

# Exploring the efficacy of a bereavement support group for male category C prisoners: a pilot study

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**Abstract:** Bereavement features frequently in the lives of offenders. Unresolved grief may also be linked with offending behaviour. This article describes an innovative co-facilitated bereavement support group set up by members of the voluntary organisation Cruse Bereavement Care in a category C male prison. A pilot evaluation study of the group was undertaken, using quantitative and qualitative methods. The results suggest that this model of group intervention, offered alongside one-to-one support, can be useful for some prisoners in reducing levels of despair, blame and anger, and in fostering personal growth, at least in the short term, if they are committed to engage with the group process.

**Keywords:** bereavement; offenders; prison; groupwork; unresolved grief

Unresolved loss and grief can be a contributory factor in offending behaviour (Hammersley & Ayling, 2005; Leach, Burgess & Holmwood, 2008; NACRO, 2003; Vaswani, 2008). To date there has been little specific research undertaken on the effectiveness of particular interventions to support bereaved prisoners, and limited research into prisoners' experiences of bereavement (Hendry, 2009). Groupwork has long been recognised as a useful intervention in the prison setting (Dixon, 2000). Crighton and Towl (2008) argue that group therapy in prison is a clinically effective way to achieve behaviour change, bearing in mind 'the costs of not providing effective interventions'.

While the purpose of providing bereavement support in a prison setting is not to reduce offending, this may occur as an important secondary effect.

Not all prisoners may be suited to therapeutic group work (Crighton & Towl, 2008), due to mental health issues. Blackmail or bullying can occur, and some prisoners

may brood when alone in their cells. There is evidence to suggest that one-to-one support is best for prisoners at risk of suicide (Strettle, Heald & Bailey, 2009), and may be more suited for addressing the core issue of early loss. However, research suggests group work offers more than one-to-one work for those bereaved by suicide, because of the opportunities it offers for sharing personal stories with several people and learning from others' experiences (Pietila, 2002).

How past losses have been handled can provide clues to how someone copes with loss in general (Martin & Doka, 2000). When a significant person dies, this may amplify other losses, past and present, for a prisoner (Hendry, 2009), resulting in increased feelings of isolation and heightened emotional state. Doka (1989) coined the phrase 'disenfranchised grief' to describe grief that is not or cannot be openly acknowledged, publicly mourned, or socially supported. Although prisoners are surrounded by other people, paradoxically this may be more isolating if they do

not feel able to talk to the people around them about their feelings (Woolfenden, 1997).

Bereavement appears to be a common feature in the lives of offenders. In one small study conducted for the Northern Ireland Prison Service (2005), 76% of the female prisoners surveyed (n=25) reported having experienced the death of someone close within the previous five years and that they continued to feel the effects of grief. In another study, of female offenders in Holloway Prison, 82% of the prisoners who took part had also experienced the death of someone close within the previous five years (cited in Northern Ireland Prison Service, 2005). Studies of young offenders have also found high incidence of bereavement and loss in their lives, past and present (NACRO, 2003). One study, of persistent young offenders in Scotland, found that more than two in five (42%) had experienced bereavement (Vaswani, 2008).

## Bereavement and offenders

The literature and prisoners' autobiographical accounts suggest the following are common complicating factors among bereaved prisoners:

- some adults and young people turn to unlawful activities as a result of their inability to cope with a significant bereavement, resulting in imprisonment (Webster, MacDonald & Simpson, 2006; NACRO, 2003)
- prisoners who are notified of a death while in prison can feel overwhelmed by their grief, and may be at risk of suicide, possibly because they are unable to access their usual coping strategies (WHO, 2000); others have difficulty in accepting the reality of the death because they are sheltered from it by their environment
- prisoners who were bereaved during childhood or adolescence talk about living with unresolved grief for many years
- former members of the Armed Forces comprise the biggest occupational group within the prison system, the vast majority of whom are male (Veterans Prison In-reach Working Group, 2010). Their grief may be complicated by post traumatic stress disorder and/or mental health problems arising from their involvement in armed conflict (Combat Stress, undated)
- prisoners may have caused loss of life through their own actions, which may complicate the grieving process.

Some 72% of male and 70% of female sentenced prisoners have two or more mental health disorders (Prison Reform Trust, 2010). The Bradley Review (2009) has highlighted the need to improve mental health care and treatments for people entering and within the criminal justice system. Chaplaincy staff, healthcare teams, other members of prison staff and 'listeners' (trained prisoners who offer a confidential listening service to other inmates) are available

in prisons to help bereaved prisoners on a day-to-day basis. Prisons offer a range of programmes to help inmates with mental and behavioural problems – for example, anger management, drug rehabilitation and thinking skills training. Yet there is currently no nationally recognised prison rehabilitation programme that specifically addresses what may be the root cause of some prisoners' problems: coping with recent and past losses and bereavements.

## Bereavement support in prison

I completed my training to work as a bereavement volunteer with Cruse Bereavement Care in 2003. After further training, I started to offer individual bereavement support, with two colleagues, to inmates at HMP Everthorpe, an adult male category C prison (the third level of enclosed prison security) with an operational capacity of approximately 689.

It was not uncommon for bereaved prisoners to report during one-to-one sessions that they received little social support from friends and family and did not feel able to discuss their grief openly with them. This was often because they felt that their family and friends were already coping with the upset of their imprisonment and they didn't want to make matters worse. Some prisoners had little or no regular contact with close family members anyway, these ties having been broken through their chosen lifestyle. Thus, the only – if any – sources of support available during their time in prison were from within the prison itself. People's abilities to exercise positive coping mechanisms are inevitably constrained by being in prison. Destructive coping mechanisms such as illicit drug taking are commonly to be found in prisons and young offender institutions (Finlay & Jones, 2000).

Having applied to do an MA in counselling, I decided to research the practical and therapeutic benefits and limitations of a co-facilitated peer support group in prison. I sought ethical advice from Cruse, the Ministry of Justice Area Ethics/Research Panel and York St John University, and presented a proposal to the prison authorities to pilot a new model of prison-based bereavement support. This was a co-facilitated, closed bereavement support group run by Cruse volunteers alongside the one-to-one support we already offered.

The proposed group followed a person-centred approach (Rogers, 1961) and drew also on existential, transactional analysis, psychodynamic and other counselling approaches. The programme was a compromise between the needs of the group members and the task of the group (Firth, 2005). The sessions covered similarities and differences in bereavements; exploration of pertinent issues that have arisen for group members as a result of being bereaved in prison; identifying the reasons why grief doesn't easily follow a particular pattern for prisoners; anger, guilt and other intense emotions; recognising triggers and sharing

**Table 1:** Findings from the HGRC subscales at pre- and post-programme assessment

Subscale 1 – Despair	Results showed a significant difference (t=3.162, df9, p<0.012)
Subscale 2 – Panic behaviour	Results showed no significant difference (t=1.400, df9, p<0.195)
Subscale 3 – Personal growth	Results showed a highly significant difference (t=-4.758, df9, p<0.001)
Subscale 4 – Blame and anger	Results showed a significant difference (t=2.626, df9, p<0.028)
Subscale 5 – Detachment	Results showed no significant difference (t=1.992, df9, p<0.078)
Subscale 6 – Disorganisation	Results showed no significant difference (t=1.931, df9, p<0.085)

coping skills; family ways of coping and relationships; looking at the past, present and future, and dealing with endings.

We opted for a closed group as we felt admitting new members would disrupt the trust and therapeutic bond established between participants. However prisoners who decline to join a group for whatever reason are able to join a later group if, say, they are coming to the end of their sentence and want to discuss bereavement issues that await them on release. A chaplain maintains a waiting list of men who have requested bereavement support.

We built in flexibility to split the group into smaller sub-groups to give greater safety and privacy when discussing difficult past experiences.

The programme comprises six 2½ hour weekly sessions, with a break halfway through the session. The timing of the sessions was chosen to fit with the prison regime.

Group members agree the ground rules for participants in the first session.

Potential participants receive an initial one-hour, one-to-one assessment (to identify prominent issues, complete paperwork and begin to develop a trusting therapeutic bond) and a decision is made jointly as to whether they join a group. If they decline, they are offered one-to-one sessions or support if needed from the chaplaincy, personal officers and the prison healthcare team.

Initial take-up was low – a maximum of six participants in each block.

I evaluated three of the groups as a pilot study, using a mixed methods approach. Data collection took place between February and July 2009. Participant outcomes were measured quantitatively using the Hogan Grief Reaction Checklist (HGRC) (Hogan, Greenfield & Schmidt, 2001), which incorporates the subscales of despair, detachment, disorganisation, panic behaviour, blame and anger, and personal growth. Each participant was invited to complete the HGRC at their initial assessment meeting, at the end of the six-week programme, and six weeks later. Data from the HGRCs were collated using Excel and a 'within-subjects' (paired samples) t-test was undertaken using SPSS software.

Qualitative data were provided in a third party report from the chaplain. Participants were also invited to provide weekly group verbal feedback on what they found helpful/

unhelpful and surprising/powerful about each session. This was recorded on a flip chart. I also followed up some of the group participants between six weeks and 15 months after they had completed the group programme, and invited them to give verbal feedback on how they were feeling now, and in what ways they felt the group had helped them.

## Findings

### Quantitative data

Data were collected on a total of 11 men from three groups. However full data could not be obtained at all three evaluation points as four of the men were not available for the six-week follow-up assessment. This means that only tentative conclusions can be drawn from the quantitative findings reported here.

The results from the HGRC data available indicate a statistically significant increase in personal growth and a significant reduction in despair, blame and anger immediately following participation in the group. No significant change was found in feelings of detachment, panic behaviour or disorganisation (see Table 1).

A significant improvement in personal growth was maintained in those assessed at six week follow-up, indicating that the changes may not be simply an artefact of, for example, an emotional high at successfully completing the six-week programme.

### Qualitative data

Qualitative observations recorded by the chaplain included evidence of participants being more reflective, offering peer support to other bereaved men on the wing, demonstrating new-found confidence, an increase in emotional maturity, engagement in more educational programmes, and one member reporting feeling 'uplifted' and more in control of his life.

Examples of comments from participant feedback immediately following sessions included:

'What another group member said was helpful – I'm not the only person ...'

'This is not just about death – it's about how we deal with the rest of our lives.'

'I've been able to look at the bigger picture.'

'A lightbulb moment when I heard their stories.'

Table 2 reports some of the reflective accounts obtained in the longer-term follow-up interviews.

The majority of group members thought the idea of raising awareness of prisoners' bereavement and loss was much needed, but some men were understandably uncomfortable about highly personal information being collected for research purposes, and were concerned they might be exploited (Ferszt, 2002). Not all the men who were invited to join a group accepted. Based on their responses and knowledge of the client groups, reasons are likely to include avoidance, apathy, denial, anxiety, stigma of vulnerability and perceived loss of current macho image, lack of trust in other group members and personality clashes.

Trust was a key issue, particularly where the men had experience of being abused. That the co-facilitators were not from the prison system, worked for an independent charity and also had personal experience of being bereaved appeared to help foster acceptance and trust (see Olson & McEwen, 2004).

Three over-riding themes emerged from the evaluation's qualitative findings.

#### **Attachment/security**

Social interaction was beneficial when participants felt safe and had developed a 'secure base' (Bowlby, 1969) within the group. Self-disclosure to peers who had also experienced a significant death seemed to provide an 'unblocking' or 'release and loosening' of thoughts, feelings and emotions. Those who were naturally talkative had an opportunity to listen – which did not come easily for some. Quieter members were provided with space to talk about issues, which would often take conversations to a new depth.

Negative consequences did arise, particularly in the first group session, due to conflict and insecurity among group members. Occasionally a group member would walk out of a group and refuse to go back. This was not always an indicator of failing – the timing may have been wrong or other issues may have arisen, resulting in the prisoner not feeling ready to address his grief. Some of these participants decided at a later date to join a different group.

Many prisoners have led complicated lives, with grief being just one aspect. If a prisoner does not want to engage with the group, then there is little chance of any benefits being gained from the intervention. In a less extreme example, a group member would sometimes need to step outside into the corridor in order to temporarily put some space between himself and the intensity of the group discussion. This would often be used as a cue for a rest break or light relief through humour.

Overall, the groups provided opportunity for the men to establish new connections and form meaningful short-term attachments with others within the group that continued after the programme finished.

#### **Identity**

'Belonging' to a social network such as the support group provided an important identity for participants. Although this proved to be very useful within the group setting, it was not always seen in a positive light by others in the wider prison environment, who did not see the benefits of talking about emotions and death in the chaplaincy department with people from 'outside'. Some prisoners were completely uninterested in this form of intervention. However within the group even the most macho of members became sensitive to the feelings of others within his group and, through interaction, members quickly gained increased self-understanding and self-awareness. Many men experienced the chaplaincy environment as therapeutic in comparison with the wider prison environment; several described it as 'peaceful'. In time the men were able to listen patiently to others who were struggling to cope with a bereavement and needed to have their anger validated.

The intervention itself provided a form of identification through a common shared experience. We built in flexibility for participants to explore specific topics. Group discussions included coping with deaths from war and political unrest; death of children (a common occurrence); suicide (also common in these men's lives); the unique culture of travellers; dealing with death following abuse; limited/restricted attendance at funeral rituals due to imprisonment, and unprompted discussions about sensing a presence of the deceased (this too seemed to be a common experience for many group members when in their cells, and in all cases it had provided feelings of reassurance).

#### **Power and control**

The group members were able to identify their own strengths but were also invited to explore whether these strengths had become problematic in relation to bereavement and loss. Two frequent extremes were 'over-protection' (eg. taking a situation into their own hands to see 'justice' is done) and 'putting others' needs before their own' (eg. allowing themselves to be used as a scapegoat, being controlled/bullied, or relinquishing responsibility following a death because it was too difficult to deal with). We discussed how, by recognising that such traits can be damaging as well as positive, members could transform these negative traits into the positive attributes of 'being supportive' and 'acknowledging self-worth'. This acceptance and relinquishing of the power/responsibility dynamic could be built on and maintained following completion of the programme, with additional support and more awareness and understanding from prison staff.

**Table 2:** First person accounts at long-term follow-up

Below are additional comments provided by some participants between six weeks and 15 months after taking part in the group.

**Group member A**

'It helped me so much, just being listened to, because you feel so alone. Being in the group at first I was not too keen, airing my views, but once I got into the group it eased. The horror [of hearing other people's stories] was difficult. The loss [each person had] is the same. The sharing is good in a group. Because other people are telling their experiences it enables you to come out with yours. There is friendship now, camaraderie, closeness. My loss is still there and it will never go away but I can cope with it. I know how to lift myself up. Now I have a couple of friends I can talk to. Having trained to be a listener and done some mental health training, I am intent on helping others. There is always someone coming up to me, and wanting someone to just listen to them is the biggest part of their problems. It's not advice they're looking for, it's an ear.'

**Group member B**

'Sometimes the group teaches you something. Deep down inside, it touches you. You talk about a sore subject and issues around it and it eases the pressure when it's out. You're able to reason "why", for example. What's the best way to take the pain away – love and relationships. Whenever you talk it eases the pain.'

**Group member C**

'I got to know the people in the group reasonably well in the short time that we worked together. Everybody was there because they wanted to find a space to open up. When people told me about things that happened years past I was thinking about those things each day and that gave me the inspiration to open up about a difficult problem myself. That was the atmosphere that everyone was bringing with them and it wasn't just one person that created that atmosphere. I had a really good group that are understanding and sympathetic to other people, but you cannot go into a session and do that straight away. You have to start to trust them. They react to something you say in a nice way and that makes you feel you want to trust them to open up in confidence. You've got to try and understand other people's perspective – from many points of view. You have to learn to forgive. If you can, you can then move on.'

**Group member D**

'It's helped me because I've been able to deal with things in a normal fashion. I've now got a clear head, clear mind. I've still got some anger but I'm not rising to the bait now. I can't change the past. It doesn't do me any good, getting stressed out. I didn't think I could open up. The downside is opening up to people and being in the same group as someone you don't like. I sat there and listened to people who have lost their kids and that. I couldn't have done it on the out. I would have been on drink and drugs. My head was shot. I would have ended up killing someone, or killing myself. I think I helped the others [in the group] with their problems. If I could stop one girl or boy carrying a knife now ... The main thing is I've calmed down and I've learnt to sit and listen to others.'

**Group member E**

'Just saying what's on your mind and listening to other people's experiences helped. It's hard to express yourself to people and at first I would have preferred one-to-one but once I got into the group it took two sessions and I felt comfortable with the group. I've changed as a result because before I wouldn't speak to anyone about it and now I can speak to my own mates about it. Before I wouldn't have been able to do that – ever. It's made me stronger. Accepting someone's death has made me feel more grown up. Everyone listened to my problems. Now I can listen to theirs.'

**Group member F**

'At first I didn't mind either one-to-one or a group. In one-to-one you could pinpoint your personal bereavement. This is more specific. But in the group I wasn't by myself. First what was interesting to learn was how other people deal with bereavement and I wasn't the only person who was grieving – sad things happen in everyone's life. Being in the group was like being in a little family in prison. I want to be there more for my children. You don't know when you're going to die. It's made me realise I want to spend some quality time with my loved ones and to give as much love to my children as possible. I feel I'm a better person emotionally and mentally. I haven't got over it but I have come to terms with it, learning how to cope after losing my father and learning how to move forward. I could relate to someone now who's been bereaved. I could help him, especially being in this environment because it's a double whammy – being in prison and losing someone who you love.'

**Group member G**

One man was very active in promoting the benefits of the Cruse group to other prisoners, having taken part in a group himself. He informally supported several groups of men who had been bereaved, as well as others who chose not to take part in a group. He was unavailable for interview when the follow-up comments were sought, but provided replies to two written questions:

**What did you learn about yourself as a result of being in the group?** 'There's always someone worse off than yourself and I'm more positive about Mum's passing. I value the good times we shared together.'

**In what ways have you changed as a result of having the courage to talk about your loss in the group?** 'Satisfaction in helping others and sharing stories. Greater understanding of others and their loss.'

## Discussion

The results of the HGRC measures, the first person accounts provided by participants, and the feedback from the chaplain's observations demonstrate that participation in the group produced positive outcomes. Specifically, group participation resulted in reduced feelings of despair, blame and anger and appeared to foster personal growth and awareness of self and others. Findings were also consistent between all three data collection methods. Moreover, improvements in personal growth scores were maintained at six week follow-up (where these data were available) and the participants who provided verbal feedback several months after (not all were still in the prison and so could not be contacted) indicated enduring benefit.

That said, there was no evidence of significant change following participation on measures for detachment, panic behaviour or disorganisation. Nor can we generalise from the findings, given the small sample size and lack of control or comparison.

However, the strength of the qualitative evidence for participants is encouraging, indicating significant changes. The group process appeared to be effective in enabling movement and change. Participants felt able to share their own needs and strengths, which the facilitators were able to work with, and to disclose difficult, highly personal experiences – unusual within the very macho culture of the prison environment, where displays of emotion may be seen as weaknesses. Through these processes, participants worked with each other to explore feelings about bereavements and give new and positive meanings to their experiences.

Working within the prison environment did create some constraints and disruptions. Occasionally members had to leave a group early, if they were released, moved to another prison or required to attend other programmes before release etc. This meant we were unable to manage an appropriate ending, and also group dynamics were affected. Ideally, this kind of disruption should be avoided.

Stroebe and Schut propose a model of adaptive coping known as the dual process model, in which the bereaved person oscillates between loss and restoration – emotional tasks of grieving and more practical tasks of constructing a life without the deceased person (Archer, 2008). This process may be much harder to achieve within a prison environment where there is less freedom to choose coping methods and a prisoner may not have access to, or may refuse, any form of support following bereavement. This can result in 'stuckness'. Greater understanding of the reasons for adopting unhelpful coping strategies may be needed – the individual may, for example, have developed this unhelpful coping behaviour as a result of early attachment difficulties (Parkes, 2006).

Undertaking this kind of research is not easy in a prison setting. Cultural, environmental, mental health,

educational, socio-economic and gender specific factors need to be taken into consideration, as well as the inherent mobility of the population. Any such therapeutic intervention will always be enhanced by collaboration with and understanding from prison staff and other prisoners. Training for prison staff in bereavement awareness may help promote a more accepting culture and encourage more prisoners to seek help.

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## The strength of the qualitative evidence for participants is encouraging, indicating significant changes

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A prisoner's belief system can undergo significant changes through the group process. This may create dissonance within the prison if the prisoner has constructed new meanings and revised past values but other prisoners or family members or friends outside do not acknowledge or accept these changes. It may be helpful for an offender to change wings within the prison, if possible, to avoid potential short-term problems with other prisoners. Similar difficulties may be experienced following release.

This research focused on male prisoners. It would be interesting to conduct similar research with other prison populations: females, young offenders, those on remand, for example. Further research is also needed to explore in greater depth the particular bereavement needs of prisoners suffering from prolonged/complicated/traumatic grief (Prigerson, Vanderwerker & Maciejewski, 2008; Rubin, Malkinson & Witztum, 2008).

It was interesting too that several men stated that they would not have sought support from Cruse in the community. The reasoning behind this merits further exploration. Moreover, group members encouraged family members to seek help from Cruse after they had taken part in the group in prison.

## Conclusion

The mixed methods approach used to evaluate this prison-based bereavement support group has provided evidence of a range of benefits from participation, along with some constraints. The findings support the efficacy of this approach, suggesting that participation can foster personal growth and reduce feelings of despair, blame and anger, at least in the short term, even within the constraints of a prison environment. Issues of attachment/security, identity and control/power (Wilson, 2010) within the group context may have played a role.

Further in-depth research is clearly indicated, both into the relationship between bereavement and offending and into how to provide an environment within the

prison setting where offenders can safely admit to and explore complex grief issues. This approach might enable all prisoners suffering from the effects of grief to access support generally, even if they do not wish to participate in specific bereavement interventions.

Finally, while it is not the subject of this research, achieving positive and lasting outcomes from bereavement interventions in a prison setting is likely to require a change in the prison culture to one that is more understanding, aware and supportive of offenders who have been bereaved. Further research in this area, and into effectiveness of bereavement awareness training, is needed to support the development of other, similar programmes elsewhere in the prison system. ■

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