



## **The Impact of Homicide on Families of Murder Victims**

*September, 2010*

### ***Introduction***

The following information is provided for the purpose of grounding NCADP Affiliates' volunteers, staff and leadership in a deeper understanding of the experience of families of murder victims. A significant portion of this information is background material on the crisis and trauma associated with the experience of homicide. It is provided so that you have a framework for understanding the challenges that arise for victims in their journey to construct a new life.

This material is general in that it does not take into consideration issues of ethnicity, race, religion and others aspects of our multicultural America, all of which influence our trauma response. The themes, however, are applicable across the board.

Throughout this document the phrases "families of murder victims," "survivors" and "victims" are used interchangeably. This is common language in the victim services field. What is most important is to use the language of the individual survivor.

### ***Trauma - The Crisis Response***

As with most victims of violent crime, the usual response to a homicide is crisis. The death notification process will elicit a crisis response in families of murder victims, and a crisis response has both an emotional and physical response. Understanding this initial crisis response is important in comprehending the experience of families of murder victims both in the immediate aftermath and long term during the construction of their new life.

### ***The Physical Response***

The body's first response to trauma is to attempt to physically protect itself from the trauma. The body may go into a hyper state of alertness, ridding itself of excess and getting ready for a fight or flight. Families of murder victims are traumatized by the death notification itself. Family members of murder victims often report:

- ❖ Physical shock
- ❖ Numbness
- ❖ Disorientation
- ❖ Increased adrenaline, heart palpitations, nausea, vomiting, sweating and hyperventilation
- ❖ Hyper alertness (exaggerated responses)
- ❖ Panic attacks – difficult breathing, tightness of chest
- ❖ Constant crying or the inability to cry

### ***The Emotional Response***

The emotional response can include anger or rage, fear or terror, frustration and confusion, guilt and self-blame, shame and humiliation, and grief or sorrow. Any and all of these emotions may be present. As a response, the brain becomes overwhelmed and disorganized and experiences the

trauma as a “threat” and responds with fear and anger. As a result of the threat, the brain sends an emergency “all systems go” signal, which bypasses the cognitive part of the brain. Normally the emotional and cognitive parts of the brain are more in balance.

The cognitive part of the brain can only function when the emotional turmoil in the brain subsides. Since the cognitive part of the brain is disengaged during the trauma, our ability to process, build our story through organization and utilize cognitive analysis is impaired. That is why over time the story that is told is more elaborate, more detailed, etc.

Families of murder victims report:

- ❖ Recurrent nightmares about the actual murder (whether they know what happened or not)
- ❖ Rage toward the person responsible
- ❖ Anger toward the victim for being in the wrong place at the wrong time
- ❖ Depression and helplessness/powerlessness
- ❖ Hatred toward God
- ❖ Loneliness and isolation

## *Grief*

Worden (1991) described four “tasks” of grieving. These included: accepting the reality of the loss; feeling the grief; adjusting to a life in which the deceased is no longer present; and emotionally relocating the deceased so that life can go on.<sup>1</sup>

The first task (Worden, 1991) is to acknowledge and accept the reality of the loss – that the loved one is dead. Survivors often report a sense that their loved one will come up the driveway as usual at the end of the workday. Others have reported that they felt impelled to follow someone who looked just like their deceased loved one. It is often difficult for homicide survivors who have not had a chance to see their loved one’s body to know, finally, that it was not some terrible mistake and that their loved one is really dead.

The second task identified by Worden (1991) is that mourners must acknowledge and experience the pain associated with losing their loved ones, whether it is physical and/or emotional pain. This is one of the most difficult tasks a mourner faces, even under the most supportive of circumstances. Homicide survivors often find that they must put their feelings on hold as they follow court hearings, trials and numerous appeals. However, no matter how the pain of the loss is held back or “put aside,” Worden states that the mourners must experience these feelings or they may carry the pain of the loss for the rest of their lives.

The third task described by Worden (1991) is to adjust to a life in which the loved one is no longer present. At this point, family members begin to make personal or lifestyle changes with might take them in a very different direction than they planned while their loved one was still alive. Often family members may feel some guilt around these new decisions, wondering

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<sup>1</sup> Office of Victims for Crime, United States Department of Justice, 2009 National Victim Assistance Academy Participants Manual Chapter 11 Homicide, 2009.

whether they are being disloyal to their relationship with the deceased. It is important for survivors to recognize and come to terms with these reactions and feelings.

The last task Worden described (1991) is that the mourner must somehow find a place for their loved one within their emotional life that can, at the same time, permit them to go on in the world. Survivors will not forget their loved one, but eventually they will realize that their lives can and do go on.<sup>2</sup>

### ***Uniqueness of Grief***

There are several factors that separate the reactions of families of murder victims from those whose loved ones did not die violently. Deborah Spungen, a clinical social worker and mother of a murdered child, states in her book, "Homicide: The Hidden Victims," that much of what we know about the experiences of others in the grief and bereavement process can be generalized to the experience of families of murder victims. However, the complexities of homicide are such that its sudden nature, the intensity of the survivor's reactions and the death at the hands of another make this grief different.

Spungen states:

*"In the aftermath of a homicide, the co-victims are often involved in various activities imposed on them by the medical examiner, the criminal justice system, and possibly the media. This is true whether or not an arrest is made. Such involvement is not by choice, and these endeavors are time consuming, physically and emotionally exhausting, and sometimes quite public. Co-victims are left with little energy to traverse the rest of the grief process, which is distinct from the experience by those whose loved one did not die violently. As a result, co-victims may be incapable of moving on to other phases until there is some finality to the legal aspects of the case, such as the completion of the trial. "*

### **Traumatic Grief**

In her book, Spungen utilizes the term *Traumatic grief*. Traumatic grief can most simply be stated as an integration of trauma throughout the mourning process. It is a combination of trauma reactions and grief reactions. The complexities of homicide as stated above distinguish the experience of families of murder victims from other forms of grief. Traumatic grief takes into account the unique experience of families of murder victims, which adds stressors to the already complicated grief process. Spungen believes that this term more accurately describes the common reactions of families of murder victims.

### **Experience of Families of Murder Victims**

The complexities of homicide serve as a distraction from the actual "grief work" that survivors must do in order to reconstruct their lives. Whether it is the intrusiveness of the justice system, the continual involvement of the media or the death notification process itself, these elements may require participation from the surviving family members and they almost always cause additional stress and trauma. These elements (the homicide differentials) are intrusive to the

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<sup>2</sup> Office for Victims of Crime, U.S. Department of Justice 2002. National Victim Assistance Academy Participants Manual Chapter 18

recovery process. They distract individuals in ways that keep them away from the important work of dealing with the trauma, grief and overall reconstruction of their lives.<sup>3</sup>

### ***Death Notification Process***

An ill-conceived and poorly delivered death notification predisposes the co-victim to later complications in the area of trauma and grief. Whatever co-victims remember, or do not remember, about the ensuing days immediately after the murder, they can usually recall most of the details of the death notification. They may not remember every word, but the essence of the words and the manner in which they were delivered will stay with them forever. The death notification becomes intertwined with the trauma of the event and resurfaces with the other traumatic memories of the murder.<sup>4</sup>

### ***The Justice System***

*“If one set out by design to devise a system for provoking intrusive post-traumatic symptoms, one could not do better than a court of law.”*

-Judith Herman, M.D.

*Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*

Families of murder victims have a vested interest in participating in the criminal justice or juvenile justice system and understanding the complex issues of a cumbersome legal system. The justice system represents the community response to the crime. It provides a public acknowledgement of the crime and offers an opportunity for justice.

When members of a homicide support group (Fairfax Peer Survivors Group) in Fairfax, Virginia were polled about their needs during the legal process, the single most important issue for them was their ability to obtain information from the prosecutors, detectives and other professionals. They:

- ❖ Wanted to know exactly how, when, and why their loved one was murdered.
- ❖ Wanted to know if their loved one suffered.
- ❖ Wanted to know the truth about the events of the death and elements needed to support the charge.
- ❖ Expected to feel better if the case was successfully prosecuted.<sup>5</sup>

### ***The Media***

More often than not, most families of murder victims have no prior experience in working with the media. The drive to get the latest news story first is often fraught with insensitive and intrusive acts, and questions on the part of the news media. The immediate aftermath of a

<sup>3</sup> Spungen, Deborah, Homicide: The Hidden Victims, a Guide for Professionals. 1997 Interpersonal Violence: The Practice Series. S. California, Sage Publications.

<sup>4</sup> IBID page 133-134.

<sup>5</sup> Office for Victims of Crime, United States Department of Justice, 2002 National Victim Assistance Academy Participants Manual, 2002.

homicide when victims are feeling shock, disbelief, disorientation, powerlessness, etc. seems to be the time when the media is most interested in the story. The media can cause what some victims refer to as an additional victimization. It is not unusual for victims to report that a local television station thrust a microphone in their face as they leave the medical examiner's office after identifying the body of their loved one. The countless re-running of video of the crime scene and body bags on television, along with the search for negative information on the victim, devalues the victim and portrays them as if they are to blame, and creates stress and trauma for surviving family members. Most victims are not aware at the time of crisis that they have the right to say no to or postpone an interview until later.

### ***Additional Stressors***

There are countless other factors that add stress and/or a unique difference to homicide bereavement:

- ❖ Witnessing the murder or events leading up to the murder
- ❖ Relationship of the victim to the survivor
- ❖ Relationship of the victim to the assailant
- ❖ Type of murder, such as vehicular homicide, murder/sexual assault, murder in combination with torture, murder following a kidnap, murder/abuses of corpse, etc.
- ❖ Attributes of the victim
- ❖ Attributes of the assailant
- ❖ Proximity of the family of the murder victim to the site of the murder
- ❖ Placement in the family

## **Trauma – The Long-Term Impact**

Most long term stress reactions fall into a common pattern even while being unique to the individual survivor. It is important for all who work with families of murder victims to understand the common patterns so that when engaging with survivors, you can provide the prediction and preparation they need to determine their level of involvement in the anti-death penalty movement. Assisting survivors is – in part – helping them understand why certain things are happening and empowering them to make the decisions that ensure their safety and security both physically and emotionally.

## **Post-Homicide Character Changes**

Many survivors do not feel able, or do not have a desire, to continue to live a life similar to the one they had before the murder. Lifestyle changes may be consciously made and may parallel observable personality or character changes. These changes can be both negative and positive. For example, a negative change may involve becoming overly controlling and rigid, or avoiding or withdrawing from new challenges. A positive change might be a redefinition of life goals or an increased flexibility in coping strategies.<sup>6</sup>

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<sup>6</sup> National Organization for Victim Assistance, the Community Crisis Response Training Manual Second Edition 1998, Chapter Four, Page 4-2, Washington DC.

## Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental health diagnosis characterized by systems of traumatic impact, which include experiencing the event both psychologically and with physiological reactivity. The duration of the symptoms last for an extended period, and the trauma reactions and symptoms impair functioning.<sup>7</sup>

There are high rates of depression and anxiety associated with PTSD, and it requires the intervention of a licensed therapist. However, this diagnosis does not render the survivor incapable of functioning. This is a predictable diagnosis for victims of crime and others who experience or witness traumatic events of varying intensities.

## Long-Term Stress Reactions

Not all victims will suffer from long-term stress disorders, but many victims may continue to re-experience the crisis reactions (See Trauma – The Crisis Response above). Such reactions are often referred to as “*trigger events*” – environmental or internal cues that remind the victim of the trauma. Some common predictable trigger events are:

- ❖ Participation in the justice system
- ❖ News accounts of murders
- ❖ Anniversaries of the murder/death notification
- ❖ Dates and times for what would have been major life events, including high school graduations, the wedding of a child of a murder victim, etc.
- ❖ Holidays

Long-term stress reactions are often exacerbated or mitigated by the actions of others. Many victims refer to this as a secondary victimization. Sources of such actions can be:

- ❖ Justice system personnel
- ❖ The media
- ❖ Family, friends or acquaintances
- ❖ Clergy
- ❖ Hospital and emergency-room personnel
- ❖ Health and mental health professionals
- ❖ Schools
- ❖ Victim service programs
- ❖ Crime victim compensation programs

The intensity of long-term stress reactions decreases over time, as does the frequency of the re-experienced crisis. However, there is no cure. Even when survivors construct a new life and achieve a degree of normality and happiness in their lives, they often find that new life events will trigger the memories and the reactions to the trauma.<sup>8</sup>

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<sup>7</sup> IBID Page 4-5 to 4-7.

<sup>8</sup> IBID Page 4 10 to 4-12.



## Suggestions for Supporting Families of Murder Victims

### Language

When engaging with families of murder victims, it is most important to use the language that they use to identify themselves. The most common phrase used to describe those that have a familial or extremely close relationship with the murder victim is “families of murder victims.” The United States Department of Justice Office for Victims of Crime uses the term “co-victims.”

That term was coined by Deborah Spungen in her book “Homicide: The Hidden Victims.” Spungen believes that to utilizing the term “homicide survivor” assumes that the victim has moved from victim to survivor before they actually have emotionally moved forward. She believes that the term “co-victim” validates that a crime has occurred and that the people affected are victims. Most state crime victims’ bills of rights include families of murder victims in their definition of victims. Some other terms that are used include homicide survivor and murder victims’ family members.

### Hints on Utilization of Language

- ❖ Use the language of the survivor.
- ❖ When in doubt, ask.
- ❖ Call the deceased by their name (they are not the murder victim).
- ❖ Call the act murder – “I am sorry to hear that John was murdered,” or, “I am sorry to hear that John was killed.” Avoid the words “incident” or “event.”
- ❖ Never use the word “alleged.” Do not use legal words.
- ❖ Avoid comparisons of their experience to that of another or yours.
- ❖ Avoid the following statements:
  - “I understand how you feel.”(In actuality, you do not)
  - “It sounds like...” (avoid comparisons)
  - “You are lucky; it could have been worse.” (No luck involved here. Some victims may have feelings of guilt associated with what *you* believe are the more positive aspects of the crime.)
  - “Don’t worry; it is going to be alright.” When victims are expressing fears those fears need to be validated and acknowledged as something that is in proportion to what has happened to them.
  - “Try to be strong for your children.” Allowing victims not to be strong is actually more important and more helpful, even if they are not strong only for the time that they are talking to you. Hiding and suppressing reactions will delay their recovery.
  - “Calm down and try to relax.” The physical reactions to trauma and the reoccurrence of trauma through trigger events make it physically impossible for them to calm down.
- ❖ Try to make statements like the following:
  - “You are safe now.”
  - “I am glad that you are here with me now.”
  - “I am glad that you are talking with me now.”
  - “I am sorry that Johnny was murdered.”
  - “It was not your fault.”

- “I cannot imagine how terrible you must feel.”
- “It must have been really upsetting to see (hear, touch, taste, smell) that (name it).”
- “Things can never be the same but they can get better.”
- “I appreciate...”

### **Talking About the Murder Victim**

There is often an incredible loneliness that exists for families of murder victims. After the initial support and outpouring of emotion, many family members find themselves feeling lonely and isolated from the rest of humanity. Their experience is different and many people do not want to talk about murder over an extended period of time. Many people fail to talk about the deceased for fear of causing additional trauma and pain. Most victims report longing to hear their child’s name and long for the opportunity to talk about them. It is, after all, only their memories that they have now. Use the name of the deceased. Talking about their loved one will bring them joy even when they shed tears, and it is certainly good to remember the past. Let them talk about the good and the bad. The best response is to allow them to talk, laugh and cry when talking about the murder victim. There may be tears, but they are bittersweet tears.

### **Crisis Intervention**

The National Organization for Victim Assistance (NOVA) defines crisis intervention as utilizing simple techniques in crisis that help survivors regain control over their lives and begin the process of constructing a new life. As the material above outlines, there is a clear and distinct way in which our brains process trauma, and trauma has lifelong effects. Understanding crisis and trauma is first step in engaging survivors in the anti-death penalty movement. You do not need to be a therapist or a counselor to engage with survivors. However, you do need to ensure that they are not harmed in the process.

The second step is learning the art of crisis intervention. Simply outlined, crisis intervention looks like this:

#### **Tools of Crisis Intervention**

Safety – Security  
Ventilation and Validation  
Prediction and Preparation  
Information and Education

When engaging survivors in the anti-death penalty movement, we must do all that we can to empower them to continually regain control over their lives. The information in this document gives a foundation of the experience. To appropriately engage survivors, you need to understand and utilize crisis intervention techniques, and that needs to be the topic of training. NCADP is committed to ensuring that this training is available. We will let you know when we find another forum in which to address this issue.