Forgotten Grievers: A Qualitative Study Exploring Experiences of Bereavement Support After Youth-Violence-Related Homicide

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Abstract

Serious youth violence is a major social concern in the United Kingdom. The current qualitative study explores the quality and consistency of support provided to individuals bereaved by youth-violence-related homicide. A qualitative study using naturalistic, semi-structured interviews was conducted with 24 participants, including members of the immediate and extended family and a peer. Interviews were analyzed using reflexive thematic analysis to identify core themes related to support access and quality. Eight themes were developed and included: 1) The nature of homicide bereavement, 2) Experience of accessing support, 3) Gaps in support, 4) Victims supporting others, 5) The Role of the family, 6) Culture, impact and access, 7) Positive attitudes and experiences, 8) Reflections participating in bereavement research. Findings reveal significant gaps exist in the availability, accessibility and quality of support services, with particular emphasis on gaps in provision for siblings, extended family members, peers and young people.

Keywords: grief, homicide, bereavement, youth violence

Introduction

Youth-violence-related homicide refers to the homicide of children and young people as a result of youth violence. We follow here the World Health Organization's definition of youth violence as violence that takes place between individuals aged 10–29 years who are unrelated and who may or may not know each other (World Health Organization, 2024).

In the United Kingdom (UK), serious youth violence has been cited as a major social concern. A survey of 7,500 children and young people aged 13 to 17 years in England and Wales found that 16% had been victims of violence in the past 12 months and 47% of children and young people had been either a victim of or a witness to youth violence (Youth Endowment Fund, 2023). Of those young people surveyed, 47% reported that violence and the fear of violence had impacted their day-to-day lives (Youth Endowment Fund, 2023). Although the number of proven offences committed by children and young people aged 10 to 17 years in the UK has fallen in comparison with 10 years ago, offences of violence against the person have shown an increase in proportion, increasing from 22% in 2014 to 34% in the year ending March 2024 (Youth Justice Board, 2025).

In the context of youth-violence-related homicide, the majority of attacks continue to involve the use of a knife. In 2022–2023, knives were involved in 69% of the homicides of 16–24-year-olds and 82% of the homicides of 13–19-year-olds (Youth Endowment Fund, 2024). Although the number of assaults and homicides using a knife have declined from their peak in 2017–2019, they remain higher than in the previous decade (Youth Endowment Fund, 2024). In the year ending March 2024, there were 64 homicides with teenage victims in England and Wales, with 83% attributed to attacks with a knife or sharp instrument (Office for National Statistics, 2025).

Bereavement through traumatic loss has been shown to have enduring and multidimensional effects on individuals, families, and communities (Andriessen et al., 2020).

Individuals bereaved due to homicide have described the unique and profound disruption caused by the event, including a fundamental alteration in their sense of self and worldview (Alves-Costa et al., 2021a). Homicide bereavement is associated with adverse mental health outcomes, including posttraumatic stress disorder (PTSD) (van Denderen et al., 2015) and Prolonged Grief Disorder (Thieleman et al., 2023).

In the UK context, a national survey was conducted by Hammond et al. (2023) with members of the charity Support After Murder and Manslaughter (SAMM), where 50% of respondents had lost a child to murder or manslaughter. This survey found that families bereaved by homicide experience enduring psychological and social impacts. Among the respondents, 81% experienced depression, 85% reported sleep disturbances, and 76% noted negative impacts on their physical health following the bereavement. Feelings of numbness, detachment and reoccurring nightmares were also common, alongside increases in substance use. These effects were not limited to parents; with other family members similarly affected. Family relationships were negatively impacted in 62% of cases, and fewer than half of respondents felt adequately supported by their workplace. These findings highlight the enduring and multifaceted challenges faced by families bereaved by homicide.

The quality and consistency of support provided to individuals bereaved by homicide is of significant concern, given the evidence that this group is at heightened risk of severe and prolonged psychological distress compared with those bereaved through non-violent loss (Boelen et al., 2007; van Denderen et al., 2016). In the national survey of SAMM members (Hammond et al., 2023), two-thirds of respondents reported having sought help for the impact of their bereavement. Over a third sought help from their primary care medical practitioner, known in the UK as a general practitioner (GP), a third reported having trauma counselling, 16% attended some form of group therapy, and 40% received specialised bereavement

counselling. However, details on of the types of therapy, what they entailed and how they were accessed were not discussed.

While certain therapies such as Cognitive Behavioural Therapy (CBT) have an established evidence base for treating Prolonged Grief Disorder (Srivastava et al., 2025), it remains unclear how these interventions are used with those homicidally bereaved, or whether these interventions are appropriate. Alves-Costa et al., (2021b) conducted the first systematic review on the efficacy of psychological interventions following homicide bereavement. Seven studies met inclusion criteria, and included interventions such as Restorative Retelling, CBT and Eye Movement Desensitization and Reprocessing (EMDR). Despite evidence that these targeted support interventions can effectively reduce symptoms of PTSD, depression, and complicated grief, none of the studies were UK-based. Furthermore, the authors highlighted a lack of tailored, evidence-based interventions for this population.

Overall, in the UK the provision of bereavement support appears inconsistent and under-researched. Hewison et al., (2020) conducted a rapid evidence assessment of bereavement support and identified twenty-three papers, none of which included homicide-bereaved families. Findings indicated that bereavement support is extremely varied, with no conclusive evidence regarding effectiveness. Similarly, Mayland et al., (2021) reviewed bereavement care for minoritised ethnic populations in the UK and identified seven papers, again none of which included homicide-bereaved individuals. Their findings highlighted a lack of awareness of bereavement services, variable and often limited services, and unevenness in the suitability of available interventions.

Existing qualitative research further indicates that bereaved individuals often perceive the support provided to them as insufficient (Alves-Costa et al., 2021a) and that young people face notable gaps in support following traumatic loss (Johnsen & Dyregrov, 2016;

Andriessen et al., 2020). These findings underscore a critical gap in UK research and service provision; homicide-bereaved individuals have extensive support needs which are not being effectively met (Hammond et al., 2023).

The purpose of this qualitative study was to explore the impact of bereavement by homicide, specifically in the context of youth homicide. The study aimed to capture the experiences of those affected by youth-homicide-related bereavement, with a focus on identifying existing support provisions and gaps in service delivery. The study also generated recommendations for an improved support model; however, these will be presented in a separate publication.

Owing to the potential media coverage of the homicides referred to in this paper, we will not be detailing the specific circumstances surrounding the events, to protect participants' identity.

Materials and Methods

Patient and Public Involvement

This research was initiated by Mrs Green Stewart in response to concerns regarding the adequacy and scope of support following the murder of her son, Lamar Stewart, in September 2017. Co-produced with Mrs Green Steward, UCL, and the charity Safer London, the current study prioritised a participatory approach to address these issues.

Mrs Green Stewart was actively involved throughout the research process. Her input had a direct influence on the research design. Mrs Green Stewart organised two workshops for bereaved mothers who had lost a child in traumatic circumstances. The findings from these workshops supported the development of this piece of research. Furthermore, Mrs Green Stewart shared learning from her own experiences highlighting the lack of provision for extended family and friends affected by homicide. In response, the inclusion criteria were broadened to encompass extended social networks, thereby allowing a more comprehensive

exploration of the impacts of youth-violence-related homicide. Mrs Green Stewart also raised concerns about the impact of youth-violence-related homicide on young people. As a result, the interview schedule was refined to include questions that addressed the experiences of affected young people. At the analysis stage, Mrs Green Stewart was consulted on the themes generated from the data. Her feedback refined and validated our interpretation of the findings.

Recruitment

Recruitment was facilitated by the charity Safer London via its website, social media platforms, and community networks. Safer London is a UK based charity in London that works with young people and their families affected by exploitation and violence. Potential participants registered their interest through an online referral form hosted on the Safer London website and were subsequently screened for eligibility. Eligible participants were contacted by a specialist bereavement support therapist seconded to Safer London from the charity Child Bereavement UK. Child Bereavement UK is a UK national charity that supports families when a child or young person dies, or when a young person is facing bereavement. During this initial contact, the study was explained and participants were given the opportunity to ask questions. A participant information sheet was shared via email and individuals were given at least 48 hours to decide whether they wished to participate. Consent was obtained through a secure online platform, where participants completed and signed consent forms before scheduling the interview.

Inclusion criteria

Participants were eligible for inclusion if they had experienced bereavement due to youth-violence-related homicide in England or Wales. Participants were aged 13 years or older and had the capacity to provide informed consent. Participants were considered, after preliminary clinical discussions with a specialist bereavement support therapist, able to participate without exacerbating their distress.

Participants

Safer London received 32 referrals for participation in the study. Of these, eight referrals did not proceed to the interview stage due to participant disengagement or determination made by the specialist bereavement support therapist that the individual was not at an appropriate stage in their bereavement journey to participate. No participants withdrew from the study once they had enrolled.

Interviews were conducted with 24 participants, see Table 1 for a summary of participant characteristics and Table 2 for a summary of participants relationship to the homicide victim.

Interviews

Individual semi-structured interviews were conducted online between May 2023 and March 2024. Interviews lasted approximately 60 minutes (range: 18 minutes to 1 hour 17 minutes). Variations in interview length were attributed to individual differences in prior experiences and comfort levels in sharing personal bereavement narratives.

At the start and immediately after the interview, all participants were offered emotional support from a specialist bereavement support therapist. In addition, up to 6 weeks of structured support sessions were made available to participants from the specialist bereavement support therapist as required.

Interviews were conducted by a researcher with prior experience in qualitative interviews. All interviews were conducted in a single sitting, with breaks offered if needed. At the end of each interview, the specialist bereavement support therapist would join the call to check on the participant's wellbeing and remind them of their offer of post-interview support sessions.

Prior to the interview, participants were encouraged to share only what they felt comfortable discussing, and they were informed at the start and during the interview that they

did not have to answer every question and could request to move on from topics they found distressing. A standardised interview schedule was used for all participants. The interview explored individuals' experiences of bereavement support. It focused on the type of care received, and what support was most needed at the time. Participants were also asked to reflect on how the service could better support the wider network of people affected by the bereavement.

To ensure integrity of the results, participants were encouraged to share their experiences using their own words during the interview. The researcher remained mindful during the interviews, recognising their own personal biases and engaging in self-reflection throughout the entire study process.

Data Analysis

All interviews were audio-recorded and transcribed intelligent verbatim. Data was analysed using thematic analysis as outlined by Braun and Clarke (2013). Thematic analysis was adopted to enable the researchers to define themes based on recurring patterns within and across the entire dataset. Due to the exploratory nature of this research, this flexible approach provided the opportunity to develop a rich, nuanced understanding of the reported shared experiences. Initial inductive coding, grounded by the content of the interview scripts themselves was completed manually by one researcher, reading and re-reading transcripts to generate a list of codes, which were subsequently uploaded to the NVivo 14 software package. A second researcher reviewed and refined the codes using an inductive approach. A third researcher facilitated discussions between the first two coders to develop categories which were then grouped into themes to finalise the coding framework. This process included collapsing overlapping codes, eliminating redundant codes, recoding segments of the data, and generating new codes as needed. The analysis yielded a total of 8 themes. See Table 3 for an illustration of our analytic process.

Ethics

Ethical approval for this study was obtained from the UCL Research Ethics Committee (Ethics ID: 20129/004).

Results

The analysis revealed a detailed account of participants' experiences with bereavement support following the death of a child or young person due to youth violence. Eight overarching themes emerged, summarized in Table 4, highlighting the different aspects of participants' experiences of bereavement. Each participant was assigned a unique identifier (P1-P24) to attribute their contributions while preserving anonymity.

Theme 1: The Nature of Homicide Bereavement

Youth-violence-related homicide results in profound and multifaceted grief that impacts on not only the immediate family but also extended family, friends, peers, and the wider community. Participants described how bereavement following homicide creates enduring hardship in part due to the violent and unjust nature of the loss. One godmother reflected on this dual burden: "It's the injustice and the unfairness" (P17).

In addition to grieving the loss of the young person, families must grapple with the violent circumstances of the death, which compounds their trauma. As one participant noted in relation to bereaved parents: "If it weren't for their other children being here, they would have taken their own lives" (P9). Participants described a spectrum of intense and long-lasting emotions, including fear ("I'm paranoid"; P14), anger ("like some really angry, angry thoughts"; P14), and difficulties in accepting the loss ("I have to accept that they are there and that they are not with us, when they should be with us"; P17). The consequences of the bereavement ripple outward, affecting multiple aspects of life: "It affected work, it affected my relationships" (P6), and can have lasting effect on personal mental health: "The aftermath of homicide, the PTSD, the mental health issues that come with it, the nightmares" (P7).

Participants highlighted the additional struggles that bereaved individuals often face, including issues such as alcohol dependence, or housing or financial instability: “I was dealing on my own with grief and I just gradually turned towards alcohol” (P19), “I'm still in crisis situation of housing” (P5).

Many participants reported destructive and enduring grief that fractured relationships and family dynamics: “It tears families apart. It tears relationships apart” (P3). In some cases, self-harm and suicidality were reported: “At the back end of their grief they kill themselves, they harm themselves” (P16).

Added distressing complexities arising from cases of homicide, such as dealing with criminal justice proceedings, were described: “can you imagine what that’s like being in the court and you’re there looking at that person who’s taken your son's life, and they’re sitting there and there’s no remorse” (P3). Participants, including siblings, described the harrowing nature of court processes, such as the exposure to graphic information: “There’s no filter… I remember finding out what parts of the body that my brother was stabbed in, and what ones killed him, and that was horrible to find out and you definitely need support during those times” (P18).

Theme 2: Experience of Accessing Support

A recurring issue among participants was the lack of awareness about available support services. Many expressed frustration and confusion regarding how to access such services. Participants stated: “I wasn’t aware that there was anything available” (P14) and “I felt like I was walking blind” (P8). Another remarked on the difficulty of navigating this process: “It’s difficult for me as a parent…not knowing where to go to get anything” (P17). The sense of being unsupported was likened to being “left in the wilderness” (P5).

The first subtheme, not a consistent experience**,** highlights the inconsistent nature of bereavement support. Of the 24 participants, two mothers reported positive experiences in

relation to Victim Support. One mother shared: “Victim Support has been one of the most…consistent agency that has been with me” (P5). However, it was also reported that these positive experiences were not sustained over time, with support ending prematurely. As one mother explained: “After the trial I got 12 weeks counselling paid for by Victim Support. But after that it became really difficult to get any support” (P7).

The remaining participants either had no contact with Victim Support or experienced a lack of meaningful assistance. It was noted that no support was offered to siblings, wider family, or peers: “What from Victim Support? There wasn’t any!” (P3). Others described the engagement as superficial and inadequate: “I think it was one conversation I had with them” (P13). The support provided was often perceived as rigid and impersonal, described by one participant as “just a tick-box exercise” (P3).

In cases where participants had sought assistance during criminal justice proceedings, Victim Support was reported to be unhelpful and unable to refer individuals to other services. One member of the wider family summarised their frustration: “I actually find them useless on most subjects” (P9).

The second subtheme, “Trying to access any help was almost impossible”, describes participants’ challenges in obtaining support. Participants frequently described significant difficulties in accessing therapeutic support. Services were perceived as difficult to reach: “it’s quite inaccessible as it stands” (P12) and “even if those services are available, it’s like it’s being gatekept” (P8). The time taken to access appropriate bereavement support was a recurring issue, with some participants reporting delays spanning years: “This is almost 6 years ago now and it’s only this year that I’m actually starting to kind of get the support that I needed” (P6).

A lack of clear information about available therapeutic support offered by the UK National Health Service (NHS) was highlighted as exacerbating difficulties, as one sibling

noted: “there’s really not enough information out there by the NHS” (P19). Furthermore, NHS waiting times were a source of frustration, with participants highlighting the disconnect between immediate need and the timing of service availability: “Like you call for therapy, you need it then. You don’t call for therapy to need it in 6 months” (P18).

Many participants described their GP, as their first port of call in seeking help: “my first point of support was my GP” (P19). Although some participants reported negative encounters with their GP, such as a lack of proactive support, “I didn't feel as though they were very responsive and supportive” (P6), GPs were often reported as being compassionate and responsive: “It was straightforward, and he was kind of understanding” (P19).

However, there were often problems with the referrals made by GPs. For example, one father’s referral to a bereavement service was never followed up: “We had a chat for about half an hour, it got all emotional and she was meant to call me back the following week. She didn’t call back. She was meant to get back to me, but she never did” (P13).

As a result of these barriers to accessing support through the NHS, some participants turned to private services, which were generally described as helpful but costly: “the question you asked me was did I find it helpful? Yes. But I had to access it and pay for it privately myself” (P3). The financial burden was highlighted as a significant concern, with some feeling forced to pursue private therapy due to concerns about family members’ welfare: “they felt maybe before another child of the family would join her cousin in Valhalla, let’s get this girl some therapy” (P8).

However, private therapy was not without limitations. Participants described challenges in finding counsellors with expertise in homicide-related grief: “She was really, really, really lovely, but it’s like she didn't have experience handling grief” (P8).

The third subtheme, an inadequate offer, emphasises participants’ frequent dissatisfaction with the support available to them**.** Some participants found the nature of the

support offered to them inadequate. One participant felt that the provision of antidepressants was an insufficient response to their needs: “All they did was put me on a bag of antidepressants” (P9). Others received cognitive behavioural therapy (CBT), which was criticised as a treatment by several participants: “CBT. Yeah, I hated that, that was terrible” (P18). Participants frequently noted that CBT was inappropriate for addressing traumatic bereavement: “cognitive behavioural therapy can’t fix everything” (P8).

The duration of support was another issue highlighted, with participants describing it as too short to be effective: “It wasn’t long enough” (P18). A lack of expertise in traumatic bereavement among professionals further undermined the support process. Participants recounted being transferred between multiple professionals, necessitating repeated retellings of their traumatic experiences, which amplified their distress: “when I got matched with a counsellor I had to go through it again, and then they decided they didn’t have the expertise in post-traumatic stress and traumatic grief” (P7).

Theme 3: Gaps in Support

The first subtheme, siblings, reflects participants’ concerns that siblings are often overlooked in the provision of support. The impact of traumatic loss on surviving siblings was a recurring theme in the data. Participants described feelings of isolation and a lack of understanding: “I didn’t really feel there was anyone who could understand the vacuum that I felt inside” (P19). Despite the profound effects of bereavement, there was an absence of formal support offered to siblings in our sample. None of the siblings received bereavement support through Victim Support or similar services: “No. I wasn’t given anything” (P6). As a result, many siblings had to seek support independently: “I went to my doctor and they helped me get talking therapies” (P18).

Parents often took on the role of advocating for their surviving children, but this process was described as challenging and fraught with obstacles. One participant highlighted

the difficulty of finding appropriate help: “For my son as well, it was extremely difficult, because I was looking outside for help and they didn’t really know what to do” (P7).

The second subtheme, wider family, captures the experiences of wider family members who often felt overlooked for bereavement support. One participant remarked: “There was no support for extended family members” (P7). Yet, the loss of a loved one due to youth violence has profound effects on the extended family: “It affected cousins, aunts and uncles very, very heavily” (P6).

In the absence of formal support, extended family members described being left to support one another: “We just had to deal with it on our own as a family” (P3). This lack of formal assistance was compounded by additional challenges, such as the inability to take time off work to grieve: “I can’t go to my employer and go ‘oh my second cousin’s been murdered, can I have a week off?’” (P22). In addition, members of the wider family reported feeling excluded from bereavement support due to the nature of relationship to the deceased young person: “If you’re not immediate, in terms of mum or dad, or brother or sister, I feel like you just don’t feel worthy of that type of support” (P12).

The third subtheme, peers**,** highlights the impact of youth-violence-related homicide on peers, and the lack of commensurate care available to them. Peers were described as often being left on their own to deal with their grief, with no access to support services. “I don’t think he had anybody who he could have turned to” (P17); “I see how his friends fell apart and there wasn’t anything for them” (P4).

As will be discussed more fully in the next theme, responsibility for providing support to peers was often informally taken on by grieving friends and family, or, in some cases, by the bereaved parents themselves: “I felt extremely helpless because I was trying to support everybody and also a lot of my son’s friends as well” (P7). Participants emphasised the need

for formal bereavement support to address the significant impact on peers: “My brother’s best friend didn’t get no support, and he was with him” (P18).

The fourth subtheme, young people, captures participants’ concerns about the lack of support for children and young people following a youth-violence-related homicide. One participant described the aftermath as chaotic and unsupported: “It’s almost as if a bomb had gone off and everyone was just left with the pieces not knowing what to do” (P7).

Participants expressed concern about the profound impact of traumatic bereavement on young people, particularly those who had witnessed the homicide: “It’s just unimaginable of how they even feel” (P12). There was a clear call for greater recognition of children and young people’s needs, whether they were peers or family members of the deceased young person: “The younger ones, there should have been more recognition as to what they need” (P20).

Theme 4: Victims Supporting Others

Grieving parents often described taking on the dual role of processing their own grief while supporting others, particularly surviving siblings. One parent explained: “I had to try and keep my children on an even keel and dealing with their grief as well” (P7). Parents and adult family members frequently assumed supportive roles to help younger family members cope: “I’m like a counsellor for bereavement for my nieces and nephews” (P13).

In addition to supporting family members, some parents extended their care to the peers of the deceased young person. These relationships often continued for years after the bereavement: “My son’s best friend, who was with him, was with me yesterday” (P16).

However, the lack of formal support services for children and young people meant that grieving adults often felt compelled to suppress their own feelings to prioritise the needs of others: “I put my grief and my feelings to the side to support others” (P12). The burden of being a source of comfort for others was evident: “People were phoning me for that comfort,

for that reassurance…But I sit and cry like the rest of us" (P9). One bereaved sibling reported that they were approached on social media by a peer experiencing the same bereavement, seeking informal support in the absence of any professional help: "She reached out…on Instagram and she was so stressed out" (P16).

Theme 5: The Role of the Family

For some participants, the family unit served as the primary source of support. Immediate and extended family members often rallied together to assist grieving parents: "Tried to support [victim's name]'s parents as best as I could" (P1). For the wider family, informal support within family networks was often the only available resource: "We just dealt with it as a family" (P23).

One benefit of family-based support was the shared connection to the deceased young person, which sometimes made it easier for family members to openly discuss their grief: "Within my own immediate family we all had a similar relationship with my cousin, so it was easier to talk to each other about how we were all feeling" (P22).

Despite these efforts, wider family members often struggled with knowing how to provide appropriate support to the immediate family after the loss: "We try to support our little group…It was really, really difficult to know how, what to do" (P1).

In contrast, some participants expressed reluctance to discuss their grief with family members out of concern that it might cause additional distress: "By me bringing the subject up, if I'm now going to trigger something in them so I've just I've left it" (P14). Others worried that over time, their family might become fatigued by repeated conversations about the loss: "I worry they might get a bit fed up of me talking to them" (P22).

Grief also posed challenges to communication within families, sometimes exacerbating emotional distance: "This loss has affected my family so, kind of also affected

our communication with each other" (P19). Differing grieving styles could strain family relationships: "I think that became quite frayed because people grieve differently" (P22).

In some cases, these tensions led to a breakdown in family relationships. One participant shared how grief contributed to misplaced blame within their family: "I think it was her way of coping; she started blaming some of the extended family that maybe it was our fault" (P8).

Theme 6: Culture, Impact and Access

Participants from minoritised ethnic groups or lower socioeconomic status groups expressed feeling disadvantaged in accessing bereavement support: "Coming from an ethnic minority we are automatically at a disadvantage. Especially coming from the very, very poor and not very educated" (P19).

Participants expressed the additional challenges they faced in their bereavement. This included negative media coverage, and feelings of dehumanisation and judgement placed on Black victims: "There's a whole narrative, a whole discourse that goes on when it's a Black child or a young Black person that's killed. So, there's grief, there's bereavement, there's trauma. There's all the bureaucracy surrounding a murder. And on top of all of that, you have to deal with the 'What did they do?' That's something that Black families have to deal with that maybe other communities don't." (P4).

The need for culturally competent forms of support arose across several interviews. For some participants, seeking formal therapeutic support felt contrary to their cultural expectations: "In our culture you don't go and tell people your problems...If it's not the family, you don't go outward and tell people what's going on" (P14).

Providers often failed to offer culturally competent support, which, alongside cultural expectations, often resulted in reticence about engaging with counselling services: "Culturally as well, some people aren't so willing to engage with counsellors" (P6).

This subtheme, gender, explores how gender roles within cultural contexts emerged as a barrier to accessing support. One participant explained: “We’re a West Indian family, so therapy isn’t something that comes naturally, especially if you’re male, can’t talk about things” (P22).

Gender differences were notable in participants’ accounts of bereavement support. Most male participants reported not seeking therapeutic support: “I’m used to just dealing with it on my own. So that’s what I’ve done” (P14). Many had not discussed their grief openly with professionals, friends, or even family: “I don’t sit in front of people and have these types of conversations. It’s alien” (P14). For some, the interview itself was the first time they had spoken about their experience: “I’ve never spoken about this before, so I’m sorry if I seem a bit emotional” (P14).

Participants also highlighted gender disparities within families in terms of how individuals coped and supported each other. Women were seen as more proactive in seeking help and providing support within the family, while men often felt isolated: “The women were far more proactive and supporting each other in a way that they didn’t necessarily offer that to the men in the family” (P6).

There was consensus among participants about the need for more targeted support for men: “I feel we need to start creating safe spaces for men to feel things, especially grief” (P8).

Theme 7: Positive Attitudes and Experiences of Support

Many participants expressed positive attitudes towards therapeutic bereavement support, emphasising its potential benefits. It was felt that talking about their grief could be cathartic: “The more you talk about it, the more you can just get the weight off your shoulders” (P24). Some thought that therapy could help with accepting the loss and the circumstances in which it had occurred: “You can come to terms with the situation” (P17).

For those participants who were able to receive therapeutic support, even when sessions were emotionally challenging, participants found value in discussing their grief: "Sometimes I felt worse leaving after, but I think it was good to talk about it" (P3). For some participants, speaking to someone outside their immediate circle allowed them to express emotions without worrying about how their family might perceive their grief: "It was easier to just offload on to someone else that ain't gonna judge, or feel what I'm feeling" (P11).

However, not all participants held favourable views of therapeutic support. Some found it unhelpful: "I've actually given up with counselling…Because I just don't find it helps" (P9). Negative personal experiences, such as unprofessional behaviour from therapists, exacerbated dissatisfaction: "I had therapy with a doctor…and he fell asleep on me" (P9). Others raised concerns about the stigma attached to seeking help: "There might be a stigma attached to reaching out to services as well" (P21).

Theme 8: Reflections on Participating in Bereavement Research

This study addressed highly sensitive topics involving children and young people, their families, and wider social networks affected by the violent death of a loved one. Research ethics boards often correctly raise concerns about whether it is appropriate or beneficial to ask bereaved individuals to discuss their experiences (Buckle et al., 2010). At the conclusion of each semi-structured interview, several participants voluntarily shared feedback on their experience of the interview process.

The first subtheme, at the request of family members, highlights how some participants engaged in the interview process primarily due to encouragement from family members**.** One participant found the interview challenging and reported that they would not normally engage in conversations about such difficult subjects. They expressed that their motive to participate stemmed from family influence: "I've really only done this because my cousins encouraged me to do it" (P14).

The second subtheme, desire for participation and unexpected effects, captures how some participants expressed appreciation for the opportunity to describe their experiences. Some participants described feeling pleased to have been able to contribute, with one noting, "I'm grateful to have this time to kind of put my thoughts across" (P21). In part, this desire to participate was motivated by the hope that their contributions could lead to improvements in services: "I try to put my voice out there, for actions to be actually implemented behind all of this" (P5). Some reported finding the interview unexpectedly beneficial: "I'm not really one for therapists but…it's quite nice to have someone to talk to" (P20) and found talking about their experience in this setting to be helpful: "Just even talking to you guys, it helps" (P13).

Discussion

One of the study's key findings was the overwhelming complex and enduring distress associated with bereavement by homicide. In line with the existing literature, participants described wide-ranging, intense, and ongoing needs (Alves-Costa et al, 2021a; Mastrocinque et al., 2015; van Denderen et al., 2016). The consequences of this type of bereavement affect multiple aspects of life, such as the negative impact on personal mental health and additional struggles such as financial instability, which has been documented in UK-based quantitative research (Hammond et al., 2023). Added complexity to the grieving process and emotional strain was attributed to criminal justice proceedings, in line with current literature (Kristensen et al., 2012). Perceived social support has been found to mitigate the post-traumatic effects of attending trials, emphasising the important of providing appropriate and ongoing support to families (Lebel & Brillon, 2025).

A significant proportion of participants were unaware of the availability of bereavement support services. Victim Support is one of the largest providers supporting victims of crime in England and Wales (Simmonds, 2013) and was generally known to the parents in our study. However, their experiences with the service were mixed. Notably,

participants reported that support was not extended to siblings, wider family, or peers, resulting in substantial gaps in care. Although two mothers reported positive experiences, these experiences were tempered by the recognition that support was often short-term and limited in scope. This conflicts with findings from Hammond et al. (2023), who reported that approximately half of their respondents received support from Victim Support. A possible explanation for this discrepancy is the difference in sample demographics. In Hammond et al.'s (2023) study, 50% of participants were parents, compared with 21% in the present study. Additionally, our sample was geographically limited to the south-east of England, which may have contributed to regional variation in service provision.

Participants described seeking help through their GP. However, despite good intentions, GPs were sometimes unable to provide access to appropriate care. Reported barriers included long waiting lists, lack of follow-up on referrals, and limited expertise in homicide-related grief. These findings are echoed by a study of GPs' experiences with parents bereaved by suicide, which found that GPs were frequently unaware of available bereavement services (Foggin et al., 2016).

In the UK, the provision of bereavement support is varied (Hewison et al., 2020). Commensurately, in this study, for participants who accessed therapeutic support, experiences varied widely. Negative accounts often centred on the use of CBT, which was perceived by some as inappropriate for the complexities of homicidal bereavement. Participants also noted that the duration of therapeutic interventions was frequently too short to address their needs, and the nature of the support offered was often insufficiently specialised.

Homicide has a significant impact on surviving family members (Englebrecht et al., 2016), with sibling bereavement known to be a significant adverse event (D'Alton et al., 2022). Despite this evidence, substantial gaps in bereavement support were highlighted for

siblings, as well as extended family members, friends, and peers within the community. Children and young people, particularly those who had witnessed the homicide, were perceived to also lack sufficient support. Bereavement research has ascribed these gaps in service provision to under-resourced systems, a lack of specialist services, and elevated levels of professional anxiety (Gomersall et al., 2025). In the absence of adequate formal support, bereaved parents often found themselves stepping into caregiving or advocacy roles, especially for children and young people affected by the bereavement, including siblings and close friends of the victim.

Participants emphasised the role of family members in providing support, with many offering accounts of mutual care and concern among relatives. Family relationships were noted to be both a source of comfort and a site of strain. The intense emotions and complexities of homicidal bereavement sometimes led to tension and communication difficulties within families, a finding documented in the literature (Hammond et al., 2023).

A recent review by Mayland et al. (2021) found a lack of evidence about bereavement care for minority ethnic populations in the UK. The current study provides some insight here. Some participants noted that a cultural emphasis on extended family ties meant that the impact of bereavement extended beyond the nuclear family to encompass cousins, godparents, and close family friends. However, they also pointed out that formal support services often failed to acknowledge the breadth of these ties, leaving many family members without assistance. Similarly, Mayland et al. (2021) found no research literature that outlined the role of the wider family, friends, and social networks for minoritised ethnic communities, which may account for their lack of acknowledgement by UK bereavement services.

Furthermore, participants noted the unfair and unjust narratives that often follow the homicide of a Black child or young person, which can amplify the distress of the bereavement. This experience is supported by research into UK media reporting, which found

that Black victims are the least likely to be humanised, with news articles being five times as likely to evoke broader concerns about crime as reports on White victims (Olajide, 2024).

Gender differences in help-seeking behaviours were also observed, with male participants often reporting minimal prior discussion of their bereavement. This aligns with findings from McNeil et al.'s (2021) systematic literature review, which highlighted that fathers often grieve in isolation and are less likely than mothers to openly discuss their grief.

Despite the challenges, many participants felt positively about therapeutic support. Talking therapies were described as helpful for navigating the complexities of grief. This external perspective was appreciated for providing a safe space to discuss difficult emotions without adding to the burdens of family members. However, stigma around seeking mental health support and scepticism about the efficacy of talking therapies remained barriers for some participants, as well as the absence of culturally competent offers of support. Others noted that although therapy could be painful and emotionally taxing, the long-term benefits would make it a worthwhile undertaking.

Participants' reflections on the interview process revealed a mixture of emotions. Some found the experience emotionally challenging, with two participants disclosing that the interview marked the first time they had spoken in detail about their bereavement. Despite the emotional difficulty, many participants expressed gratitude for the opportunity to share their experiences and contribute to the development of improved bereavement support models. These reflections underscore the importance of qualitative research in giving voice to those directly affected by youth-violence-related bereavement. Future research teams working in this sensitive area should consider the dual potential of qualitative interviews to provide insight while also offering a therapeutic outlet for participants.

Limitations

Although this study offers valuable insights into the experiences of families following a youth-violence-related homicide, several limitations must be considered. First, the sample size was small (n = 24) and geographically concentrated in the south-east of England, which may limit the generalisability of the findings. Second, there was an imbalance in gender representation, with the sample comprising 16 women (66.7%) and 8 men (33.3%). This disparity reflects a trend of male under-representation in UK bereavement research (Hewison et al., 2020) and highlights the need for greater inclusion of men in future research. Third, only one peer was recruited, limiting the extent to which peer experience is reflected in our findings. Fourth, the duration of loss was not recorded, which restricts our ability to explore how time since bereavement may have influenced participants' reflections. Finally, we set no time restrictions on when bereavements had occurred, lending to the possibility of recall bias in relation to historical bereavements.

Conclusion

This study explores the complex and often overlooked experiences of bereaved families and loved ones following the death of a child or young person due to youth violence. The findings reveal complex and multifaceted grief that is shaped not only by the violent nature of the loss but also by significant shortcomings in bereavement support. Participants reported feeling unsupported and uniformed, with widespread dissatisfaction with inadequate services. Key challenges included poor access to therapeutic support, gaps in service provision for siblings, extended family, and young people, and a lack of culturally appropriate care. Despite these barriers, some participants did express positive attitudes towards therapeutic support. The findings highlight the need for more responsive, culturally competent, and accessible bereavement services.

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Author Contributions Statement

All authors were involved in the conception and design of the study. S.W.H., C.C. and E.S. analysed and interpreted the data. S.W.H. drafted the manuscript in consultation with C.C. and E.S. C.C. and E.S. revised the manuscript critically for intellectual content. All authors reviewed and gave final approval of the version to be published. All authors agreed to be accountable for all aspects of the work.

Data Availability Statement

Owing to the nature of the research and ethical restrictions, supporting data are not available.

Declaration of Interest Statement

None.

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Table 1

Participant Characteristics

Characteristics	**Number (%) of participants (*n* = 24)**
Gender	
Female	16 (66.7%)
Male	8 (33.3%)
Relationship to the homicide victim	
Mother	3 (13%)
Father	2 (8%)
Sibling	4 (17%)
Cousin	8 (33%)
Aunt	2 (8%)
Uncle	1 (4%)
Godmother	2 (8%)
Peer	1 (4%)
Family friend	1 (4%)
Ethnicity	
White: English/Welsh/Scottish/Northern Irish/British	2 (8%)
Black / African / Caribbean / Black British: African	3 (13%)
Black / African / Caribbean / Black British: Caribbean	13 (54%)
Black / African / Caribbean / Black British: Any other Black/African/Caribbean	2 (8%)
Mixed / Multiple ethnic groups: White and Black Caribbean	2 (8%)
Mixed / Multiple ethnic groups: Any other Mixed/Multiple ethnic background	1 (4%)
Any Asian background	1 (4%)
Location	
Within London:	
Croydon	4 (17%)
Bromley	3 (13%)
Merton	6 (25%)
Greenwich	2 (8%)
Lewisham	1 (4%)
Lambeth	1 (4%)
Newham	1 (4%)
Hammersmith & Fulham	1 (4%)
Outside London:	
Oxfordshire	1 (4%)
Birmingham	1 (4%)
Buckinghamshire	1 (4%)
Bristol	1 (4%)
No address provided	1 (4%)

Table 2

Participant Relationships

Patient ID	Relationship to the homicide victim
P1	Cousin
P2	Father
P3	Cousin
P4	Aunt
P5	Mother
P6	Sibling
P7	Mother
P8	Cousin
P9	Cousin
P10	Uncle
P11	Sibling
P12	Cousin
P13	Father
P14	Cousin
P15	Godmother
P16	Mother
P17	Godmother
P18	Sibling
P19	Sibling
P20	Aunt
P21	Family friend
P22	Cousin
P23	Cousin
P24	Peer

Table 3

Examples of meaning units, codes, categories and themes from interviewed participants

Meaning unit	Codes	Categories	Themes
"can you imagine what that's like being in the court and you're there looking at that person who's taken your son's life, and they're sitting there and there's no remorse" (P3)	• Court experience • Impact of trial • Lack of remorse	Added difficulties due to legal process. Complexity of homicide bereavement	The Nature of Homicide Bereavement
"This is almost 6 years ago now and it's only this year that I'm actually starting to kind of get the support that I needed" (P6)	• Delayed support • Seeking help	Accessing Support	Experience of Accessing Support
"For my son as well, it was extremely difficult, because I was looking outside for help and they didn't really know what to do" (P7)	• Lack of external help • Seeking professional support • Family distress	Inadequate support for siblings	Gaps In Support
"People were phoning me for that comfort, for that reassurance…But I sit and cry like the rest of us" (P9)	• Feeling the need to support others • Suppressing own emotions • Emotional burden	Dual role, victim and supporter	Victim Supporting Others
This loss has affected my family so, kind of also affected our communication with each other" (P19)	• Family impact • Communication changes	Family relationships after loss	The Role of the Family
We're a West Indian family, so therapy isn't something that comes naturally, especially if you're	• Cultural barriers • Gener norms	Cultural influences accessing support	Culture, Impact and Access

male, can't talk about things" (P22).			
"The more you talk about it, the more you can just get the weight off your shoulders" (P24)	• Talking about loss beneficial • Emotional release	Benefits of support	Positive Attitudes and Experiences of Support
"I'm grateful to have this time to kind of put my thoughts across" (P21).	• Gratitude • Sharing experience	Reflections on participation	Reflections on Participating in Bereavement Research

Table 4

Themes and descriptions developed during the Thematic Analysis of participant interviews

Theme	Description of theme
1. The Nature of Homicide Bereavement	Captures the intense and multifaceted nature of loss due to youth-violence
2. Experience of Accessing Support	Yields insight into participants' experiences of lacking guidance and support in the aftermath of homicide, and frequent dissatisfaction with support provision
3. Gaps in Support	Explores participants' views on which populations are often overlooked in support provision after a young person has been murdered, including siblings, wider family, peers, and young people
4. Victims Supporting Others	How grieving parents often took on the dual role of processing their own grief while supporting others, particularly surviving siblings
5. The Role of the Family	Explores how family dynamics both support and complicate the grieving process
6. Culture, Impact and Access	How culture and, in particular, belonging to minoritised groups and gender norms can pose additional challenges in relation to bereavement and affect access to services
7. Positive Attitudes and Experiences of Support	Insight into what constitutes beneficial help from the perspective of bereaved participants
8. Reflections on Participating in Bereavement Research	How participants felt about partaking in bereavement research