Losing a Loved One to Homicide
What Do We Know From Research and Practice?

July 19, 2018
• CVR is a one-stop resource for victim service providers and researchers to connect and share knowledge
  ✓ User-friendly website (soon!)
  ✓ Library of victim research
  ✓ Directory of researchers
  ✓ Free research TA
  ✓ State-of-the-field syntheses
  ✓ Fellowships, podcasts & more

• Partnership of researchers and practitioners
Acknowledgements

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Presenters

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Jeff Dion is a homicide survivor and attorney with more than twenty years of experience in victim services. He currently serves as Executive Director of the National Compassion Fund. He holds his law degree from George Mason University.
Road Map for Today’s Talk

• Reviewing research & practice: Why? How?
• Homicide co-victims: Definition? Who’s at risk?
• Harms & consequences
• Interventions & services
• Where does the field need to grow?
• Discussion/questions
Reviewing Research & Practice
Goals of CVR’s Reviews

- Assess **state of the field** in victimization response
- Systematically synthesize the **best available evidence** from research and practice
- Help service providers *and* researchers understand what the field needs
Goals of CVR’s Reviews (cont.)

Reviewed 147 research articles on homicide co-victims!

Reviewed 172 practice sources on homicide co-victims!

Questions to Answer

1. How many victims? (prevalence)
2. Risk factors?
3. Harms and consequences?
4. Interventions and victim services?
5. Policy, practice, and research implications?
Homicide Co-Victimization
Homicide co-victims are people who have lost a loved one to homicide, including family, members, kin, and friends of the deceased.

Note: We did not focus on loved ones lost to noncriminal causes, killed in the line of duty, mass violence, or attempted homicide.
Prevalence

• Each year, **64,000 to 213,000 people** in the U.S. lose a loved one to homicide

• During their lifetime, **9% to 18% of U.S. population** experiences homicide co-victimization

• Rates are even higher in marginalized and disadvantaged communities that experience high rates of homicide

Notes: Scholars state that each homicide impacts 3-10 loved ones, and in 2016 there were 21,250 homicides
Risk Factors

• Race is a key risk factor for homicide co-victimization
  • Black adults and adolescents, and Latinx adolescents face heightened risks of homicide co-victimization
  • Black adults and adolescents, and Latinx adolescents are overrepresented as co-victims of criminal homicide, but not vehicular homicide
Risk Factors (cont.)

- Native Americans report experiencing victimization at a higher rate than national average:
  - Advocates underscore that homicides among Native American women are far higher than those of the national average.
Harms and Consequences
Harms Faced by Co-victims

Four major categories of harms faced by co-victims:

• Psychological
• Physical health
• Social
• Economic
Audience Poll

In your experience, which type of harms are the most common among homicide co-victims? Please think about co-victims you work with or study.

• Psychological (e.g. distress, mental health concerns)
• Physical (e.g. trouble sleeping, heart conditions)
• Social (e.g. negative impacts on relationships or community)
• Economic (e.g. material hardships, trouble with expenses)
“[T]o this day when I hear this [knocks on table]—that’s how the police came to my door—you ring the doorbell I’m fine, when I hear somebody knock on the door um, I have an absolute panic attack for about half a second—much less than it used to be.”

~ Mastrocinque et al. (2015)
Psychological Harms

- Homicide co-victims often suffer PTSD, depression, or prolonged grief as a result of the experience
- As many as 1 in 4 homicide co-victims suffer from prolonged grief due to the sudden and violent nature of loved ones’ deaths
- About 1 in 5 homicide co-victims suffer from PTSD
- Psychological harms can lead to substance use disorders
Physical Harms

- Homicide co-victims are at risk for harms to physical health due to prolonged grief
- Negative physical health outcomes include:
  - Cancer, heart trouble, high blood pressure
  - Higher bodily pain and poor physical health among elderly
  - Elevated risk of suicidal ideation & suicidality
Social and Economic Harms

- Co-victims may be stigmatized in family circle or community, resulting in isolation
  - Media coverage can amplify social stigma
- Stress and trauma from violent loss impede social relationships & increase conflicts with family
- Loss of economic support loved ones had provided
  - Esp. when deceased was breadwinner or childcare provider
- Costs of funeral arrangements & time away from work
“If people don’t go through the situation that is happening at hand, you think that nobody can understand . . . because they weren’t in that predicament . . . those who live a hard life, don’t want to talk to anybody because they feel as though anyone else who does not live a hard life won’t understand.”

~ Sharpe (2008)
Secondary Victimization & Barriers to Healing

Homicide co-victims often come into contact with criminal justice, media, social service, and health care systems.

Actors in these systems may not be prepared to interface in a trauma-informed manner.
Services and Interventions
Lack of Wraparound Services

Complex needs but rather disjointed services:

- Addressing psychological harms
- Participating in justice processes
- Dealing with media and society
Audience Poll

What types of **services** do co-victims tend to **access**? Please think about co-victims you work with or study.

- **Grief support groups**
- **Self help groups** (e.g., organically organized, usually led by community leaders)
- **Individual or group counseling/therapy** (e.g., Cognitive Behavior Therapy – Trauma Focused group intervention)
- **Self care** (e.g. stress reduction strategies, meditation)
# Services for Psychological Harms

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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<tbody>
<tr>
<td><strong>Grief Support Groups</strong></td>
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<tr>
<td>• Accessible; usually well-advertised</td>
<td>• Mixed composition</td>
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<tr>
<td>• Cost-efficient</td>
<td>• Prompts to retell or relive the incident multiple times</td>
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<td>• Peer-led</td>
<td>• Lack of training in violent death dynamics</td>
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<tr>
<td>• Mixed composition</td>
<td>• Lack of research</td>
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<tr>
<td>• Open enrollment (drop-in, drop-out)</td>
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<tr>
<td><strong>Self Help Groups</strong></td>
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<tr>
<td>• Responsive to needs in the community</td>
<td>• Limited to those who are aware</td>
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<tr>
<td>• Led by invested peers and community leaders</td>
<td>• Level of skill among facilitators unclear</td>
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<tr>
<td>• More targeted/focused on violent death</td>
<td>• Lack of training among facilitators</td>
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<td></td>
<td>• Can be difficult to sustain</td>
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Volunteers who lead grief support groups at the Dougy Center meet regularly to debrief and prepare for future groups.
Spotlight

Restorative Retelling and Criminal Death Support Group
• Wraparound services including psychological treatment, trauma support, training on navigating media and criminal justice
• Studies show RR is effective for depression & PTSD, mixed for prolonged grief

Fairfax Police Grief Support Group
• Led by law enforcement strengthens ties with community
• Includes assistance in grieving, navigating the investigation, and spiritual or religious advocates
• Responsive to community needs
# Services for Psychological Harms

<table>
<thead>
<tr>
<th><strong>Individual or Group Counseling</strong></th>
<th><strong>Strengths</strong></th>
<th><strong>Limitations</strong></th>
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<tbody>
<tr>
<td></td>
<td>• Trained and skilled specialists</td>
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<td></td>
<td>• Tailored to individual needs</td>
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<td></td>
<td>• Can be trauma focused (e.g., TF-CBT)</td>
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<td></td>
<td>• Shown to reduce depression &amp; anxiety symptoms, PTSD, prolonged grief</td>
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<td></td>
<td>• Inaccessible and cost-prohibitive</td>
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<td></td>
<td>• Lack of expertise to address violent death reactions</td>
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<td></td>
<td>• Stigmatizing in some communities</td>
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<tr>
<th><strong>Self Care</strong></th>
<th><strong>Strengths</strong></th>
<th><strong>Limitations</strong></th>
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<td></td>
<td>• Builds on innate resiliency</td>
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<td></td>
<td>• Quick to reduce ongoing stresses</td>
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<td>• Conducive to long-term coping skills</td>
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<td></td>
<td>• Varies by individual need</td>
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<td>• Self-guided, which could be limiting</td>
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<td></td>
<td>• Difficult to undertake soon after death</td>
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<td>• Research on homicide co-victims is lacking</td>
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“[What] helped us survive and eventually thrive again [was] the rich mixture of all sources of support – from short simple conversations over coffee with a friend to sessions with our psychologist to whom we brought the most serious issues.”

~ Grieving parents at Compassionate Friends, a grief support organization
# Criminal Justice System

| Police | 1. First response and death notification  
2. Engagement through ongoing investigation  
3. Victim advocates |
|---|---|
| Prosecutors | 1. Victim assistance units  
2. Victim impact statements & explaining the process  
3. Strained interactions if goals for case outcomes do not align |
| Courts, post conviction | 1. Participation in parole reviews  
2. Myth of “closure”  
3. Death penalty decisions |

1. Are we victim-centered?  
2. How can we help co-victims avoid secondary trauma?
Barriers to Accessing Services

- Strained relationship with police
- Uninsured/underinsured struggle to engage in counseling
- Language barriers for people with Limited English Proficiency (e.g., Bo’s place, San Diego grief support groups in Spanish)
- Lack of cultural competency (e.g., Western concepts not always conducive to healing concepts in Native communities)
- Societal stigma
  - Many co-victims do not access grief support groups right away, which practitioners and counselors say correlates with improved outcomes
Where the Field Needs to Grow
Research

• Few studies have examined individual-, household-, and community-level risk factors for homicide co-victimization
• Up-to-date, national estimates of prevalence are not available
• Lack of information on risks among vulnerable populations (particularly, Native Americans)
• Few studies on physical health and economic wellbeing
Practice

Lack of wraparound services to help victims heal and move forward

Evaluations on which services work and for whom are scarce

Remains unclear to what extent grief support groups are effective for those who lose a loved one to violent death as compared to natural causes

Services are lacking in socioeconomically disadvantaged communities, where homicide rates are disproportionately high
Policy

Variations in state policies mean loved ones can have different grieving experience depending on where they live.

Expanding insurance coverage for counseling may improve access for low-income co-victims.
Key Takeaways

• **1 in 10** may become co-victims in their lifetime but up-to-date prevalence estimates are lacking

• Homicide co-victims experience psychological, physical, social & economic harms. **Prolonged grief** is a particular concern

• **Wraparound services** not readily available across the country

• **Access** to services remains issue in communities with high rates of homicides
Thank You

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Selected References


Selected References (cont.)


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