

LOSING A LOVED ONE TO HOMICIDE:

What We Know about Homicide Co-Victims from Research and Practice Evidence

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TABLE OF CONTENTS

Executive Summary	1
Center for Victim Research	2
Definition of Homicide Co-Victims	3
Prevalence and Detection of Homicide Co-Victims	3
Risk Factors for Homicide Co-Victimization	5
Harms and Consequences	6
Prevention, Interventions and Victim Services	13
Implications for Research, Policy, and Practice	26
References	28

EXECUTIVE SUMMARY

Homicide co-victims are people who have lost a loved one to homicide, including family members and friends of the deceased.

Each year, over 21,000 people die due to homicide in the United States.¹ Every homicide leaves behind family members and loved ones—co-victims—whose lives will never be the same as a result of the homicide.² Homicidal loss can result in psychological trauma that shatters a person's sense of security and meaning, altering their worldview and sense of self; and the violent and unexpected nature of homicide is devastating and complicated for co-victims to process. Co-victims often report feeling overwhelming pain and hurt, which can also be accompanied by shock that manifests as numbness, anger, despair, guilt, or anxiety. While grief symptoms evolve over time, co-victims frequently express that their lives have been permanently altered. Despite these traumatic changes, homicide co-victimization remains strikingly under-researched and co-victims underserved. This report by the Center for Victim Research summarizes existing evidence from research and practice and identifies where the field needs to grow to improve our nation's response to homicide co-victims. (For a short [research brief](#) on the same evidence, visit www.victimresearch.org.)

Fast Facts

- Homicide co-victims are people who have lost a loved one to homicide, including family members, other relatives or kin, and friends of the deceased.
- Evidence from several nationally representative household surveys shows that approximately one in ten Americans will lose a loved one to homicide during their lifetime.³
- Black and Latinx individuals are more likely to lose a loved one to homicide and also face more barriers to support services in response.

- Homicide co-victims face a range of psychological harms including posttraumatic stress disorder, depression and prolonged (complicated) grief.
- Due to increased risks of prolonged grief and other psychological harms, co-victims need access to a variety of early interventions, which are often not readily available.
- Relatively few services specifically address homicide co-victims' complex needs, and even fewer have been evaluated. One exception is Restorative Retelling— a group therapy program that has shown promise at improving victims' psychological wellbeing.
- Police and court advocates can assist victims, but lengthy investigations, trials and complicated criminal justice processes that are not victim-centric may cause secondary victimization.
- System actors – such as criminal justice or health professionals – may find it challenging to support co-victims' autonomy, self-determination and agency, often due to competing priorities.
- The field needs wraparound services and long-term care to fully address homicide co-victims' needs - including help navigating media and the criminal justice system. The field also needs improved evaluation to determine which services are most effective for co-victims, as well as for different subgroups of co-victims.

These findings point to a compelling need for researchers, policymakers and practitioners to focus their efforts on addressing the needs of homicide co-victims, while also providing tailored responses for vulnerable populations and communities that may be at heightened risk of co-victimization and its ensuing consequences. As the field continues to develop, the knowledge base and availability of services for homicide co-victims needs to expand to better respond to their unmet needs and support co-victims' long-term wellbeing and recovery.

¹ The number of deaths includes 17,250 criminal homicides and 4,000 alcohol-related vehicular homicides in 2016 (FBI, 2016; NHTSA, 2017).

² Other commonly used terms include homicide survivors, secondary victims of homicide, and vicarious homicide victims. Preferences also vary on whether to use the term victim or survivor (Personal communication with Hourigan, K. 2018). We respectfully acknowledge these differences and use the term "homicide co-victims" throughout this report.

³ We discuss this estimate in detail in the prevalence section, beginning on p. 4.

ABOUT THE CENTER FOR VICTIM RESEARCH

The Center for Victim Research (CVR) is a Vision 21 resource center funded by the Office for Victims of Crime (OVC) with the vision of routine collaboration between victim service providers and researchers to improve practice through the effective use of research and data. CVR's mission is to serve as a one-stop resource for service providers and researchers to connect and share

CVR's Evidence Syntheses

The purpose of CVR's syntheses of knowledge is to assess the *state of the field* in crime victimization and victim response to help researchers, service providers, and policymakers understand and prioritize what the field needs to improve victim services nationwide. To develop its syntheses, CVR staff focus on addressing a core set of questions, as follows:

1. Prevalence and detection of victims—*How big is each crime victimization problem and how can we identify all crime victims who need help?*
2. Risk and protective factors—*What puts people at risk of each crime victimization and what, if anything, can protect against victimization experiences?*
3. Harms and consequences—*What harms and negative consequences of the crime experience do co-victims have to navigate?*
4. Preventions, interventions, and victim services—*How can we help victims recover and mitigate the negative consequences of crime experiences? Are there ways to help individuals become resilient to victimization in the first place?*
5. Policy, practice, and research implications—*With what we learn through these syntheses about reaching and serving crime survivors, how can victim researchers, policymakers, and service providers move the field forward to improve the response to crime victimization?*

knowledge to increase: 1) access to victim research and data, and 2) the utility of research and data collection to crime victim services nationwide. CVR is a collaborative partnership of researchers and practitioners from three organizations: the Justice Research and Statistics Association, the National Center for Victims of Crime, and the Urban Institute.

CVR developed its evidence synthesis framework following the Centers for Disease Control and Prevention's (CDC) [evidence project](#), which recognizes the importance of integrating knowledge from the best available research and experiential practice, along with contextual evidence regarding what we know for each victimization topic. The primary focus of CVR's evidence syntheses has been reviewing materials available in the United States from the years 2000 to present, including journal articles, reports, fact sheets, briefs, and videos found in research databases and on topic-relevant organizations' websites. When appropriate, CVR researchers additionally included seminal pieces published prior to 2000. Each synthesis summarizes knowledge on the: 1) prevalence and detection of victims, 2) risk and protective factors, 3) harms and consequences, 4) preventions, interventions, and services, and 5) policy, practice, and research implications. More details on the methods CVR followed in building an evidence base for homicide co-victimization and other victimization areas are provided on CVR's [website](#).

For this synthesis on homicide co-victims, CVR researchers initially identified over 500 potential source documents through database searches and websites of leading victimization organizations. Ultimately, 147 research sources and 172 practice sources met CVR's inclusion criteria and were reviewed for this synthesis (see References for details).

DEFINITION OF HOMICIDE CO-VICTIMS

Homicide co-victims are people who have lost a loved one to homicide, including family members, other relatives or kin, and friends⁴ of the deceased. This definition follows the precedent set in national studies of homicide co-victimization and is aligned with definitions used by the Office for Victims of Crime (Amick-McMullan, Kilpatrick, & Resnick, 1991; Rheingold, Zinzow, Hawkins, Sanders, & Kilpatrick, 2012; OVC, n.d.; OVC TTAC, 2012). When operationalizing this definition to estimate prevalence statistics, we included criminal homicides as well as alcohol-related vehicular homicides.

Scope of Review

CVR researchers examined research and practice evidence on homicide co-victims according to the previous definition, but did not specifically search for or synthesize

evidence that addresses loved ones lost in the following circumstances: (a) noncriminal deaths, including suicide; (b) deaths occurring in the line of duty, such as police or military deaths; and (c) deaths that occurred during mass violence incident – for example, a terrorist attack⁵ (CVR synthesis on mass violence is forthcoming). Additionally, since this report focuses on those who have lost a loved one to homicide, we did not seek to address how bystanders or general witnesses of homicide might be impacted by the experience. Some information in this evidence synthesis could, however, be applicable to these groups, and may also be applicable to people whose loved ones have been survived a homicide attempt. CVR researchers also did not review evidence on victims of attempted homicides or nonfatal gunshot wounds (i.e. people who survived attempted homicide).

PREVALENCE AND DETECTION OF HOMICIDE CO-VICTIMS

Key Takeaways

- CVR researchers estimate that 64,000 to 213,000 people in the U.S. experience homicide co-victimization each year.
- Few studies measuring the national prevalence of homicide co-victimization exist, and the field needs newer and more current prevalence estimates.
- Many organizations serving homicide co-victims reference a 1989 study that estimated seven to ten close relatives are affected by homicide; although this work was seminal, practitioners could benefit from access to more recent research.
- More studies are needed on the prevalence of homicide co-victimization in vulnerable subpopulations and between geographic regions (e.g., state-level variation, urban vs. rural risks).

4 We acknowledge that the term “friend” can be defined in different ways by different people (of course, what counts as a family member or kin may also be defined in varied ways). Several national household surveys on homicide co-victimization have operationalized friendship by asking respondents to determine for themselves what constitutes a friend, and we believe that is the best strategy available

5 OVC defines an episode of mass violence as “An intentional violent criminal act, for which a formal investigation has been opened by the Federal Bureau of Investigation (FBI) or other law enforcement agency, that results in physical, emotional, or psychological injury to a sufficiently large number of people to significantly increase the burden of victim assistance and compensation for the responding jurisdiction as determined by the OVC Director. OVC will evaluate whether the community has been overwhelmed by the violent criminal act; that determination will vary by location and incident.” (OVC 2019).

Annual Prevalence

Each year,
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Each year, 64,000 to 213,000 people in the U.S. lose a loved one to homicide. Although up-to-date statistics on the national prevalence of homicide co-victimization are not readily available, CVR researchers estimated this national prevalence by drawing

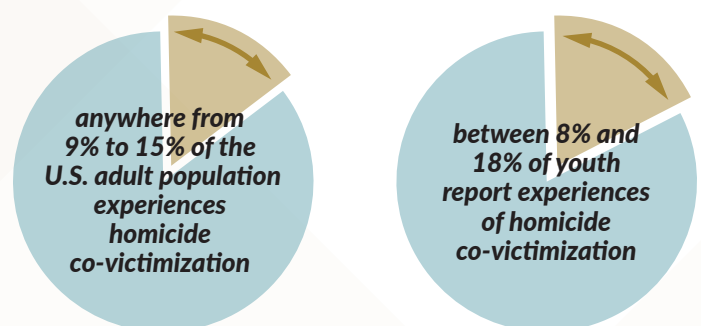
from national homicide statistics. In 2016, there were over 21,250 deaths due to homicide in the U.S., including 17,250 criminal homicides and 4,000 alcohol-related vehicular homicides (FBI, 2016; NHTSA, 2017). Scholars assert that each homicide impacts 3 to 10 loved ones, including family members, other relatives or kin, and friends of the deceased (Connolly & Gordon, 2015; Redmond, 1989; Vincent, McCormack, & Johnson, 2015). This means that **approximately 64,000 to 213,000 people in the U.S., which translates to a range of 20 to 70 people per 100,000, are impacted annually.**

Although specific estimates are lacking, it can be assumed that annual rates of homicide co-victimization are higher in marginalized, disadvantaged, and underserved communities that experience very high rates of homicide—particularly Black, Latinx, and Native American communities (CDC, 2017; Herne, Maschino, & Graham-Phillips, 2016; Smith & Cooper 2013). Indeed, qualitative research and practice-based evidence supports this premise (Sharpe, 2008; Smith, 2015). Some national advocacy organizations also draw attention to the issue of missing Native American women, indicating that homicide rates among Native and indigenous women in some U.S. counties are ten times higher than those of the national average (Indian Law Resource Center, n.d.; White Bison, 2017; Bachman, Zaykowski, Kallmyer, Poteyeva, & Lanier, 2008). Particularly among communities with high rates of homicide, the experience of homicide co-victimization may be further complicated by higher exposure to violence, or by repeatedly losing loved ones and community members to homicide.

Lifetime Prevalence

Estimates from nationally representative household surveys indicate **anywhere from 9% to 15% of the U.S. adult population experiences homicide co-victimization during their lifetime** (Amick-McMullan et al., 1991; Borg, 1998; Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009). Studies also estimate that between **8% and 18% of youth experience homicide co-victimization** (Rheingold et al., 2012; Turner, Finkelhor, & Henly 2018). Because some studies have shown that adolescents report co-victimization at higher rates than adults, some scholars have suggested that children and adolescents may be more aware of or vulnerable to this type of victimization potentially due to having larger friendship groups than adults⁶ (Rheingold et al., 2012).

Additionally, Blacks and Latinx face higher lifetime rates of homicide co-victimization—though specific estimates of these risks vary (Amick-McMullan et al., 1991; Borg, 1998; Rheingold et al., 2012; Turner, Finkelhor, & Henly, 2018; Zinzow et al., 2009). Less is known about rates of homicide co-victimization among Native American communities, though as noted above, Native Americans do face higher than average rates of homicide (Herne et al. 2016), and practitioners and advocates are increasingly focusing on these issues and demanding a stronger response from law enforcement, particularly around indigenous women's victimizations (National Indigenous Women's Resource Center, 2016).



6 We acknowledge that it is counter-intuitive for adolescents to report higher lifetime prevalence rates for co-victimization, compared to adults, unless adults are simply less likely to recall, interpret, or report an experience of homicide co-victimization as such. Because the statistics we report above are drawn from national surveys, in which respondents self-report on victimization experiences, neither the researchers who conducted the surveys nor CVR researchers can determine if there is a discrepancy between actual experiences and reports of homicide co-victimization. More research is needed to explain the differences in self-reports of lifetime prevalence.

RISK FACTORS FOR HOMICIDE CO-VICTIMIZATION

Key Takeaways

- It is well-established that grieving due to violent death is difficult on anyone regardless of their race, age, gender or socio-economic status. However, certain vulnerable populations could be at heightened risk.
- Race is a key risk factor for homicide co-victimization, however, up-to-date national studies on adults and adolescents are lacking in this field.
- Studies have largely been conducted using community- or clinic-based convenience samples; it is unlikely these results are broadly representative.

There is limited up-to-date research on risk factors associated with homicide co-victimization; however, **the evidence available consistently points to race and ethnicity as important risk factors for co-victimization.**

Scholars agree that risk patterns for homicide co-victimization are expected to correspond with what we know about risks of homicide victimization (Salloum, 2007; Sharpe, Osteen, Frey, & Micalopolous, 2014). Specifically, we know that throughout the U.S., homicide is geographically concentrated in urban communities with larger Black and Latinx populations (Holmes 2018; Peterson & Krivo 2010) and is part of a broader pattern of structural disadvantages faced by these communities (Sampson & Wilson 1995; Sharkey 2013; Smith 2015). Because Black and Latinx people face an elevated risk of homicide relative to their White counterparts⁷ (Smith & Cooper, 2013; CDC, 2017), we anticipate that race and ethnicity will also be correlated with risk of homicide co-victimization.

Nationally representative household surveys support this expectation: **Black adults, adolescents, and children, as well as Latinx adolescents and children, are substantially overrepresented as homicide co-victims** (Amick-McMullan et al., 1991; Borg, 1998; Rheingold et al., 2012; Turner et al., 2018; Zinzow et al., 2009). Importantly, Black adults and youth are overrepresented as co-victims of

criminal homicide, but not of vehicular homicide (Amick-McMullan et al., 1991; Zinzow et al., 2009). These findings are additionally supported by qualitative work in Black communities (Sharpe et al., 2014, Sharpe, Joe, & Taylor, 2013; Smith, 2015). However, more work is needed in this area: for example, the field lacks evidence on rates of co-victimization among Latinx adults.

National studies also provide evidence on other demographic risk factors for homicide co-victimization. First, evidence suggests that homicide co-victimization is concentrated among adolescents. In particular, **adolescents report higher rates of lifetime homicide co-victimization than adults** (Rheingold et al., 2012; Turner et al. 2018). This difference in reporting could reflect that people are most likely to lose a loved one to homicide during their teenage years, such that they are more likely to identify as a co-victim during this time. At the same time, this difference in reporting could reflect variation in how younger people perceive loss (e.g. adolescents may have an increased awareness of or vulnerability to this type of victimization); for adolescents living in communities with high rates of homicide, they may be more vulnerable to this type of victimization due to repeatedly losing loved ones or community members to homicide. Clearly, more research is needed to understand the relationship between age and risk of co-victimization.



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⁷ As noted earlier, Native Americans also face high rates of homicide relative to Whites. However, to our knowledge no study on Native American rates of homicide co-victimization currently exists, so we are unable to present evidence on the extent to which Native Americans are at a higher risk of co-victimization.

Second, **girls and women are consistently shown to be slightly overrepresented among homicide co-victims** (Amick-McMullan et al., 1991; Rheingold et al., 2012; Turner et al., 2018; Zinzow et al., 2009). This association may reflect the fact that men are far more likely than women to be victims of homicide (Smith and Cooper 2013), and in many cases may be survived by female romantic partners. It is also possible that girls are more likely than boys to *report* an experience of homicidal loss (Turner et al. 2018). However, more research is needed to satisfactorily explain the association between gender and homicide co-victimization, as little work is available on this topic.

Third, one national study shows that **living in an urban area is a risk factor for co-victimization**, relative to living in a suburban or rural region (Turner et al., 2018). Finally, **evidence on how socioeconomic status (SES) is correlated with co-victimization is mixed**; some work has shown that lower SES (including lower levels of education and lower household income) is associated with higher

risk of homicide co-victimization (Amick-McMullan et al., 1991; Turner et al., 2018), but other research has not demonstrated a statistically significant between SES and co-victimization (Zinzow et al., 2009).

As practice evidence shows, community-based and grassroots initiatives have emerged to respond to co-victims of young Black men in high crime neighborhoods (e.g., Chicago Survivors; Roberta's House in Baltimore). Native Americans also experience violence victimization and homicide at a higher rate than the national average (Herne et al. 2016; Perry, 2004; NCVS estimates for 1992-2001). National and local organizations that serve tribal and Native American communities underscore the research showing that **homicide rates of Native and indigenous women are ten times higher than the national average in some counties, therefore affecting many more families** (Indian Law Resource Center, n.d.; White Bison, 2017; Bachman, Zaykowski, Kallmyer, Poteyeva, & Lanier, 2008).

HARMS AND CONSEQUENCES

Key Takeaways

- Homicide co-victimization is commonly associated with a range of psychological harms, including posttraumatic stress disorder, depression, and anxiety, as well as behavioral manifestations of such harms, including substance use disorders.
- Prolonged (complicated) grief is of particular relevance to homicide co-victims, and may lead to physical health harms, such as increased risk of heart problems and suicidality.
- Economic harms include loss of household income, domestic labor and/or childcare, costs directly related to funeral expenses, as well as court expenses.
- Social harms associated with homicide co-victimization include social stigma, perceived isolation, loss of social support, and relationship conflict.
- Although experiences of homicide grief, as with any grief, are very individualized, more research on co-victim typologies could help practitioners develop targeted interventions.

Losing a loved one to homicide can have devastating psychological consequences—and it can affect co-victims physically, economically, and socially.

Psychological Harms

Although homicide co-victims respond to the loss in a variety of ways, evidence indicates that many suffer posttraumatic stress disorder (PTSD), depression, or prolonged (complicated) grief as a result of their experiences. Research literature on consequences of homicide co-victimization is most robust in identifying psychological harms that co-victims face. Homicidal loss can result in psychological trauma, which can deeply impact a co-victim's sense of security, worldview and sense of self (Amick-McMullan et al., 1991; Armour, 2002; Kersting, Brähler, & Wagner, 2011; Miller, 2009a and b; Murphy et al., 1999). Specifically, grief associated with bereavement is thought to be compounded for homicide co-victims by the violent and unexpected nature of their loved one's death (Armour, 2002, 2003; Rynearson, 1996; Smith, 2015).

Post-traumatic stress disorder

Several studies have documented associations between homicide co-victimization and PTSD. In a national study of young adults (ages 18-26 years), Zinzow and colleagues (2011) found that 39% of homicide co-victims experienced symptoms consistent with PTSD⁸ during the previous 6 months, a rate four times higher than the general population. In an earlier nationally representative sample of adults, Amick-McMullen et al. (1991) found that approximately 1 in 5 homicide co-victims (23%) experienced PTSD in their lifetime. Further, national and community-based studies have shown that homicide co-victims experience PTSD at rates higher than victims of other forms of serious violence (Zinzow et al., 2011) and higher than those who have lost loved ones to suicide or traumatic accidents (Murphy et al., 1999; Murphy, Johnson, Wu, Fan, & Lohan, 2003).

Practitioners helping homicide co-victims have repeatedly noted signs of PTSD (Mezey, Evans, & Hobdell, 2002). In a study of 237 parents served through the Parents of Murdered Children organization, respondents reported having symptoms consistent with PTSD within one week of child's homicide and lasted as long as one to year years after. PTSD symptoms included intrusive thoughts about

the traumatic event, sleep disturbances, mood changes, and difficulty concentrating (Rinear, 1988). Notably, these PTSD symptoms lasted anywhere from 1 to 2 years after the focal event. Drawing from clinical experience, mental health professionals have also noted that homicide co-victims can experience panic attacks and traumatic imagery focused on their loved one's death (Rynearson, 1987).

Many practice-focused materials underscore the prevalence of PTSD among homicide co-victims and advise professionals who work with the population to screen for such symptoms. Practitioners warn that although some co-victims may be able to cope and overcome PTSD symptoms on their own, others can exhibit symptoms for months and need assistance from mental health professionals (Mothers Against Drunk Driving, 2017c; Clark & Nagel, 2013).

Depression and substance use disorders

Co-victims are also at risk for depression and substance use disorders. Zinzow et al. (2009) found that in addition to PTSD, co-victims were more likely to report past-year major depression and substance use disorders. The associations between homicide co-victimization and poor behavioral health outcomes in this study held after accounting for demographic traits like gender, race/ethnicity, and socioeconomic indicators, as well as for other experiences of violent victimization and accidents.



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8 In this study and the others we reference in this section, PTSD was considered present if respondents reported symptoms that are consistent with PTSD.

In a nationally representative study, Rheingold and colleagues (2012) examined associations between homicide co-victimization and poor mental health outcomes among adolescents (ages 12-17 years), finding that **adolescent co-victims of homicide were more likely to report depression and drug and alcohol use during the past year**, compared to their counterparts who had not lost a loved one to homicide.

Moreover, findings from community- or clinic-based samples, though limited in terms of generalizability, provide additional evidence that homicide co-victimization may be associated with long term psychological harms. Rheingold and Williams (2015) found that a third (34%) of homicide co-victims in a community-based sample were currently experiencing PTSD and half (49%) of co-victims in the sample were currently experiencing major depressive disorder, two years after the loss of their loved ones. In a community-based sample of parents of murdered children, Murphy et al. (1999) demonstrated that 60% of women and 40% of men met criteria for PTSD. In summary, research shows that PTSD, depression, and related symptoms are a major concern for homicide co-victims.

Prolonged grief disorder

As many as 1 in 4 homicide co-victims can suffer from prolonged or complicated grief, a form of grief characterized by preoccupation with and longing for the deceased (McDevitt-Murphy et al., 2012;

Rheingold & Williams, 2015). Although grief is a normal reaction to loss, for some people, grief symptoms persist for an extended period after the loss has occurred⁹ and can interfere substantially with healthy functioning (Columbia Center for Complicated Grief, 2018; Prigerson et al., 1997).



HOMICIDE CO-VICTIMS
EXPERIENCE PROLONGED
GRIEF AT A RATE
2 TO 3 TIMES HIGHER THAN
THE GENERAL POPULATION.

Prolonged grief. Prolonged grief disorder (PGD), sometimes referred to as complicated or traumatic grief, is a psychiatric disorder characterized by preoccupation with and longing for the deceased. Although grief is a normal reaction to loss, in PGD, grief symptoms persist for an extended period after the loss has occurred and can interfere substantially with healthy functioning. PG has been recognized as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) since 2013 (Columbia Center for Complicated Grief 2018).

Among bereaved individuals, about 7-10% experience prolonged grief (Kersting, Brähler, & Wagner, 2011; Prigerson et al. 2009); however, risk of prolonged grief is thought to be elevated for homicide co-victims in particular, due to the sudden and violent nature of their loved ones' deaths (Armour, 2002). For example, in Rheingold and Williams' (2015) community-based study of homicide co-victims, **23% met criteria for prolonged grief two years after the loss**. Additionally, in a community-based sample of Black adult homicide co-victims, McDevitt-Murphy and colleagues (2012) found that 55% were experiencing prolonged grief, six or more months after the loss occurred. Similar studies in international contexts have also found elevated rates of prolonged grief among homicide co-victims (e.g., Prigerson et al., 2002).

Notably, and perhaps most urgently, the experience of homicide co-victimization **can present a life-threatening risk for some co-victims**. Prolonged grief is associated with elevated risk of suicidal ideation and suicidality (i.e. suicidal thoughts and acts), independent of depressive symptoms (Latham & Prigerson, 2004; Prigerson et al., 1997), which highlights the need for early detection and interventions for homicide co-victims. Collectively, these findings point to the need for large scale studies to develop more robust understanding of homicide co-victimization in varied contexts.

⁹ Note that the World Health Organization (2019) emphasizes that prolonged grief is grief that lasts beyond what is *normative* for a particular social and cultural context. In this sense, there is no universal standard for the amount of time that should have elapsed before an individual should be assessed for prolonged grief. In this vein, studies vary in terms of the time period in which prolonged grief is examined. In the studies we reviewed, prolonged grief was assessed anywhere from six months to two years after the focal loss occurred.

Physical Harms

In addition to psychological harms, homicide co-victims may face substantial harms to their physical wellbeing, particularly due to the high prevalence of prolonged grief among homicide co-victims. Prolonged grief has been identified as a risk factor for a plethora of long term negative physical health outcomes, including cancer, heart trouble, high blood pressure, and abnormal weight gain or loss (Mastrocinque et al., 2015; Prigerson et al., 1997; van Wijk, van Leiden, & Ferwerda, 2017). Prigerson and colleagues (1995) similarly showed that prolonged grief was associated with higher bodily pain and poor physical health among bereaved elderly adults.

Researchers and practitioners have found that some homicide co-victims report the loss caused them to feel physically sick, especially around socially significant dates such as holidays (Mastrocinque et al., 2015; Mothers Against Drunk Driving, 2017c; Dougy Center, n.d.; Dougy Center, n.d.m.; Hodgson, 2014; Seeheutter, 2015) and around the anniversary of the loved one's death (from conversation with Hourigan, 2018). Practitioners' observations also corroborate findings from the research literature regarding other health problems. For example, Miller (2009a,b) observes that in family therapy, homicide co-victims report a range of maladies, including problems with sleep and eating, digestive complaints, and cardiovascular disorders, that are associated with the experience of co-victimization. Practitioners also outline symptoms of sleeping and eating disorders and recommend homicide co-victims seek professional help when the symptoms continue for a prolonged period of time (Ruff, 2015).

Economic and Social Harms

Homicide co-victims can suffer economic and social harms, including the loss of the loved one's income and household contributions, incurrence of unexpected funeral or burial costs, and detrimental impacts to family and community life. Specifically, **co-victims who have lost a family member to homicide lose the economic support that their loved ones had provided** (Vincent et al., 2015). This can be particularly detrimental when the deceased person had been a breadwinner or primary childcare provider (Malone, 2009). At the same time, if the co-victim is underemployed or works in a job with no paid leave, it is even more difficult to recover financially from time taken away from work. In such cases, homicide co-victimization could destabilize household finances (van Wijk et al., 2017).



Photo by wavebreakmedia/Shutterstock

In addition, there are immediate costs associated with a loved one's death: funeral arrangements, court expenses, as well as time away from work to manage these arrangements (Network of Victim Assistance [NOVA] 2016; Vincent et al., 2015). In most states, **funeral costs can be offset through the victim compensation fund, however co-victims may need help from professionals to navigate eligibility requirements and file claims, as well as any barriers to eligibility and claim approval they may face** (NCVC, 2003; Spilsbury, Phelps, Zatta, Creedon, & Regoeczi, 2017). Additional costs may be incurred if the co-victim needs to pay for legal assistance and travel costs to attend to court hearings (Malone, 2009).

Qualitative research and practice evidence have also pointed to social costs that could prove detrimental to co-victims' individual and family functioning. For instance, **a loved one's murder may be stigmatized within the family's social circle, resulting in real or perceived isolation and ostracizing by the community** (Armour, 2002; Mastrocinque et al., 2015; Miller, 2009a,b). Depending on the context of the homicide, media coverage can amplify social stigma or perceptions of stigma (Hertz, Prothow-Stith, & Chery, 2005; Mehr, 2015). For example, at first, neighbors and co-residents tend to be sympathetic toward co-victims. However, many co-victims report experiencing negative stigma about homicide, particularly as the ongoing investigation evolves and more details come out through the media or informal channels of communication (NOVA, n.d.; Parents of Murdered Children n.d.d., Murdered Victims Families for Reconciliation, 2012). Such **attitudes and biases can push co-victims into isolation** (Bostrom, n.d.).

At the same time, stress and trauma from the violent loss are thought to impede social relationships, as well as increased relationship conflicts and relationship dissatisfaction within families (Van Wijk et al., 2017; DeCristofaro, 2015). Homicide co-victims often report feeling alone in their suffering, perceiving that others could not adequately understand their experience of loss, all of which lead to social isolation (Mastrocinque et al., 2015).

Secondary Victimization and Barriers to Healing

In addition to facing trauma and harms directly related to homicidal loss, **homicide co-victims face a special set of circumstances that put them at risk for secondary victimization and otherwise may interfere with or postpone the grieving and healing processes**. Secondary victimization is the process by which criminal justice system actors, service providers, or other individuals interact with victims in a manner that minimizes their experience, shames or blames them, or otherwise re-traumatizes them (Campbell & Raja, 1999; Hatton, 2003; Campbell et al. 2001). For example, instead of honoring co-victims' autonomy, self-determination and agency, system actors may sometimes direct the case independently without sufficiently involving co-victims and allowing them to play an active role in their healing

and recovery (from conversation with Saindon, 2018). System actors may cause secondary victimization without intending to do so. They may struggle to serve their clients well while balancing competing priorities with limited resources. A such, support and attention from their organizational leadership to these matters could be beneficial. Secondary trauma can also occur when there are insufficient appropriate services available to homicide co-victims (Rando, 1993). Secondary victimization is particularly harmful if it discourages co-victims from seeking the help and support they need.

Extensive practice-based evidence and a limited amount of research draw attention to difficult situations that homicide co-victims commonly face (Armour, 2002; Hertz et al., 2005; Rinear, 1988; van Wijk et al., 2017). Exposure to such situations suggests that risk of secondary victimization is pronounced for homicide co-victims. Specifically, **homicide co-victims often come into contact with number of institutions, including the criminal justice, media, social service and health care systems**. Actors in these systems may not be prepared to interface with co-victims in a trauma-informed manner (SAMSHA 2018; International Association of Chiefs of Police [IACP] n.d.; National Sheriff's Association 2011; Parents of Murdered Children, n.d. b and c). At the same time, co-victims are often not equipped to navigate these systems, which can result in frustration and fatigue during a time when they are especially vulnerable (Homicide Survivors, n.d.f; United States Attorney's Office District of Columbia, 2013).

Similarly, homicide co-victims may face secondary victimization because of how communities react to their situation. For example, researchers have suggested that communities of color and other marginalized groups may face "disenfranchised grief," in that society, and their own community, minimizes the tragedy of their losses or stigmatizes them more so than other communities (Allen, 1996; Hatton, 2003). Many organizations that work with homicide co-victims point to inappropriate, albeit often unintentional, reactions from fellow community members. Many organizations have developed guides on more appropriate and sensitive reactions that avoid over-generalizing, over-promising closure to, and undermining painful grieving experiences (Dougy Center, n.d.c; Dougy Center, n.d.h; Bostrom, n.d.; Elledge, 2016).

Short-Term Challenges to Healing

In the short term, how law enforcement and media handle a homicide can have a detrimental impact on homicide co-victims. For example, police may need to limit access to a crime scene, which can be especially difficult for family members of the victim (Rinear, 1988). Qualitative research and some practice organizations indicate that co-victims have a right and often wish to be kept abreast of any police investigation activities; but that expectation is not always met (Stretesky, Shelley, Hogan, & Unnithan, 2010; IACP, n.d.; National Sheriff's Association, 2011, Penn State and FBI, n.d.b). Not all communities are the same. In some places where homicide rates are high, the experience of homicidal loss may be 'normalized' and some co-victims can feel reluctant to be actively involved in the investigation of the case.



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Because homicides receive disproportionate news coverage (Maguire, 2002), how media frames individual incidents can deeply affect the impact for homicide co-victims, in both helpful and harmful ways. On the one hand, media can help humanize co-victims and shed light onto their experiences, relay helpful information in emergency cases when the assailant is not known, and positively shift public perception. On the other hand, media coverage of the event can be intrusive or insensitive, particularly if the murder is portrayed in a graphic manner. Sometimes media coverage can be selective and highlight only certain types of homicides while ignoring others (Canadian Resource Center for Victims of Crime, 2010). This can cause pain for those whose loved one was lost and potentially complicate or elongate the grieving process (Canadian Resource Center for Victims of Crime,

2010; Parents of Murdered Children, n.d.d; Rinear, 1988; Rynearson, 1989). A perception that the media's account of the murder is disparaging to their loved one, may lead to heightened distress for co-victims. (Armour, 2002). For instance, coverage in some cases gives more weight to the murder victim's race and socioeconomic status rather than a strict account of the crime (Canadian Resource Center for Victims of Crime, 2010).

How the media portrays the victim's social attributes may also limit the level of public sympathy expressed for them (Nils 1986). In addition, media may often draw public's attention to the case early on but fail to follow the progression of the case, shifting attention to the next homicide instead. As a result, some co-victims may have to deal with heightened attention early on but lack support or attention shortly after the homicide of their loved one (from conversation with Ellis, C., 2018). Negative media coverage and public perceptions can **isolate disadvantaged co-victims in society or prevent them from seeking assistance**. Practice evidence shows that crises intervention and media assistance services only exist in isolated instances, and their scope and services are not well documented (Chicago Survivors, n.d.a; Parents of Murdered Children n.d.d.; Rynearson, Favell, & Saindon, n.d).

Additionally, depictions of the homicide in media, new media (such as Facebook or Reddit), and arts can complicate the grieving process for co-victims (Parents of Murdered Children, n.d.d; NOVA, 2016). Scholars have argued that public attention to a loved one's murder could be beneficial but could alternatively cause more distress to co-victims; how this plays out in newer media, such as Facebook memorials or websites like HomicideWatch.org, is not yet a well-researched topic (Walter, 2004). Social media has quickly become a critical component that shapes the grieving experience of co-victims. Social media can be particularly harmful if it becomes the first source, from which co-victims learn about the homicide of their loved one. In addition, strangers, service providers, and people unrelated to co-victims can post opinions online that sometimes spread to form a prevalent narrative throughout the web, however these opinions are not necessarily a true representation of events in real life (From conversation with Ellis, C., 2018; Canadian Resource Center for Victims of Crime, 2010). Furthermore, strangers can reach out to victims directly, which can be intrusive for some co-victims.

Intermediate and Long-Term Challenges to Healing

In the intermediate to long term, co-victims face challenges associated with criminal justice system proceedings (or lack thereof) and social stigma. If the focal homicide case moves to court, co-victims often report that engaging with the criminal justice system can be stressful, specifically in learning to navigate the legal system (Homicide Survivors, Inc. n.d.f). In cases where a case goes to trial, co-victims will likely need assistance to understand the trial proceedings, expectations for their role in the trial, and support in taking time from work or other obligations to participate in court proceedings (Rinear 1988; Connecticut Department of Corrections, n.d.; Homicide Survivors, n.d.f). Additionally, practitioners often mention that some co-victims need assistance understanding the role of the prosecuting attorney in a criminal case, and the limits in their ability to assist crime victims (National Sheriff's Association 2011).

Secondary victimization. Secondary victimization (also called double victimization or re-victimization) is the process by which community members as well as individuals charged with helping crime victims (such as service providers or criminal justice system actors) treat victims in a manner that minimizes their experience, shames them, or otherwise re-traumatizes them (Campbell & Raja, 2001; Hatton, 2003). Experiences with secondary victimization can prevent victims from seeking the help they need in order to heal.

Qualitative research indicates that homicide co-victims' involvement with the court system can cause a number of difficulties. For example, lengthy murder trials can draw out painful aspects of the experience for co-victims, and **some co-victims report feeling that they could not fully engage in mourning until after the court case was closed** (Baliko & Tuck 2008; van Wijk et al., 2017). At the same time, the case may not be resolved in a manner that appeals to the co-victim's sense of justice, further complicating their emotional and psychological reactions (van Wijk et al., 2017). In some circumstances, a murder case may go to trial years after the focal event, bringing up

distressing emotions for the co-victim (van Wijk et al., 2017). As such, it is not surprising that co-victims often report feelings of frustration related to the criminal justice system (Baliko & Tuck 2008; Stretesky et al., 2010). Compounding the issue is the fact that during a trial, **co-victims are often not allowed to speak about the case** (Dougy Center, 2016). Therefore, in cases when other grieving people may choose to reach out to peers and neighbors for informal social support, homicide co-victims may not have such an option because of the complications in the criminal proceedings, thus further complicating their grief and causing additional harms (Compassionate Friends, 2016b).



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While involvement with a court case can be stressful, cold case murders (i.e. unsolved cases, in which an assailant is not found or confirmed) present another set of difficulties for co-victims. **In cold case homicides in particular, co-victims may feel that their safety is compromised, they can also lose faith in the legal system, feel that justice has not been served, and perceive that their loved one's death is being treated as unimportant** (Stretesky et al., 2010; National Sheriff's Association, 2011; Pettem, 2012; Jacobs, Wellman, Anderson, Jurado, 2016; Kolnes & Smith, 2009). Co-victims may also be a good source of information in cold cases, but they are rarely treated as such. Investigators may interview some co-victims early in the investigation, but they do not typically reach out to co-victims for more information as details of the cold case unfold (from conversation with Ellis, C., 2018). At the same time, the uncertainty about whether a perpetrator will ever be identified can be stressful for co-victims (Stretesky

et al., 2010; Jacobs, Wellman, Fuller, Anderson, & Jurado, 2016). Gaps in engaging co-victims into investigation and uncertainty about the cold cases are thought to contribute to mental and behavioral health challenges for co-victims (Englebrecht, 2011).

Additionally, homicide co-victims may interact with medical professionals who are not well versed in the harms that homicide co-victims face and who potentially minimize their experiences. For example, drawing from clinical experience, Rynearson (1989) emphasized that therapists working with homicide co-victims need to employ trauma-informed practices; otherwise, co-victims may not be successful with therapy, or could inadvertently be re-traumatized.

Finally, societal stigma may occur and grow over time, making long-term coping prospects more challenging for homicide co-victims, increasing their risks of developing prolonged grief symptoms (Compassionate Friends, 2016b, National Network of Victim Assistance, 2016). Some organizations, such as the Dougy Center, Compassionate Friends, Mothers Against Drunk Driving, Parents of Murdered Children, Network of Victims Assistance, and National Center for Victims of Crime, have led campaigns to dismantle the myths and reverse public opinions but these issues remain prevalent particularly in communities with high rates of homicide.

PREVENTION, INTERVENTIONS AND VICTIM SERVICES

Key Takeaways

- Few wraparound services and long-term care exist to specifically address homicide co-victims' complex needs, and even fewer evaluations of those services' effectiveness at addressing co-victims' needs have been done.
- One exception—Restorative Retelling—is a group therapy program that has shown promise at improving the psychological wellbeing of homicide co-victims.
- Police and courts can be a source of assistance but can also inflict secondary victimization through prolonged investigations and lengthy trials often associated with homicide cases.
- Disadvantaged and often predominantly Black, Latinx, or Native American communities often face high homicide rates, yet these communities lack readily available, consistently funded and accessible formal support and programming for co-victims.
- Many socioeconomically disadvantaged co-victims are unaware of financial support available through Victim Compensation Fund or face barriers in receiving such assistance.
- Access to counseling and medical treatment is hampered due to the recent changes that eliminated bereavement as a justifiable clause to be covered by insurance.

COMPLEX NEEDS BUT RATHER DISJOINTED SERVICES:



Preventing Homicide Co-Victimization

In absolute terms, prevention of homicide co-victimization would mean reducing homicides and violence, which would in turn decrease the number of people who lose a loved one to homicide. However, homicide prevention is not the focus of this synthesis, but rather, the focus is on interventions, instead, that are designed to mitigate potential complications in the aftermath of homicide and to ensure that already ensued harms and damage are not more debilitating for co-victims.

Because research indicates that homicide co-victims are at an increased risk of prolonged grief, PTSD or suicidality (Latham & Prigerson, 2004; Rheingold & Williams, 2015), practitioners who come into contact with co-victims often screen and monitor for development of such complications (NOVA, 2016; Dougy Center, n.d.c; Compassionate Friends, 2013b). Most practice evidence points to the importance of connecting co-victims who exhibit suicidal thoughts to counselors who have trauma training. However, the extent to which co-victims seek assistance from these trained specialists or the effectiveness of such supports are unclear.

Interventions

Intervention services that promote victims' well-being and support long-term recovery are concentrated in two domains – services to address psychological harms and assistance through criminal justice processes.

Addressing Psychological Reactions

There is a spectrum of responses to address individual psychological reactions and trauma responses among homicide co-victims with the most common four types being: grief support groups, self-help groups, individual or group counseling, and self-care. Each type has its own purpose, strengths and limitations, and evidence base or lack thereof. Below, we explore the types of services with an eye towards identifying areas that require more research or attention from policymakers.



Grief Support Groups

Grief support groups are a form of the most widely available psychosocial intervention that offers quick and often free assistance to co-victims of homicide. People may drop in or out on a rolling basis and engage with peers who are also experiencing grief. Spanning a wide variety, some groups are mixed and open to anyone experiencing grief, while others focus on homicide co-victims specifically (such as the Homicide Survivors, Inc., Compassionate Friends, HOPES Program at Wendt Center, and Parents of Murdered Children). Similarly, some groups focus on specific subpopulations such as grieving children, parents, or racial minorities such as Black individuals (e.g., Roberta's House in Baltimore, MD), Latinx (e.g., Bo's Place in Houston, TX), or Native Americans (e.g., White Bison headquartered in Colorado Springs, CO).

Grief support groups can be cost effective as they are often led by volunteers or peers. In some instances, facilitators receive training and guidance (Dougy Center, n.d.e-n.d.k); in others, the amount of training and guidance remains unclear. The fact that these groups are led by volunteers rather than mental health professionals can be a drawback.

Some obvious advantages aside, grief support groups have a few noteworthy limitations. Chief among them is the mixed composition of attendees who have experienced the death of their loved ones due to natural causes, sudden or death due to a long-term illness, suicides, and homicides (OVC 2017, NOVA 2016; Horwin, 2016). Some practitioners have documented that the specific needs of homicide co-victims cannot be fully addressed because their needs are unique from other grieving people (Homicide Survivors, n.d.c; DeCristofaro, 2016c). In mixed composition grief support groups, homicide co-victims often represent only a small share of people in the entire group. For example, according to a study that evaluated operations of a prominent non-profit that serves children, Dougy Center, only 3% of the clients in the grief support groups had lost their loved one due to a homicide (Sorensen, 2002).

When co-victims feel a support group lacks relevance to their experiences or that there are too few sessions offered, some co-victims drop out relatively quickly (Conversation with Saindon, 2018). Another key limitation is that grief support groups often operate on

a rolling basis prompting the participants to retell their story to the newcomers over and over and thus inhibiting them from building resiliency skills (Conversation with Saindon, 2018). Such practice may be particularly harmful for homicide co-victims who often do not witness the crime but are nonetheless prompted to imagine and reengage in a traumatizing retelling of the story. Co-victims become overwhelmed in such traumatic reenactment and may often be unable to stop retelling the story without professional support (from conversation with Saindon, 2018). This is particularly an issue among children victims whose developmental stage might prompt them to imagine the incident in ways that exacerbate already ensued psychological harms (Dougy Center, 2016; Homicide Survivors, n.d.b). With one key exception (discussed next), evidence on the effectiveness of most of these groups for homicide co-victims is lacking.

Restorative Retelling and Criminal Death Group is one of very few comprehensive, wraparound interventions that has been documented and evaluated to screen homicide co-victims, offer trauma support, address psychological needs, provide training on handling media and criminal justice, and discuss other aspects of violent death (Rynearson et al., n.d). In a closed group format limited to only 10 members, participants are first interviewed and screened for co-morbid disorders. They are then invited to engage in two parts of the intervention - the Criminal Death Support Group and the Restorative Retelling.

Restorative Retelling and Criminal Death Support Group is **one example of very few comprehensive, wraparound interventions designed to address a wide array of unique needs of homicide co-victims.** The intervention has been documented and evaluated, and offers trauma support, addresses psychological needs, provides training on handling media and criminal justice, and discusses other aspects of violent death.

The Criminal Death Support group is offered in 10 sessions during initial post-death months and includes a host of activities teaching participants how to deal with the media and criminal justice (Rynearson et. al, n.d). Participants learn to be better prepared to respond in such trying times and get exposure to invited guest speakers



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from criminal justice agencies, community, media and other relevant guest speakers. Peer support networks formed in this group may also be a useful resource for the participants in the future.

Restorative Retelling, the second 10-session group that is offered two to three months after the violent death, focuses on stress management skills and restorative memory sharing. Oftentimes, co-victims who have lost their loved one to a violent death did not witness the incident itself but spend significant time imagining and reliving what happened to their loved ones—which can deepen their internalized trauma and separation distress (Rynearson, 2006; Saindon, n.d.). The Restorative Retelling model is designed to help co-victims process such internalized trauma by restoring their resilience, retelling and commemorating the living memory of the deceased and self, and engaging in creative exercises for a more therapeutic retelling of the story (Rynearson, 1996; Rheingold et al., 2015).

After the theoretical framework and intervention design was developed in 1998, Restorative Retelling was implemented in several places and adapted to meet the unique needs of subpopulations such as children (Rynearson, 2006). Several evaluations of the intervention

have shown promising findings, including statistically significant reductions in participants' depression and PTSD symptoms (Rynearson, 2006; Rheingold et al., 2015; Saindon et al., 2014).

Although the Criminal Death Support Group is no longer available for co-victims due to gaps in funding, the curriculum is available in a workbook and Restorative Retelling is offered in certain communities where it is being used not only with homicide co-victims but also with people who have suffered other violent losses (Conversation with Saindon, C, 2018; Takacs, 2014).

In summary, grief support groups can offer quick, accessible and free assistance to homicide co-victims who benefit from peer support and are prepared to engage with participants whose grief journey differs from their own (Compassionate Friends, 2016c). However, the mixed composition, drop-in and drop-out pace, and lack of skills among the facilitators in violent death dynamics may prevent some co-victims from engaging with such groups. More evidence is needed on their effectiveness. In this regard, the available research and expertise of practitioners who have implemented Criminal Death Support and Restorative Retelling could offer valuable lessons.

Self-Help Groups

In contrast to more structured grief support groups, we identified another type of response in our review of practice evidence, community-based **self-help groups**, which are often initiated and led by the victims themselves. Such groups come in many forms, but one common thread is that they attempt to fill a critical gap in a community, the needs of which more formalized interventions fail to address. These groups range from grassroots community support groups, organized and led by mothers who lost sons to gun violence (Conway, 2017); to self-support groups of Latinx victims who meet in Houston, TX (e.g., "Bo's Place"); to peer-support groups for young men of color (e.g., Roberta's House); to support groups initiated by police departments (e.g., in Fairfax County, VA) to offer compassionate, spiritual support from the local community to homicide co-victims. Such groups vary in their structure, leadership, frequency of meetings, and format. But they are created in response to a pressing need in the community and out of community members' desire to support fellow citizens during turbulent times. In

CVR's review, we did not find any study that examined the operations and effectiveness of such self-support groups.

Individual or Group Counseling / Psychotherapy

Homicide co-victims may also receive help through **individual or group counseling and psychotherapy**, which is usually led by trained therapists (Cohen, Mannarino & Murray, 2011). Psychotherapy can be effective and has been documented to alleviate symptoms of depression and anxiety (Cuijpers, Van Straten, Andersson & Van Oppen, 2010; Hollon, Stewart, & Strunk, 2006). The assistance can be available one-on-one between the client and a therapist, or in a group format usually restricted to a set number of participants. One of the most researched group psychotherapy modalities is **cognitive behavioral therapy (CBT)**, which offers time-sensitive, present-oriented and structured assistance. Aimed at helping people change patterns of thinking and behaviors (i.e. cognitive models), CBT can also be applied to assist homicide co-victims in their grief. There are several modalities of trauma-focused CBT that have been demonstrated to be particularly effective for grieving children or parents (National Child Traumatic Stress Network, 2012; Cohen, Mannarino & Murray, 2011). Participants learn to cope effectively with their own emotional distress and develop skills that support their recovery and resilience.

Beyond these demonstrated advantages, individual and group counseling have significant limitations with access for homicide co-victims. Too few trained clinicians have experience with and understanding of the intersection of grief and trauma as well as the nuances of violent death (Parents of Murdered Children, n.d.a; Dougy Center, 2016). Another limitation of psychotherapy is that too few co-victims are able to access the services. Furthermore, mental health can be stigmatizing in some communities, therefore preventing some co-victims from reaching out for professional assistance. Due to complicated insurance and eligibility requirements discussed below, the most current version of which excludes grief as a justifiable cause for claims, many people are also unable to engage in counseling (Attig et. al, 2013). While in some localities, there are other sources of funding, besides Medicaid, to cover counseling, low-income people who are uninsured or underinsured might experience extra challenges with

accessing counseling (Kim & Cardemil, 2013). Therefore, while individual and group counseling have strong evidence in support of helping people recover from trauma, linking counseling to homicide co-victims who need it the most remains an issue.

Self-Care

Finally, many practice documents highlight the importance of **self-care** as a beneficial way for homicide co-victims to build upon their innate resiliency and cope with grief. Most practitioners underscore that grief due to violent death is very individual and varies for everyone. Practitioners recommend paying attention to the unique experiences of each person instead of relying on the traditional expectation of a linear five stages of grief (Compassionate Friends, 2017c; Compassionate Friends, 2015b; Dougy Center, n.d.c; NOVA 2016). The focus of self-care is to restore co-victims' resiliency, help them develop coping mechanisms when traumatic events resurface unexpectedly, and enabling co-victims to find ways of reducing imminent stresses (Compassionate Friends, 2015b; Dougy Center, n.d.n; Dougy Center, n.d.o; DeCristofaro & Stang, 2017).

Mindfulness practices such as mediation and deep breathing exercises have gained prominence among some providers as a meaningful type of self-care. For example, participants in the Dougy Center shared personal stories on how their own grief transpired and on how they learned to apply mindfulness and meditation to cope with the death of their loved ones (DeCristofaro & Brauer, 2017d; DeCristofaro & Dinardo, 2017). Some co-victims went further to develop their own meditation training to



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help others going through similar experiences. Although self-care can be an effective treatment for depression and anxiety (Cuijpers, Donker, Van Straten, Li & Andersson, 2010), research on the use of self-care by homicide co-victims needs to be developed.

Criminal Justice Assistance

The role of criminal justice agencies in shaping homicide co-victims' experiences cannot be overstated. As discussed previously and shown in Table 1, co-victim encounters with the criminal justice system could cause secondary victimization. Making encounters with police, district attorneys and courts as positive as possible for co-victims should be the focus of any criminal justice system (IACP, 2014). The field has started being more victim-centered and responding with compassion and appropriate level of support during such turbulent times, but accounts of inadequate interactions and harmful practices still exist. The following sections discuss how key agencies can shape co-victims' experiences.



Police

Police play a critical role in first encounters with the justice system for homicide co-victims. They are often the first bearers of devastating news as they are tasked with notifying co-victims about the death of their loved one for the first time. The news is often shocking, so being prepared to deliver it without causing further harm is essential. Penn State University in collaboration with the Federal Bureau of Investigation (FBI), National Association of Sheriffs, and the International Association of Chiefs of Police (IACP) have developed trainings and guidebooks outlining best practices in this area (Penn State and FBI, n.d.b; National Sheriff's Association, Justice Solutions, and National Organization of Parents of Murdered Children

Inc. 2011; IACP 2014). Key highlights from these national organizations' efforts to prepare the police to deliver death notifications are as follows:

- Prioritize delivering death notifications in person whenever possible.
- Be aware of the crime incident details and prepared to answer questions. Families will want to know how the homicide happened, so police should do prior research and collect as much information as possible and available at that moment.
- Choose the notifying staff appropriately. A team of two officers should fulfill the task, one as the primary responder and the other to monitor reactions and the scene. Both team members should be good listeners, empathetic and efficient. Pairing up officers with specialists trained in traumatic responses is considered a promising practice, however few police departments employ such specialists.
- Familiarize yourself with commonly asked questions and practice in advance to answer them accordingly.
- Answer co-victims' questions honestly, and ask if families have someone to contact; do not leave them alone.
- Avoid offering emotional answers that are not true, such as "I know how you feel" or "You need to go on with your life" (Hobgood et al., 2010).
- Leave contact information with co-victims and follow up within 24 hours to check how they are coping.
- Offer information about community supports and criminal justice resources.



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Police also play an important role in the ongoing investigation. Many police departments now have embedded victim advocates. **Victim advocates are professionals who may offer emotional support, provide resources and explanations of how investigations work, help co-victims' fill out paperwork and liaise with other criminal justice or social service agencies on co-victims' behalf** (NCVC, 2008).



Oftentimes, victim advocates within law enforcement departments do not have specialized training in supporting homicide co-victims. Another constraint is that sometimes victim advocates have to share information with police officers, and co-victims may be apprehensive of trusting such victim advocates due to their affiliation with law enforcement. Victim distrust is particularly prominent in police departments that have historically strained relationships with the communities they police (Hotaling & Buzawa, 2003). Many criminal justice agencies also struggle to create a mechanism for co-victims to have ownership and agency in the case, such that co-victims have an active role in determining how the case progresses (from conversation with Saindon, 2018).

Recognizing the acute need to better equip criminal justice agencies, in 2016, OVC funded seven demonstration sites as part of Complex Homicide Initiative to enhance immediate assistance to the co-victims within 48 hours after the death has occurred and promote partnerships between criminal justice and victim service providers (OVC, 2017). Such support is a promising investment but limited to these demonstration sites. Furthermore, preparing police to be more victim-centered and trauma-

informed generally, and to be skilled at serving homicide co-victims specifically, continues to be an area for growth. While holistic victim-centered training materials for police are available through IACP's Enhancing Law Enforcement Response to Victims (ELERV)'s [Implementation Guide](#) (IACP, n.d.) and other public domains, it is unclear to what extent each police department utilizes them, what the protocol for new staff and refreshers are, and how departments are building officers' compliance mechanisms into the protocols (Police Chief Magazine, 2018). Results from the first OVC-funded demonstration evaluation of ELERV are forthcoming.

Prosecutors

Prosecutors and district attorneys often have ongoing interactions with homicide co-victims, the frequency of which depends on the course of the trial, victims' willingness to cooperate with prosecutors, and a prosecutor's practice and approach. Some offices have victim advocates either directly embedded in the structure of their office, for example in a Victim Witness Unit, or through a local victim service provider.

Victim advocates' roles in prosecutor offices are often similar to the functions of victim advocates who work within police departments. **They offer emotional support, informational resources, assistance preparing victim impact statements, and explanations of the court processes.** Practice evidence and direct accounts of homicide co-victims have shown that in some instances, prosecutors are willing to engage with co-victims more quickly when co-victims' goals in trial align with those of prosecutors' (Cushing & Sheffer, 2002; Homicide Survivors, n.d.f). When homicide co-victims' desires for case outcomes are not aligned with the goals of the prosecutor, they may receive less attention or support (Cushing & Sheffer 2002; Hotaling & Buzawa, 2003). More research is needed on the extent and frequency of such occurrences, and what makes prosecutor's practices more effective and less traumatizing for homicide co-victims specifically.

Homicide co-victims go through an incredibly difficult time of losing their loved one; adding the complex and potentially harmful effects of participating in the criminal justice system process can exacerbate these issues. It is paramount that criminal justice officials are better aware of and prepared to offer more compassionate assistance,

while keeping all co-victims' concerns and desires central in the goals of case proceedings and disposition (IACP, n.d.; National Sheriff's Association, Justice Solutions, and National Organization of Parents of Murdered Children Inc., 2011).

Oftentimes, **co-victims may engage in prolonged criminal justice processes in hopes of finding closure that might be unattainable.** Many homicide co-victims report never finding closure even at the end of the justice process (Armour & Umbreit, 2007; Canadian Resource Centre for Victims of Crime, n.d.). Therefore, practitioners and researchers caution any professionals working with co-victims against engaging them under a premise of attaining closure or resolution (Bandes, 2009; Murder Victims' Families for Reconciliation, 2012; Cushing, & Sheffer, 2002). Already lengthy trial processes may be even more prolonged after sentencing. Co-victims may later become involved during the appeals process or parole hearings by preparing victim impact statements (NCVC, n.d.). Such involvement may trigger memories and thus prompt co-victims to deal with their grief and trauma again. They may also need to prepare for dealing with the fact that some people who convicted the crime could be released at some point. The court is not the appropriate place to resolve co-victims' psychological harms or emotional distress. Instead, criminal justice agents would benefit from connecting victims to trained behavioral health specialists when available and help co-victims set realistic expectations for the process and potential outcomes of their cases

Death Penalty Cases

Additional harms can be inflicted upon some homicide co-victims through the long and uncertain processes of death penalty decisions in states that authorize capital punishment. There is no consensus among homicide co-victims on this difficult choice. Some co-victims support the death penalty and others do not. Some are decisively certain of the outcome they would like to see, while others are hesitant. Similar to the diversity among victims, advocacy organizations across the country have aligned their efforts on both sides of the aisle—with some organizing pro-death penalty efforts (such as Parents of Murdered Children, Citizens Against Homicide) and others arguing against it (such as Murdered Families Victims for Reconciliation). The diversity among co-victims' preferences are well-established, however sometimes



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media portrays co-victims as a monolithic group. Such overly simplified images are not only inaccurate, they create misconceptions among the general public.

While there is no simple resolution, some practice evidence shows that homicide co-victims are often unaware of how long it takes for death penalty cases to get resolved through the trial and post-trial decisions (Cushing & Sheffer, 2002). At times, co-victims' false sense of closure as a natural reaction to the violent death of their loved ones can make them very vulnerable. But even when execution takes place in rare occasions, **the homicide co-victims' pain and suffering might not disappear** as some studies show (Armour & Umbreit, 2007). Criminal justice agents involved in death penalty trials should use caution and attempt to ensure that co-victims are not unduly retraumatized in this long and difficult process.

Restorative Justice and Victim-Offender Mediation

Some homicide co-victims may be asked to participate in restorative justice, a process by which victims, perpetrators, and sometimes community members come together to share their stories about a particular crime experience, discuss harms caused by the crime, and find resolutions when possible. As one of the existing forms of restorative justice, victim-offender mediation (VOM) programs aim to hold the perpetrator directly accountable to victims while providing victims with an opportunity to meet the offender and explain the impact of the crime on their lives (Umbreit, Coates, & Vos, 2000). While VOM has gained a prominent place in the justice field and has been documented to yield positive results showing more satisfaction among victims and people who commit crimes, improving restitution compliance and reducing recidivism (Latimer, Dowden, & Muise 2005), the approach has been sparsely applied in homicide cases compared to other less serious crimes (Wellikoff, n.d.).

Research that has been done shows that VOM's use for the most serious violent crimes such as homicides requires careful preparation and advanced training (Wager & Wager, 2015; Umbreit, Vos, Coates, & Armour, 2006; Umbreit et al., 2000). Despite the proliferation of VOM and other restorative justice program modalities (e.g., process of preparation, mediation dynamics, level of skill among facilitators, victim-centered philosophy) across the country, up-to-date research has been lagging on the effects of such programs for homicide co-victims, the typology of intervention modalities, and the potentially varied impacts for co-victims based on intervention modality.

Table 1. Factors that may help or hinder the healing process for homicide co-victims.

Context	Timeframe			
	Short-term		Long-term	
	<i>Helps the healing process</i>	<i>Hinders the healing process</i>	<i>Helps the healing process</i>	<i>Hinders the healing process</i>
Criminal justice (CJ) system	Assistance with crime investigation; notifying family about investigation and alleged perpetrator status; victim assistance units that refer co-victims to services and help them navigate the CJ system	Death notifications by law enforcement that lack compassion; lack of access to details of criminal investigation; lack of information during critical initial stages of CJ system processes	Satisfactory case resolution for some co-victims; opportunities to be heard via victim impact statements	Lengthy and complicated court proceedings, particularly in death penalty cases; navigating the CJ system without adequate knowledge or assistance; feelings of closure may be unattainable despite satisfactory case resolution
Media and film	Relay critical information on the case and in emergency situations	News coverage may not be culturally responsive; overly sensational or inaccurate reporting on the homicide case	Humanizes the experience of co-victims; social media memorials and discussions	Film or social media portrayals of the homicide that co-victims perceive in a negative light; co-victims' interactions with others on social media can be harmful
Social and community life	Co-victims may receive tangible support such as meals from family, neighbors, and community	Social stigma, especially if co-victims or family members are suspects in the homicide case	Community support, such as vigils, especially during milestones and anniversaries	Isolation related to social stigma around homicides

Barriers to Accessing Services

In the context of a national response to all victims of crime, homicide co-victims remain underserved. While in other types of crime, victim services may have a more developed infrastructure including crisis interventions, hotlines, or community-based treatment programs, homicide co-victims have fewer options. Too few clinicians or social workers are trained in the intersection of grief and trauma. Furthermore, criminal justice agents often lack awareness or training to incorporate co-victims' needs into their daily interactions so as to avoid further complicating already complex grieving processes of families. **Such disjointed efforts that lack focus on the unique needs leave homicide co-victims out of options to have their needs addressed.**

Limited Financial Support

A critical barrier for many co-victims is access to and availability of financial support. State victim compensation funds—repositories of money available to victims to offset expenses related to a crime—can provide some assistance with accessing services. For example, all states compensate eligible co-victims for funeral and burial expenses in varying amounts. In addition, some states reimburse co-victims for financial counseling, medical treatment or transportation expenses related to the homicide, among others (NCVC, 2003). **However, the availability and eligibility criteria of victim compensation funds can vary by state, therefore homicide co-victims can have very different grieving experiences depending on where they live and their pre-existing financial situation.** In addition, many co-victims are unaware about availability of such funds.

Victim compensation monies are federally authorized by the James Zadroga 9/11 Health and Compensation Act of 2010 and administered by OVC Victims of Crime Act formula grant programs through the states' National Association of Crime Victims Compensation Boards (Department of Justice, 2017; NCVC, 2003). State boards vary in the eligibility criteria, availability of funds, and the types of services that are traditionally covered; information for each state can be found at the [National Association of Crime Victim Compensation Board](#).

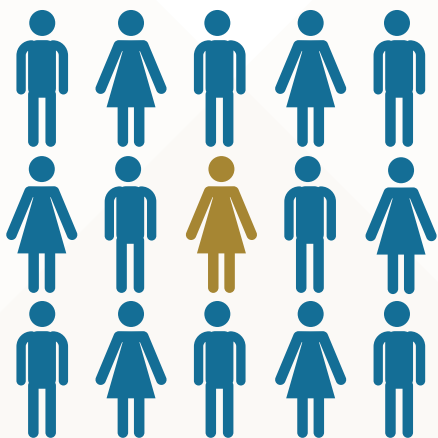
More specifically, some co-victims do not receive financial support through their state's Crime Victim Compensation Fund because of variation in eligibility rules that are set by the states. Some co-victims are still unaware about available funds or the filing period is too short. Co-victims may be also ineligible to receive such financial support due to their own past criminal history. In a recent close examination of these issues in seven states, the Marshall Project revealed that many victims with past criminal history were considered ineligible to receive such assistance, depending on the level of crime and the time frame in which it occurred (Santo, 2018a; 2018b). Similar barriers are likely to exist in other states but more research and claims analysis are needed. Such restrictions may particularly impact socio-economically disadvantaged communities with high crime and homicide rates. In these communities, higher homicide rates leave behind more family members and loved ones. For those co-victims who have their own prior criminal records, victim compensation may be unattainable, barring them from receiving financial support to bury their loved ones and recover emotionally.

Additionally, in most states co-victims can receive compensation only by fully cooperating with law enforcement and its investigation (Homicide Survivors, Inc. n.d.f; NCVC, 2003). Some co-victims who hope for different case outcomes from prosecutors and law enforcement may be hesitant to cooperate and their ability to access financial support through victim compensation fund might be limited as a result (Cushing & Sheffer, 2002). However, states' reports to OVC show that only a small share of claims are denied due to lack of cooperation with law enforcement (OVC, 2012). Still, the degree of reporting to OVC varies by state and perceptions by victims and practitioners also vary. More research is needed on the extent to which claims are denied and whether low-income people of color are impacted disproportionately.

Also, victims who are determined to have contributed to their own harm are not allowed to receive victim compensation under a denial category known as "contributory misconduct" (OVC, 2016). Loose state stipulations of what constitutes "contributory misconduct" gives compensation administrators latitude for interpretation of such conditions and may preclude some co-victims from receiving assistance if their loved one (the homicide victim) was determined to have a part in

his or her own death (NCVC, 2012b). Collectively, these limitations in the federal and state laws around victim compensation funds are among the reasons that many victims in need either do not file claims or have their claims denied.

A few states and localities have started working on removing existing legislation barriers to victim compensation (Gladden, 2014; National Sheriffs' Association, 2011). But there is still too much variation in eligibility requirements, filing process and reporting among the states (Evans, 2014; Aequitas, 2012). Coupled with ever-present competing funding priorities in each state, barriers to victim compensation remain for many homicide co-victims (Rutledge, 2011).



FOR EVERY 15 HOMICIDE CO-VICTIMS,
1 CLAIM FOR COMPENSATION IS FILED.

According to the 2012 report by John Jay College of Criminal Justice, **only 14,430 claims were filed by homicide co-victims**, which stands in sharp contrast to the estimated **64,000 to 213,000 people who experience homicide co-victimization each year** (Evans, 2014; Vincent et al., 2015). As a result, many states end up underutilizing the available funds while there are many co-victims in need of assistance (OVC, n.a.b).

Challenges also exist with what type of counseling or treatment services can be covered by victim compensation funds. State Compensation programs may require applicants to produce extensive documentation in support of their application for benefits including treatment notes confirming that the services provided were directly related to the crime for which compensation is sought (Conversation with Saindon, C., 2018). Access to treatment may be also hampered due to the most recent changes

to the American Psychiatric Association guide on mental disorders, known as Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that **eliminated what is known as “bereavement exclusion” as a justifiable clause to receive counseling but allows to file reactions to death under major depressive disorders.**

In the earlier version, DSM-4, counselors had an option to file claims under the so-called ‘bereavement exclusion’ and not diagnose patients with major depressive disorder if patients presented grief-related symptoms such as sadness, tearfulness or insomnia after the death of a loved one for up to two-month period. Counselors could classify more serious symptoms as major depressive disorders but had to wait at least 2 months (Kavagan, Barone, 2014; Friedman, 2012). DSM-5 removed what was known as the “bereavement exclusion,” and among both researchers and practitioners there are differences in how to interpret this change.

Some proponents argue that elimination of the bereavement exclusion will now expedite the diagnosis of major depressive disorder and given the risks of unrecognized clinical depression (including a risk of suicide), this decision is a welcome change that lets more people receive treatment (Pies, 2014; Kavagan, Barone, 2014). However, critics argue that despite some guidance in the footnote of DSM-5 about differences between bereavement and major depressive disorder, normal reactions to death may now mistakenly be misclassified as mental disorders, thus making normal reactions to death pathological and potentially exacerbate the issue of medication over-prescription (Kavagan, Barone, 2014; Attig et. al, 2013; Friedman, 2012). Such restrictions may particularly impact socioeconomically disadvantaged communities or other groups that have distrusting or previously harmful relationships with formal mental health support systems. In summary, evidence remains inconclusive on whether the recent DSM-5 changes will improve or inhibit homicide co-victims’ access to treatment.

Vulnerable Populations

In addition to homicide co-victims being underserved more broadly, there are many particularly vulnerable co-victims—predominantly from socioeconomically disadvantaged communities—who experience additional barriers. Practice evidence shows that Black, Latinx, and Native American people have a set of needs, the formal support for which

are not readily available or culturally appropriate (Vazquez & Marques, 2013). Some men also have trouble receiving services due to dynamics of their grief.

Black Co-Victims



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As discussed previously, research indicates that Black people in high crime urban neighborhoods experience disproportionately higher rates of homicide, affecting many families and friends in their communities (Sharpe, 2008; Smith, 2015). Consequently, homicide co-victimization among Black people is much more pervasive than among White people (Smith, 2015). Simultaneously, research

shows that social support and access to formal support systems (e.g., counseling or grief support groups) are key to helping co-victims recover, yet some Black co-victims are unable to find and join services in a timely fashion (Connolly & Gordon, 2015). For example, a study from east Baltimore looking at experiences of young Black men (who predominantly lived in high-crime neighborhoods) showed that adolescents lack options for getting support and help through a variety of services and interventions (Smith, 2015). Practice evidence shows that non-profit agencies like Roberta's House specifically target young Black men from Baltimore for help with homicide co-victim recovery (Roberta's House, 2017c; 2017d), but it is unclear how many young Black men in need access the group and its impact on their grief.

As an alternative, it is not uncommon for Black co-victims to organize and create grassroots self-help groups, as mentioned previously (e.g., Chicago Survivors, Inc, 2015). While such self-support groups can be helpful to co-victims because of an initial mutual trust already established among participants, they also have a few limitations (Chicago Survivors, Inc., n.d.a). First, the groups are only organized when some co-victims are willing to put time and effort into creating and running them. It is unclear how widespread such practice is across the country, what their dynamics look like, and the length or frequency of

meetings. Second, people who lead such groups may not have training in mental health. It is unclear how the lack of expertise among people who lead self-help groups affects members' coping. To our knowledge, no research exists on the effectiveness of such self-help groups in urban communities that experience high rates of homicide.

Black co-victims who live in high crime neighborhoods may have historically strained relationships with law enforcement and the justice system. In some cases, co-victims had prior involvement with the justice system themselves; in other instances, they may have witnessed family members or friends being treated in ways they perceived as unfair. Regardless of whether homicide co-victims have had direct contact with law enforcement or not, their perceptions of police officers' ability to provide assistance may be tainted (Homicide Survivors, Inc. n.d.f; Chicago Survivors, Inc., 2015). For example, according to a recent study by the Urban Institute, only 28 percent of people in high crime low-income communities believed that police departments were responsive to community concerns (La Vigne, Fontaine & Dwivedi, 2017). Such rooted distrust in legal authorities and tenuous historic relationships create significant barriers for these homicide co-victims to participate in the investigation process, which in turn can make them ineligible for victim compensation funds (NCVC, 2003).

Latinx Co-Victims

Similar to the trends in Black communities, Latinx people experience disproportionately higher rates of homicide. In 2015, for example the rate of homicide among Latinx people was twice as high as the rates among White people (Violence Policy Center, 2018). The issues with service availability and barriers to access are similar to those in Black communities. However, in Latinx families, there might be additional challenges with language access. For people with limited English proficiency, any support groups that are only offered in English would be inaccessible. Further, cultural contexts around death and grieving also play an important role in Latinx families (Gilbert, 2016). For example, funeral and burial rituals often play an important role for some Latinx families (Cann, 2016). Associated costs with upkeep of such traditions falls as a burden on families, and it is unclear whether Latinx homicide co-victims are aware or take advantage of victim compensation funds to cover these burial costs.

In summary, little is known in research and practice about the complexities of homicide grieving in the Latinx community and aside from self-help groups like Bo's Place in Houston, TX, and Elizabeth Hospice in San Diego, CA, few places advertise culturally specific grief support groups online.

Native American Co-Victims

Native American homicide co-victims may struggle to access services for a variety of reasons. First, Native American people experience higher rates of homicides than their White counterparts (Herne et al. 2016). Additionally, as previously stated, practice evidence indicates that **homicide rates among Native American and indigenous women are particularly high compared to the national average** (Indian Law Resource Center, n.d.; White Bison, 2017). Extant research shows that in some counties, homicide against Native American and Alaskan Native women is more than ten times higher than the national average (Bachman, Zaykowski, Kallmyer, Poteyeva, & Lanier, 2008), though up-to-date national estimates are needed.



Photo by Ruslana Iurchenko/Shutterstock

Such a high prevalence of homicide affects many Native American families and loved ones. This issue is gaining national prominence among advocates calling for a stronger response from law enforcement or victim service providers to Native American co-victims' needs (Center for Public Integrity, 2018).

Recovery and grieving may also look different among Native American co-victims. Most Western concepts are not appropriate or conducive to the healing traditions among native communities. When delivering death notifications, for example, law enforcement are advised to include spiritual healers, community leaders or elders who have the credibility and trust in their communities (Unified Solutions Tribal Community Development Group, Inc., 2010). Autopsies required as part of a homicide investigation are in discordance with native traditions of presuming the wholeness of the deceased body, a concept that professionals should keep in mind as they

perform traditional investigation routines (NCVC, 2010; Unified Solutions Tribal Community Development Group, Inc., 2010). Organizing grief support groups with these traditions and the timeframe of certain native ceremonies in mind would create a better foundation for more tribal co-victims to engage with such services.

Distrust in police is particularly pervasive among low-income, Native American people. More than 200 police departments operate in Indian Country (i.e., reservations, tribal communities and trust land), and reported incidents of excessive use of force and other damaging police tactics have created challenges for homicide co-victims in need of assistance (Koerth-Baker, 2015; CDC, 2016). In the documentary *Silent No More*, affected homicide co-victims share examples of how police did not always take prompt action in searching for missing Native American women, which further eroded co-victims' trust that police would be a credible vehicle to resolve cases (White Bison, 2017). Co-victims explained that many families were afraid to speak up about the issue and instead bore the trauma of homicide co-victimization without any means to address it. While the degree of distrust may vary from tribe to tribe, a few accounts in practice evidence indicate that police response to Native American homicide co-victims is currently inadequate, especially when taking into account the reportedly growing numbers of homicide in native communities.

Children

No child should go through such a tragic event as losing a loved one to the homicide. But such instances occur, and special attention should be paid to minimize the immediate harms for children as well as long-term consequences that may transcend into their adult lives (DeCristofaro, 2016b; the Dougy Center, 2017a). Practice organizations such as the Dougy Center or Compassionate Friends dedicate their missions to serving grieving children and/or grieving parents. Due to developmental differences, the grieving process among children transpires differently than that among adults (the Dougy Center, 2017a). Some organizations that specialize in grief support programs for children offer separate groups for different developmental ages, types of death, and types of relationship to the person who died (the Compassionate Friends, 2016a; the Dougy Center, n.d.a); nevertheless,

sometimes group composition is mixed and grieving children who lost their loved ones due to homicide attend the same group as children who lost loved ones to natural causes. Additionally, practice evidence shows that specialized groups for children were not readily available or advertised in many jurisdictions.

Male Co-Victims

There is a lack of research on whether the impact of homicide co-victim interventions varies by gender, but a few organizations that serve homicide co-victims describe men's experience of grief as different than women's and note that men are less likely to seek grief support generally (Chicago Survivors, 2015; Harper, n.d.; Golden, n.d.). Some service providers offer men-specific groups, such as Roberta's House, a non-profit in Baltimore that offers

support for young men of color who live in communities with higher rates of homicide (Roberta's House, n.d.d). Practitioners who work with men state that men's grief can be very internal with limited expression of emotion, putting them at greater risks of issues with physical health consequences (Harper, n.d.). These gender differences in expressing emotion can also put a strain on partners in heterosexual or same-sex male couples (Mothers Against Drunk Driving, 2017b). For example, when the usual routines and interactions change after violent death, some partners may feel they can no longer turn to each other for natural support (e.g., if parents differently experience the death of a child) (Homicide Survivors, n.d.d; NOVA, n.d.). Overall, these issues of gender differences in homicide co-victimization experiences are not very well documented.

IMPLICATIONS FOR RESEARCH, POLICY, AND PRACTICE

CVR's review of research, practice, and contextual evidence on homicide co-victims' experiences points to four key implications for victim-centered research, policy, and practice, as follows:

(1) The evidence base on homicide co-victimization—including national prevalence statistics, risks and harms for vulnerable populations, and effectiveness of services—is in a formative stage but is growing.

Much of the research available on homicide co-victimization focuses on the psychological harms associated with co-victimization, while few have examined the individual-, household-, and community-level risk factors that contribute to its likelihood. The field needs up-to-date national estimates of prevalence for adults, particularly those often missing or underrepresented in formal databases. The field also needs more information on risk factors among vulnerable populations (particularly, Native Americans) and expanded studies of homicide's effects on co-victims' physical health and economic and social wellbeing. Additionally, researchers need to expand the evidence base on the effectiveness of services specifically targeted to the homicide co-victim population.

In contrast to the lack of evidence around the previously noted topics, there is a well-established research base addressing psychological harms faced by homicide co-victims. Prolonged grief, PTSD, depression and substance use disorders are major concerns for the homicide co-victim population. These findings should guide the development of interventions and services tailored to the needs of homicide co-victims.

(2) Interventions that provide a comprehensive, wraparound service response and address the unique needs of homicide co-victims are not readily available.

Comprehensive, wraparound services that address a spectrum of unique needs among homicide co-victims are not readily available. Rather, as previously discussed, interventions relevant to homicide co-victims tend to focus on addressing either psychological harms or financial compensation. Further, research has consistently found that services are notably underutilized among those victims who need them the most (Davis, Lurigio, & Skogan, 1999; Davis & Hensley, 1990; Skogan, Davis, & Lurigio, 1991).

(3) Black, Latinx, and Native American co-victims are affected by higher rates of homicides than the general population, yet they experience many barriers in accessing services.

Multiple barriers exist for the most vulnerable homicide co-victims. Some of the most prominent reasons why formal supports are not readily available for members of these communities include strained relationships with law enforcement, cultural practices around grieving that may be not addressed in grief support groups, and language barriers (Gilbert, 2016; Homicide Survivors, Inc. n.d.f ; Indian Law Resource Center, n.d.). Our review of practice evidence shows that the field at large is lacking comprehensive, wraparound services in communities with high concentrations of homicides. Therefore, those who lose their loved ones organize self-support groups or seek support from less formal channels. Research is needed of the isolated examples of informal supports in order to grow the understanding of grassroots initiatives and provide evidence that could eventually help transform these 'informal supports' into formal programming.

(4) Far too often, homicide co-victims experience secondary victimization through encounters with criminal justice agencies that are not able to center their operations around co-victims' needs.

In addition to dealing with a very private loss of losing a loved one, homicide co-victims often have to publicly deal with the heightened attention from media and the criminal justice system (Parents of Murdered Children, n.d.a; Parents of Murdered Children, n.d.c; Parents of Murdered Children, n.d.d; NOVA, 2016). As established in this report, the

criminal justice system, media and societal stigma around homicide can inflict secondary victimization trauma.

For example, co-victims are repeatedly exposed to revealing details of the death incident and prompted to review autopsy reports, detailed police reports, and crime scene photos (Homicide Survivors, Inc., n.d.d, National Sheriff's Association, 2011). These potentially trauma-inducing situations complicate the grieving process for co-victims. Furthermore, although criminal justice agencies traditionally rely on victim advocates to help co-victims navigate these challenges, their training and skills are not always tailored to serve homicide co-victims specifically.

In this review of research and practice evidence, CVR researchers identified significant gaps in responding to homicide co-victims: the field needs to focus attention on increasing research knowledge and expanding the availability of services. To date, we lack recent national prevalence estimates of homicide co-victimization for adults, vulnerable populations are experiencing barriers to services, and financial support for co-victims is still a challenge in many states. However, CVR researchers are encouraged by new work in important areas of research - including new estimates of the national prevalence for youth by Turner and colleagues (2018) and recent advances in the study of prolonged grief. It is also encouraging to see evidence of local jurisdictions developing and implementing interventions that offer comprehensive support to address homicide co-victims' psychological harms and secondary victimization experienced through interactions with the criminal justice system and media. CVR's hope is that these successes can build the momentum needed to renew efforts to meet the needs of homicide co-victims.

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