Rowan University
COLLEGE OF HUMANITIES & SOCIAL SCIENCES

Cooper Medical School of Rowan University

Understanding the Needs and Experiences of Families and Friends of Homicide Victims A Research-to-Practice Fellowship Project

Jeanna M. Mastrocinque, PhD
Rowan University

Elizabeth A. Cerceo, MD
Cooper Medical School of Rowan University

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Center for Victim Research

The Center for Victim Research (CVR) is a one-stop resource center for victim service providers and researchers to connect and share knowledge. Its goals are to increase 1) access to victim research and data and 2) the utility of research and data collection to crime victim services nationwide. CVR's vision is to foster a community of victim service providers and researchers who routinely collaborate to improve practice through effective use of research and data.

Accordingly, CVR engages in a number of training and technical assistance activities to support victim research-and-practice collaborations. Specifically, CVR:

- Hosts a library of open-access and subscription-based victim research;
- Provides light-touch research-focused technical assistance to victim service providers;
- Translates research findings for the field in fact sheets, reports, and webinars; and
- Highlights useful research-and-practice tools and training resources for the field.

CVR also supports two types of researcher-practitioner collaborations: interagency VOCA-SAC partnerships and local-level Research-and-Practice (R/P) Fellowships. In 2018, CVR's R/P Fellowship program supported nine teams of researchers and practitioners engaging in a variety of victim-focused research projects. Fellows were engaged in emerging, ongoing, or advanced research-and-practice partnerships. This report describes activities by one of CVR's 2018 R/P Fellowship teams.

R2P Fellows: Organizational Descriptions

Researcher fellow partner, Jeanna M. Mastrocinque, PhD, is an Assistant Professor at Rowan University. Rowan University is a Carnegie-classified Doctoral University (Moderate Research Activity) with approximately 18,500 students. Its main campus is located in Glassboro, N.J., 20 miles southeast of Philadelphia, with additional campuses in Camden and Stratford. The University comprises eight academic colleges and five schools—the William G. Rohrer College of Business; the Henry M. Rowan College of Engineering; the Colleges of Communication and Creative Arts, Education, Humanities and Social Sciences, Performing Arts, and Science and Mathematics; the Cooper Medical School of Rowan University; the Rowan University School of Osteopathic Medicine; the Graduate School of Biomedical Sciences; the School of Health Professions; and the School of Earth and Environment—with an Honors College that spans across disciplines. Rowan is one of two public universities in the country to offer M.D. and D.O. medical degree programs. The institution is also home to the South Jersey Technology Park, which fosters the translation of applied research into commercial products and processes. Rowan has been recognized as one of the top 100 public universities in the nation and is ranked third among public institutions in the North by U.S. News & World Report.

The practitioner fellowship partner, Elizabeth A. Cerceo, MD, is a Physician at Cooper University Healthcare and the Associate Program Director of Cooper's Internal Medicine Residency Program; she is also an Associate Professor of Medicine at Cooper Medical School. Cooper University Healthcare is the leading academic health care system in South Jersey affiliated with Cooper Medical School of Rowan University. Cooper's more than 630 physicians who practice in more than 70 specialties provide high quality care at over 100 convenient outpatient offices and four Urgent Care Centers across South Jersey. Cooper University Hospital is southern New Jersey's only Level One Trauma Center, and its Children's Regional Hospital is the only Level Two Pediatric Trauma Center in the Delaware Valley.

Description of the Problem

Homicide is one of the leading causes of death when looking at age groups from 1 to 44 years old (Centers for Disease Control and Prevention, n.d.). While families and friends of homicide victims encounter multiple response systems, including the criminal justice and medical systems, there is limited research understanding their needs, their resulting health effects, and their experiences with response systems. Key to this research is the concern that families and friends of homicide victims may present to physicians with vague symptoms which may be related to the underlying root issue of having experienced the homicide of a loved one, but that physicians may be unaware of this trauma. Physicians can also be key in informing patients about available resources.

The purpose of this research was to understand the needs and experiences of families and friends in the aftermath of a homicide and ultimately create a hospital-based intervention for FFHV that is research-informed and is modeled on the precepts of trauma-informed care (Substance Abuse and Mental Health Services Administration, 2014).

Addressing the Problem

Given Dr. Mastrocinque's interest in public health research with families and friends of homicide victims, and Dr. Cerceo's medical perspective of working with grieving families and her interest in incorporating such findings into hospital education, the idea of collaborating on this project came to fruition. Rowan University's Dean of the College of Humanities and Social Sciences, Nawal Ammar, introduced Dr. Mastrocinque to Dr. Elizabeth Cerceo at Cooper University Health Care (Cooper), suggesting the potential for collaboration.

This project had two aims:

Aim 1: To assess the needs of FFHV and the health consequences for FFHV.

Aim 2: To understand families' and friends' experiences with various response systems, including the criminal justice, health, and spiritual response systems. Given this project's focus on medical education and an intervention, questions about interactions with the medical system are emphasized.

The research team addressed the above problem by collecting data through focus groups and individual measures.

Data Sources

Focus groups were conducted with FFHV to understand their needs, health effects, and interactions with the response systems. Given the collaboration with Cooper Medical School of Rowan University, questions about the interactions with medical response systems and medical personnel were included.

We developed a list of several questions with prompts to ask the focus groups, covering their interactions with the medical system and responders. Additionally, we created an individual survey, and selected several measures, including: the Brief Pain Inventory, the PHQ-9, and a Short Screening Scale for PTSD. These measures assess physical pain, depression, and post-traumatic stress disorder, respectively.

Drs. Cerceo and Mastrocinque worked together on several data quality and collection concerns. Recruiting for this study was challenging, which is understandable given the nature of the study. Drs. Cerceo and Mastrocinque worked to diversify recruiting efforts, which included advertising at the hospital and through service providers from surrounding communities. Dr. Cerceo was also able to secure meeting locations in Camden which were private, secure, and near several modes of transportation.

We held three focus groups with a total of eleven participants (N=11). All participants completed the individual surveys. After the focus groups, our team agreed to analyze the final results based on a trauma-informed care framework. The audio recording of all focus groups were transcribed, each member of the team individually coded the transcripts, and our group convened five times for qualitative coding discussions to identify themes and discuss and debate classification of material from the focus groups.

Results

We initially sought to classify the themes of the focus groups according to the SAMHSA model of trauma-informed care. These include the following: (1) Safety (2) Trustworthiness and transparency (3) Peer support and mutual self-help (4) Collaboration and mutuality (5) Empowerment, voice, and choice (6) Cultural, historical, and gender issues.

We additionally identified themes that did not fit into any of these categories though which necessitated the creation of new categories: (6) Institutional trauma (7) Symptomatology – mental (8) Symptomatology – physical (9) Sociocultural characteristics (10) Effect on the family unit (11) Re-traumatization (12) Coping (both effective and ineffective) (13) Learned helplessness (14) Judgment/judging.

Focus group participants noted the need for compassionate interactions from healthcare providers. This could be as simple as acknowledging the loved one's death. However, there was no uniform preference for the content of the interaction. We discussed the benefits of screening for trauma to better inform physicians' diagnosis and response to patients who are FFHV, and coordinated care among health providers. Participants discussed the importance of sensitivity regarding death notification, with attention to: the language used; the location where people were told; having people sit as opposed to stand; and having clergy present.

Participants described barriers to accessing care, including trying to get appointments with providers and lack of knowledge of what resources were available. When discussing interactions with providers, participants voiced negative experiences which included feeling rushed, insensitivity, and the failure to give complete attention to the FFHV when speaking. Additional themes were medical personnel pushing medications, no screening for trauma, and no follow up from medical personnel. The quantitative data we collected will be combined with other sites who have used these measures with FFHV in order to complete a larger sample analysis.

Implications for Policy and Practice

It is estimated that ten people are affected by every homicide (Holmes, 2004) and, as mentioned previously, the most recent statistics from the Centers for Disease Control and Prevention (n.d.) state that homicide is one of the leading causes of death for age groups 1-44. Existing research with families and friends of homicide victims explores the myriad health effects for this population. Taking all of these points into account, it is very likely that a substantial number of people are experiencing health issues as a result of the homicide of a loved one.

The current research advances our knowledge of the effects of homicide but also has implications for policy and practice, especially in the medical setting. As healthcare providers are working directly with patients, they are uniquely positioned to identify and intervene with FFHV when signs of stress develop somatic manifestations. Physiologic responses to stress can be the direct effect of cortisol and catecholamines, affecting metabolism and increasing risk for diabetes, hypertension, obesity, and obstructive sleep apnea, among other conditions. Stress can also have myriad insidious expressions in the vague complaints of some patients that do not have a clear biologic basis. Patients themselves may not even recognize the connection of their current

complaints with a history of trauma. Even if they do, they may not be forthcoming with a physician about a very sensitive and emotional issue of the past.

To fully process and integrate a traumatic experience, the patient would likely need to engage with the healthcare system for months if not years, but early identification of that trauma could save much wasted time, energy, and unnecessary medical testing. Identifying and discussing the underlying trauma might be beneficial to addressing a critical contributor to the health issues and would also avoid the focus group participants' voice concerns of being provided medications that are temporary solutions or not appropriate for their health issues. Based on the research, the researchers' recommendations include screening for trauma, being prepared to provide information on support resources, and emphasizing sensitive interactions.

Aspirational goals include the development of integrated healthcare systems with robust longitudinal mental health support, public forums to make resources transparent, and embedded care navigators within the hospitals and outpatient settings to assist patients accessing these resources. This research highlights the need for an interdisciplinary approach to care for these patients and affords insights on the constituents and roles of these care teams. Additionally, education on the specific needs of FFHV who have experienced trauma and education on death notification are invaluable skills for medical professionals. Integrating the findings of this study with medical education will ideally lead to more sensitive and complete care for patients. Preliminary findings from the focus groups show the necessity that clinicians recognize the signs and symptoms of trauma in patients and actively resist re-traumatization with a goal to provide compassionate, sensitive, and patient-centered care.

Sustaining the Partnership

The collaboration among all of the team members has been an incredibly positive and productive experience. The diverse backgrounds of team members has allowed this work to be viewed through various lenses and allowed each team member to provide their perspective and experience towards the project. Through interdisciplinary cross learning activities, such as discussions based on medical education, hospital protocols, police responses to a homicide scene, trauma informed integration in mental health, sociological theories, the administrative viewpoint of system responses to trauma, and best practices in focus group research with FFHV, all team members gained a better understanding of the logistics and interactions of our various fields.

Drs. Cerceo and Mastrocinque have received support and encouragement from the administrators from both Rowan University and Cooper Medical School of Rowan University. Future directions include development of standardized patient scenarios for internal medicine residents, the integration of these findings into undergraduate

medical education at the medical school, and, lastly, creating a research-informed patient-centered intervention in Camden.

References

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