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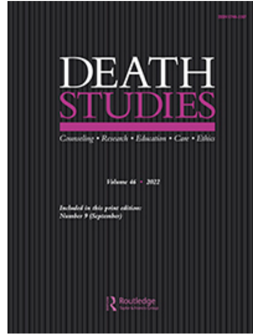

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# Bereaved UK military families: A mixed methods study on the provision of practical and emotional support

Anastasia Fadeeva[a], Emily Mann[b], Gill McGill[b], Gemma Wilson Menzfeld[b], Mary Moreland[b], Andrew Melling[c], and Matthew D. Kiernan[b]

[a]Violence and Society Centre, University of London, London, United Kingdom; [b]Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, United Kingdom; [c]School of Nursing, University of Central Lancashire, Preston, United Kingdom

**ABSTRACT**

Traumatic deaths of military personnel can have tragic consequences for the lives and health of bereaved significant others. To mitigate the effects, the UK Armed Forces enhanced the support for bereaved military families. However, little is known about whether the support has been satisfactory. The present research applied mixed methods to explore the experiences of bereaved UK military families ($N = 264$) with different types of support and how it historically changed over time. The findings suggest that although support has improved, further improvements are required in the provision of financial information, administrative support, and access to psychological support for all bereaved family members.

## Introduction

For members of the Armed Forces, there is an increased risk of being exposed to serious and unsafe situations that may result in an untimely death. During World War II (WWII), one of the most devastating wars in human history, around 384,000 British soldiers were killed in combat (Thompson et al., 2012). Since the end of WWII in 1945, 7,190 UK armed forces personnel have died on military operations, with the largest number of 1,442 lives lost in Malaya (Ministry of Defence, 2021). There have also been ongoing NATO or United Nations led operations in Cyprus, the Balkans, Iraq, Afghanistan, and Syria, which put the lives of UK service personnel at risk. In addition to operational deaths, there are other mortality causes, with accidents being the most frequent reason in the UK Armed Forces (Ministry of Defence, 2021).

The deaths of military personnel tend to be sudden and traumatic (e.g., accidents, hostile action, road traffic accidents, suicide, illness, and terrorism) and can lead to tragic consequences for bereaved families. Bereavement can result in subsequent poor mental and physical health for surviving family members and an increased risk of mortality (Buckley et al., 2012). Moreover, bereaved individuals who have experienced traumatic loss (i.e., from sudden or traumatic death) can experience a more intense prolonged and problematic bereavement than those who have suffered loss from a natural death (Barlé et al., 2017; Cozza et al., 2017). Deaths during military service are more likely to be sudden or violent resulting in more elevated mental disorders for bereaved family members and an increased risk of post-traumatic stress disorder (PTSD) or prolonged grief disorder (characterized by difficulties with accepting death and moving on with life) than losses from natural deaths (Kristensen et al., 2012). Bereaved family members not only mourn the loss but have to cope with the trauma that accompanies the death (Barlé et al., 2017). In addition to the risk of poor mental and physical health, surviving family members can experience social and financial difficulties including family disruption and changes to family roles such as becoming the main breadwinner or moving home (Hewison et al., 2020; Matthews et al., 2012).

Stroebe and Schut (1999, 2016) dual process model of coping with bereavement illustrates how a bereaved individual copes with the experience of death and

**CONTACT:** Anastasia Fadeeva anastasia.fadeeva@city.ac.uk Violence and Society Centre, City, University of London, London WC1E 7HU, United Kingdom.

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subsequent lifestyle changes that result from their loss. The bereaved oscillate between two stressors: loss of orientation and restoration. Both these stressors are challenges confronted by the bereaved as they find some way to negotiate a meaningful life without the deceased (Stroebe & Schut, 1999, 2016). Prior research on bereavement following traumatic deaths illustrates the need for both emotional and practical support to help navigate the surviving family through the post-death formalities, mitigate the risk of mental health disorders and support restoration-orientated tasks (Kristensen et al., 2012; Rolls & Harper, 2016). Besides procedural administrative tasks relating to Death Certificates and Coroner's Inquiry, bereaved military families face additional administrative tasks following the death of serving personnel, for example, applying for Armed Forces compensation and pension; surrendering of married quarters; submitting applications for social housing or private rental, mortgage, or house buying. Research on practical support offered to bereaved military parents identified how to support with everyday living (e.g., household and garden tasks) enabled parents to address restoration-orientated stressors and adapt to a life that accounts for the loss of their child. This type of practical support helped parents to reengage with society and encouraged greater social inclusion (Rolls & Harper, 2016). Yet, bereaved military families require support with a range of additional administrative and formal tasks, and a function of the armed forces is to support bereaved military families and manage the negative impacts of bereavement sensitively (Ministry of Defence, 2019).

The support that bereaved military families in the UK receive has evolved over time. The Military Covenant was introduced in 2000 and referred to the mutual obligations between the UK Government and its Armed Forces. In 2011, the Armed Forces Covenant was formally enshrined in law as part of the Armed Forces Act 2011. The functions of the Covenant are to support British military personnel and their families in a number of key areas (e.g., housing, education, and health) including support with bereavement (Army Families Federation, 2022). The most recent policies and procedures for the UK military are published in '*Joint Casualty and Compassion Policy and Procedures Vol 2*' (Ministry of Defence, 2015). In this report, the Ministry of Defense (MOD) outlines the policies following the sudden death of military personnel including casualty notification, repatriation, registration of deaths and funeral arrangements, and the roles of the Joint Casualty and Compassionate Center (JCCC). The current procedure for notifying the next of kin of sudden death involves an initial casualty notification process by a Casualty Notifying Officer (CNO), followed by longer-term bereavement support by a Visiting Officer (VO) (Cawkill, 2009). A VO is assigned to support surviving family members in the early months of bereavement and to help the next of kin to adjust to life without the deceased and prepare for the future. These duties include providing a link to MOD agencies; providing information and practical help with housing, funeral arrangements and financial matters; and supporting the next of kin with the process of ongoing investigations or inquiries (Cawkill, 2009). The VOs, however, are not professional support officers or counselors, but serving members of the British Armed Forces, so psychological support for military families needs to be sought elsewhere.

In addition, bereaved families are provided with "The Purple Pack," a bereavement guide for families of service personnel produced by the JCCC. The Purple Pack was first published in 2017 and was a joint venture between JCCC and the Defense Bereaved Families Group (DBFG) (Ministry of Defence & Veterans UK, 2021). The pack is reviewed annually. A hard copy of the Purple Pack is provided to families by their VO and an extended online version contains further information, such as links to welfare and bereavement organizations, guidance, and support about the practical elements of bereavement such as registering the death, housing and accommodation, and entitlements and benefits (Ministry of Defence & Veterans UK, 2021).

Despite changes to policies and practices and improvements in support for bereaved military families, there are potential concerns and challenges described in the recent literature (Lester, 2019). In recent years, training for VOs has been re-developed and increased from a few hours to three days. Still, there are concerns that the demands placed on the VO are much greater than the training and support available. Furthermore, there is limited flexibility in their role to respond to the individual needs of the family, and the length of their support is often constrained by policy regulations. Once formalities such as the inquest are complete, little is known about the experiences of bereaved families and there might be a need for more long-term support (Lester, 2019).

Additionally, the deployment of British troops in Afghanistan and Iraq in the twenty-first century could affect the military community through changes in public opinions. Public support for the Iraq and

Afghanistan missions peaked during the early stages of the deployment and dropped considerably as the missions continued (Miller, 2010). However, research suggests that the public can separate Armed Forces personnel as individuals, defined by their personal and family histories from military operations they participate in (King, 2010). Therefore, the social support of bereaved families would not necessarily decrease, although the donations to military charities could still drop, and tensions toward governments' defense spending rise (Hines et al., 2015).

Prior bereavement research highlights the dearth of research on the experiences of bereaved families affected by sudden or traumatic loss (Kristensen et al., 2012; Matthews et al., 2019). Moreover, there is a paucity of literature on the experiences of bereaved military families. More recent research has explored widows' experiences of the casualty notification process and the long-term impact of sudden loss (McGill et al., 2021), practical support offered to parents of deceased military personnel (Rolls & Harper, 2016), and the impact of a coroner's inquest on bereaved military families (Lester, 2019), nevertheless little is known about the experiences of bereaved military families with the provided practical and emotional support.

### Aim of the present research

The aim of this study was to explore the various types of practical and emotional support offered to armed forces families following bereavement, to understand whether the support has improved over time, and to examine bereaved families' perceptions and experiences of the support provided.

## Methods

This study forms the second phase of a wider exploratory mixed methods research project investigating the impact of casualty notification and the long-term impact on military families (McGill et al., 2021). This phase of the wider study also employed a mixed methods design.

### Participants

The study design adopted a non-probability sampling strategy. Members of the War Widows' Association, RNRM Widows' Association, Army Widows' Association, and the RAF Widows' Association were invited to take part in this study. Ethical approval was gained from the Faculty of Health and Life Sciences, Northumbria University, submission Ref: 21588. All participants received the information about the purpose and nature of the research, had an opportunity to ask any questions about involvement in the study, and signed the consent forms.

### Procedure

Data collection took place over a 6-month period in 2020. The study used a previously piloted survey to collect information from the participants. The survey was distributed via mail to all members of the War Widows' Association, RNRM Widows' Association, Army Widows' Association, and the RAF Widows' Association. Northumbria University used Xerox Printing and Distribution, on behalf of the War Widows' Association, in accordance with GDPR regulations meaning that no personal information was passed to the university research team. The survey comprised closed questions (e.g., with "Yes/No" answers) and Likert scale-type responses. Open questions were also included to allow responders to freely express their thoughts and ideas.

A convergent design was used to integrate qualitative and quantitative findings from the survey. Both types of data were collected simultaneously but analyzed separately using quantitative and qualitative analytical techniques for closed and open questions respectively (Wisdom & Creswell, 2013). The results were subsequently integrated to provide validation for each other and enrich an understanding of the participants' bereavement experiences. Qualitative information also provided more context for the quantitative data and helped to identify issues not covered by the closed questions. To generate the depth of the qualitative information, the respondents were encouraged to produce more comprehensive answers by using specific instructions and questions (e.g., "Please tell us if there is anything else you would like to add about the long-term impact of how you were initially informed of your partner/family member's sudden death") and leaving enough space for the answers (e.g., "Please continue on a separate sheet of paper") (O'Cathain & Thomas, 2004).

### Measures

The survey questions were informed by the evidence from the literature review, expert opinions, and the initial analysis of the qualitative data from the first part of the wider research study and were developed

with the aim to ascertain the impact of death (which was attributable to service) on the surviving family and support that the family received. The survey included a series of closed and open-ended questions as well as demographic questions relating to relationships with the deceased and when the death occurred. Questions focused on the impact of the death and provision of support provided and participants were asked if they were offered someone [Visiting Officer] to support them during the initial period after death notification. Categorical responses included 0 (*No*), 1 (*Yes*), 2 (*Not sure*), and 3 (*Would rather not say*); whether they received financial information without seeking themselves. Answer options were 0 (*No*), 1 (*Yes*), and 2 (*Not sure*); whether they were provided support with administrative tasks. Answer options were 0 (*No*), 1 (*Yes*), and 2 (*Not sure*); and whether they had good access to psychological support/counseling. Responses ranged from 0 (*Strongly Agree*) to 4 (*Strongly Disagree*) on the Likert scale and included option 5 (*Unable to Answer*).

Five items also asked if participants received peer support and support from people who went through a similar experience (e.g., *I received peer support*) and would have liked more peer support (e.g., *I would have liked more peer support*). The five items had a Cronbach's α of .61. One item *(I needed long-term peer support*) decreased internal consistency and was omitted from the final analysis. The scale of four items had a Cronbach's α of .64, which indicates an acceptable level of reliability (Ursachi et al., 2015). Responses ranged from 0 (*Strongly Agree*) to 4 (*Strongly Disagree*) on the Likert scale.

### *Data analysis*

Descriptive statistics (frequencies, medians, and means) were obtained for the demographic data. Univariate analysis was used to assess the overall satisfaction with financial, administrative, and psychological support among the participants. Regression analysis was used to see whether the experiences of bereaved military families changed over the years following development in policies (i.e., those who were bereaved then vs. those who were bereaved more recently).

Logistic regression analysis was conducted to explore whether the time when the spouse/family member passed away affected the odds of receiving support from visiting officer, support with administrative tasks, and financial information. Ordinal regression analysis was applied to examine the effects of time since the death on the access to psychological support. Additionally, linear regression was used to explore if times since the death of a loved one predicted satisfaction with peer support.

**Table 1.** Sociodemographic characteristics of participants.

| Sociodemographic characteristics | Responses | Percentage |
|---|---|---|
| *Gender* | | |
| Female | 257 | 97.7 |
| Male | 6 | 2.3 |
| *Relationship to the deceased* | | |
| Spouse | 238 | 90.5 |
| Partner | 7 | 2.7 |
| Child (including step-child) | 13 | 4.9 |
| Parent (including step-parent) | 3 | 1.1 |
| Other | 2 | 0.8 |
| *Child(ren) with the deceased* | | |
| No | 49 | 18.8 |
| Yes | 207 | 79.6 |
| Other (step-children) | 4 | 1.5 |

Quantitative and qualitative data were then integrated. Qualitative data was deductively analyzed using quantitative findings and bereavement theories. Qualitative data was used to support, or contradict, quantitative survey findings. NVivo 12 software was used to assist in the analysis process (Bazely & Jackson, 2013).

## Results

A total of 264 participants ($M_{age}$ = 66.89, $SD$ = 14.68, Female = 257) took part in the study, and from these participants, 231 (87.5%) respondents provided textual data about their experiences of bereavement and provision of support. The demographic characteristics of the participants and their dependents are presented in Table 1. Most respondents were spouses of the deceased ($n$ = 239, 90.5%) and had children with them ($n$ = 207, 79.6%). The sample covered a period from 1927 (a child descendant for the deceased) to 2019 with the longest time lapse since bereavement being 93 years and the most recent being one year. The mean age of respondents at the time of death was 36.73 years ($SD$ = 11.61). Most respondents ($n$ = 186, 86%) who reported the nature of the death had experienced a traumatic or sudden loss (e.g., sudden or violent death while on active duty, accidental death while on training exercise, suicide, road traffic accident, and cardiac arrest), whereas 31 respondents (14%) were bereaved from long-term illness (e.g., cancer).

### *Practical support: support from a VO, financial information, administrative assistance, and support with relocating*

Only a third of respondents ($n$ = 83) were offered or received any financial information without seeking it

**Table 2.** Practical support received.

| | Total | | In the last 30 years | |
|---|---|---|---|---|
| Type of support received | Responses | % | Responses | % |
| *Financial information* | | | | |
| No | 149 | 58.4 | 78 | 54.5 |
| Yes | 83 | 32.5 | 56 | 39.2 |
| Not sure | 23 | 9.0 | 9 | 6.3 |
| *Support with admin tasks* | | | | |
| No | 128 | 50.0 | 58 | 40.6 |
| Yes | 107 | 41.8 | 73 | 51.0 |
| Not sure | 21 | 8.2 | 12 | 8.4 |
| *Offered someone to support them* | | | | |
| No | 54 | 20.9 | 12 | 8.3 |
| Yes | 195 | 75.6 | 127 | 87.6 |
| Not sure | 9 | 3.5 | 2 | 1.4 |

for themselves and less than half of the respondents 41.8% ($n = 107$) received support with administrative tasks. However, 75.6% of respondents ($n = 195$) received support from a VO following the death of their spouse/family member. In the last 30 years, the responses seemed to improve, with 39.2% of all participants ($n = 56$) receiving financial support, 51% ($n = 73$) getting support with admin tasks, and 87.6% ($n = 127$) being offered the support from a VO (Table 2).

Additionally, logistic regression analysis was conducted to explore if the provision of support had significantly improved over time. Years since the death of the family member were entered as a covariate. Outcomes were receiving support from a visiting officer, support with administrative tasks, or financial information. The addition of years since death to the model significantly improved the fit between model and data, $\chi^2$ (2, $N = 264$) = 11.731, Nagelkerke $R^2$ = .054, $p < .01$. The longer the time since the death increased the likelihood of no financial information being received, with an odds ratio of 1.021 (95% *CI*, 1.004 to 1.039), Wald's $\chi^2(1)$ = 5.732, $p < .05$. This indicated that the odds of the information given with regards to the financial challenges that families face following a death have improved slightly by approximately 2.1% year on year.

The addition of years since death to model the that contained only the intercept with receiving administrative support as an outcome significantly improved the fit between model and data, $\chi^2$ (2, $N = 264$) = 31.946, Nagelkerke $R^2$ = .140, $p < .001$. Again, the longer the time since the death incr2eased the likelihood of not receiving administrative support than receiving it with an odds ratio of 1.059 (95% CI, 1.036 to 1.082), Wald's $\chi^2(1)$ = 26.549, $p < .001$. This demonstrates that the improvement in administrative support was by about 1.06% year on year.

Bereaved family members highlighted the hidden costs of bereavement and the challenge of seeking and claiming financial support. Although some respondents ($n = 28$), particularly more recently bereaved family members, reported that they received immediate financial support following the death of their loved one, many participants ($n = 36$) experienced challenges with claiming and receiving death in service benefits and navigating complex rules regarding claiming military pensions. This is still evident for families who have experienced loss in the last two decades: "Because of the combat immunity we did not receive any financial help. Three years until our son's private insurance paid anything out" (Participant 0724: Father, 13 years since death).

Furthermore, the majority of respondents did not receive assistance with claiming financial support from their Visiting Officer or regiment and sixteen respondents relied upon friends and family with this process.

> I had to apply for my pension myself. There was no support on how to do it. I met with a guy called [anonymized] from the Royal Irish Regiment and Ulster Defense Regiment Benevolent Fund a few times. I so needed to talk. I felt I could talk freely to him. He got me £1,500 towards my husband's funeral. One woman called me, left me in tears. There was no other help. (Female, 4 years since death)

In addition, 23 participants reported their experiences of moving home and finding accommodation in the weeks and months following notification of the death. With the exception of one participant, all participants had dependent children and many respondents reported that they not only had to find a new home but new schools for their children, too. Many families chose to relocate to be near friends or family or temporarily living with parents while searching for a more permanent home. Fifteen respondents reported that they lived in Armed Forces quarters in the UK, and although these participants lost loved ones more than 20 years ago, they all reported issues with relocating and received no support with this process:

> No support for housing – no questions asked of me how or where I would live. No help automatically given to complete forms relating to DHSS/government. I have a degree, consider myself intelligent, but in the midst of grief and trauma found form filling very difficult. (Female, 33 years since death)

The addition of years since death to a model that contained only the intercept significantly improved the fit between the model and data for support from a visiting officer, $\chi^2$ (2, N = 264) = 69.747, Nagelkerke $R^2$ = .330, $p < .001$. The longer the time since the death was associated with an increase in the odds of no support from the VO with an odds ratio of 1.087

Table 3. Logistic regressions results from the support from a VO, financial information, and admin support.

| Support | Odds | No/Yes | | | |
|---|---|---|---|---|---|
| | | $B$ | SE $\beta$ | exp ($\beta$) | Wald's $\chi^2$ |
| VO support | Intercept | −4.292** | .519 | | 68.500 |
| | Years since death | .083** | .013 | 1.087 | 43.661 |
| Financial information | Intercept | −.014 | .274 | | .003 |
| | Years since death | .021* | .009 | 1.021 | 5.732 |
| Admin support | Intercept | −3.560 | .734 | | 23.498 |
| | Years since death | .057** | .011 | 1.059 | 26.549 |

*$p < .05$, **$p < .001$.

(95% *CI*, 1.060 to 1.114), Wald's $\chi 2(1) = 43.661$, $p < .001$ (Table 3). This would indicate that the support offered by VO has steadily increased over time, and year on year there was approximately a 9% increase in the odds of receiving support from the VO.

Forty-seven respondents included textual comments regarding their experience with the VO or welfare officers. Respondents reflected on the support from their VO who helped the surviving family members navigate through the post-death formalities and acted as a vital liaison with the Armed Forces: "Both [Welfare Officer & Regimental Sergeant Major] did an amazing job looking after me and my family. Sorting the funeral and just being there for us. I can't have done it without them" (Female, 9 years since death).

Although 10 respondents were dissatisfied with the response of their VO or the welfare offered by the deceased's unit, these respondents had lost loved ones over 20 years ago, and the training of VOs has been revised in recent years. Nevertheless, two respondents who were recently bereaved highlighted the need for VO support to be extended beyond 12 months:

> I found the support in the first six weeks amazing. My CO [Commanding Officer] stayed in touch for a long time. However, the extended support from the military has been limited … Neither my children or I have since been offered support. My children needed counseling/support later (12 months plus) but by then the link with the service was diminished. No follow up was made after my VO signed off. Really think this needs to be extended – check in at least up to 18 months/two years. I felt like I'd been 'cast out' by the service and everyone else had moved on. (Female, 9 years since death)

## *Emotional/social support: psychological support/counseling, peer support*

The results suggest that the participants experienced limited access to ongoing psychological support or

Table 4. Results of ordinal regression for satisfaction with provided psychological support.

| | $B$ | SE $\beta$ | Wald's $\chi 2$ |
|---|---|---|---|
| Thresholds: | | | |
| 0 (strongly agree) | −2.345** | .368 | 40.667 |
| 1 (agree) | −1.400** | .290 | 23.256 |
| 2 (neither agree nor disagree) | −.89* | .267 | 8.748 |
| 3 (disagree) | −.88 | .257 | .119 |
| 4 (strongly disagree) | 2.373** | .311 | 58.123 |

*$p < .01$, **$p < .001$.

counseling ($M = 3.50$, $SD = 1.32$, Median = 4.00). Ordinal regression analysis was applied with years since the death of the family member was entered as a covariate. Satisfaction with psychological support was entered as a dependent variable.

Years since death was found to contribute to the model. The years since the death was associated with an increase in the odds of being unsatisfied with access to psychological support or counseling with an odds ratio of 1.025 (95% *CI*, 1.009–1.041), Wald's $\chi^2(1) = 9.313$, $p < .01$ (Table 4). This again would indicate that access to psychological support has improved over recent years as has the satisfaction with the support offered, and every year there was about a 2.5% increase in the odds of receiving psychological support.

Almost half of all survey respondents ($n = 123$) provided textual comments regarding access to counseling or psychological support. These data support the quantitative findings and highlight that the availability of psychological support or counseling, particularly for families who experienced bereavement last century, was limited. Yet, many respondents reported that access to this type of support would have been beneficial to address their loss and to help them develop a new role and identity:

> I had no counseling whatever, no chance to talk about it with anyone. Perhaps, if I had been in England at the time of the accident, I might have received some psychological help. I felt that I had just been left to cope with two young children, and moving back home, on my own. I muddled through somehow but I am sure that I did not take the best course of action for my children. I did not talk to them about what had happened and my daughter is still traumatized by it. (Female, 40 years since death).

Additionally, respondents reported on their experiences of accessing counseling and the need for long-term support. Fifty-six respondents have sought support for themselves or family members from bereavement charities, NHS or an independent bereavement or grief counselor. Only 13 respondents reported that were offered or received counseling or psychological support directly from the Armed Forces.

Consequently, although support offered by some Armed Forces regiments is comprehensive, it is evident that funding and quality of this type of support across the Armed Forces are piecemeal:

> The [name of regiment] in particular invited me to memorial services, informal gatherings and included me in the mental health support that they offered to other bereaved families, whilst I didn't particularly use this service, they persisted in making sure I knew I could get help if needed which I appreciated. I'm not sure that all units are so well resourced in their mental health provision. (Female, 8 years since death)

> After two years I had a breakdown and needed counseling. I applied to the [name of regiment] fund – (my son's regiment) and was told no funding for family counseling! I had no welfare support of any kind from this regiment. No support at all, then or since! They were only on scene when it happened and promised me anything, I need just ask… very poor aftercare, only there at funeral and inquest… where media was around. Still feel let down by the way I was treated… (Female, 8 years since death)

Thirty-seven respondents highlighted the need for greater availability and accessibility of counseling support for all family members. In particular, mothers highlighted the challenge of accessing support for their children.

> I had to research and seek access to psychological support/counseling etc. for my children and myself – no support was offered. Indeed, I have continually tried for the past 8 ½ years on and off with various organizations/different approaches at significant financial cost. Although my son finally accepted help 12 months ago at the age of 12/13, my daughter will still not accept help or talk to a counselor. Her mental health as a result is extremely fragile, added to which adolescence has added to her confusion and anxieties – magnified by isolation during COVID-19 – I have had to seek referral now due to her self-harming. (Female, 8 years since death)

Moreover, one respondent highlighted that, although provision was available to war widows, it was difficult to seek support as a bereaved parent:

> The problem is that getting counseling if you are 'just' the parent (as we were told) is very difficult unless you are prepared to pay for it. That's if you can find someone who will understand, and if you can find the energy and the motivation to search out somebody. Doctors don't want to know and NHS help? That's not going to happen. What is needed is a joined up approach with specialized counselors being recommended by visiting officers and maybe the MoD giving a family a counseling session to let the family understand how it could help and what would be involved. Our son's fiancée got 1–1 counseling from the War Widows or Cruse (? not sure) but as parents – you are left to do it yourself. Parents don't really count even as NoK [next of kin]. (Female, 11 years since death)

It is evident that families that have been recently bereaved are requesting more comprehensive support to be made available for all family members: "I believe if possible the family members should be brought together for discussing on how they can move forward as a family. Counseling should be made available for all" (Female, 4 years since death).

For peer support, linear regressions were performed with time since death entered in one step as an independent variable and satisfaction with peer support as a dependent variable. The scatterplot suggested that there was a negative linear relationship between the time since death and peer support, and the Pearson's correlation co-efficient ($r$) of −.197 (−.324; −.063) suggested a weak negative relationship. A simple linear regression revealed that peer support was significantly predicted by the model, $F$ (1,206) = 8.082, $p <$ .01. A longer time since death in years negatively predicted satisfaction with peer support ($\beta = -.045$, $p <$ .01). The $R^2$ value was 0.039 so 3.9% of the variation in peer support can be explained by the model containing only years since death. Therefore, the results indicate that even though peer support has improved over years, this change was small.

Widows expressed positive experiences of the support they have gained from accessing peer support groups. These groups were either formal or informal and helped the bereaved to develop coping strategies, reduce isolation and benefit from forming relationships with people in a similar situation. In many cases, peer support has provided widows with long-term emotional support.

> I attended my first event with them about one year after my partners death, and it was a relief to be around people who understood what I was going through, and I didn't have to be careful what I said, I could just speak my mind and not worry that I would upset someone or make them concerned about me. It was a special understanding and I think better than anything counseling, medication or therapy could have achieved. (Female, 8 years since death)

Nevertheless, some respondents have not been able to seek adequate support from peer support groups. Although there are peer support groups available to widows, there is a lack of provision for other family members.

> Both myself and wife spent the first six months after [anonymized's] death trying to help other family members and friends come to terms with what had gone on. [Anonymized's] sister never received any

> help or advice other than from her parents, also there's a lot of things in organizations aimed at helping wives, mothers. Men seemed to be left out and just left to get on with things. This is not meant in a bitter way. It's just how it is. (Male, 13 years since death).

## Discussion

This study explored the long-term impact of bereavement on family members spanning almost a century and their experiences with practical and emotional support. The findings illustrate that the majority of respondents from this recruited cohort who experienced the life-altering event of the death of a loved one were young widows with dependent children. Although the causes of death varied, most deaths were sudden and traumatic (e.g., while on active duty, accidental death on a training exercise, suicide, road traffic accident, or cardiac arrest). Thus, bereaved widows not only had to address their own traumatic loss but support their children through their bereavement, as well as navigate a new role as single parents and main breadwinners. The findings from this study suggest that there have been improvements for bereaved family members in accessing practical and emotional support over time. Nevertheless, while there are notable improvements in the odds of receiving support from VOs, there have been minimal improvements in the odds of receiving psychological support, financial information, and administrative assistance. In addition, the findings highlight three key themes: the hidden cost of bereavement; the need for psychological support; and the provision of peer support.

Prior research on traumatic deaths in the workplace illustrates that bereaved families can face considerable hidden costs including financial hardship, issues with receiving compensation, and resulting lifestyle changes, and these challenges are reflected in the findings of this study (Matthews et al., 2012). Although there have been improvements in the experiences of bereaved families over time, these issues are still evident for those military families who have been recently bereaved. Previous research on the financial implications of the death of a spouse shows that women are at greater risk of economic hardship and can experience the challenge of returning to employment while supporting dependent children (Corden et al., 2008). Although membership in occupational pension schemes and private savings or insurance is important in providing financial stability and security in bereavement, some bereaved family members can experience issues of not having built up sufficient contributions to a pension scheme, the continuing liability for mortgage payments or were in partnership with the deceased without legal status and may not be eligible to death benefits (Corden et al., 2008).

The findings in this study highlight additional costs for bereaved military families including the administration of post-death formalities, and for some families, relocating from Service Families Accommodation (SFA). Widows expressed the challenge of relocating soon after the death of their loved ones with little or no support, and the subsequent disruption to family members. It is evident that relocating, changing schools, and moving away from established friendship groups in the early stages of bereavement can negatively impact the mental health of children and can have long-term consequences into adulthood (Cozza et al., 2017; Ellis et al., 2013). Previous research on traumatic workplace deaths identified that supporting bereaved individuals with procedural and legal formalities can help to mitigate the risk of traumatic bereavement and the associated risk of mental health conditions (Matthews et al., 2019). Accurate information and advice in dealing with post-death formalities and financial transition are a vital support for bereaved family members (Corden et al., 2008; Matthews et al., 2012). Further practical and financial support could be provided to the surviving parent to help maintain structured support for the family (e.g., supporting the family so the child can stay at school or providing financial support for childcare) to maintain stability and continuity where possible and mitigate the risk of disruption for children (Ellis et al., 2013). It is evident that the provision of practical support can help wider family members and practical support offered to bereaved military parents has helped them to reengage with society and encourage greater social inclusion following the death of a child (Rolls & Harper, 2016).

It is evident from this current study that there have been improvements in satisfaction with the support offered to bereaved military families over the years, which reflects the introduction of VOs, 'The Purple Pack', and support from the Armed Forces Covenant and military charities. The VO can play a vital role as an advocate to support the family in the aftermath of sudden or traumatic death, particularly during ongoing inquiries and investigations, and provide information and practical support to families (Lester, 2019). Yet, some types of support were still lacking even when the death occurred in recent decades. In addition, more recently bereaved respondents identified a need for longer-term support from the VO as

this type of support was concluding at a stage when they needed most help with their bereavement and this finding supports previous research on bereaved military families (Lester, 2019). Finally, the findings suggest a mismatch between the role of the VO and the expectations or hopes of the bereaved. While the role of the VO is to provide initial support and draw attention to the Purple Pack and the organizations available to offer psychological support, there may be the expectation of VOs by the bereaved in terms of psychological support or counseling.

In terms of emotional support, bereaved family members have experienced limited access to psychological support or counseling, particularly for those who experienced a loss last century. Nevertheless, this is unsurprising given the development of grief and bereavement theories and bereavement counseling in more recent decades. Many respondents have subsequently sought ongoing counseling and bereavement support either through the NHS, bereavement charities or privately. Yet, still, bereaved family members reported the issue of sourcing appropriate bereavement support, particularly for children and parents of the deceased, in more recent years. Sudden and traumatic deaths can result in traumatic and problematic bereavement and can lead to bereaved family members experiencing anxiety, depression and PTSD symptoms (Cozza et al., 2017). Further research is required to identify the types of bereavement interventions that best support bereaved family members in the aftermath of traumatic death.

Widows who have accessed either formal or informal peer support have reflected positively on their experiences of this type of support. Peer support has helped to develop coping strategies and reduce isolation. Thus, for some widows peer support is seen as an important protective factor in helping them to navigate a path through both loss-orientated stressors and restoration-orientated stressors of bereavement (Matthews et al., 2019; Stroebe & Schut, 2016). Peer support can also buffer against increased distress, reduce isolation and loneliness, and decrease psychological morbidity (Bartone et al., 2019). Furthermore, bereaved military families can have unique benefits from peer support, particularly finding a sage culture to share their experiences, meaning making, normalization, and finding "like selves" models of recovery (Harrington-LaMorie et al., 2018). However, it is evident that there is a lack of availability of this type of provision for other family members. The results suggest weak evidence of the improvements in satisfaction with peer support over the years. Therefore, despite the introduction of the 'Purple Pack' that provides information on peer support groups, services, and organizations, this might not be enough to address the needs of bereaved families. Prior research has identified that support groups are an important protective factor against traumatic bereavement for both parents and children as family or friends may not be able to provide the necessary support needed (Ellis et al., 2013; Matthews et al., 2019). Moreover, it is evident that access to this type of provision needs to be targeted and timely (Matthews et al., 2019). However, a particular challenge of accessing informal peer support groups for bereaved military families is that over the last decade military families have increasingly become more geographically dispersed (Rodrigues et al., 2020).

Although there have been recent changes to procedures of supporting families by the MoD, the experiences of bereaved family members are not homogenous. Different military services interpret rules differently, which can explain the diversity of experiences. At the same time, the non-individualized approach employed to support bereaved families can explain the lack of satisfaction even when support was provided.

A limitation of these findings is the ability to accurately represent the perspectives of all bereaved military families, even though the sizeable sample provides an account of the experiences of bereaved family members spanning almost a century. Nevertheless, the experiences of some bereaved family members may have been affected by time and the ability to recall events and support. Moreover, it is evident that the sampling framework captured the voices of spouses of the deceased and further research is required to understand the experiences of wider family members, in particular children who have experienced the sudden and traumatic loss of a parent, unmarried or civil partners and parents of the deceased. The experiences of different family members could vary due to the nature of their relationship with the deceased and the entitled support.

To conclude, the findings from the current investigation provide evidence of the need for comprehensive practical and emotional provision to support bereaved military families with traumatic loss. It is evident that only slight improvements have been made in the provision of financial information, administrative support, and access to psychological support for bereaved families, and these are areas that require further improvement. Both practical and emotional support is required to help mitigate the risk of prolonged or problematic bereavement and to

navigate a path through loss orientation and restoration stressors and negotiate a meaningful life without the deceased (Stroebe & Schut, 1999). The majority of respondents were young widows with dependent children and thus, coping not only with the loss and bereavement but also adapting to social and financial changes as a single parents. Evidence suggests that the type of support or interventions needed for those who experience sudden and traumatic loss differ from those bereaved by natural death, for example, the bereaved are at higher risk of PTSD, prolonged grief and depression, and long-term interventions for preventing trauma are warranted (Kristensen et al., 2012). The views of participants in the current study should be drawn upon to inform future development and implementation of bereavement support for UK military families. In addition, the findings have potentially wider implications for bereaved families who have experienced traumatic death in the workplace.

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## ORCID

Gemma Wilson Menzfeld http://orcid.org/0000-0001-7362-7048

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