

Project SWITCH

Evaluation

includem 

Project SWITCH - Evaluation

Contents

Introduction.....	3
Timeline of events	6
June to September 2024 – Planning and Design.....	6
October to March 2024 - Delivery	8
Learning/Recommendations	12

Introduction

The experience of witnessing the violent death of a friend or loved one is a profoundly distressing event that can lead to long-term psychological, social, and behavioural difficulties. When the violent death is because of a murder, this leads to a particularly complex bereavement process, characterised by PTSD, complicated grief, and a range of maladaptive coping mechanisms. Young people who witness such events frequently experience intrusive thoughts, emotional dysregulation, and difficulties in their social and familial relationships. Furthermore, the sense of injustice associated with violent death can lead to revenge-seeking behaviours or engagement in further violence. In May 2024, a teenager was murdered in the east end of Glasgow, an event that was witnessed by many of his close friends. The introduction of this evaluation will provide an overview of what the evidence tells us about what these young people might be experiencing and should provide context for the need for this intervention.

Young people who witness the violent death of a loved one are at heightened risk of developing complicated grief and PTSD. Research has shown that bereavement following a murder differs significantly from natural grief due to the suddenness, brutality, and lack of closure inherent in violent deaths. Exposure to such trauma often results in intrusive thoughts, nightmares, heightened anxiety, and prolonged distress. The psychological burden is particularly pronounced among young people involved in the criminal justice system, where unresolved grief is a common feature of their emotional and behavioural difficulties. Many of these individuals exhibit high levels of depression, anxiety, and emotional numbness, often leading to substance misuse as a means of self-medication. Complicated grief responses are particularly severe when young people experience both direct exposure to the traumatic event and a sense of personal threat. Research examining young people who have witnessed homicide suggests that those who felt their own lives were at risk alongside the victim develop more intense PTSD symptoms and prolonged distress. In such cases, the fear of personal harm interacts with the horror of witnessing the death, creating an overwhelming emotional response that is difficult to process. The impact of this exposure can extend into adulthood, affecting long-term emotional regulation and increasing vulnerability to mental health disorders.¹

The absence of justice or accountability for the perpetrator of a murder is a major factor in the development of complicated grief. When young people perceive that the legal system has failed to bring the responsible party to justice, feelings of anger, helplessness, and resentment intensify. Research has indicated that this sense of injustice can prolong grief by preventing individuals from reaching a point of acceptance. The resulting frustration may lead to violent fantasies, hypervigilance, and, in some cases, an urge to seek revenge.² The link between traumatic bereavement and cycles of violence is particularly evident among young people who offend. Studies examining young people in prison have identified high rates of unresolved grief stemming from exposure to violent deaths. In many cases, the trauma of witnessing a murder has contributed to further criminal behaviour, as individuals attempt to regain a sense of control or justice through acts of

violence. The emotional turmoil of unprocessed grief, coupled with a lack of healthy coping mechanisms, frequently leads to aggressive outbursts and difficulty in forming stable relationships.³

Social withdrawal and difficulties in peer relationships are common consequences of traumatic bereavement. Young people who have witnessed the violent death of a loved one often struggle to relate to others, feeling isolated in their grief. This sense of detachment is exacerbated by the fact that many of their peers have not experienced a similar trauma and may be unable to provide meaningful support. Research on murder survivors has found that many young people withdraw from social interactions due to shame, guilt, or the fear of being stigmatised. In some cases, friends distance themselves, either due to discomfort discussing the trauma or due to changes in the bereaved individual's behaviour.⁴ The relationship between the witness and the victim also plays a crucial role in the grieving process. Studies have shown that those who were particularly close to the victim, such as siblings or best friends, experience the most severe grief reactions. These individuals often feel an intense sense of loss that is difficult to articulate, leading to prolonged social isolation. Feelings of guilt are also common, particularly if the bereaved individual believes they could have done something to prevent the death. The inability to share or process these emotions in a supportive environment can exacerbate mental health struggles, making it even harder for young people to reintegrate into social settings.⁵

The use of maladaptive coping strategies following traumatic bereavement is well-documented, with substance misuse being one of the most prevalent responses. Many young people turn to alcohol or drugs in an attempt to suppress intrusive memories and emotional distress. Research has found that unresolved grief is a major factor in the development of substance dependency, as individuals seek to numb their emotions rather than confront them. This behaviour is particularly common in those who lack access to appropriate mental health support, highlighting the importance of early intervention in preventing long-term harm. In addition to substance misuse, exposure to violent death has been linked to an increased likelihood of self-harm and high-risk behaviour. Young people who do not receive adequate psychological support often struggle with emotional regulation, leading to impulsive decision-making and a tendency to engage in reckless activities. Studies on traumatically bereaved young people suggest that many of these individuals experience heightened levels of anger, which, when left unaddressed, can manifest in self-destructive or aggressive behaviours. Without structured interventions, such patterns of behaviour can persist into adulthood, contributing to further cycles of trauma and social dysfunction.⁶

The research consistently demonstrates that young people who witness the murder of a loved one experience profound and long-lasting psychological distress. Complicated grief, PTSD, and substance misuse are common outcomes, often exacerbated by feelings of injustice and social isolation. Many of these individuals struggle to maintain relationships, while some engage in further violence as a means of coping with unresolved trauma. The evidence highlights the urgent need for trauma-informed interventions that specifically

address the unique challenges faced by young people who witness a murder. Without appropriate support, young people remain at risk of long-term emotional, social, and behavioural difficulties.

Timeline of events

What follows is an account of how Project SWITCH unfolded. The timeline begins in June 2024 when a teenager was murdered in the east end of Glasgow. From this event, the timeline goes through the key meetings and events that took place during the planning and design of the intervention, as well as the delivery of the support. The learning and recommendations from the pilot will be discussed in the next section.

June to September 2024 – Planning and Design

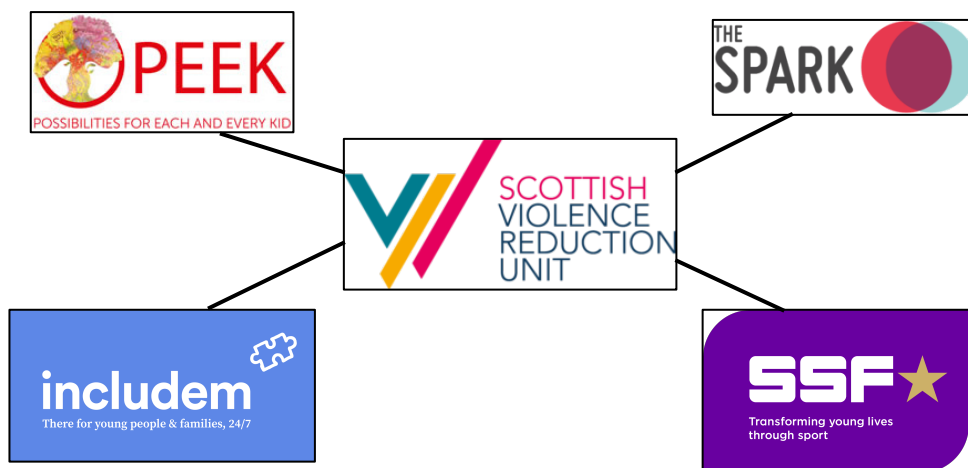
Following the murder of a teenager in the east end of Glasgow, a Community Support and Wellbeing meeting was called by SVRU (Scottish Violence Reduction Unit). Several organisations were invited to attend this meeting, including Police Scotland, includem, and many third sector and voluntary organisations already operating in the area. During this meeting, includem explained that they did not have any plans to be involved in any community activities relating to the death of the teenager. This decision was made because several other organisations had already established themselves in the area and had built strong relationships with the community.

A week after the Community Support and Wellbeing meeting, includem met with the SVRU for an informal catch up. At this meeting the two organisations discussed the range of projects that they were working on and could potentially collaborate on. Two weeks after this, the SVRU got back in touch with includem to discuss going ahead with collaborating on a number of projects. They also discussed the idea of includem offering financial support for SVRU led interventions using the WFWF funding through ADAPT. The idea of using ADAPT funding to support another project was considered by the ADAPT Steering Group. The executive team on the Steering Group decided that offering financial support alone would not align with the aims of the ADAPT project. Instead, the Steering Group agreed to the idea of offering financial support along with practical, frontline support.

In August, includem met with the SVRU to discuss the projects that the two organisations could collaborate on. Several projects were discussed and developed on their own terms. One of the projects related to the murder of the teenager in the east end of Glasgow. The SVRU explained that they had already agreed to collaborate with another organisation, The SPARK. The intervention was created to offer counselling sessions for the friends of the deceased teenager. The thinking behind the project was that adult professionals, such as those from Police Scotland and the NHS, are offered emotional support when they experience a significant trauma. The same level of support is not available for the young people who experienced the same trauma, in this case the murder of their close friend. The evidence that unresolved trauma leads to a myriad of negative consequences, such as poor mental health, revenge fantasies, breakdowns in relationships, substance dependency, and so on, is overwhelming. By offering this service to the young people who had lost their friend, some of whom had witnessed his murder, the intervention aimed to prevent these negative consequences by providing therapeutic and responsive support. Includem explained their position with regards to the type of support that they could offer which the SVRU accepted as the premise for going forwards with a planning meeting between The SPARK, the SVRU, and includem.

The planning session held on 6th September 2024 and focused on the collaboration between several organisations. As well as the SVRU, The SPARK, and includem, it was agreed that organisations already working in the area and who already had relationships with the effected young people should be present. Based in the east end of Glasgow, the PEEK (Possibilities for Each and Every Kid) is a charity supporting children, young people, and families affected by poverty through programmes in play, creative arts, personal development, and wellbeing. SSF (Scottish Sports Futures) is a charity that uses sport to help young people become healthier, more confident, and more resilient, so they can better handle poverty, trauma, and adversity. The five organisations (from now on referred to as Project Switch, a name that was agreed on at a later meeting) discussed how to support young people who had witnessed the traumatic event. The discussion emphasised the importance of building trust with the young people through early introductions and familiarising them with safe spaces provided by organisations like PEEK and SSF. It was agreed that The SPARK would lead the initial engagement, aiming to establish trust before includem joins later. The self-nomination process (used instead of “self-referral” because the term “referral” evoked negative connotations with the young people) would be voluntary, allowing young people to self-nominate and drop out at any time.

Project SWITCH Structure



The session also covered the roles and responsibilities of each organisations involved. includem would provide whole family and community support and the “In car moments.” These moments are the conversations that take place between structured sessions that often provide young people the chance to speak freely and openly with their support worker. In this context, they could help process the counselling sessions. The SPARK would handle therapeutic individual and group work using a structured approach. The PEEK’s wellbeing program and SSF’s multisport and youth work sessions formed the foundation from which the therapeutic sessions could take place. The two organisations already worked together in providing a safe space and a structured environment for the young people, and each organisation had also built strong relationships with these young people. They would also continue to provide light touch support and engage young people in various activities. The importance of confidentiality and data sharing was highlighted at the meeting, with a focus on safeguarding and respecting young people’s privacy.

Logistics for the intervention were discussed, including potential locations for group and individual sessions, such as The PEEK office and includem's head office. It was agreed that using a space that was familiar to the young people would facilitate the therapeutic process. The PEEK and SSF hosted weekly football games with the young people, which is where the pre-engagement work would take place. A local community centre would later host the group work sessions. The SPARK and includem aimed to offer a 15-week therapeutic model of support, incorporating person-centred and needs-based approaches. The session concluded with considerations for consent forms, data sharing, and the overall purpose of the pilot intervention, which was to provide intensive support to young people processing trauma and set a benchmark for future support programs. All organisations agreed that time was of the essence, with an acknowledgement that several weeks had already passed since the initial traumatic event had occurred. With this in mind, The SPARK agreed to meet with the young people at the soonest possible opportunity, which was the following Tuesday.

This meeting was the first of ten weeks (24hrs total) of pre-engagement work by The SPARK. The SPARK had not anticipated that the pre-engagement would take 10-weeks, which delayed the start date for the 15-week therapeutic program. The pre-engagement work was essential for building trusting relationships between the practitioners and the young people. This work could only happen by working with The PEEK and SSF who were well-established in the area and already had strong relationships with the young people. By being introduced to the young people by The PEEK and SSF, the initial interaction happened through a trusting and safe dynamic. Over the 10-week period, the member of staff from The SPARK was able to engage with the young people on their own terms, was able to demonstrate their own understanding and knowledge of the area and the community, and they were able to answer any questions that the young people had. The lived experiences of some of the young people meant that they had built strong defence mechanisms that tested the commitment and integrity of new support staff. Questions such as, "*Are you going to be here for twelve weeks and then just fuck off,*" not only probed into how long the service might last, but they demonstrated that the young people were well-aware of how professional support services operated. The young people wanted to know if the member of staff really understood what life was like for them, and they wanted to make sure that the member of staff wasn't condescending or patronising. The successes achieved by Project SWITCH are in large part due to the pre-engagement work conducted by The SPARK.

October to March 2024 – Delivery

In October Project Switch met again to confirm the logistics and timings of the 15-week therapeutic work. The Barrowfield Community Centre was chosen as the place to host the therapeutic sessions, young-person friendly posters had been created by the SPARK ready for distribution, and a list of 12 young people who were directly impacted by the traumatic event was established. The member of staff from the SPARK who conducted the pre-engagement work reported positive initial responses from the young people which inspired confidence amongst the five organisations. A number of significant events were discussed, including a vigil to be held on bonfire night. The young people had discussed commemorating the life of their friend during the bonfire, which Project Switch agreed could be a good time to engage in meaningful conversations about the emotions the young people were feeling about the event. What should be noted is that

the first group session happened five months after the initial traumatic event. All members of Project SWITCH and all of the young people involved agreed that this was far too long.

The first weeks of the intervention faced a series of challenges. Acceptance of The SPARK and includem within the community was initially difficult, even with the successes of the pre-engagement work. Delivering the programme to young people with shorter attention spans and neurodiversity required additional effort. The death of their friend was still having a significant impact on the group, but a range of other factors, such as living complex lives, socioeconomic instability, and disruptions to education, complicated the therapeutic process. Additionally, helping young people learn to respect each other and establish boundaries, particularly in the context of substance abuse, proved challenging. Delivering the programme within their own community also seemed to lead to an acceptance of some of the more challenging behaviours within the group. Despite these obstacles, the programme continued to make progress, with ongoing efforts to address these issues and support the young people effectively.

Despite initial difficulties, Project Switch successfully established a trusting relationship within the group and the wider community, facilitated by The SPARK's pre-engagement work. The therapeutic group sessions were starting to enable young people to process their grief and trauma through group discussions and individual interactions with The SPARK team. The programme's flexible, person-centred approach allowed for adaptation to the varying stages of the therapeutic process among participants, leading to significant progress in their emotional regulation and understanding of grief. For example, one young person initially resisted any conversation about the loss of their friend, asking "What's the point of talking about it, it won't bring him back?" However, after only a few weeks of engagement, they had moved on from this position into one that actively processes their grief by talking with peers and support workers. Another example of the flexibility of the program related to how success was viewed. For some young people, sitting down in a room to work through an activity with a support worker could be extremely difficult. Rather than understanding their decision to leave an activity earlier than expected as an example of "challenging behaviour", Project Switch workers understood such behaviour as a young person engaging when they were able to and then establishing boundaries when they couldn't. A therapeutic intervention is about healing, it is not about "managing" behaviour and trying to get young people to act in a way that satisfies a project plan. While attendance to the sessions was sporadic, this reflects the level of need and readiness of the young people involved.

The need for this level of flexibility highlights the ad hoc nature of the therapeutic sessions and highlights the need for any intervention to remain as open as possible to the needs of young people. During the planning stage of Project Switch, the organisations involved talked about going through a 15-week support programme. Having this timeframe going into an intervention can be beneficial for planning, funding, and evaluation purposes. However, young people cannot plan how they will heal from a traumatic event, they do not time their healing around funding deadlines, and they do not package their emotions in a way that accommodates the needs of evaluations. One of the major successes of Project Switch has been the ability of each organisation to adapt to the needs of the young people taking part. When a young person needs to leave a session, they are able to without judgement. If a young person misses several weeks of group sessions, they are always welcomed back to work on whatever they need to at their own pace. This not only allows for the intervention to work for the young person, but it also demonstrates to them what it means to have their needs and boundaries respected.

Another success of the pilot comes from the nature of the conversations held between young people and counselling staff from The SPARK during practical activities. For example, during an art-based sessions, two young people who held counselling staff at arm's length for several weeks and who's engagement in group sessions was typically of a disruptive nature, started to talk about how the death of their friend affected them. The conversation lasted for around 15-minutes before they left the session. While on the one hand, only having a 15-minute conversation after around 10-weeks of relationship building might seem minor, this conversation was a real breakthrough moment. These young people had necessarily built up extremely strong defences to protect themselves from the dangers they face on a daily basis. Vulnerability can be seen as something to be exploited. By revealing their emotions to someone that they had only known for 10 weeks is testament to the level of trust that support staff were able to establish.

During the therapeutic sessions, includem offered a whole family, intensive support service. The nature of the service was completely voluntary and ran alongside the therapeutic support offered by The SPARK. One young person self-nominated to use includem's services. Because of the risk of identification and to ensure the information and data for this young person is protected, this evaluation will not go into detail about the nature of the support that this young person is receiving. What can be discussed is the low number of self-nominations for includem's services. includem staff attended the sessions after the pre-engagement work had taken place. The decision to have includem staff come later came from an agreement by Project SWITCH to avoid overwhelming the young people by introducing too many new faces at one time. While Project SWITCH formed a coherent partnership, each organisation operated as its own entity. This meant that The SPARK had 10-weeks of relationship building before the group work began, whereas includem first met the young people after the 10-weeks. This dynamic may have contributed to the low number of referrals since the young people were not as familiar with the includem staff. Another contributing factor was how the project was communicated. All members of Project SWITCH agreed during a later meeting that communications about the work that was happening could have been better. Using a more targeted and more comprehensive mode of communication earlier in the project would have raised awareness of the work that was happening and would have familiarised the community with the organisations. includem workers were approach by young people who were not part of the original 12 who were identified as needing support. Because they were not a part of the originally identified group, includem workers were not able to pursue the kinds of conversations that might have led to self-nominations. Finally, an important element of the low number of self-nominations is that Project SWITCH was primarily needs-led. The 12 young people might have needed the kind of support that includem provided.

Summary of Successes

The following section summarises some of the key successes of Project SWITCH. A report produced by The SPARK contains further details of these successes and can be found in Appendix 1.

- **Pre-engagement work:** One significant achievement was the provision of 24 hours of pre-engagement support over ten evenings by The Spark before the official start of the groupwork. This pre-engagement was crucial for building trust and relationships within the community, which was not part of the original proposal but was quickly identified as necessary.
- **Collaborative working:** Another major success was the effective collaboration between VRU, The Spark, Includem, PEEK, and SSF. This multi-agency public health approach addressed trauma, grief, and loss, ensuring a comprehensive support system for the young people involved. The partnership working was instrumental in delivering the programme's objectives.
- **Trust:** Establishing a trusting therapeutic relationship with the young people was also a notable success. Initially, the young people were sceptical about the benefits of talking about their experiences, but they gradually moved from a mindset of "What's the point of talking about it, it won't bring him back" to actively processing their grief through group discussions and individual sessions. This shift was a testament to the effectiveness of the therapeutic approach.
- **Art therapy:** The introduction of art activities as a therapeutic tool was another highlight. These activities provided a safe environment for participants to process their emotions non-verbally, which was particularly effective in helping them deal with their grief and trauma. The art-based therapeutic activity was well-received and facilitated emotional expression and healing.
- **Improvements in wellbeing:** Finally, there was a notable improvement in wellbeing scores among participants. The Wellbeing Web (SHANARRI) showed a 3.6% overall increase in wellbeing scores from baseline to post-programme evaluation. For those who attended regularly, the improvement was even higher at 14.5%. This improvement in wellbeing scores underscored the positive impact of the programme on the participants' mental health and emotional wellbeing. While an increase in a Wellbeing Web score is generally a good thing, a decrease can also be a good sign. For example, a young person might initially say that they feel safe, scoring a 9 out of 10, because they have peers "watching their back." However, as their support develops, they might realise that they need their peers to watch their back because of the threats they face in their community. This realisation might lower the score to a 3 out of 10, but given the context, the score reflects a journey they are on to finding a more stable form of safety in their life.

Learning/Recommendations

The Project SWITCH intervention has provided valuable insights into the complexities of supporting young people who have witnessed and experience highly traumatic events. The following key learnings and recommendations have been identified to inform future interventions:

- **Timing:** The need for timely intervention is crucial. Delays in initiating support can exacerbate the trauma experienced by young people. Future interventions should aim to commence as soon as possible after the traumatic event to provide immediate support and prevent further psychological harm.
- **Logistics of Bringing Together Multiple Organisations:** Effective coordination among multiple organisations is essential. A central organisation, such as the SVRU, should be designated to lead and coordinate efforts, ensuring that all partners are aligned and working towards common goals.
- **Flexibility:** Interventions must be adaptable to the needs of the young people involved. This includes being responsive to their emotional states, allowing them to engage at their own pace, and being prepared to adjust plans as necessary to accommodate their needs.
- **Staff Recruitment:** Recruiting staff with the right skills and experience is vital. Staff should have a deep understanding of the local community, relevant professional qualifications, and the ability to build trust with young people.
- **Staff Skills:** Staff should possess a range of skills, including trauma-informed care, person-centred approaches, and flexibility in their methods. Training in these areas should be provided to ensure that staff can effectively support young people through their healing process.
- **Avoid Overlapping Skillsets and Services:** To maximise the effectiveness of the intervention, it is important to avoid duplication of services. Each organisation should have clearly defined roles and responsibilities, ensuring that their contributions are complementary rather than redundant.
- **Location:** The choice of location for delivering support is critical. Familiar and safe environments can facilitate the therapeutic process, while new or unfamiliar locations may hinder engagement. Consideration should be given to the accessibility and appropriateness of the chosen venues.
- **Trust:** Building trust with young people is fundamental to the success of the intervention. This requires consistent and reliable engagement from staff, as well as a genuine understanding of the young people's experiences and needs.
- **Need for Local Organisations:** Involvement of local organisations is essential for any intervention to be effective. These organisations often have established relationships with the community and can provide valuable insights and support.
- **Central Organisation Needed to Bring Together Others:** A central organisation is necessary to bring together various partners, facilitate communication, and ensure a coordinated approach. This organisation should have the authority and resources to lead the intervention effectively.

It is not possible to develop a “model” for this type of intervention due to the unique and varied needs of the young people involved, the necessity for flexibility in response to their emotional states, the importance of building trust through personalised engagement, and the differences in cultural and community needs across Scotland. However, the learning from this intervention can provide a check list. This check can be used by a central organisation to quickly establish an ad hoc support service in partnership with other organisations should such an unpredictable and tragic event occur again:

- **Pre-intervention checks**

- ☐ Determine the nature of the incident (violence, accident, etc.)
- ☐ Identify those who are directly impacted (friends, family, witnesses)
- ☐ What are their immediate needs (safety, mental health, etc.)
- ☐ Assess what community resources already exist (religious groups, grassroots organisations, informal support networks, etc.) to avoid duplication.
- ☐ Evaluate ongoing risks (retaliation, further conflict, media influence)
- ☐ Map cultural, historical, and religious factors (long-standing conflict between groups, religious conflict, etc.)
- ☐ Establish communications with Police Scotland and Social Work.
- ☐ Is there a risk of interfering, or becoming involved with, ongoing criminal proceedings?
- ☐ Ask, “Are we needed”? What needs are we going to meet?

- **Partnership working**

- ☐ Identify which organisations are already in the area and already have relationships with the people effected.
- ☐ Lead organisation to reach out to organisations to form partnership approach.
- ☐ Draft a partnership agreement to enable data sharing and allocation of responsibilities.
- ☐ Each organisation should establish shared goals and outcomes for the intervention.

- **Planning**

- ☐ Establish how many people will be needing support.
- ☐ Develop a culturally appropriate communications method for making the community aware that the work is happening in the area. This needs to be targeted to avoid oversaturating the service.
- ☐ What upcoming events might require additional support? (Anniversaries, funerals, court dates, etc.)
- ☐ What unexpected events need to be on the radar? (Deaths of friends and family members from natural causes, larger cultural/sporting events, etc.)
- ☐ Do the young people want the support?
- ☐ What do the young people already provide for themselves?
- ☐ Are the young people in school?
- ☐ How long is the intervention expected to last?
- ☐ Are there any barriers preventing the time that the intervention can run?

- ☐ What are the staffing levels like for the organisations involved?
- ☐ When is the earliest that the pre-engagement work can take place?
- ☐ Are there events, such as a weekly football match or a youth club, that can enable the pre-engagement activity?
- ☐ How often is the partnership going to meet?
- ☐ How is the intervention being monitored? (Case notes, diaries, etc.)
- ☐ How can the partnership enable flexibility?
- ☐ Are there limits of the times that staff can work with the effected young people?
- ☐ Can appointments be rearranged on short notice to meet the needs of the young people?

- **Location**

- ☐ Does the effected group already have a physical location that they make us of?
- ☐ Is this location appropriate for the different types of support (privacy for counselling, etc.)
- ☐ Are the staff from the intervention welcome to enter this space?
- ☐ Are there alternative locations in the area?
- ☐ Are the effected young people able to travel?
- ☐ If not, are there provisions to enable them to travel safely?
- ☐ Would a new location disable or enable a theraputic process?

- **Skills**

- ☐ Flexible
- ☐ Trauma-informed
- ☐ Person-centred
- ☐ Knowledge of the area
- ☐ Lived experience

- **Services required: What support services are needed to fully support the affected young people?**

- ☐ Counselling
- ☐ Family Support
- ☐ Educational support
- ☐ Employment
- ☐ Substance misuse
- ☐ Substance dependencies
- ☐ Self-harm
- ☐ Revenge fantasies
- ☐ Criminal justice support
- ☐ Accomodation

References

- ¹ Vaswani, N. (2008). *Persistent Offender Profile: Focus on Bereavement*. Centre for Youth & Criminal Justice, Scotland.
- ² Layne, C. M., Kaplow, J. B., & Oosterhoff, B. (2017). *The interplay between posttraumatic stress and grief reactions in traumatically bereaved adolescents*. *Adolescent Psychiatry*, 7(4), 266–285.
- ³ Riches, G. (1998). *Spoiled memories: Problems of grief resolution in families bereaved through murder*. *Mortality*, 3(2), 143-159.
- ⁴ Finlay, I. G., & Jones, N. K. (2000). *Unresolved grief in young offenders in prison*. *British Journal of General Practice*, 50(456), 569-570.
- ⁵ Connolly, J., & Gordon, R. (2015). *Co-victims of homicide: A systematic review of the literature*. *Trauma, Violence, & Abuse*, 16(4), 494-505.
- ⁶ Cakır, E. (2019). *Witnessing the Homicide of a Loved One: The Effect of Witnessing a Homicide on PTSD Symptom Severity and the Moderating Role of Relationship to Victim*. Utrecht University.
- ⁷ Kristensen, P., Weisæth, L., & Heir, T. (2012). *Bereavement and mental health after sudden and violent losses: A review*. *Psychiatry: Interpersonal & Biological Processes*, 75(1), 76-97.

