Hidden losses and 'forgotten' suffering: the bereavement experiences of British Romany Gypsies and Travellers

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Abstract: There are an estimated 300,000 Romany Gypsies and Travellers resident in Britain. Policy enactments and a decline in stopping places have impacted these ethnic minorities' cultural tradition of nomadism, leading to significant socioeconomic challenges and rapid cultural change in recent decades. Additionally, Gypsies and Travellers face significant health inequalities, including a reduced life expectancy of between 10–12 years compared to 'mainstream' populations. Further, considerably higher levels of suicide, maternal and infant mortality, miscarriage and stillbirth are reported. Membership of close-knit and large extended families means that bereavement experiences are common from an early age. Unresolved grief from multiple bereavements can have long-term health implications, including depression, anxiety, and increases in risk-taking behaviours such as alcohol and substance misuse. This paper presents a narrative review of the literature illustrated by quotes from a from a recently completed study that examines the bereavement support needs of Gypsies and Travellers and best practice for organisations seeking to support these 'hard to reach' populations.

Keywords: Gypsies/Travellers, bereavement, suicide, health exclusion, grief.

Introduction

This paper discusses the limited research and data on premature death and grief behaviours amongst British Romany Gypsy and Traveller populations. It is organised as a narrative review of the literature drawn from the findings from the first author's doctoral research into the experiences of bereavement, complicated grief, and best practice in developing culturally appropriate support for members of the above communities. Gypsies and Travellers are under-represented in the use of bereavement support services whilst experiencing a disproportionate rate of (often premature or unexpected/violent) death compared to 'mainstream' populations. This review is illustrated by representative quotations drawn from research undertaken by the authors into Romany Gypsy and Irish Traveller communities' experiences of health service engagement, which identified findings pertinent to bereavement experiences and complicated grief reactions amongst the above populations (Rogers, 2016; Greenfields, 2008; Clarke & Greenfields, 2006).

Defining the populations considered within this study

The phrase 'Gypsies and Travellers', is a generic term used in the UK to identify members of ethnic groups who were (or are) traditionally nomadic. Defining who precisely is a Gypsy or Traveller is, however, relatively complex, with different formulations found in planning law (based on

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nomadism regardless of ethnic origins) and under the Race Relations Acts. Despite being recognised as minority ethnic communities under the Race Relations and Equalities Acts (see Cemlyn *et al*, 2009; Clark & Greenfields, 2006), Gypsies and Travellers have been described as being 'some of the most vulnerable and marginalised ethnic groups' in British society, as reflected by poor access to education, bad health and unequal access to services (Equality and Human Rights Commission (EHRC), 2016; Commission for Racial Equality, 2006). This unenviable social status pertains to this day as evidenced by persistent localised research reports, government reviews and European monitoring reports (EHRC, 2016; European Roma and Travellers Forum (ERTF), 2014)

The research study

The background doctoral study explored the impact of bereavement on individuals and wider family members with consideration given to the close cognate kinship and collectivist nature of Gypsy and Traveller communities. It considered whether and how bereaved individuals are supported in a family and community context, given that death and loss are not typically openly discussed within this ethnic group (Clark & Greenfields, 2006).

Female participants (see Table 1) were recruited via non-governmental organisations (NGOs) that provide advocacy and support to Gypsy/Traveller communities by promoting social inclusion and equality with mainstream society. The sampling choice to only include women was deliberate, and it was culturally sensitive to initially explore female perspectives as men do not typically talk about this subject within their own community, and were highly unlikely to talk with a non-Gypsy female researcher (Okely, 1983). This focus on gendered experience has situated the research as closely aligned to feminist paradigms (Ropers-Huilman & O'Brien, 2015). Given the sensitive nature of the research, narrative inquiry, using focus groups and narrative conversations, was utilised to explore the bereavement experiences of the participants (Gilbert, 2002). Two focus groups were carried out, one with eight Irish Travellers and the other with seven English Romany Gypsies. This was followed by a further nine individual narrative conversations.

It is important to highlight that this is a qualitative experiential study and as such does not use a clinical diagnostic scale such as one for prolonged grief disorder, but refers to complicated grief to illustrate the variations from the more typical patterns of death within the mainstream population.

Ethical approval / consents

All research undertaken in association with this on-going project have been subject to full ethical review and approval by Buckinghamshire New University's Faculty of Society and Health Ethics Panel. Participants have given informed consent for the inclusion of data and quotations to be used in any publication arising from this study. The names and information of all participants has been anonymised in line with best practice and the approvals granted by the Ethics Committee for this study. There is no financial interest or benefit which will accrue to the authors from the application of this research.

Analysis

A thematic analysis (Braun & Clarke, 2006) of the data identified the following themes: cultural characteristics, health status, gender and family. All of these were influential in shaping the bereavement practices and behaviours of Gypsy and Traveller families. The stories heard during this study confirm that bereavement typically creates long-term problems for Gypsies and Travellers (Rogers, 2016). Direct quotes have been selected to illustrate particular characteristics of bereavement within this community.

Extended kinships

Within Gypsy and Traveller communities, bereavement is situated within families where extended kinships are characterised by strong cognate relationships and the cultural practice of not discussing death. Embedded in these kin relationships are very strong protective behaviours. From our findings, it is clear that this predominant need to 'protect' family at any cost, which results in part from living within an often hostile majority society and also from a collectivist societal approach that favours the wellbeing of others above that of the individual, appears to have an impact on the complexity of bereavement behaviours of Gypsies and Travellers. It is particularly notable amongst women who will consistently put the care and protection of other family members above their own health and wellbeing, as illustrated in the interview extract below.

> *'We do expect a lot [of ourselves] we have to cope with everything, to carry on with family life; you almost haven't got time to grieve. More so with the women the men go straight to drink they start drinking before the body is cold. So then the woman has to manage with her husband, family, kids, it's hard you know. That's what causes more problems for the woman it builds up and builds up you just don't know where to go with it once it's there you don't know how to manage it what to do with it or how to get rid of it. It's part of being a Traveller, it's what they do and unfortunately that brings a lot of problems' (Irish Traveller interviewee).*

Table 1 presents the demographics of the research participants and their bereavement experiences, emphasising the high numbers of premature and potentially preventable deaths experienced by respondents and their families.

Table 1 Demographics of research participants and their bereavement experiences.

Participant profile Individual conversations	**Relationship of deceased to participant**	**Age of relative at death**	**Cause of death**
Irish Traveller living on a site	Mother	59	Cancer
Irish Traveller living on a site	Nephew	Pre -natal	Stillbirth
	Children	Pre -natal	3 Miscarriages
	Cousin	9	Undisclosed
Irish Traveller – housed	Son	Late thirties	Substance misuse
Irish Traveller living on a site	Brother in law	16	Road traffic accident
	Brother in law	21	Road traffic accident
	Cousin	7	Road traffic accident
English Gypsy – housed	Uncle	30	Sudden, cause unknown
	Grandfather	Undisclosed	Sudden, cause unknown
Irish Traveller living on a site	Children	2 weeks	Meningitis
		Pre-natal	5 miscarriages and stillbirths
	Mother	undisclosed	Head injury
English Gypsy – housed	Child	Pre-natal	Stillbirth
English Gypsy – housed	Child	15 months	Gastroenteritis
	Grandson	23	Sudden (possible suicide)
	Brother	33	Cancer
	Sister in law	38	Blood poisoning
Irish Traveller living on a site	Brother	39	Suicide
	Cousin	28	Suicide
	Cousin	54	Cancer
	Cousin	24	Pneumonia
	Cousin	41	Suicide
	Aunt	37	Cancer
	Niece	3 weeks	Sudden infant death syndrome (SIDS)
Focus group 1			
Irish Traveller living on a site	Grandchild	Pre-natal	Stillbirth
Irish Traveller living on a site	Mother	Undisclosed	Respiratory disease (anticipated death)
Irish Traveller living on a site	Grandmother	Undisclosed	Undisclosed
Irish Traveller living on a site	Children	Pre-natal	2 miscarriages
English Gypsy – housed	Grandfather	Undisclosed	Sudden, cause unknown
Irish Traveller living on a site	Children	Undisclosed	Sudden infant death syndrome
Irish Traveller living on a site	Mother	Undisclosed	Unknown
Irish Traveller living on a site	Children	Pre-natal	3 miscarriages
Focus group 2* (7 participants, not all identified specific personal losses)			
English Gypsy living on a site	Mother	Undisclosed	Undisclosed
English Gypsy living on a site	Mother	Undisclosed	Undisclosed
	Father	Undisclosed	Heart attack
English Gypsy living on a site	Sister in law	30	Road traffic accident

5 deaths within 19 months

*Focus Group 2 participants who did not identify specific personal losses were from the following communities: 3 English Gypsies living on a site and 1 English Gypsy housed

The striking feature of the data within this Table 1 is the manner of, and age at which deaths occurred, many of which were potentially preventable losses when compared to mortality patterns within 'mainstream' populations. For example, within mainstream society the death of a fifteen month old from gastroenteritis is unlikely to occur today; although a common childhood illness in the UK only seven per thousand cases require hospitalisation. Current mortality rates for this condition are mainly attributed to developing countries and minority populations such as Australian Aboriginals (Elliot, 2007), further reinforcing the disparity in health between majority and minority populations internationally. Table 1 confirms anecdotal evidence that many of the bereavements experienced by Gypsies and Travellers are sudden, unexpected and often traumatic, with high numbers of road traffic accidents, suicide and infant and childhood deaths.

Contextualising Gypsy and Traveller experiences of death in the 21st century

Today, in post-modern Western society, membership of religious denominations and culturally familiar rituals may still play an immediate role in supporting families in the aftermath of a death (Parkes & Prigerson, 2010). However, the widespread decline in religious belief and observances (Crabtree, 2015), coupled with societal changes which have seen the removal of 'traditional' mourning from public life, have led to expectations that grief should be expressed privately rather than openly. However, there are certain exceptions, such as the relatively recent growth of wayside shrines marking roadside accidents or violent deaths (Hockey, Katz, Small, 2001).

However, in stark contrast to the way in which death is presented and discussed in mainstream Western society, rituals of death, and public and community-affirmed mourning remain central to Gypsy and Traveller community practice for a number of reasons.

The close-knit nature of Gypsy and Traveller life (Greenfields, 2006) means that public displays of grief, and open recognition of the enormity of loss, are central to demonstrating the value of a person and acknowledging the ways in which life is changed forever by the loss of a community member. Failure to respect these social norms is almost unthinkable for the vast majority of Gypsies and Travellers in the UK and in the wider European Roma context (Williams, 2003), with individuals often travelling for hundreds of miles to 'show respect' and support a recently bereaved family. Regardless of the age of the deceased person, or the circumstances of their death, funerals might attract several hundred mourners. Moreover, should a breach of 'respect' such as sending flowers or attendance at the funeral or at the 'sitting up' with the family the night before (Clark & Greenfields, 2006) occur (even if social breaches may have existed in the past between families), individuals who behaved in such a culturally 'non-normative' way would feel both personally diminished and risk social ostracism. The depth of mourning and duration of grief reactions expressed by respondents within our research is so profound, (and indeed widely accepted as a commonplace response to bereavement), that it can potentially be argued that Gypsy and Traveller cultures normalise what in other contexts could be seen to be as 'complicated' or 'pathological' grief (Shear *et al*, 2011).

So why does this central focus on death and 'appropriate' behaviours remain so crucial to Gypsy and Traveller identities and behaviour? What are the implications for family functioning and recovery from grief when there is such a focus on remembering the dead and mourning so profoundly over long periods of time?

In order to understand the cultural and practical implications of bereavement experienced by members of these communities, it is important to recognise that the relatively unchanging family structures and 'traditional' values common to the overwhelming majority of Gypsies and Travellers means that there is an exceptionally high level of contact between kin groups on a daily basis. This occurs particularly amongst families resident on 'sites', although it is also commonly found amongst housed members of the communities who prefer residing in 'enclaves' with close kin (Smith & Greenfields, 2013).

These patterns of close co-residence are in complete contrast to the majority of 'Western' communities, where families tend to be smaller, more disparate and geographically dispersed. Thus, a Gypsy or Traveller might spend their entire life living alongside their parents and siblings, on a caravan site, reaching adulthood, marrying and having their own family, whilst living either at the same location or geographically close to their birth family and often that of their spouse. Thus, almost by definition, for those living in an extended family unit, the repercussions of birth and death may have a greater impact and deeper resonance than for individuals who are unable to live in such close proximity to their wider family.

Furthermore, unlike the majority of mainstream populations who are increasingly employed in non-manual settings, working with unrelated individuals, Gypsies and Travellers frequently work in extended family groups, and engage in manual labour such as market trading, tarmacking, and scrap metal dealing (Ryder & Greenfields, 2010). These forms of labour, coupled with poor access to medical care (Matthews, 2008) are often associated with premature morbidity and mortality, to the extent that Diacon *et al* (2007, p1) assert that 'Gypsies and Travellers have the poorest life chances of any ethnic group in the UK'. Consequently, mortality rates within Gypsy and Traveller communities are significantly greater than that of the general population.

Moreover, as discussed by a number of authors (Cemlyn *et al*, 2009; Matthews, 2008; Parry *et al*, 2004), there is

a significant over-representation of early deaths resulting from undiagnosed cancers, poorly controlled diabetes and cardio-vascular disease. There is also a high rate of traumatic deaths amongst these communities, often occurring as a result of suicide, road traffic accidents and preventable maternal and infant mortality (Cemlyn *et al*, 2009). Clearly, in the case of these populations, prematurity of death compounds the inequities experienced by Gypsies and Travellers in life, as members of these communities not only consistently die at a younger age (Baker, 2005) but this is often in traumatic circumstances (Cemlyn *et al*, 2009; Richardson, Bloxsom, Greenfields, 2007; Brack & Monaghan, 2007; Parry *et al*, 2004;). This leads to greatly exacerbated risk factors for complicated grief.

Risk factors for premature mortality

As highlighted in Table 1, the patterns of death identified are indicative of the typically poor health status, limited access to care, and lifestyle challenges Gypsies and Travellers often experience. These coalesce to create high rates of premature and often potentially preventable death.

Health

When considering the increased risk of premature mortality amongst these communities, it is critically important to explore the distinct lifestyle features and predisposition to certain medical conditions which impact on their health and wellbeing. Parry *et al*'s (2004) seminal study on the health status of Gypsies and Travellers identified the complex interplay of health inequalities and social exclusion experienced by these communities, and first recognised the significance of complicated grief as a factor influencing the health and wellbeing of Gypsies and Travellers. Although it has been acknowledged by the Department of Health's National Inclusion Health Board that there are significant gaps in the evidence base pertaining to these communities (Greenfields & Brindley, 2016; Aspinall, 2014; DoH, 2010) the exacerbated risk of health problems experienced by Gypsies and Travellers have been consistently identified as rooted in multifactorial social exclusion (Cemlyn *et al*, 2009). To a large extent, poor outcomes are attributed to a lack of access to appropriate health services (particularly for nomadic individuals who experience frequent eviction or forced mobility) and low rates of trust in health care providers, often resulting from experiences of prejudice, discrimination in treatment and lack of cultural competence by health care staff. Research evidence suggests that many of these health inequalities result from Gypsies and Travellers experiencing economic and social exclusion, low educational attainment (including health literacy), and the poverty associated with large families and poor accommodation conditions (Cemlyn *et al*, 2009; Parry *et al*, 2004).

Barriers to health are twofold. There is problematic access to health care due to mobility and the reluctance of some GPs to accept nomadic patients. This is coupled with environmental risks from inappropriate roadside stopping places and unauthorised sites, for example: accidental injuries (particularly to children) at dangerous locations (Greenfields & Brindley, 2016; Beach, 1999); increased risk of fire injury, and of respiratory and communicable diseases resulting from residing in overcrowded or damp locations (Clark & Greenfields, 2006; Parry *et al*, 2004).

Maternal health and risk factors for depression and anxiety

Gypsies and Travellers are at significantly greater risk of experiencing maternal and child death (Matthews, 2008), a situation which is, for most populations in the developed world, an increasing rarity as a result of high quality antenatal care (Cemlyn *et al*, 2009). While Public Health England (2015, p5) reports a continuing decline in infant mortality rates over time, currently with 4.1 deaths per 1,000 live births, consistent anecdotal evidence from midwives and health practitioners working with the populations, and limited ethnicity-specific data sets (Aspinall, 2014) suggest that significant disproportionality remains for Gypsies and Travellers. The *Confidential Enquiry into Maternal and Child Deaths in the UK* (Lewis & Drife, 2004) found that the maternal mortality rate for women from these communities was also disproportionate when compared to the mainstream population, although no national level data exists on mortality amongst Gypsy and Traveller women as a result of limited administrative data being recorded for these ethnic groups (Greenfields, Cemlyn & Berlin, 2015; Traveller Movement, 2012). In 2004, Parry *et al* found that the discrepancy in outcomes and prevalence of gynaecological related tragedies continued, with infant mortality still being significantly greater than amongst the mainstream population. Of their sample, 29% of Gypsy and Traveller women had experienced miscarriage in comparison to 16% of the comparator population from diverse ethnic communities, and 17% had experienced the premature death of a child compared to 0.9% of the mainstream population.

Several studies have suggested that these high maternal and infant mortality statistics must be attributed to poor living conditions, low immunisation rates and inadequate access to pre and post-natal healthcare as a result of mobility and frequent evictions (Cemlyn *et al*, 2009; Maternity Alliance, 2006; Baker, 2005; Parry *et al* 2004;). Whilst there is clearly a significant and unacceptable difference in mortality rates for members of these communities, these figures also need to be recognised as situated within the context of large family size and a relatively long period of childbearing, often commencing with early marriage in late

teens and with late born children delivered when a woman is nearing menopause. Data indicates that within most families, Romany Gypsy women give birth to an average of 3.5 children and Irish Traveller women 5.9 children across their lifespan, compared to 1.7 children born to a woman in the mainstream population (Cemlyn *et al*, 2009).

Thus, household structure and demographics for many Gypsy and Traveller families resembles those of families in many lesser developed regions of the world, that were common in 19th Century Britain (Greenfields, 2006). The stark differences in pregnancy and childbirth experience between women who are members of the 'mainstream' sedentary populations and Gypsies and Travellers is therefore evident throughout their lifespan, with a woman potentially growing up having witnessed the premature death of siblings and her own mother, as well as having a greater risk of seeing her daughter or grandchild dying in a pregnancy related incident. In terms of bereavement, the potential for experiencing complicated grief reactions is thus clearly substantial. Moreover, despite relatively recent advances in recognition of the impacts of miscarriage, stillbirth and infant death, the duration of parental (and grandparents/siblings) long-term grief is often not fully recognised by health professionals or those close to the bereaved parents (Koopmans *et al*, 2013; Turton, Evans & Hughes, 2009).

There is a commonly held misconception that the death of a foetus early in pregnancy or of a child in the early days after birth (particularly if a child was born with a disability) is a less significant loss than that of an older child or an adult; thus bereaved individuals in such circumstances appear to have a reduced likelihood of receiving ongoing support or recognition of their grief (Jaffe, 2014; Toffol, Kopponen & Partonen, 2013). Evidence gathered during the current study clearly demonstrates the long-term impacts of maternal/pregnancy bereavement on wider family members.

> *'My baby was stillborn... I didn't realise the impact on my mother and my sister as they tried to support me. My sister has waited twelve years to have a baby* [as a result of her fear], *she was only ten when I lost my baby, no one explained to her, she was afraid the same would happen to her, and my mother - no one thought to ask her about the loss of her grandchild . Its twenty years since my baby died but it is only since my sister having her baby that we have talked about it and realised how much it has affected all of the family'.* (Romany Gypsy woman, interview participant)

There is also a potential correlation between high rates of pregnancy related/maternal bereavement and the statistically significant greater level of depression and anxiety found in Gypsy and Traveller women when compared to comparator groups. Bereavement is highlighted as a common catalyst for depression (Royal College of Psychiatrists, 2015), with poor mental health found to be twice as common in women as men within Parry *et al's* (2004) sample group. Indeed, it is suggestive that given the prevalence of maternal bereavement amongst this population, complicated and prolonged grief may be manifesting as psychological problems such as anxiety and depression as this interview extract indicates.

> *'I lost five [children], stillbirths, miscarriages and premature birth. But a lot of trouble comes with it and you know when you have nervous systems and what's that word anxiety, depression and all that and all that comes with it'* (Irish Traveller interviewee).

Mental health

As noted above, when death occurs in the context of a close-knit kin group in which daily (or high levels of) contact exists between the deceased and their family, an overwhelming sense of loss may exist. Our findings suggest that a culture specific practice of 'not speaking about' bereavement is common amongst respondents potentially exacerbating symptoms of grief:

> *'If it's a member of your own family* [who is bereaved], *your brother or sister, you can't show your feelings you can't because you are afraid to hurt them, you have to keep a brave face on it* [even if a shared loss has occurred, e.g. a parent or sibling]'. (Traveller Woman, participant in focus group)

This internalisation of feelings and grief makes Gypsies and Travellers particularly vulnerable to poor mental health following significant loss. There is considerable anecdotal evidence (Cemlyn *et al*, 2009; Greenfields, 2008; Parry *et al*, 2004) that amongst Gypsies and Travellers there are strong cultural taboos associated with acknowledging concerns over mental well-being, with an expectation that people will simply 'get on with it' and men in particular dealing with distress by resorting to drink or 'going off' (Greenfields, 2008; see Greenfields in Richardson, Bloxsom & Greenfields, 2007). Gypsies and Travellers, particularly women, will openly discuss problems they are experiencing with their 'nerves' (Parry *et al*, 2004). However, making other reference to mental illness (including bereavement related depression) is overwhelmingly seen as shameful, with such difficulties typically hidden, dealt with within the family or by self-medicating with drugs and alcohol (Matthews, 2008).

> *'They [Travellers] live on their nerves, they start taking pills and drinking, that's the effect it has on them because they are not handling it properly'* (Irish Traveller focus group participant).

Goward *et al*'s (2006) research into the mental health needs of Gypsies and Travellers found that the majority

of those interviewed felt unable to seek help within the community (a finding borne out by Greenfields, 2008) suggesting that the extended family structure can both be an advantage and disadvantage – supporting an individual at times of need *yet* hindering engagement with mental health services. Accordingly, it is difficult to accurately assess the full extent of mental health related problems experienced by Gypsies and Travellers, not least because of the widespread failure of health services to include ethnic monitoring of Gypsies and Travellers within categories of service users accessing services (Greenfields, Cemlyn & Berlin, 2015).

It has long been recognised that key factors which influence mental health include the loss of a parent at a relatively early age (most notably the loss of a mother is known to have long-term effects on women's lives). Goward *et al* (2006) and Richardson, Bloxsom & Greenfields (2007) produce graphic evidence of such losses impacting on Gypsy and Travellers' coping mechanisms over many years.

Greenfields (in Richardson, Bloxsom & Greenfields, 2007, p113) interviewed a 50-year-old woman who, following the loss of her mother, was forced to become the family matriarch in the absence of any older women in her extended family. Her words demonstrate both the intensity of her loss, and the impact that shorter life expectancy has on families when role models and supportive older generations pass away at a relatively early stage of life.

> *'When you lose your mother you're head of the family. You've lost your mentor so you're having to fill a pair of shoes as well as grieve a pair of shoes'*

For any individual experiencing significant loss, there is likely to be a period where they require support and time to come to terms with the change in their life. In a culture where an individual is unable to openly acknowledge their grief, but is typically required to immediately take responsibility for the needs of their wider family and who in some cases might be having to simultaneously deal with major practical issues - such as eviction or supporting young children who have lost a parent – there are clearly considerable additional risks to their mental wellbeing. There is also an impact on young people who may not be fully aware of adult concerns or know the full facts of a death.

The impact of maternal mental health on the growth and development of children, as Allen (2011, p16) suggests, needs further consideration, as he posits that 'the roots of mental health problems [often] lie in childhood', with mothers suffering poor mental health such as depression and anxiety five times more likely to have children experiencing emotional and behavioural difficulties than do women who are psychologically well-supported (Meltzer *et al* 2003). Accordingly, these studies are supportive of our proposition that the impacts of bereavement may have a detrimental effect on the health and wellbeing not only of adult Gypsies and Travellers, but also on dependent children.

Suicide

Persistent anecdotal evidence from support workers and Gypsy and Traveller community members, supported by findings from leading Irish studies (Walker, 2008; Brack & Monaghan, 2007), suggest that complicated grief may, in some cases, be implicated in the inflated suicide rates amongst Gypsies and Travellers.

There are also strong links between untreated mental illness (particularly depression) and suicide, with statistical evidence that 75% of suicides do not access mental health support services (National Mental Health Development Unit (NMHDU), 2009). Given the high prevalence of depression, anxiety and of suicide within Gypsy and Traveller communities and their well-documented lack of access to support services (Cemlyn *et al*, 2009; Greenfields, 2008; Parry *et al*, 2004) it is arguable that bereavement and long-term complicated grief are the underlying causes of some suicides as well as of long-term distress and mental health problems. Bereavement-related suicide has been found to be particularly prevalent in Ireland and one third of Irish Traveller deaths can be attributed to unresolved grief following the recent loss of a close relative (Walker, 2008). Alcohol and substance misuse was consistently found to be a precipitating factor in many of these deaths. Concurrent evidence of the significance of alcohol and substance misuse as a 'coping mechanism' in relation to bereavement-related grief has also been identified by Parry *et al* (2004); Cemlyn *et al* (2009) and Richardson, Bloxsom & Greenfields, (2007). Whilst there are evidential links between suicide and substance misuse, there is a significantly stronger relationship between unresolved grief, clusters of death within a community or individual family, poverty and social exclusion (Cemlyn *et al* 2009) as risk factors leading to suicide attempts.

> *'The majority of Travellers committing suicide in rural [areas] are on the roadside, most of the ones that I know of are after a death…I think that could be the cause of a lot of suicide as well when nobody is getting to say what they feel, and kept it to themselves and that's why you get a suicide that follows a death'* (focus group participant).

Conclusion

The outcomes of this research suggest that bereavement amongst these communities does indeed have lifelong implications, as the cultural norms and community practices of English Gypsies and Irish Travellers appear to hinder grief responses. The strong continuing bonds and heightened

respect afforded to the deceased within Gypsy and Traveller communities mean that the dead remain interwoven in the lives of the living. Whilst this is perhaps a positive aspect in facilitating community and family resilience, many other aspects of Gypsy and Traveller culture and lifestyles appear to have a detrimental effect on bereavement experiences and grief responses.

The use of alcohol and self-medication (through sharing of prescription drugs) are anecdotally said to be frequently used as coping strategies by Gypsies and Travellers in the absence of formal or specialist bereavement support. What limited evidence exists suggests that members of these communities who have accessed formal medical support following bereavement have routinely been prescribed medication rather than offered counselling (Richardson, Bloxsom & Greenfields, 2008; Greenfields, 2008), resulting in a lack of awareness of, and access to bereavement services. This increases the sense of mistrust around inequity in health care which has been reported in much of the literature.

Whilst this paper addresses our previous work and the findings from Rogers' (2016) doctoral research, the recently gathered data confirms findings from earlier studies and anecdotal narratives pertaining to the impact of bereavement (specifically traumatic loss) persisting across generations within Gypsy and Traveller communities. Accordingly, we suggest that a clear need exists for improved access to tailored services provided by culturally competent staff, which will improve Gypsies and Travellers experience of, and willingness to access services.

The emphasis on the delivery of services by a known and trusted person who understands and respects Gypsy and Traveller culture and beliefs was reiterated throughout focus group and interview data. There was absolute agreement from all respondents that external services provision should be tailored to meet the cultural needs and beliefs of Gypsy and Traveller communities as well as a consensus that services provided by external agencies must be developed *with* the communities in partnership, to ensure that Gypsy and Traveller culture and beliefs were reflected and respected in service delivery.

Given that *all* Gypsy and Traveller respondents identified a need for access to better information on emotional support requirements, we feel confident in asserting that there is a requirement for specific, tailored services to be developed for these populations to reduce the impact of unresolved grief on health, wellbeing and family functioning. Creating such services will help to ensure that Gypsies' and Travellers' grief is neither 'hidden' or their suffering 'forgotten' by service providers.

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