

**Bereavement Audit for X (continued...)**

**Q3 Please briefly describe the impact that the bereavement(s) had on the young person, for example impact on emotions or behaviour**

**Q4 Please briefly describe what services were offered to the young person in relation to their bereavement(s) (for example referral to CRUSE, Yorkhill etc) and please note whether the young person took up any offer of support**

**Q5 Please provide any other information that you feel is relevant**

Thank you for completing this bereavement audit. A full analysis of the data will be carried out and circulated to all staff