Family Members of Homicide Victims: The Psychological Impact

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Abstract

The loss of a family member to homicide is a severely traumatic experience, resulting in emotional, physical and practical challenges. Studies have identified high rates of psychological distress, including Depression, Complicated Grief and Posttraumatic Stress Disorder in family members of homicide victims (homicide survivors), yet these studies may have overlooked other challenges for this population. Limited literature is available on homicide survivors, and no research has yet been performed on this population in New Zealand. Using a qualitative design, this study explored the perceived impact of losing a family member to homicide (homicide survival) in a group of twelve participants from New Zealand. A convenience sample was recruited by email invitations. The twelve participants completed individual semi-structured interviews, describing their experience of losing a family member to homicide and the subsequent effects of such an experience. The exploratory approach of this study allowed a vivid picture of various challenges faced by homicide survivors to be depicted, and areas in need of improvement to be identified. Each participant identified emotional and physical effects of their homicide survival experience, and emphasised the need for more adequate provision of information and support within the structured confines of the criminal justice system. While Court outcomes and procedures cannot be controlled, the criminal justice system should provide better mechanisms for preparation and support of homicide survivors before and throughout the Court process. An improvement in institutional support structures available to homicide survivors would minimise negative outcomes for these victims such as an inability to find meaning in life post-loss, stress related health effects, relationship strain and emotional distress. The findings of this study have important implications for future interventions more appropriately supporting homicide survivors, first
through an initial period of shock and numbness post-homicide, then through the
subsequent re-traumatising Court process, and finally through the period of
bereavement. The findings of this study also identify factors that should be expanded
upon in future research in order to ensure that homicide survivors are better supported
by the criminal justice system, government agencies and other professionals involved.
Acknowledgements

I would like to thank my supervisor: Professor Glynn Owens, who gave me the ideas and opportunities to pursue this topic and restored my faith in myself as a researcher. A big thank you to my Aunt Eileen Swan (Fisher), who supported me throughout the entire project.

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1. Introduction

1.1. Overview:

Homicide, the killing of one human being by another, differs from manslaughter in that it is an intentional act performed by a perpetrator (Wiersema, Loftin & McDowall, 2000). The deliberate act of homicide is an unjustifiable, disturbing, and traumatic experience for the family members left behind, compounded by the additional and unique stresses of media attention and criminal justice proceedings. In comparison to other losses, such as unexpected accidents and suicides, grieving a homicidal loss has been linked with higher rates of Depression, Posttraumatic Stress symptoms, and emotional distress (Murphy, Johnson, Lang, Fan & Lohan, 2010). Trauma can result from the disturbing mode of death, resulting in a complicated interplay of trauma and grief (Armour, 2006). Research has suggested that finding meaning in life following a death is a critical component of any grief recovery (Lichtenthal, Neimeyer, Currier, Roberts & Jordan, 2013). Individuals grieving losses to homicide have reported finding more difficulty in meaning-making post-loss compared to other forms of grief (Murphy, Johnson, Lang, Fan & Lohan, 2010).

The effects described by individuals grieving losses to homicide include guilt, vengeful ideation, Posttraumatic stress, and physical health symptoms, which can be perpetuated due to the subsequent prolonged legal process and ensuing media attention (Clements & Burgess, 2002). An inability to move healthily through the bereavement process can cause individuals grieving homicides to struggle with returning to work, school, parenting, or other responsibilities involved in everyday life. Current literature indicates that individuals grieving homicidal losses have unique challenges to face, and struggle more than other grievers on various measures of
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physical health and psychological distress (Miller, 2009). It is clear this population is in need of support systems tailored to its specific requirements.

Homicide is a crime against the state as well as the family and the victim (Bucholz, 2002); this is an issue not only for professionals working with the family members of homicide victims, but also Police, Court officials, and government organisations. Family members are often involved in the Court process, whether they are witnesses, suspects, or simply representing their lost loved ones. The majority of perpetrators are individuals known to the victim’s family (Baliko & Tuck, 2008), and the Court process is likely to result in severe stress and disturbance for those involved. Correct handling of such sensitive cases is vital to minimise distress for the family members of homicide victims (homicide survivors).

1.2. Research Context:

Current research available on homicide survivors has been predominantly undertaken in the United States; no research on the topic has yet been completed in New Zealand. A small number of studies on homicide survival have been completed in Canada and the United Kingdom, yet generalisation of results from studies in these countries to survivors in New Zealand would be difficult for a number of reasons. Rates of homicide differ significantly between these countries. For the United States, in 2013 the homicide count was 14,173, with a rate of 4.8 per 100,000. With respect to Canada, the homicide count was 543, 1.6 per 100,000, and the United Kingdom had a count of 653 and a rate of 1.0 per 100,000 (UNODC Global Study on Homicide, 2013). In New Zealand, the homicide count was 42, with a rate of 0.9 per 100,000 (Statistics New Zealand, 2013). Gun violence is particularly prevalent in the United States, in 2013; 59% of all homicides in the United States were firearm related, in comparison to 29% in Canada, 22% in the United Kingdom, and 7% in New Zealand.
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(UNODC Global Study on Homicide, 2013). In addition, there are significant demographical differences, particularly between the United States and New Zealand; the United States has a population of 318,546,374, and New Zealand has a population of 4,546,158 (Statistics New Zealand, 2013). Communities are significantly smaller in New Zealand than in the United States; social support and community reactions are likely to differ, and are likely to have varied implications on survivors’ outcomes. There are also varied Victim Support, government and Court procedures in place within each of these countries. With such disparities between populations, homicide rates, gun violence, government systems, Victim Support organisations and criminal justice processes, it is necessary to examine this particular population in New Zealand in order to gain perspective on the experiences of homicide survivors in this country.

Although empirically more difficult to measure than scores on psychological and physiological scales, subjective accounts from homicide survivors that explore all factors affecting their well-being would be valuable to government agencies and professionals working with homicide survivors. Areas in need of attention and improvement in New Zealand, as perceived by homicide survivors, are likely to be identified by such a study. Previous research may have overlooked issues that are important to homicide survivors, and an explorative approach would allow a sample of homicide survivors to raise issues and describe their experiences in their own words. Research exploring the unique experiences of homicide survivors in New Zealand in relation to grief recovery, coping strategies, finding meaning in life post-loss, and the inevitable involvement in media and criminal justice processes has potential benefit to our society. Without appropriate exploration and education on the topic as well as sufficient means of providing support, the systems in place to help homicide survivors in New Zealand are likely to be inadequate.
1.3. Research aims and structure:

The key aims of this research project were to identify the potential long and short-term effects of homicide survival in New Zealand, as well as positive or negative mediating factors that may have an influence on these effects. Semi-structured interviews were used in this study to allow a sample of homicide survivors from New Zealand to freely recall their homicide survival experiences, and identify factors that were helpful or unhelpful for them in their coping. Once data collection was completed, Thematic Analysis (Braun & Clarke, 2006) was then used to identify patterns and themes across the data. An illustration of this research project is provided in Figure 1.

**Figure 1: Flow Diagram of Research Project Structure**

Patterns concerning key issues of importance were identified by this sample, as well as systems and strategies that participants believed assisted or hindered their
coping post-homicide. The themes identified in this study could be further expanded on in further research, and ultimately could be used to educate professionals handling these sensitive cases in New Zealand.
2. Systematic Review

2.1. Process

A systematic review was performed to synthesise all relevant psychological literature on bereavement for the family members of homicide victims. All relevant literature was systematically identified, selected and critically reviewed, according to the Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) criteria (Moher, Liberati, Tetzlaff & Altman, 2009).

In accordance with the PRISMA guidelines, attempts were made to identify all research that met the pre-determined eligibility criteria, using systematic literature searches. A synthesis of all available and relevant literature on homicide survival was made by systematically presenting all screened and selected literature in terms of their theory and findings (Moher, et al., 2009).

The eligibility criteria for sourcing the literature were as follows: The full text must be available, and records must be in the English language. The subject headings and key words were homicide bereavement, homicide grief, homicide survivors, murder victim family. To search all relevant psychological literature systematically, online psychology databases were used, including PsycInfo (N=134), PsycArticles (N=6), PsycCritiques (N=6), PsycEXTRA (N=23), Psychology and Behavioural Sciences Collection (N=30), and ProQuest (N=152). Additional relevant databases searched were MEDLINE (N=42), Anthropology Online (N=7), Sociology (N=21) and Australian Criminology Database (N=5). Alternative sources were also searched; these were Voyager (N=15), Google Scholar (N=143) and book sections (N=12). Literature was also identified through reference lists of acquired literature (N=36), and a search was completed with the University of Auckland Psychology librarian to identify any literature that had been overlooked (N=10).
In total there were 642 citations identified in the initial systematic literature search. After the removal of duplicates ($N=83$), there were 559 citations available. Each of these citations was then screened for relevance to the topic of family members bereaved by homicide, with direct mention to bereavement by homicide in the title, abstract, or both. Studies that did not meet this criterion were excluded. Book reviews, magazine, and newspaper articles were also excluded due to their lack of academic basis. In total, 410 citations were excluded during initial screening, as they were irrelevant to this specific topic.

Full text eligibility screening was then conducted on the remaining ($N=149$) records. An eligibility checklist was devised specifically for this systematic literature review, following PRISMA guidelines (Moher, et al., 2009). This eligibility checklist was consulted during the full text eligibility screening process to minimise mistakes and bias in the literature selection. The full-text eligibility checklist is illustrated in Table 1.

**Table 1: Full-text eligibility checklist (modelled from Moher, et al., 2009)**

<table>
<thead>
<tr>
<th>CHECKLIST</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicidal grief/bereavement as main topics</td>
<td></td>
</tr>
<tr>
<td>Family members included as participants</td>
<td></td>
</tr>
<tr>
<td>Adult participants</td>
<td></td>
</tr>
<tr>
<td>Grounded in psychological theory</td>
<td></td>
</tr>
<tr>
<td>Quantitative and/or qualitative methods used to test theory</td>
<td></td>
</tr>
<tr>
<td>Full text</td>
<td></td>
</tr>
<tr>
<td>Culturally relevant</td>
<td></td>
</tr>
</tbody>
</table>

All literature was screened for eligibility by one researcher, so a risk of objectivity and validity bias is acknowledged. By following PRISMA guidelines
(Moher, et al., 2009) however, this risk of bias is likely to have been minimised.

Following full-text eligibility screening, 75 records were excluded, the reasons for which are illustrated in Table 2.

**Table 2: Records excluded from the Systematic Review with Reasons (modelled from Moher, et al., 2009)**

<table>
<thead>
<tr>
<th>Reason for exclusion</th>
<th>Number of records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not meeting criteria</td>
<td>37</td>
</tr>
<tr>
<td>Not relevant</td>
<td>24</td>
</tr>
<tr>
<td>Opinion piece/commentary</td>
<td>11</td>
</tr>
<tr>
<td>Religious/philosophical</td>
<td>3</td>
</tr>
</tbody>
</table>

Records that passed the full-text eligibility check were included in the following systematic literature review ($N=74$). Table 3 illustrates a breakdown of the records included in the systematic literature review.

**Table 3: Breakdown of Records Included in the Systematic Literature Review (modelled from Moher, et al., 2009)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journal articles</td>
<td>66</td>
</tr>
<tr>
<td>Books</td>
<td>3</td>
</tr>
<tr>
<td>Book sections</td>
<td>4</td>
</tr>
<tr>
<td>Theses</td>
<td>1</td>
</tr>
</tbody>
</table>

Figure 2 depicts the full literature screening process.
2.2. Terminology

There are two categories of victims in the case of a homicide; firstly, those who were murdered, and secondly, the family members and loved ones left behind (Hertz,
Prothrow-Stith & Chery, 2005). The group comprising the second category of victims are interchangeably referred to in current literature as homicide survivors, survivors, and co-victims. These terms will be used throughout this research project to refer to the immediate family members of homicide victims.

2.3. Homicide Survivors: Theory and Research

This chapter reviews all available literature on homicide survival. Current theories and research findings regarding the practical, psychological and physical impact of homicide survival are discussed, as well as current knowledge of appropriate treatments, interventions and coping mechanisms for this population.

3. Psychological and Physical Impact

Devastation, emptiness, and unbearable pain are terms frequently used by homicide survivors to describe their post-homicide experience (Morrall, Hazelton & Shakelton, 2011). Initial reactions to the news of a loved one’s homicide have been described as numbness, disbelief and bewilderment, followed by rage, directed toward the perpetrator or criminal justice system (Parkes, 1994).

3.1. Rage and Vengeful Ideation

Homicide survivors consistently report feelings of rage (Hatton, 2003), with significantly higher rates of vengeful ideation than for those grieving losses to accidents, suicides, or illnesses (Asaro, 2001; Armour, 2002; Hertz, Peach & Klass, 1987; Hertz, Prothrow-Smith & Chery, 2005). In the case of losing a family member to homicide, anger may be more easily directed at particular individuals and organisations, whereas with illnesses and accidents, anger has been described as more general (Wickie & Marwitt, 2001). For those grieving losses to suicides, natural deaths and accidents, it may easier to view the loss as what the deceased wanted, or
an act of fate, whereas with homicide this may be more difficult due to the intentionality and violence of the act (Baliko & Tuck, 2008).

3.2. Guilt

A feeling commonly reported by homicide survivors is that of guilt (Miranda, et al., 2010). Survivors frequently describe feeling guilt over the fact that they did not prevent the death of their loved one, or even that they themselves had continued to live (Hertz, et al., 2005; Kristensen, Weisæth & Heir, 2012; Mezey, Evans & Hobdell, 2002). In the case of home invasions or intra-familial homicides particularly, survivors have often reported feeling responsible for not foreseeing the murder, or not having done more to stop it from happening (Miller, 2009; Peach & Klass, 1987). Guilt is commonly reported by survivors regardless of whether they were present at the time of the murder or not (Gyulay, 1989). While guilt is a typical challenge in many forms of grief (Hatton, 2003), in the case of homicidal grief it may be more pronounced because survivors often report feeling that specific actions could have been taken to prevent the homicide (Matthews & Marwit, 2003). When ruminated over, these feelings of guilt could possibly lead to re-traumatisation or Complicated Grief (Aldrich & Kallivayalil, 2013). This pattern of guilt may allow homicide survivors to direct feelings of shock and anger at themselves, as they struggle to understand a seemingly senseless incident (Miller, 2009). Survivors may blame themselves to regain a sense of control that was damaged by the homicide (Hatton, 2003).

3.3. Bereavement

Societal expectations regarding “normal” periods of bereavement or “appropriate” amounts of grief do not commonly match the true experiences of homicide survivors (Aldrich & Kallivayalil, 2013). Danne-Miller (2002) found that
homicide survivors reported a disparity between public expectations of grief recovery and their own personal experiences. This disparity may result in survivors feeling obligated to restrain or suppress their grief within social situations to portray the impression that they are recovering (Baliko & Tuck, 2008). Adhering to social pressures of “getting on with things” or “moving on” has been argued to be potentially harmful for homicide survivors, as avoiding the emotional expression of grief has been linked to problems such as Complicated and Prolonged Grief (Hatton, 2003; Stroebe & Stroebe, 1991).

Klass, Silverman and Nickman (1996) developed the concept of Continuing Bonds between bereaved individuals and their deceased loved ones. The exact use and definition of Continuing Bonds varies between researchers, but the key concept is a bereaved individual’s personal perception of their continued connection to their deceased loved one (Klass, et al., 1996). This personal connection can be in various forms, for example sensing the presence of the deceased, writing letters to the deceased, or an emotional connection to the deceased’s belongings (Gassin & Lengel, 2014). As a concept, Continuing Bonds underlines the idea that the bereaved maintain a bond with their deceased loved one, and do not need to detach from or let go of the deceased. A new relationship is constructed with a lost loved one, under new circumstances (Gassin & Lengel, 2014). Klass, et al. (1996) argued that the newly constructed relationship with the deceased could develop and change over time, providing the bereaved with relief and comfort.

Research findings concerning the benefits of Continuing Bonds have been mixed. Quantitative studies have found links between Continuing Bonds and higher rates of mental distress (Datson & Marwit, 1997), yet other studies have generated results suggesting that Continuing Bonds is associated with positive coping (Steffen
It appears that different forms of Continuing Bonds may be a factor in these varied results. Gaining comfort through memories as a form of Continuing Bonds has been linked to positive adjustment over time, while sensing the presence of the deceased was correlated with poorer adjustment over time (Field, Nichols, Holen & Horowitz, 1999). Healthy forms of Continuing Bonds, such as finishing a project the deceased was working on, have been reported as helpful in developing a flexible, comforting relationship with the deceased (Gassin & Lengel, 2014).

The concept of Continuing Bonds has not been investigated in the specific case of homicide survival and may be an area in need of further investigation. Considering the disturbing, unjustifiable nature of homicide, and its associated trauma, the benefits of Continuing Bonds would need to be examined for this particular population.

Homicide survivors frequently report that typical grief frameworks, such as the Kubler-Ross (1969) stages of grief, do not fully encapsulate their unique circumstances (Hertz, et al., 2002). A grief model attempting to include homicide bereavement was devised by Rando (1995), with six “R” processes of grieving. These six processes are: recognising the loss, reacting to the separation, recollecting and re-experiencing the deceased and the relationship, relinquishing old attachments, readjusting to move adaptively into the new world without forgetting the old, and reinvesting in life. While this process can be used as a general grief model, there is a focus on coming to terms with event-related memories, a more difficult process for homicide survivors (Armour, 2006). Asaro (2001) elaborated on these six processes with the aim of helping homicide survivors to move through them. Throughout these six processes, the grieving individual should eventually: acknowledge the loss and its meaning, express feelings about the loss, describe the death’s circumstances, acknowledge that the relationship with the deceased has moved into a new form,
verbalise a changed view of the world, make plans for the future not involving the deceased, and redirect emotional energy into new areas (Asaro, 2001). As with Rando’s (1996) model, particular attention is made to the death’s specific circumstances, a major source of trauma for survivors (Asaro, 2001). Current literature acknowledges that homicide survival does not fall neatly into typical, more general grief models, focusing instead on more flexible and specialised models such as those shown above devised by Rando (1995) and Asaro (2001).

3.4. Complicated Grief

In comparison to bereavement by natural and accidental deaths, the duration and intensity of bereavement by homicide appears to be more severe (Armour, 2006). Complicated Grief, a form of bereavement described as intensified and on-going separation distress, impaired functioning, and an inability to move on following a loss, is commonly identified in homicide survivors (Currier, et al., 2006). Rando (1993) outlined three syndromes of Complicated Grief: problems in grief expression, distorted views, and problems with finding closure. Complicated Grief is a reaction to Stress Response Syndrome (a psychological condition caused by a traumatic event) and is associated with severe and long-term grief symptoms (Stretesky, Shelley, Hogan & Unnithan, 2010). Homicide survival fits into the concept of Complicated Grief because the horrific manner of death appears to inhibit mourners from moving through the important processes of resolving grief, resuming life and accepting the mode of loss (Armour, 2002).

Currier et al. (2006) performed a quantitative survey study (N=1723), and found that individuals grieving violent deaths reported higher rates of Complicated Grief symptomology than individuals grieving natural deaths, including sudden natural
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[90x796]deaths. Rynearson & McCreery (1993) found that in their sample, homicide bereavement was associated with high ratings on several standardised measures of grief severity and mental distress. McDevitt-Murphy et al. (2012) found that 54.5% of homicide survivors in their sample scored as positive on the Inventory of Complicated Grief (Prigerson, et al., 1995). The particularly disturbing nature of homicide may affect the meaning of the loss for survivors, which could in turn influence the way they grieve (Rynearson, 1984).

In the case of homicide survival, trauma and grief are intertwined. The intentional, preventable and violent mode of death, with the rage and guilt that follows, distinguishes homicidal grief from other forms of bereavement (Parkes, 1993). Recovery is often prolonged, as traumatic imagery can prevent the reflection necessary for adjusting to the loss (Armour, 2006). This interplay of trauma and grief is now referred to as Traumatic Grief, recognising the inevitable link between trauma and grief in homicide survivors (Morall, et al., 2011). Symptoms of Traumatic Grief include rage, vengeful ideation, social withdrawal, extreme guilt, loss of beliefs, and terror (Mezey, et al., 2002). These symptoms interrupt normal feelings of grief, making recovery more difficult (Armour, 2006; Freeman, Shaffer & Smith, 1996). Traumatic and Complicated Grief symptoms prevent the reconstruction of a meaningful post-death reality (Neimeyer, 2000).

3.5. Depression

The symptoms of Depression significantly overlap with the symptoms of bereavement in general (Miranda, et al., 2010). Research has found significant links between depressive symptoms and homicide survival in particular (Armour, 2006; Miller, 2009). These symptoms include: reduced interest or pleasure in all or most activities, depressed mood, sleeping problems, agitation, lack of energy, feelings of
worthlessness and guilt, an inability to concentrate, indecisiveness, and persistent thoughts of death (American Psychiatric Association, 2013). Kaltman and Bonanno (2003) found that in their sample, those grieving violent losses had significantly higher rates of depressive symptomology than those grieving natural deaths.

Losing a loved one to homicide is intensely traumatic (Currier, Holland & Neimeyer, 2006), and studies have found links between traumatic life events and Clinical Depression (Penza, Heim & Nemeroff, 2006). Amick-McMullan, Kilpatrick, and Resnick (1991) diagnosed 25% of a sample of 206 homicide survivors with Clinical Depression. Kaltman and Bonnano (2003) found that those grieving natural deaths showed a decline in depressive symptoms over 25 months, while those grieving violent deaths consistently reported depressive symptoms over the same period of time. Homicide survivors appear to be at a higher risk than other grievers of developing Clinical Depression, yet diagnoses and interventions would be difficult due to the similarities in symptoms between Depression and bereavement itself (Miranda, et al., 2010).

3.6. Gender differences

As with other forms of grief, studies have found gender differences in grieving style for homicide survivors (Goodrum, 2008; Mezey, et al., 2002). Research has found that male grievers are significantly more likely to exhibit aggressive behaviours than females, whereas female grievers more frequently exhibit social withdrawal, anxiety and Depression (Janoff-Bulman & Hanson-Frieze, 1987; Kenney, 2003). Females have been found to report more psychological disturbance following the homicide of a family member, with Murphy, Johnson and Chung (2003) finding higher levels of Posttraumatic Stress Disorder (PTSD) symptoms in homicidally bereaved mothers compared to homicidally bereaved fathers. Additionally, Wickie
and Marwit (2001) found that being female was predictive of higher self-reported grief intensity. Both of these studies used self-report as measurement, and one possible explanation of these findings may be a gender difference in willingness to disclose grief symptoms. Men have been found to seek help and report grief symptoms less than women, leading to a common perception that women grieve more intensely than men (Kenney, 2003).

The increase in aggression reported by male survivors may be the result of males feeling caught between grief and guilt over their perceived inability to protect their family member, and a perceived need to present as strong (Kenney, 2003). This gender-specific need for males to present as strong is also a possible cause of men reporting fewer grief symptoms and seeking help less frequently than women. This reported tendency to repress the expression of grief is also likely to be related to the stress-related health effects found more commonly in men grieving a loss to homicide, such as gastrointestinal and heart problems (Miller, 2009). It is not clear in current literature whether these gender differences are more pronounced in homicide survivors, or whether there are consistent gender differences across all forms of grief.

A common feature of losing a family member to homicide is a decrease in marital satisfaction (Murphy & Johnson, 2003). Murphy et al. (2010) found that parents grieving a loss to homicide rated their marital satisfaction significantly lower than did parents grieving losses to accidents or suicides. Gender differences in dealing with homicide survival specifically may to lead to communication difficulties, as the preventable nature of the loss and commonly perceived gender role of males as strong family protectors may result in an unwillingness of males to discuss the event (Parkes, 1993). Guilt may also play a part in decreasing marital satisfaction, with both parties
blaming themselves, yet being unable to communicate effectively or to support one another due to gender differences in grieving styles (Parkes, 1993).

3.7. Health effects

The distress caused from losing a family member to homicide appears to have physical, as well as emotional symptoms. For homicide survivors, health appears to be affected early in the experience, and may in some cases be related to shock (Miller, 2009). Negative health effects consistently reported by homicide survivors include: heightened startle responses, panic, appetite and sleep instabilities, chronic pain, headaches, gastrointestinal issues, dizziness, sexual dysfunction, cardiovascular disorders, and reduced resistance to infections (Armour, 2002; Clements & Burges, 2002). A significant proportion of homicide survivors die in the first few years post-homicide (Miller, 2009) although this has been found in all forms of bereavement (Hart, Hole, Lawlor, Smith & Lever, 2007). Anxiety and Depression, which are common in homicide survivors (Armour, 2003), have been found to predict negative health outcomes such as cancer, heart problems, high blood pressure, and negative eating habits (Prigerson et al., 1997). Kenney (2003) found that homicide survivors were significantly more prone to stress-induced heart problems and early death when compared to a normative sample.

Trauma, a key feature of losing a family member to homicide, has been linked to negative health effects, an increase in self-reported health problems, and mortality (Hertz, et al., 2005). Many of the negative health effects reported by homicide survivors are linked to hyperarousal: increased psychological and physiological tension (Williams, Burke, McDevitt-Murphy & Neimeyer, 2012). Hyperarousal is a key feature of PTSD, a syndrome commonly diagnosed in the population of homicide survivors (Miranda, et al., 2010).
3.8. Posttraumatic Stress Disorder

Physical and psychological symptoms reported by homicide survivors often align with those of Posttraumatic Stress Disorder (PTSD) (Freeman, Shaffer & Smith, 1996; Miller, 2009). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) has now expanded the definition of a “traumatic event” in PTSD to include indirectly experienced events, such as homicide survival, acknowledging how deeply traumatic an event can be without direct involvement (American Psychiatric Association, 2013). There are four symptom clusters defined in PTSD diagnostic criteria in the DSM-5: a) re-experiencing the traumatic event, b) avoidance, c) negative alterations in mood and cognitions, and d) hyperarousal (American Psychiatric Association, 2013). Homicide survivors have been found in previous research to show symptoms meeting PTSD criteria (Murphy, et al., 2010). The symptom of re-experiencing can be a conscious reliving of a traumatic event, or can also occur in nightmares and vivid mental imagery. Survivors commonly describe both of these forms of re-experiencing (Morrall, et al., 2011). Other persistent symptoms of PTSD include increased startle responses, sleep difficulties, outbursts of anger, concentration problems, hypervigilance, impairment of social functioning, and triggers (stimuli related to the trauma that result in reliving or re-experiencing the event) (Hertz, et al., 2005). Homicide survivors commonly report these symptoms, and avoidance of homicide-related stimuli (Hertz, et al., 2005).

Links between PTSD and homicide survival are consistently identified in current literature (Zinzow, et al, 2011). In quantitative studies, Murphy et al. (2010) and Kessler, Sonnega, Bromet, Hughes and Nelson (1999) found that significantly higher rates of homicide survivors met PTSD diagnostic criteria in comparison to
those grieving accidents or suicides. Zinzow et al. (2011) found that in their sample of homicide survivors, 15% met full PTSD symptom cluster criteria, in comparison to victims of other violent crimes (8%). McDevitt-Murphy, Neimeyer, Burke, and Williams (2012) found that 18.5% of homicide survivor participants screened positively for PTSD.

Amick-McMullan et al. (1991) found in a survey that 23% of homicide survivors in their sample reported having been diagnosed with full PTSD at some point since the homicide, and 50% reported PTSD symptoms. Freedy, Resnick, Kilpatrick, Dansky, and Tidwell (1994), using structured telephone interviews, found that the lifetime prevalence of PTSD was greater for homicide victims in comparison to physical assault and sexual assault victims. In a longitudinal study, Murphy, Johnson, Chung and Beaton (2003) found that five years post-death, three times as many female homicide survivors (27.7%) and twice as many male homicide survivors (12.5%) met PTSD criteria than those from normative samples. These high rates of PTSD in homicide survivors may be partially explained by the fact that survivors must cope with grief, but also with the violent and sudden nature of the loss, resulting in a combination of grief and trauma (Zinzow, et al., 2011).

4. Justice system and Media

Unique features of homicide survival include the added presence of legal and criminal justice processes, and the associated media attention (Gyulay, 1989). Homicide survivors report feeling ignored and unsupported as legitimate mourners in the Court process, and side-lined by societal agendas (Miranda, et al., 2010). Homicide appears to be considered an offence against the state rather than against a family (Peach & Klass, 1989). The needs of victims’ families become secondary to those of the state, leaving homicide survivors feeling insignificant and disempowered.
FAMILY MEMBERS OF HOMICIDE VICTIMS 21

(Bucholz, 2002). Armour (2002) found that many homicide survivors reported feeling marginalised and neglected by criminal justice officials, with no control over their circumstances.

Information is often withheld from family members, either due to the information being important for the prosecution’s case, or in circumstances where the family members are suspects (Armour, 2002). Homicide survivors commonly report finding more information from news coverage and word of mouth than from criminal justice officials (Gyulay, 1989; Asaro, 2001). Baliko and Tuck (2008) found that homicide survivors believed that better communication from professionals would have helped them through the legal process. Freeman, Shaffer and Smith (1996) found that families reported feeling they were of a low priority within the criminal justice system. Being deprived of information during this process appears to result in survivors feeling they are being treated like random citizens, rather than legitimate grievers involved in the case (Riches & Dawson, 1998).

Homicide survivors are often exposed to intrusive media coverage. While survivors have been found to report some positive relationships with media professionals (Guylay, 1989), the media’s portrayal of homicides is often skewed, biased or inflated, again side-lining what the tragedy means for survivors (Miller, 2009). Parkes (1993) found that many survivors felt harassed and intruded upon by media sources. While beginning to process their loss, homicide survivors are likely to confront pictures of the deceased in various news outlets, along with details of the homicide (Asaro, 2001). The non-confidentiality of the media may leave families feeling robbed of their privacy to grieve (Clements & Burgess, 2002).

Dissatisfaction with the legal process is documented in numerous studies (Sprang & McNeil, 1995). Survivors have reported feeling that the justice system
focused more on the criminal’s rights and legal processes than on penalising the perpetrator or the welfare of survivors (Miranda, et al., 2010; Peach & Klass, 1987). Survivors are exposed to gruesome details about the murder in Court (Gyulay, 1989), which can result in survivors re-experiencing the trauma created by the original loss (Wickie & Marwitt, 2001). Exposure to visual images of the murder in Court can also prolong the grieving process (Baliko & Tuck, 2008; Morrall, et al., 2011). Survivors report feelings of anger and frustration towards the criminal justice system and report finding it easier to move on once trials had ended (Danne-Miller, 2002).

5. Coping Mechanisms

5.1. Meaning-making

The trauma of homicide damages the assumptions and meaning systems that previously allowed survivors to feel safe, confident, and optimistic in the world around them (Armour, 2002; Murphy et al, 2010). Janoff-Bulman (1985) identified three basic assumptions that are likely to be damaged following a traumatic event: personal invulnerability, a belief that the world is meaningful, and a positive view of self. For homicide survivors, their faith in the world as a safe and orderly place is shattered (Clements & Burgess, 2002). Homicide is an unjustifiable event for survivors; recurring questions for survivors of “why?” and “why him/her?” result in difficulties accepting the death and in feeling secure in the world post-loss (Asaro, 2001).

The term “assumptive world”, conceptualised by Parkes (1975) now can be used to explain the way that the trauma of homicide survival challenges assumptions about the world that would otherwise have remained intact (Wickie & Marwitt, 2001). Meaning-making or sense-making processes, described as finding meaning through
constructing a coherent narrative that incorporates the death and a search for purpose in life, are important for survivors to cope with this changed view of the world created by homicide (Armour, 2006). Meaning-making can be described as how a traumatic experience fits into survivors’ assumptive world view (Currier, et al., 2006). Meaning-making can also be seen as developing a subjective understanding of a loss that helps an individual to cope (Currier et al, 2006).

In a qualitative study, Murphy et al. (2010) found that survivors who reported finding meaning had better outcomes than those who did not on scales of mental distress, marital satisfaction, and physical health status. Holland and Neimeyer (2010) found that for homicide survivors, meaning-making achievement, measured by a one-item questionnaire, accounted for more variability in disbelief, anger, yearning, Depression and acceptance than did the length of time passed since the homicide.

Meaning-making may be more difficult in homicide survival compared to other forms of grief, due to the intentional, irrational and disturbing nature of homicide (Rynearson, 2001). For survivors, reflection on the manner of death would be more difficult due to its traumatic nature (Rynearson, 2001). Currier et al. (2006) found that violent losses predicted lower reports of meaning-making in homicide survivors compared to griever of unexpected natural deaths and suicides. In a quantitative study by Lichtenthal et al. (2013), over half of those grieving violent deaths reported finding no meaning in the loss, compared to less than a third of those grieving non-violent deaths. In Murphy and Johnson’s (2003) longitudinal sample, homicide survivors reported achieving less meaning-making than did suicide and accident survivors. There were no reports of finding meaning four months post-loss for homicide survivors, and only 12% of homicide survivors reported finding meaning
one year post-loss.

Currier et al. (2006) outline the meaning-making process as follows: individuals apply their own world beliefs to the loss experience, a loss can violate these beliefs, and personal meanings must be adapted to make sense of the loss. The process of meaning-making involves combining a pre-loss identity with a post-loss reality (Currier et al, 2008; Klass, 1993). Managing bereavement and re-investing in life may require changes in assumptions about the world (Janoff-Bulman, 1989). For homicide survivors who report achieving meaning-making, common themes are: actively pursuing a chosen purpose in life, and prioritising what matters most (Armour, 2006). Activism is common in this population, possibly due to survivors finding meaning in preventing what happened to them from happening to others (Armour, 2002).

These findings on meaning-making for homicide survivors have all been taken from samples in Western countries. Meaning-making appears to be a significant coping process for western cultures, yet this may not be the case for others. Cross-cultural studies on meaning-making in homicidal grief would be necessary to generalise these results. Additionally, external influencing factors on meaning-making achievement have not yet been explored.

5.2. Support Groups

Previous studies have examined interventions that may enhance homicide survivors’ ability to cope (Miller, 2009). Danne-Miller (2009) found that homicide survivors identified advocacy and support groups as the most effective coping strategies. Support groups may be helpful for homicide survivors because they offer a safe environment in which to express emotions, assign blame and have ideas validated by others experiencing similar hardships (Armour, 2006). Support groups have been
reported by survivors to build a sense of community with empathetic others, normalise experiences, and to develop coping strategies based on the experiences of other survivors. In time, homicide survivors may become role models and advisors to new members, which is likely to develop a sense of purpose or meaning (Armour, 2006; Miranda, et al., 2010).

Communicating with and observing others who are further along in the process of adjustment may generate feelings of hope for new homicide survivors in support groups (Asaro, 2001). Support group participation may be a uniquely effective way to reduce social alienation and stigma among survivors, as homicide survivors feel both marginalised and stigmatised by the media and the legal system (Hatton, 2003). While feelings, fears and frustrations are normalised in support groups, the uniqueness of each person’s pain is also acknowledged (Aldrich & Kallivayalil, 2013). Murphy and Johnson (2003) found that support group participation was the most significant predictor of meaning-making in their sample of homicide survivors. Armour (2006) also identified support group interaction as the most helpful step in the recovery process for homicide survivors, as reported by survivors themselves.

5.4. Interventions

Current literature suggests that the aim of interventions for homicide survivors should be to overcome issues and obstacles characteristic of their unique experience (Riches & Dawson, 1998). These obstacles appear to be: severe and on-going trauma, involvement in the justice system, social pressures, guilt, anger, and the struggle to find meaning post-loss (Armour, 2006). A combination of approaches is likely to be helpful, with crisis intervention minimising PTSD reactions, and bereavement counselling decreasing the immediate and long-term effects of homicide (Freeman, et
Interventions can teach and reinforce skills that enable calming, such as relaxation techniques (Rynearson & McCreery, 1993). Skills in relaxation can alleviate the physical symptoms reported in homicide survivors related to hyperarousal and PTSD (Miller, 2009). Clinical interventions often aim to help survivors understand and put into perspective rage and guilt, manage and provide skills for grief reactions, strengthen existing relationships, and eventually help survivors to view their losses as bearable, permanent changes (Miller, 2009). Telling the story is likely to help begin the grieving process; with the mode of death being of particular importance to this population, it must be addressed (Asaro, 2001). Creating therapeutic narratives could possibly result in an adjustment to the disturbing form of loss, expression and release of anger, and meaning-making (Miller, 2009).

Interventions that aim to strengthen the family as a unit can help individual members to feel supported and more prepared for future challenges related to the homicide, such as media attention, appeals and Court appearances (Armour, 2003). Interventions must focus on PTSD reactions, Depression, grief symptoms, death circumstances, prior trauma history, and subjective reactions to the homicide (Kaltman & Bonanno, 2003).

Group counselling may be an effective form of treatment for survivors. As with support group attendance, group counselling could result in a decrease in feelings of isolation for survivors, an increase in feelings of social support, and provide opportunities to learn about criminal justice proceedings from others who have been through the same experience (Miranda, et al, 2010). Group counselling may provide an appropriate setting to relieve stress and air grievances while a professional listens and provides feedback, encourages personal narration, validates feelings and
emotions, and encourages flexible grief exploration (Miranda, et al., 2010).

Research findings indicating that criminal and legal processes are likely to cause added stress for survivors suggest that interventions aiming to educate and inform survivors on these processes may be helpful (Armour, 2006; Baliko & Tuck, 2008). Research into the support systems and interventions within the culture of the criminal justice system is necessary to identify areas in need of improvement (Richies & Dawson, 1998). Further research could follow survivors from the initial point of Police contact to reduce selection bias, as many of those reporting negative experiences within the criminal justice system may be more likely to participate in research (Mezey, et al., 2002). It is clear that survivors need recognition in legal and criminal justice systems as legitimate crime victims (Armour, 2002), and current research suggests that these requirements are not being met.

6. Gaps in Current Research

There are several limitations to the previous research on homicide survivors presented in this review. It is likely that when measuring post-loss outcomes, intervening variables have been overlooked (Hibberd, Elwood & Galovski, 2010). Variables such as whether or not survivors were suspects in the case, the motive of the homicide, the circumstances of the homicide, exposure to or level of homicidal violence, and whether the homicide was extrafamilial or intrafamilial are likely to contribute to survivors’ outcomes (Miranda, et al., 2010). These potentially influencing factors specific to homicide survival have not yet been investigated in current research (Hibberd, et al., 2010).

Additionally, general bereavement issues may compound these intervening variables. The nature and closeness of a survivor’s relationship with the deceased is
likely to have an impact on grief severity (Allen, 1991). Sprang and McNeil (1995) have suggested that spousal loss resulted in the most severe levels of distress, while other studies argue that parents who lost a child experienced more severe grief responses than all other relatives (Farrugia, 1996). It is likely that all first-degree family members are deeply affected by a loss, yet the level of meaning placed on these relationships is likely to affect grief responses (Miranda, et al., 2010). Financial repercussions of the loss, and resulting changes in family dynamics are also likely to mediate outcomes (Hertz, et al., 2005). These issues that cut across all forms of bereavement should be considered also when examining the outcomes of homicide survivors, in conjunction with the unique pressures of homicide survival, and the interaction between these factors.

Currently, few generalisations can be made from homicide survivor research, with minimal longitudinal studies or multiple outcomes examined in one study (Murphy, et al., 2010). Increased longitudinal research could identify potential long-term effects, commonalities in the experience, and factors that reduce the period of time before survivors feel they are moving forward with their lives (Murphy, et al., 2010). Opportunistic samples, characteristic of the small and sensitive sample of homicide survivors, may not be representative of the population (Mezey, et al., 2002). Many survivors would be resistant to participating in research or receiving treatment, leaving a large number of survivors unstudied (Rynearson & McCreey, 1995). Treatment seekers, and those participating in support groups, are more likely to be those willing to participate in research, which may have influenced the results of the studies presented in this review. Future research could examine the outcomes of survivors participating in support groups in comparison to those who are not.
When measuring psychological outcomes for survivors, further research is necessary to assess the potential effects of outside influences. Prior trauma history is likely to have an impact on these outcomes, as well as social networks, family functioning, support availability and financial stability (Kaltman & Bonanno, 2003). Survivors have reported negative physical health outcomes (Clements & Burges, 2002), but research has not yet measured the long-term physiological signs, or the factors that mediate this relationship, such as financial and stress effects on eating habits, sleep patterns or substance and alcohol abuse (Hertz, et al., 2005).

Survivors report support group attendance as a helpful coping strategy (Danne-Miller, 2009), yet qualitative studies have not yet documented in detail how and why survivors find support groups helpful. Further qualitative research could develop a better idea of how support groups may be seen as helpful by homicide survivors in particular. More controlled intervention studies could compare support group outcomes, as perceived by survivors themselves, with those of solo counselling and other treatments (Murphy, et al., 2010). Intervention studies for survivors should look further into factors affecting well-being, particularly those that can be adjusted by interventions, such as family functioning (Baliko & Tuck, 2008). Programmes available to survivors require clear documentation and assessment, along with services offering information on the legal and criminal justice proceedings (Armour, 2002). Future qualitative studies could address survivors’ perceptions of their needs over time and their subjective experience of interventions (Baliko & Tuck, 2008).

A large amount of the literature available on homicide survival is quantitative research using survey techniques. Self-report survey measures can be problematic because answers may be oversimplified, categorising a very broad and diverse range of outcomes. Within such a restrictive survey structure, issues that are important to
survivors may go ignored. Quantitative studies addressing meaning-making for example may simply ask survivors to answer yes or no to questions such as whether they found meaning in a loss, when answers are likely to be more complicated (Currier, et al., 2006). It has been suggested that there are different facets to meaning-making, such as religious meaning-making, and these different facets could be related to different outcomes (Gillies & Neimeyer, 2006). More developed measures of meaning-making would reduce this limitation, as would the collection of rich, qualitative data.

In terms of capturing a richer account of survivors’ experiences, their perceptions of meaning-making and other outcomes, qualitative research may be more useful. The highly subjective nature of qualitative research looks past quantitative data to interpret instead the personal perspectives and narratives of participants (Danne-Miller, 2003). Qualitative data can complement data gained by previous quantitative research by expanding on objective, numerical data and providing subjective and detailed information on homicide survivors. Qualitative research can provide perspectives, further insights, and a better understanding or expansion of objective, quantitative data. Depth and detail can be achieved through qualitative research, as it would allow homicide survivors to describe their own experiences, behaviours and feelings, in their own words (Braun & Clarke, 2006). Qualitative interviews can encourage participants to open up new topic areas not previously considered or measured by quantitative methods.

By generating qualitative data that are similar to results of other quantitative studies, there is a possibility of triangulation, or the confirmation of findings by different methods (Currier, et al., 2006). Triangulation provides a widely used approach to data validation in qualitative research. Broadly, triangulation involves the
replication of data when one or more characteristics of research have been changed, such as with different samples (data triangulation), different investigators (research triangulation), different approaches (method triangulation) and so on. By achieving triangulation, the validity of quantitative results can be improved. Because there has been little qualitative research performed on the topic of homicide survival, there may be important issues for this population that have been overlooked by more structured survey and questionnaire formats.

7. Summary of Findings

This chapter has provided a Systematic Review of current theoretical frameworks, research findings and proposed interventions with respect to homicide survival. Although current literature is limited, there is evidence that homicide survival is a particularly challenging form of bereavement (Asaro, 2001).

In the current literature, feelings most commonly reported by homicide survivors are: rage, devastation, vengeful ideation and guilt (Morrall, et al., 2011; Miranda, et al., 2010). While guilt and rage are common in many forms of grief, these feelings may be compounded in homicide survival due to the violent, intentional nature of the loss (Matthews & Marwit, 2003). Excessive feelings of guilt can lead to a re-traumatisation for homicide survivors (Aldrich & Kallivayalil, 2013).

Typical timetables and conceptual models of grief do not capture the full breadth of homicide survival, with many survivors reporting differences between societal expectations of recovery and their own experiences (Danne-Miller (2002). Many symptoms of homicide bereavement overlap with those of Depression (Kaltman & Bonanno, 2003), with studies identifying depressive symptoms in survivors (Amick-McMullan, et al., 1991; Currier, et al., 2006).
Gender differences in homicide bereavement are reported, as with other forms of grief (Mezey, et al., 2002). Males appear to express their grief aggressively, whereas females appear to withdraw (Kenney, 2003). Being female is associated with poorer psychological outcomes for homicide survivors, yet this may be due to reluctance in males to disclose symptoms (Kenney, 2003).

Recent studies have recorded negative health effects in homicide survivors (Clements & Burges, 2002). Many of the health effects reported by homicide survivors such as dizziness, gastrointestinal and cardiovascular issues are symptomatic of PTSD, a disorder frequently diagnosed in this population (Williams, Burke, McDevitt-Murphy & Neimeyer, 2012; Zinzow, et al., 2011).

A unique feature of homicide survival appears to be severe stress and re-traumatisation caused by the criminal justice process (Miranda, et al., 2010). Current literature shows that survivors consistently report feeling marginalised by criminal justice officials due to homicide being considered the state’s issue rather than their own (Bucholz, 2002). Media coverage, and a lack of information provided during the legal process, often result in survivors feeling they have no right to grieve in private (Miller, 2009). Research into how the criminal justice system could be improved to incorporate support for survivors is necessary (Richies & Dawson, 1998).

An inability to find meaning in a loss is consistently linked with poorer emotional outcomes (Murphy, et al., 2010). Current research suggests the process of meaning-making is more difficult for homicide survivors than for other grievers (Murphy & Johnson, 2003) due to the traumatic nature of the death and further re-traumatisation by the Court process (Wickie & Marwitt, 2001). Studies documenting meaning-making in homicide survivors suggest that pursuing a new chosen purpose in life is a useful source of finding meaning (Armour, 2002).
Survivors have identified activism and support groups as effective coping strategies (Danne-Miller, 2009). By connecting with others enduring similar experiences, survivors can learn about Court processes, normalise their feelings, and reduce feelings of isolation (Miranda, et al., 2010). Interventions involving mixed approaches, addressing PTSD symptoms, prior trauma history, grief recovery, death circumstances and the specific effects of the legal system are suggested for this population (Armour, 2003; Kaltman & Bonanno, 2003).

There are limitations to the findings in current literature. Participants in current research may not be representative of the population; those willing to participate in research are likely to also be those willing to seek treatment (Rynearson &McCreey, 1995). A large amount of current research is correlational in design; mediating factors for outcomes are likely to be overlooked. The quantitative studies in this review largely use survey techniques, which can oversimplify answers with a yes/no format (Gillies & Neimeyer, 2006). Further qualitative research is needed to gain detailed insights into the specific challenges involved in homicide survival and identify areas for further research.
8. Research Rationale

This chapter outlines the research rationale used to explore the experiences of homicide survivors in this study. Qualitative, cross-sectional data were gathered to examine the subjective experiences of the participants and identify factors that may have implications for future interventions and research. A sample of homicide survivors (N=12) completed individual, semi-structured interviews, in which they were asked to describe their experience of losing a family member to homicide.

8.1. Qualitative approach

The theoretical objective of this research was exploration, rather than testing. Qualitative data collection was used, as it better suited the explorative investigation of homicide survivors’ subjective experiences. Homicide survivors are a small population in New Zealand; non sequitur, small numbers would mean that generating summary statistics on this group, as is common in many quantitative studies, would be of little value. Additionally, of the twelve participants interviewed in this study, there were ten separate homicide cases studied; independence of observations would not be possible to justify statistical inference. This study aimed to explore the individual experience of losing a family member to homicide, and identify issues of importance to these individuals. Descriptive accounts from these participants were more likely to provide detailed insights.

8.2. Ethics

Homicide survival is a sensitive topic; attempts were made by the researcher to address all questions and subject matter sensitively. The University of Auckland Human Participants Ethics Committee granted ethics approval for this project (see Appendix A).

8.3. Research Questions
Three key research questions drove the research. The questions asked in the semi-structured interviews did not directly correspond to these research questions:

What are the cognitive, emotional and physical effects of having a family member murdered?

In what way do these different effects vary across individuals?

Are there any indicators of what might account for such variations?

8.4. Thematic Analysis

Thematic Analysis identifies, analyses and reports patterns of meaning (themes) across a data set (Braun & Clarke, 2006). Clear description of the process and practice of analysis method is vital in qualitative analysis, to allow evaluation of the research and comparison to other studies (Braun & Clarke, 2006). Unlike Interpretative Phenomenological Analysis or Conversation Analysis, Thematic Analysis is not linked to a specific methodological framework, so can be used with more flexibility. This flexibility was particularly appropriate for this study, due to the limited existing theoretical framework available on homicide survival in current literature.

In Thematic Analysis, the importance of a theme is not found solely in its prevalence across a data set but also its relation to the overall research question driving the research (Braun & Clarke, 2006). In this study, data were coded for the specific key research questions shown above. Attempts were made to avoid coding data specifically to fit into the writer’s analytic preconceptions (Braun & Clarke, 2006). Patterns of semantic content were identified and summarised, then attempts
were made to theorise the significance, broader meanings, and implications of these semantic patterns.

Semi-structured interviews are useful in data collection for Thematic Analysis because participants are given the opportunity to recount their experiences freely. In a semi-structured interview setting, the researcher also has flexibility to build rapport and use responses that are sensitive to the needs of each participant (Smith & Osborn, 2003). When examining semi-structured interview data, Thematic Analysis explores participants’ subjective accounts of experiences and what the experiences mean to them. Thematic Analysis represents both the reflection of the participants, and the active interpretation of the researcher (Braun & Clarke, 2006).
9. Method

This chapter details the methodology of this study, in which twelve homicide survivors took part in semi-structured interviews recalling their experience of losing a family member to homicide. Descriptions are provided of the recruitment process and the participant population, followed by an account of the semi-structured interview procedure and thematic data analysis.

9.1. Participant recruitment

Participants were recruited from a sample of homicide survivors from New Zealand. Email invitations, including detailed participant information sheets and consent forms were sent to approximately thirty homicide survivors (see Appendices B and C). Emails were sent through a third party, The Sensible Sentencing Trust (a charitable trust with the specific purpose of supporting victims of serious violent and/or sexual crime and homicide), to protect participant confidentiality. Twenty homicide survivors responded, contacting the researcher by email, and provided the researcher with signed consent forms. Through email, potential participants were asked: their name, age, relationships to the deceased, and their current area of residence (See Appendix D). The questions regarding participants’ ages and relationships to the deceased were asked to allow the researcher to select a range of individuals. The question regarding participants’ current area of residence was asked to establish a schedule for the researcher to travel to meet them, or if traveling to meet each of them would be possible. After twelve interviews had been completed, further interviews were declined, as there was evidence of data saturation.

Attempts were made to represent variety in this sample; brothers, sisters, fathers and mothers of homicide victims were each represented, and there were varied lengths of time passed since each homicide had occurred. A purposive sampling approach
was used in this study, in part due to the small number of homicide survivors in New Zealand, and also due to the sensitive nature of this population. Purposive sampling prioritises cases likely to provide valuable insights and rich information (Patton, 2002). The unavoidable influence of volunteer bias on this sample is acknowledged, yet the self-selection of homicide victims willing to recount their experiences in detail was critical for the explorative aims of the study.

9.3. Data Analysis

The researcher transcribed the digital recordings collected during the interviews. During transcription, initial ideas were noted, as suggested by Braun and Clarke (2006). Following transcription, the researcher read each transcription several times, and checked for accuracy by listening to the recorded interviews while reading each transcription. This process of transcription, noting ideas and re-reading of data is described as “data familiarisation” by Braun and Clarke (2006).

The data were coded to identify common features and patterns in the data relevant to the research question. The entire data set was given equal attention, to consider repeated patterns within the data (Braun & Clarke, 2006). Once coding was completed, initial themes were then identified. Wider themes were conceptualised to incorporate various codes that appeared to be similar, or that addressed similar aspects within the data. Every code was incorporated into a potential theme.

As outlined by Braun and Clarke (2006), a thematic map was then developed to review the potential themes. Each theme was checked for relevance both to the coded extracts, and to the three wider research questions. Coded extracts were then organised into a pattern within each theme, with several potential themes being discarded on the basis of not having enough data to support them. The validity of each theme in how it reflected the data set as a whole was considered through re-reading of
the data, and checking for overlooked extracts or meanings (Braun & Clarke, 2006). A final thematic map was then completed, which outlined each theme, how the themes fitted together, and the overall narrative of the data (Braun & Clarke, 2006).

Seven key themes were then defined and named. A brief description then identified what was interesting and distinctive about each theme, and why. Twenty sub-themes were also identified to provide structure to the seven key themes. Each theme was paired with an accompanying analysis. A narrative was developed within each theme, and then within the context of the overall data set (Braun & Clarke, 2006). An external assessor checked the themes for validity, resulting in a consistency rating of 91%. Relevant extracts were selected for the final analysis, and the analysis was then placed within the context of the research questions (Braun & Clarke, 2006).
10. Results

This chapter outlines the findings of the semi-structured interviews. Twelve participants were interviewed between 15 May and 10 July 2014 to provide detailed, qualitative data exploring the various experiences and perceived effects of homicide survival. A descriptive overview of these interviews is provided in this chapter. Seven key themes were identified using Thematic Analysis, which are summarised in Figure 3, then elaborated on in detail. Verbatim excerpts are provided to support these identified themes. Participants’ names, victims’ names, and other identifying details have been left out or disguised, unless participants indicated they could be included.

10.1. Participants

Participants are referred to in this study as Persons A-L. The participants included six males and six females. Their ages ranged from 30-80 years, with a mean age of 58.42 years and a median of 61 years. Four of the participants were mothers, five were fathers, two were sisters, and one was a brother of the deceased individuals. Between the twelve participants, there were ten different homicide cases. For this reason, and due to the small sample size, the researcher did not specifically enquire about ethnicity.

10.2. Key Themes

The central aim of this study was to identify and explore potential long and short-term effects of homicide survival, and possible mediating factors of these effects. The seven key themes identified in interview data were: Emotional Challenges, Heath Effects, Attitude Changes, Relationship Changes, Re-Traumatisation by the Justice System, Importance of Information and Support, and Finding Benefits. Figure 3 illustrates these key themes and their sub-themes.
Figure 3: Key Themes in Interview Data

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<thead>
<tr>
<th>Emotional Challenges</th>
<th>Initial period of confusion</th>
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<tr>
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<td>Rumination over lost opportunities</td>
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<td></td>
<td>Presenting a façade of calmness</td>
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<td>Health Effects</td>
<td>Symptoms</td>
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<td></td>
<td>People “dying of “broken hearts”</td>
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<tr>
<td>Attitude Changes</td>
<td>Life changed forever</td>
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<td></td>
<td>Newfound lack of tolerance</td>
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<td>Changed view of the world</td>
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<td>Relationship Changes</td>
<td>Strain</td>
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<td></td>
<td>Marital satisfaction</td>
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<td>Re-traumatisation by the Justice System</td>
<td>Prioritisation of Offender’s rights</td>
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<td></td>
<td>Stress</td>
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<td></td>
<td>Lack of information</td>
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<td>Media</td>
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<td>Importance of Information and Support</td>
<td>Police</td>
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<td>Support groups</td>
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<td></td>
<td>Community support</td>
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<td></td>
<td>Victim Support</td>
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<td>Finding Benefits</td>
<td>Advocacy</td>
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</tbody>
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11. Emotional Challenges

For the participants of this study, there was evidence of emotional effects, both initially and on-going post-homicide.

11.1. Initial Period of Confusion

A challenging combination of shock, grief, and the unthinkable nature of the loss are likely to contribute to what participants in this study commonly described as
confusion, or an inability to think straight in the initial period following the homicides:

> When it first happens, you go into a state of shock, you have no idea about anything, you’re too busy trying to get your brains around the fact that somebody has murdered your daughter. Your brains turn to mush (Person C).

Another participant found he could not recall many details of the initial period following the loss, signifying a period of intense shock, and again an inability to think clearly:

> I was in another world I suppose. Completely shattered. I just couldn’t think straight at all (Person I).

Elaborating on this period of numbness and inability to think clearly, one participant indicated that the grieving family busied themselves with the various tasks required following a loss of this nature:

> To be honest, I don’t think my brain started working again for probably a year, as in being a constructive useful person. We were just so busy picking up the pieces (Person B).

It appears that this described inability to think straight is a short-term effect of homicide survival, characterised by a numbness and slowness of thought. One participant described a sense of numbness lasting for over a year:
I think I missed a lot of firsts with my first child. I was pregnant with her when [my sister] died. And I missed all that, I missed the first year, oh I missed the first three years probably. I don’t really remember much of the first three years after she [my sister] was killed (Person A).

11.2. Rumination Over Lost Opportunities

Participants in this study, unprompted, mentioned feeling sorrow over events that their loved one would miss out on because of their untimely death. While rumination over what could have been is likely to be characteristic to grief in general (Umberson & Torling, 1997), the horrific as well as untimely way in which their loved ones were lost may lead to survivors ruminating more frequently over these lost opportunities:

I still look now and think what would she be doing now? I just think, she’ll never know what it’s like to love a man, and have children and be happy like that or have a career; you know you’ve lost three generations with her being murdered (Person B).

Another participant described struggling with the thought of their loved one losing these opportunities when they find themselves in certain situations:

I went to my cousin, who lived with [my sister] in the UK, I went to her wedding in Brisbane in March and that really threw me, probably for about four weeks. Yeah it was just a really hard thing to do because she was the same age as [my sister], and I
know [my sister] will never have that. Um that's really hard, a really hard thing to do (Person A).

There was evidence of deep thought and sadness over these lost opportunities, with one participant addressing the wider social and economic implications of opportunities lost for his son:

Out of all my children [he] would have been the most successful. His ethics were amazing. He had already saved money, bought his own car, his own motorbike. He also had enough saved to buy his first investment property at the age of 17. So the loss is not only for us but for the country, as a contributor to the economy, he had planned his studies, he was lined up for that (Person F).

This evidence of deeper thought regarding the wider implications of their loved one’s lost opportunities indicates that participants were not simply addressing these issues due to the interview, but rather that they often reflected on them.

11.3. Presenting a Public Façade of Calmness

Participants indicated that as time has passed, while their feelings of sorrow and horror from the loss have not gone away, they have become better at masking these feelings in social situations. Participants commonly described presenting a façade of feeling fine, but in reality not feeling that way under the surface:

If anyone saw me they’d probably think I was quite calm, but it’s an image I have to project (Person B).
This need to present a calm façade may develop long-term; as the public begins to lose interest in the homicide, media attention fades, and other people begin to continue with life as normal. Homicide survivors must return to work, to school, and continue with everyday social settings requiring this described brave face:

You’ve got to be a little bit staunch. People look at you and they probably think oh he’s doing all right. But you’re not actually doing all right at all, it’s just a façade and [my wife] has probably told you that as well, you put on a good face but you’re not good at all (Person I).

I don’t really know what is ok anymore. We just carry on with our lives. We just try to be as normal as you can possibly be. There are times when the news opens old wounds and now a recent murder case is a few metres from where we’re working. So that doesn’t help. Not that we let anybody know how we feel about it (Person F).

The perceived need described by participants to present a façade appears to result in feelings of isolation for participants:

You think oh it’s a nightmare, and I’ll wake up and it won’t really be real. It’s like watching out of a TV and thinking I’m watching the world go by, and there’s a hundred people in this room but I’m isolated on my own. I’m not part of it (Person B).
This need to present a façade and resulting feelings of isolation may put a strain on participants’ relationships with co-workers and friends, and may have resulted in these participants not reaching out for the support they need in these relationships.

*Outwardly nobody would see any difference, but inwardly it’s not how I see it. The grief never goes away, I’ve had tears today for various reasons, and it doesn’t take much to make me cry. It’s been six years and it’s no easier now than it was then in many respects. I think we live a Jekyll and Hyde existence; we have a persona that people see us as, and another one that’s behind closed doors, bereaved parents and siblings of someone who was brutally murdered, you know? (Person G).*

### 12. Health Effects

When reflecting on their post-homicide experiences, a number of participants identified physical challenges, or health effects, experienced by them or other family members following their loss.

#### 12.1. Symptoms

The majority of participants attributed these subsequent health effects to the homicide experience; however one participant was unsure of the cause.

*I’ve had a heart operation and that could be caused by what happened, a lot of people say your health suffers from something like this but you don’t fully realise. I can’t pinpoint it down to that being a problem from that (Person H).*

A number of health effects reported by participants in both themselves and other family members appeared to be stress related:
Health wise I have issues I didn’t have before and I put it all down to the stress of the whole thing really, it just takes its toll that’s what it boils down to. My father has had on-going health issues since. Prior to that he never had a problem, he was still working at seventy-five years old. His health deteriorated quite rapidly after that (Person D).

My blood pressure has gone up I never had that problem before. I’m on blood pressure pills but apart from that I’ve tried to stay reasonably healthy (Person E).

One participant described an onset of panic attacks, which she still currently experiences, occurring for the first time during a stressful Courtroom experience:

I’ve never ever fainted before but I had an attack where I just lost consciousness you know. I put my head down and my head just went round and round and my heart started going with palpitations. It passed, but from that day on I still get these stressful panic attacks. I get them occasionally (Person K).

Another participant described issues with weight gain, which occurred only after their loss:

A problem that I’ve noticed has been my weight gain. I’m talking about like, from what I was when [my brother] died to the highest weight was a difference of about twenty-two kilos. Just the pressure of whole thing, and when something comes up I just melt down I can’t cope. I start a diet and then I find out [the offender] has
appeared and that blows everything, and then I sort of start to get a bit on track, I suddenly get an appeal date and suddenly it’s six weeks away and my weight goes up again (Person L).

Seven participants in this sample reported sleep disturbances occurring at various times in their lives since the homicides. A majority of these participants reported these sleep disturbances occurring for the first few months post-loss, but others reported on-going issues with their sleeping patterns to date.

For me, years later, I still have periods of where I can’t sleep at all (Person A).

Sleep disturbances are symptomatic of both Depression and Posttraumatic Stress Disorder (Morral, et al., 2011). The participants in this study believed their sleeping patterns were affected by the severe stress they experienced:

I guess it certainly affected my sleep patterns there’s no doubt about that.
Initially neither of us could sleep because we just kept on thinking about what we had to do and so on and we still do not sleep well (Person C).

Two other participants, from two separate families, described members of their families developing Alzheimer’s and Parkinson’s disease, and both indicated they believed there was a connection between these diseases and the homicides:
[My wife] has got Parkinson’s, which could be a Posttraumatic stress thing because they don’t really know how Parkinson’s starts but certainly one of the things is stress and so on. She would be stressed to the maximum (Person I).

My parents’ health deteriorated so much, I think Dad now has early onset Alzheimer’s. Even the two of them they just, everything is too much for them. Dad was meant to be a witness initially, he wasn’t sleeping, he’d burst into tears when you talked to him (Person L).

There appears to be a link between emotional challenges and physical effects for the participants in this study, as the stress and trauma of the experience appears to manifest both emotionally and physically.

12.2. Dying of “broken hearts”

A number of participants believed members of their family died of “broken hearts”:

Mum got breast cancer, you know her breast cancer came back and I truly believe that that was a direct relation to [my sister’s] death. Like she was pretty good, she had been in remission. And um she just couldn’t go on without her, which is pretty sad (Person A).

My father died a few years ago, he had heart disease but quite frankly this has killed him I’m sure of it. He used to say to me, I can’t understand how my beautiful
A granddaughter could be killed like this, how did it happen? With tears in his eyes and I just think he pined away really (Person G).

My husband was a hardworking man; he worked hard all his life and we were meant to have a wonderful retirement together. We had a big strain with all this going on and he was wonderful throughout and we had a lovely relationship right though. Unfortunately he died two years ago and I think all the strain got to him in the end. He got a brain haemorrhage and I’m sure it was due to all the pressure because he was a very fit man and never had any problems much with health (Person L).

As the participants themselves believed they had suffered negative health symptoms and physical hardships caused by the stress and trauma of homicide survival, they expressed deep thought about the effects this may have had on their family members who had subsequently passed away.

13. Attitude Changes

The participants in this study noted numerous post-homicide changes in their lives, attitudes, and views of the world.

13.1. Life Changed Forever

A number of participants explicitly stated that their lives had changed forever post-homicide, underlining the severe and lasting impact and effects of homicide survival:

My sister was murdered and that’s the day your life changes forever... [pause] forever (Person A).
I guess my whole life now feels like it revolves around what happened and our lives have changed so much (Person G).

Never underestimate the ripple effect of murder, and how it changes people’s lives. Financially it has been a huge loss; emotionally it’s been a traumatic time. And even now I wonder about some of the problems I have with our relationships, whether you could go back to that time and see how our world got turned upside down (Person F).

I can say pretty clearly that [my wife] and I are different now. It changed us, and the way we do things and how we feel about things. We’re not the same people we were but I don’t mean it has made us weak or stronger. It just made us act and think differently (Person C).

One participant suggested that a preoccupation with the prolonged trial, and ensuring that justice was served, resulted in the rest of her life becoming empty:

I sort of thought I would arrive back in Australia and get my life back somehow; that there would be normality and that but I don’t know how to have a normal life. After five years I had lost all that because everything has been about this trial (Person L).

Participants in this study appeared to see a clear distinction in their lives and attitudes between before and after the homicide. It is likely that the experience of homicide survival, resulting trauma, and added complications of legal processes, led to survivors viewing their lives as forever changed.
13.2. Newfound Lack of Tolerance

Participants additionally described a newfound lack of tolerance in social settings, signifying a change in the way they view the world.

*I’m intolerant of petty things in life. I feel like saying to people sometimes when they’re rabbiting on about something that doesn’t seem important, I say get a life, it’s not that important. It’s just a different perspective, an intolerance really. But these things are important to these people* (Person I).

*I work mostly in a female environment an there’s often a lot of bitchy pettiness going on and I just can’t be bothered with it, I just totally don’t want to know I just go and do my job and get out. I know these things might be important to other people but I think when you’ve been through this sort of experience that you do become intolerant because there are much more important things in life than pettiness and that* (Person G).

The sense of life not being as it was before the homicide and a newfound lack of tolerance described by the participants appear to be linked:

*It never goes away, but you try and cope with day-to-day things. I know I’m not as tolerant as I’m used to be, but life will never be the same* (Person B).

This described intolerance appeared to be applicable both in general social situations and also in terms of offhand comments regarding homicides, or a participant’s particular experience of this:
People make smart comments about things that they think they know about and I say look you [expletive] you haven’t got a clue. Basically we are no longer quite as diplomatic or turn away from a stupid comment or stupid remark. We will correct people and say you’ve got no idea (Person C).

One participant viewed this change in attitude and newfound lack of tolerance as a positive change:

I suppose one of the outcomes of what happened is, I’ve just been through too much, like my friends are too old to be having spats but they still do, and when they do I just shut down and I’m outta there, I’m not arguing about pathetic things like that. In that sense I think it’s a really good thing, because you realise that life is too short and there’s so much going on in the world that is so much bigger than what’s going on in your life. Yeah. (Person A).

13.3. Changed View of the World

The participants in this study showed evidence of viewing the world as a sinister place. Participants did not make reference to a previous, more positive view of the world to signify a change, yet a pattern of seeing the world as a frightening or unsafe place was evident in these individuals:

You think you control your life but you don’t actually have any control, you can control what you drink and eat and when you get out of bed but you can’t control the big things (Person B)
“My daughter asks, [your sister] was younger than Granddad so why is Granddad still here and she not? And that’s a really hard question because at what point do you tell them that the world is not, as it seems? But I try really hard to keep my girls sheltered, you know, from all that, I don’t want them to become, to lose their innocence before they have to, especially about the world. You know, they grow up believing that the world is this amazing place and so I try really really hard and my husband does as well to make sure that they think that the world is okay until they have to know the truth (Person A).

It’s just horrendous. Offenders are getting younger and younger and more vicious. It’s not safe to be out on the street at night (Person K).

People think that there’s no such thing as an evil person. There are some terrible, terrible, evil rotten people out there and it doesn’t matter what you do or what you say, they will never change. (Person H).

These findings align with the concept of meaning making (Currier et al., 2006), suggesting that homicide survival results in a change in assumptive world views, with survivors no longer seeing the world they live in as a safe, orderly place.

14. Relationship Changes

The majority of participants in this study (N=9) noted a change in their relationships with other remaining family members post-homicide.
14.1. Strain

A number of participants noted a strain on their relationships caused by the added pressure of decision-making and Court processes following the homicide:

*One thing we’ve experienced I suppose that was a bit rugged was I found it disrupted the family seriously. It disrupted relationships within the family. Although we were a very close-knit family, it did cause a lot of problems as far as smoothness of running of the family. The kids wanted to, they forgot she was my daughter. It was my responsibility to sort out things with her, not theirs. They wanted a lot of input but it didn’t fit in with certain things that as the head of the house I believed were my responsibility. I had fights with my kids I’ve never had like that before (Person H).*

*I just look around and my kids, my son is so angry at me. He was really close to his uncle but because I’ve had to put my kids second, there is a lot of anger there. I have two fourteen-year-old girls who have a lot of resentment toward me over all this because the case did become more important than them. I’ve heard one of my girls yell out when I was on the phone you care more about how [your brother] died than about us (Person L).*

Participants noted changes in their familial relationships following the homicides, not simply due to the pressures and consuming nature of the criminal justice system:

*It changed the whole family dynamic for us, having that loss. It just hurt us all so much (Person A).*
I have another brother and initially he was quite... angry and then he just seemed to, his contact with the family diminished. There were no arguments or anything but he just stopped, ringing and his marriage broke up (Person D).

14.2. Martial Satisfaction

Four participants also noted changes in their marital relationships. Communication problems, gender differences in grieving style, and a sense of life not being as it was before (as described earlier), appear to be the sources of these changes.

[My wife] and I can’t really talk about it because when we did try and talk about it she just cried all the time and we never got anywhere so it was hopeless trying to discuss it. We’ve never discussed it thoroughly to be honest (Person I).

It changed my relationships, particularly with my husband. I’ve been married forty years but if anything happened there, nothing in my life will ever affect me as much as losing a child. If he walked away tomorrow it really wouldn’t hurt me that much because nothing could hurt me more (Person B).

While several participants described the negative effects on their relationships, one participant described having a great relationship with her partner the whole way through, and another described, while having a definite strain, her and her husband sticking together through the experience and dealing with the strain together:
I don’t know how my husband coped. And you know, our relationship probably isn’t as good as it could be, but we just take solace in the fact that we’ve been through so much there are gonna [sic] be cracks but you just deal with that. And you look at couples that have had nothing happen to them and you think oh yeah they’ve got a really great relationship but that’s not reality in our world because we’ve just had so many pressures and been through so much that we just probably are so tired (Person A).

While some relationships may have strengthened throughout the experience, there is evidence that these relationships, in marriages and also between all family members, undergo a change resulting from the pressures, strain and trauma of homicide survival.

15. Re-traumatisation by the Justice System

Unprompted, each of the twelve participants cited a negative experience involving the justice system. A unique feature of homicide survival, in comparison to other losses, is the inevitable and prolonged interaction with the justice system that follows. This unique feature appears to be a potential influencing factor in the long and short-term effects of losing a family member to homicide.

15.1. Prioritisation of Offender’s Rights

One of the most commonly cited frustrations with the justice system in this sample was the view that the justice system favoured the perpetrators and overlooked the victims:

I guess in the Court process, the length of time it takes, the changes that are made, and how nothing is really in the victim’s favour. We are told we have to be careful what we say and we have to do this and that. You live on a knife-edge in case
you say something wrong and jeopardise the trial. Everything seems to go in the favour of the offender, they say you can’t do things because it’ll be an unfair trial, but where are the rights of the victim? Where is the victim’s voice? (Person J).

Another big criticism of the Court process is that it all revolves around the perpetrator and all the victims are just gone as far as they’re concerned and almost forgotten as far as they’re concerned and anything that revolves around their reputation is just open slather, it’s frustrating and disappointing because there’s no avenue where the alternative, reality, or facts can come out at times (Person E).

It just seemed that everything was going in favour of the offender, he had a support person in Court, when we turned up to Court there was no support person for us (Person D).

In the justice system the most important person is the criminal, but he’s the one who created the whole thing in the first place (Person H).

15.2. Stress

The justice process appears to result in on-going and severe stress for homicide survivors, with the participants in this study frequently giving examples of the stress involved in the prolonged Court and parole processes:

People are sick for days and weeks beforehand because of the stress. I’ve seen people come out of hearings and vomit with the stress and can’t sleep for weeks. It’s
just horrendous getting caught up in the parole system, trying to cope with what’s happened (Person B).

The Court process was just on-going, from one thing to another, no let up for the first year. Your life is on hold right through (Person K).

If the trial isn’t in the same area, how much time do you take off work? Or sick time because it’s just too stressful? If the trial gets delayed you’ve taken time off work, and people lose their jobs, it might go on for three weeks. It’s never ending (Person C).

15.3. Lack of Information

Another source of stress during the criminal justice process appears to be a lack of information and support provided to homicide survivors by Court officials and legal professionals.

I think that the Court process is absolutely appalling. I don’t think there is support. You do so much grieving during that time, and they give you nothing for support, at all (Person L).

They appointed a Court advisor, which I managed to track down, but he didn’t even get off his seat when I went into his office. We didn’t know where the Court rooms were, I would’ve thought at the very least he would escort us up to where it was taking place but he didn’t even get off his chair, and that pissed me off. The judge adjourned the Court at one point so the Court advisor could tell us what was going
on, well the Court advisor wasn’t even in the room. He had no interest in telling us what was going on. He was supposed to inform us when the next hearing dates were and stuff like that, at no point did he ring us, the only contact was me ringing him, and that really got up my nose (Person D).

_The Court just wouldn’t give us any information. We wanted to know what was going on and they just wouldn’t tell us anything (Person I)._

_The Court case was, as far as the Court personnel were concerned, that was poor, because every time you tried to relate to them they would fob you off into another world and this other world. So I was quite frustrated with the lack of support through the Court process (Person E)._

It appears that the drawn out, complicated nature of the criminal justice process, combined with feeling side-lined, uninformed and unsupported by Court officials, with the victim forgotten and the offender prioritised, possibly led to the participants in this study feeling re-traumatised by the Court process. One participant summarised this feeling:

_After the incident we were pretty devastated, but then afterwards we then encountered issues with our judicial system and that probably hurt just as bad as the actual incident itself (Person F)._
15.4. Media

Related to the stress caused by the criminal justice process appeared to be the homicide’s associated media attention. Media involvement was identified by six of the participants as an added source of stress.

*I think it’s difficult for families when they’re all sitting in Court in a communal space, with reporters scavenging for information, coming up to you like a long lost friend trying to suck information out of you (Person D).*

*That’s a really big thing, and you’ll probably find it with a lot of the people, that the media try to find out about what’s happening before you do, and that’s very disturbing (Person A).*

Participants described feeling invaded by the media, reflecting the findings of previous studies (Baliko & Tuck, 2008; Riches & Dawson, 1998) suggesting that homicide survivors are likely to feel stigmatised and stripped of privacy by the media:

*As much as we’ve learned to deal with the media I find some of that quite nauseating. We moved overseas. We needed our privacy. I watch these recent cases and the people come out and speak and invite the media to the funeral and we just didn’t do that. We banned the media from the funeral because that for us is private. They still ask for details now and I just say no (Person G).*

One participant, however, while also acknowledging the invasive side of the media, reported gaining support from media outlets, and utilising this support to
promote changes within the system. Although less common, survivors reporting a positive relationship with the media have also been documented in previous studies (Guylay, 1989):

*I had so much trouble finding out when parole Hearings would be, they said it would be in Christchurch and that’s all I heard. They didn’t give me the date, I wrote asking and they wouldn’t tell me. I got hold of the media and said how can I give a submission if I am not given a date? The media got onto it and that sorted that out, they gave me the date but not the time so I wrote back again. It was one struggle after another. I called and asked the girl where it was being held. She said the women’s prison, I said where is that? She didn’t know! I just kept going back to the media and getting help and in the end I got the information (Person K).*

While identifying ways in which the media can be utilised in a positive way, this particular description also further underlines the key issue for participants in this study of needing to be provided with information on criminal justice processes.

16. Importance of Information and Support

The participants in this study provided evidence suggesting that receiving different levels of information and support from institutions, families and communities, may account for variations in the long and short-term effects of homicide survival. Participants in this study described instances both when information and support were provided in satisfactory and helpful ways, and when information and support were withheld. Being provided with adequate support and
information appeared to be a potential factor in positive coping for the individuals in this study.

16.1. Police

Participants frequently reported feeling supported and well informed by the Police:

*Helpful to us without any question were the Police. They came and knocked on the door and told us, and we never had a Policeman not beside us for the next four days at least. They dedicated a Policeman, marvellous guy, just to be the liaison between us and the world. He just sat there and did the lot, told us what we needed to do (Person C).*

*The Police were very good. The Police were amazingly good. Afterwards we became good friends with the officers in charge of the case. The officer in charge of the case passed away recently so we were at his funeral, the bond grew between the victims and the Police rather than the victims and Victim Support (Person F).*

*We were just lucky that we had really amazing Police, um and they told us everything we needed to know anyway. They did everything they possibly could to keep us informed and make sure that the media didn’t know before we did. Yeah so that was great (Person A).*

*I found the Police brilliant, they were really good with us and I’ve kept in contact with head of investigation, if I wanted to I could always contact him and that is such a comfort (Person B).*
[My wife] and I owe the Police a huge amount because of the way they handled everything. They took away all of the outside world, they kept the media away, they told us what we needed to do next, they took us where we had to go next, they did everything. So I can’t speak highly enough of the Police and what they did (Person C).

While participants reported forming close bonds with the Police officers working on their case, it appears that the support and information levels lessened significantly if a case was not solved. Participant E, whose son’s body has not been found and the case remains open yet an inquest gave a homicide verdict, experienced a change in Police support as time passed:

Where the Police were very very good at the time of the Court case and stuff like that, once that was over they’ve been quite offhand, so that in our case where there’s no body, that part of things has been quite difficult (Participant E).

16.2. Support Groups

Participants identified support group attendance as being particularly helpful to them in terms of support and information provision, and a sense of belonging post-homicide:

I remember it was a comforting feeling to know you were in with a group of people that when you spoke to them they knew and understood exactly how you felt because they had all been through the same thing. Normally you say to somebody blah blah and they say I know exactly how you feel. But they don’t, they don’t have a
bloody clue how you feel. I look at them and I think you wouldn’t have a bloody clue how I feel. When you’re in a room full of people who all had sad losses of their kids. They know how you feel and you know that they know because you can’t gloss it over, you can’t cover it up. I think it’s very important to be able to talk to people who understand (Person H).

Homicide survival is an isolating experience, resulting in individuals feeling shut out of the legal process and separated from others who have not gone through the experience (Mezey, et al., 2002). By joining up with others who have gone through the same pain, survivors in this sample described gaining a support that they felt could not be provided elsewhere.

It’s not being alone, knowing there’s someone there for you if you need them. And someone you can trust who would actually go out to bat for you and help you when you need it. So that’s what held me together, because when I didn’t know which way to turn and what to do was when I called [support group] and that’s the best thing I did (Person B).

The people involved had lost family so they could offer advice about how it feels over time, or an ear because you knew they’d been through it themselves, so they provided that. As far as practical help and that, they put me onto a lawyer that could give me a bit more of an understanding than what the prosecution was handing out (Person F).
We got a lot of support through meeting other victims. They gave us a lot of support like information on financial support that was available which we wouldn’t have been aware of if we weren’t in that link so we’ve obviously been very grateful to these people and the assistance they’ve given us (Person J).

The great thing about connecting with other victims is having people there who are supportive and know the process since there were so many questions I’d be asking and people would have to go away and get the answers. They really knew how I was feeling, how lost I was (Person L).

One participant described the benefits of a support group in comparison to one on one counselling with a professional:

[My support group] provided a better support network really, because you’re talking to people that have been through it before and lost someone, so it was more compassionate I think, it wasn’t a money making, it was always in the back of my mind that the counsellor was nice and everything but they’re not doing it for free (Person D).

16.3. Community and Familial Support

Participants also identified community and institutional support as a helpful factor in their post-homicide experiences. One participant recalled a small community school and a University doing everything they could do facilitate the two daughters of a homicide victim (his granddaughters) in their education, providing extra support and help with administration and finances. When the children’s only living guardian, the
offender, would not give custody to the grandparents, the community stepped in with support:

_We are in a small town; everybody knew him and said [the offender] isn’t going to get away with it. Teachers and schools covered themselves and said look sign here and we’ll override official guardianship rules. I can’t see that happening in a big city school at all. It wouldn’t happen. But everybody knew us and knew what happened and weren’t going to let what happened get in the way and reflect back on the children in any way whatsoever_ (Person C).

Another participant recalled his community helping to commemorate his son in a public place, when regular processes were not applicable for their family:

_After some negotiation with the council we were able to have a commemorative seat dedicated to [my son] which was on a big hill where we live and where we brought him up and we were delighted with that. It was awkward to manage but we were able to do that in the sense that the council were saying these sorts of commemorations should be in a graveyard and I said well it’s difficult to do that when you don’t have a body, our case needed to be handled in a different way and fortunately the council obliged_ (Person E).

A number of participants (N=6) identified the presence of their family and friends as a positive factor in their ability to cope post-homicide:

_If it wasn’t for our extended family I would have taken the law into my own hands. I put a lot back to our ethnic community. We got swamped at that time by_
extended family. We almost couldn’t do a thing, because they were all there to help us at that tough time. It’s the period after the family had left and the judicial process that were the lingering issues (Person F).

My brother up until just recently phoned me every night from Auckland. They came along to the trial as well. We had support from those people no doubt about it. Some people were good in the community; some people don’t want to know you. You find out who your friends are that’s for real. Some people who you didn’t think would be too concerned are, quite interesting really (Person I).

We were very fortunate to have great family and friends, and that’s probably what got us through. The family have all got on with everything, they are all doing well and I’m blessed that I have such a lovely family; it makes up for so much (Person K).

16.4. Victim Support

Negative sources of support and information provision identified by the participants of this study included the Victim Support organisation. Participants in this study describe this lack of support and information provided by Victim Support as a source of distress in their post-homicide experience.

You’ve got Victim Support but they’re only there certain times, and they’re not there fighting for you, they’re there to give you funding to go to the trial and funding to attend parole hearings, sometimes they don’t even turn up till halfway through the trial (Person B).
First there is the Police, who are great, then at the other end of the scale are the useless trots calling themselves Victim Support who just haven’t got a clue what to do and we got rid of those stupid people as soon as possible. They were not helpful at all and far too many occasions its Victim Support who have bugged it for other victim’s families. There were horrible things said by Victim Support in front of [my granddaughter] that any sane adult wouldn’t have said. The whole Victim Support system hinges on volunteers that have a couple of days training. Women’s refuge get a ten week course, these people get two days and the government pours money into the organisation (Person C).

People volunteer to do that sort of thing, Victim Support, but it’s like having a volunteer fire brigade that can’t put out fires. There’s no point to it. If you’ve got Victim Support people that can’t help victims there’s no point in them being there. They could sharpen up there a bit (Person E).

A number of participants reported not being informed by Victim Support about the entitlements available to them, such as funding for travel to the trial, or accommodation:

I don’t feel, I think Victim Support tries but they don’t, from my experience anyway, they weren’t there from day one for us, we had to go looking for them. Because we weren’t ones to ask for help, if anything that would be my criticism of Victim Support, the empathy wasn’t right. Not everybody is exposed to those conditions so they don’t know what services there are out there for assistance. Victim
Support sat back and waited to be asked. Humble people like us would never ask. It’s only through other people who told us we could get help there. We just do what we can do with what we’ve got (Person F).

Others reported feeling unsupported by Victim Support volunteers who did not appear to truly understand or empathise with the tragedy they were going through:

They brought round some support people to help us through which I, these people I find when I look back on the situation are not very helpful because they don’t have experience with these people and what to do with people in shock and I believe a lot of these support people are to say the least hopeless because they don’t understand what is actually happening to the victim who is left behind when they have had somebody murdered and of course they do their best, they try and console and comfort you but they really don’t understand the situation (Person H).

Trying to get Victim Support to help you, sometimes it’s more hassle than it’s worth, but my niece lives in Nelson and the Victim Support volunteer told her she had to drive all the way from Nelson to the hearing. She rang me distressed and I told the Victim Support woman to ring head office and ask for flights, which she got. But most people take it as gospel and don’t question their entitlements (Person B).

Alternatively, two participants reported positive relationships with their assigned Victim Support volunteer; however, these participants also acknowledged the inconsistency in this organisation:
Victim Support themselves provided us with a lot of support and understanding so we could at least understand what was happening, we’d had no experience with the criminal justice system and they also helped us out financially which we appreciated. Generally we had good support from Victim Support in the areas where they did help us. Everybody gets a different level of service, some people get really good people and some people didn’t even know Victim Support existed. If you’re going to provide a service you need to make it consistent throughout the country (Person D).

16.5. Counselling

Participants in this study reported mixed experiences with professional, one-on-one counselling as a source of support. Two participants reported positive experiences with counselling while the majority reported negative experiences, or a reluctance to engage.

I’ve never taken medication or gone to counselling because if they can’t bring her back I’m not interested. My husband and the boys did some counselling. It seemed to help my husband and we took the boys along for a few times but they didn’t like it (Person B).

I remember my niece saying she felt like a burden on the system by going to counselling, and she shouldn’t be made to feel like that. I think that’s one reason she stopped going. She felt she got more out of being with her friends and husband. But sometimes you do need an independent person to talk to because you can’t open up and talk about things to your close family that you can to someone else (Person J).
It is clear from the results of this study that feeling supported and well informed is a potential mediating factor in the short and long-term effects of homicide survival, and this may be an area in need of improvement in New Zealand.

17. Finding Benefits

While there is no all-inclusive “meaning” to find in having a family member lost to homicide, each of the participants in this study reported a change of direction in their life, taking steps to prevent people from having to suffer the way they have. Advocacy, in various forms, appears to be of benefit to each of these survivors in creating a coherent narrative of their life that incorporates the homicide of their loved one.

*It’s a matter of turning it into something positive and to help others so I do a lot of that. So there’s been a huge change around in our lives and how we do and see things and how we treat other people. It needs to be done because whatever we can do to help other people going through what we have then it’s worth it as far as we’re concerned (Person C).*

*I do what I do now because I’m absolutely passionate about trying to help people. It has changed my whole direction (Person K).*

While each of the participants in this study have joined or currently support advocacy groups, four of the participants have established organisations promoting change and awareness of causes such as domestic violence, protecting teenagers from crime, and safer parole laws:
I think what happened to me as a consequence of the case, well I think it was a little bit there beforehand but it’s certainly been accentuated is that I created the White Heart Victim Remembrance Trust, the key essence of that is – the loss of a victim is very traumatic and basically we don’t want others to go through what we’ve gone through, if we could prevent this that would be at least, something would be achieved from the loss we’ve come through (Person E).

We started a campaign, which gave us something to do. It was to change the bail laws and for judicial accountability. We had a petition from 60,000 people throughout NZ. We presented to Parliament, and changes to bail laws did come through in 2013. We now have a charitable trust that sends teenagers on Outward Bound (Person J).

It appears that many of the participants went into advocacy to represent the person they had lost, and to fight for them, yet the key motivation appears to be to protect others from experiencing the pain that they have felt so deeply:

[My wife] and I both knew we didn’t want to let [our daughter’s] life be for nothing. The thing about her is if anything had happened to us she would have been out there doing as much as she could (Person I).

People say it might be too hard to make change but if you don’t put a stick in the fan and try, you’ll never know and I can’t die one day knowing I didn’t do what I could do to make a difference. And I believe I can’t meet my daughter at the end, I hope to hell I do, I can’t look her in the eye and tell her well I didn’t like it or agree
with it but I didn’t try to do anything to change it. I believe it’s not the act that defines you it’s how you react afterwards that defines you. I’m putting my money where my mouth is (Person B).

We’ve always acknowledged that it’s different things that touch people’s hearts, and [my daughter’s] death has touched so many. But I believe every victim should be treated the same whether it be an unjust killing like [my daughter’s] or the poor homeless man that got killed in the park. Some cases are more high profile and that but a lost life is a lost life. It’s not any different, there’s still somebody who cared about that person even if they’re homeless or whatever. We have to do what we can (Person J).
18. Summary

This idiographic, semi-structured interview study explored the experiences of twelve homicide survivors from New Zealand. Thematic Analysis identified seven key themes: Emotional Challenges, Health Effects, Attitude Changes, Relationship Changes, Re-traumatisation by the Justice System, Importance of Information and Support, and Finding Benefits. The possible meanings and implications of these themes for future research and interventions are explored with reference to existing literature and critiqued in the following Discussion chapter.
19. Discussion

This study explored the experiences of twelve homicide survivors from New Zealand. The drive of this research was explorative, aiming to discover:

What are the cognitive, emotional and physical effects of having a family member murdered?

Do these effects vary?

Are there any indicators of what might account for such variations?

This chapter discusses the potential meanings and implications of the study’s findings. The key themes identified by this study are also placed within the context of existing literature on the topic of homicide survival. The strengths and limitations of this study are discussed, and the chapter ends with final conclusions and recommendations. The experiences reported by the participants in this research were unique to each individual. While Thematic Analysis identified patterns across the data, it is acknowledged that there is no truly typical grief experience; the idiosyncratic nature of homicide survival, and grief in general, is recognised.

Each of the seven key themes identified in this study are interconnected, and while they are presented here in a linear fashion it is important to acknowledge the complex interplay between all seven themes in the experiences of the individuals represented. Within the seven key themes and twenty subthemes identified, there appears to be factors that are associated with positive coping, and factors that are associated with higher distress for the participants in this study when recalling their
homicide survival experiences. A visual representation of these factors is presented in Figure 4.

**Figure 4: Potentially influencing Factors in Homicide Survival Experience**

<table>
<thead>
<tr>
<th>Potential factors associated with negative effects:</th>
<th>Potential factors of positive coping:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-traumatisation by the justice system, Media attention, Inadequate Victim Support</td>
<td>Police support, Community support (family, friends), Support groups, Counselling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential negative effects:</th>
<th>Potential features of positive coping:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional challenges, Health effects, Attitude changes, Relationship strain</td>
<td>A sense of finding meaning, e.g. through helping others (advocacy)</td>
</tr>
</tbody>
</table>

The identification of these potential factors and effects has implications for future research, and for professionals working with homicide survivors. By identifying factors that may be helpful or unhelpful in the experience, as identified by homicide survivors themselves, interventions and systems could be improved to better support this vulnerable population in New Zealand.

**20. Emotional Effects and Challenges**

Current literature frequently addresses the various emotional effects of homicide survival. As with grief in general, there are a number of emotional challenges to face. The emotional effects identified by participants in this study are an initial period of confusion, rumination over lost opportunities, and feeling the need to present a public façade of calmness.
20.1. Initial Period of Confusion

A number of participants in this study described a period of numbness and inability to think clearly, reflecting the findings of previous studies also describing feelings of unresponsiveness, disbelief and bewilderment in homicide survivors (Morrall, et al., 2011). It appears to be particularly difficult for homicide survivors to comprehend events in the early period post-homicide, possibly due to shock and more severe damage caused to meaning systems and assumptions about the world than for those grieving natural or accidental deaths (Asaro, 2001). The particularly disturbing nature of homicide is likely to be harder to comprehend (Morrall, et al., 2011).

I try not to think too deeply about how [my daughter] died, I know how she died, I can recite it but I switch it off because it’s just too hard. But sometimes, even all these years later, it can just come at me and the pain of it is actually physical, it has me bending over in agony it is so painful. As time goes by, those terrible times get less and less but you never get over it. I can say quite categorically that I’ve come to terms with the fact that [my daughter] is dead but I can never come to terms with the violence and brutality, and knowing that she died in pain and terror and alone (Person B).

Future research and interventions could look at ways in which this initial post-homicide period of confusion and numbness could be minimised. Providing high levels of support and information to survivors, particularly during the early stages post-loss, may be helpful in lessening this commonly reported challenge of cognitive disruption and bewilderment. Research tracking survivors from when they are first informed of the homicide could identify factors that lessen or perpetuate this period of cognitive disruption. Further qualitative studies could investigate what survivors believe, in their own words, may have helped them in this initial period. The
participants in this study identified the Police as particularly helpful in minimising their feelings of confusion during the early stages post-homicide, providing them with all available information and keeping lines of communication open between them. Interventions addressing trauma and shock should be provided as early as possible in the post-homicide process, as symptoms of these are similar to the descriptions of bewilderment and numbness provided by participants in this study (Regehr & Sussman, 2004).

20.2. Rumination Over Lost Opportunities

The findings of this study show a pattern of participants ruminating over what their deceased family member would be experiencing currently if they were still alive. This particular challenge is likely to be common in all forms of grief (Armour, 2006) but has not been addressed in previous research on homicide survivors. This rumination may have been left out of previous research on homicide survivors due to a focus primarily on measuring PTSD, mental and physical health symptoms in this population (Murphy & Johnson, 2003). The survivors in this study identified this rumination as a significant emotional challenge in their experiences. The potential effects this rumination may have on issues such as Complicated or Prolonged Grief could be considered in further research, as they are frequently identified in homicide survivors (Asaro, 2001).

As with the described period of cognitive disruption, it may be that this rumination over the lost opportunities of the deceased is particularly severe in homicide survivors, due to the violent and intentional nature of the death, limiting survivors’ ability to fit the loss into a concept of how life and the world should be. Further research could examine whether this rumination has higher rates in homicidal grief compared to other forms of grief. Finding meaning in life post-loss has been
found to be more difficult for homicide survivors (Murphy & Johnson, 2003) and this focus on lost opportunities may be a manifestation or cause of an inability to find meaning. Research could seek to link an inability to achieve meaning-making with higher rates of rumination over the deceased’s lost experiences, or a potential interplay between the two.

Another emotional challenge reported in current literature is guilt (Asaro, 2001). While guilt is also a common challenge in all forms of grief (Barr & Cacciatore, 2007), higher rates have been found in homicide survivors, possibly due to the perceived preventability of the loss (Hertz, et al., 2005; Kristensen, et al., 2012). While the majority of participants in this study did not explicitly address guilt, the pattern of rumination may reflect sadness regarding the fact that the participants are able to continue living and experiencing new things, while their loved ones cannot.

### 20.3. Presenting a Façade of Calmness

The majority of participants described presenting a public façade of feeling fine, but in private not truly feeling that they are recovering. These findings can be linked to previous research concerning a disparity between societal expectations of grief recovery, and the true experience of homicide survivors (Goodrum, 2008). Homicide survivors in previous research have reported feeling a societal pressure to move on with their lives, even when this does not feel possible to them (Danne-Miller, 2002). Repressing the expression of grief has been linked to disorders such as Prolonged and Complicated Grief (Hatton, 2003; Stroebe & Stroebe, 1991), both of which are commonly identified in homicide survivors (Currier, et al., 2006).

The findings of this study regarding participants presenting a public façade of feeling fine can also be related to literature on the concept of Continuing Bonds. A recurring issue in Continuing Bonds research is a conflict between public expectations
of grief recovery and a need for the griever to continue a relationship with a lost loved one (Field, et al, 1999). Grieving individuals have reported struggling to find a place for their deceased loved one in their life while feeling ashamed to express in public their need to do so (Klass, et al., 1996).

These findings regarding the need for participants to present a façade of calmness also underline the importance of contact and communication between fellow homicide survivors. Feeling understood, validated, and not alone in the process, may lessen the pressure for homicide survivors to present the façade they describe. One participant described his experience with a support group in this way:

I felt like I belonged somewhere and I didn’t have to watch what I say. It’s not like in the smoko room where people don’t want to hear your gory details at work, so that was very empowering (Person D).

Future interventions could focus on linking survivors into a community of other individuals dealing with similar experiences. Interventions could also encourage the expression of grief, and facilitate discussion of survivors’ Continuing Bonds with empathetic others. In this setting, the pressure to present the façade described by the participants is likely to be minimised. Some may be unwilling, but all survivors could perhaps benefit from having the option to connect with others who are grieving a loss to homicide, giving them the opportunity to feel completely understood. Future therapy based research could examine the effects of educating survivors that for grief there is no set timetable of recovery, and no particular way they are supposed to feel (Asaro, 2001). Further benefits of support groups identified by the participants in this study are discussed later in this chapter.
21. Health Effects

While one participant in this study was hesitant to attribute subsequent health problems directly to the event of homicide, each of the remaining eleven reported at least one family member, including him or herself, experiencing negative health symptoms post-homicide, and saw these health effects as resulting from the homicide. During the semi-structured interviews, there were no questions asked involving health effects; this information given was unprompted and appeared to be an issue of importance to the participants.

21.1. Symptoms

The health symptoms described by the participants shown in the Results section appear to be stress related, such as sleep disturbance, heart problems, weight issues, and panic attacks. One participant reported a family member developing early onset Alzheimer’s disease, and another participant reported developing Parkinson’s disease. Current literature identifies extreme stress as a possible cause for both of these diseases (Barnum, Pace, Hu, Neigh & Tansey, 2011; Wang, Wahlberg, Karp, Winblad & Fratiglioni, 2012). Previous research has underlined the link between homicide survival and stress-related health symptoms (Armour, 2002; Clements & Burges, 2002), and the findings of this study further support this link.

The Concept of Continuing Bonds was identified again, with one participant, describing that she sensed the presence of the deceased, in this case actually having visions of her.

*It probably took me about four years before I could go to sleep at night, I would close my eyes and see what was happening, it would all come back so I would stay up and maybe get two or three hours sleep a night until I was so exhausted I couldn’t*
think. Just so I didn’t have to think about it. I would look out the window sometimes and think look there’s [my daughter] (Person B).

Previous quantitative studies (Steffen & Coyle, 2011) have linked Continuing Bonds to sleep disturbance but not specifically with respect to homicide survivors. Seven participants in this study reported sleep disturbance, which is also a common symptom of PTSD (Mezey, et al., 2002).

While PTSD symptoms were not measured or inquired about in this study, a number of previous studies have found significant rates of PTSD in homicide survivors (Miranda, Molina & MacVane, 2010). A negative correlation between PTSD levels and health status has been found in previous research (Hertz, Prothrow-Smith & Chery, 2005). Further research could track the health outcomes of homicide survivors thoroughly, with attention to external factors that could also affect physical health. Possible direct links between homicide survival, PTSD and negative health effects should be examined, comparing the health status of homicide survivors who meet PTSD criteria with survivors who do not meet diagnostic criteria. Interventions could target stress management, as it appears that stress levels and health outcomes could be negatively correlated in the case of homicide survivors.

21.2. Dying of “broken hearts”

A number of participants in this study believed that other members of their families had died of “broken hearts” following the homicide of their loved ones. While studies have reported a significant proportion of homicide survivors dying in the first two years post-homicide (Miller, 2009), death following all forms of bereavement has shown to be common (Hart, et al., 2007). Future studies could investigate whether homicide survivors have higher rates of post-loss mortality in
comparison to other grievers. Given the tragic circumstances of homicide survival, the subsequent natural deaths of family members may be particularly untimely in comparison to other losses, which may in turn be a factor influencing psychological distress and physical symptoms for this population.

Participants’ attribution of the subsequent, natural deaths of family members to the homicide of their loved ones shows the extent to which homicide appears to colour virtually every experience following it. This pattern of attribution also highlights the participants’ own personal experience of the extreme physical pressure they believed was caused by the stress and trauma of having a loved one murdered. The natural deaths of other family members appeared not to be seen by the participants as independent events, but as a direct result of the homicides.

Further quantitative research could thoroughly monitor the health outcomes of homicide survivors; previous and family histories of heart problems and other diseases should be examined, and the development of new health issues should be tracked to investigate the possibility of homicide survival having direct negative effects on health, including early death. Interventions could look at helping survivors to maintain good health post-homicide, such as stress management techniques and frequent health check-ups, particularly in the first few years. Further qualitative research could focus on the way in which survivors may be inclined to attribute subsequent natural deaths in the family to the homicide. This inclination may be due to their personal experience of extreme physical stress and negative health effects following the homicide, or it may extend to survivors seeing all following life events as being influenced by the homicide.
22. Attitude Changes

Related to the way in which participants in this study believed the homicide directly resulted in the natural deaths of other family members is the fact they also noted feeling that their lives were altered forever. A number of participants (N=4) explicitly stated that their own lives had changed forever post-homicide, and others noted a change in their attitudes, a newfound lack of tolerance for triviality, or viewing the world as a more sinister place. All three of these attitude changes can be related to the concept of meaning-making, a well-studied theory on the topic of homicide survivors, and grief in general.

Homicide is deeply traumatic for survivors, damaging the natural assumption that the world is a safe and orderly place (Clements & Burgess, 2002). This traumatic event may result in survivors developing a strong distinction between life before and after the homicide, as described by the participants in this study. A changed view of the world post-homicide has been well documented in previous research (Armour, 2006), as survivors’ assumptive world views are likely to be damaged by the homicide (Currier, et al., 2006). Survivors feeling that life has changed forever and developing a sense of intolerance have not previously been addressed in literature on this topic. The newfound intolerance described by participants could possibly be related to PTSD symptoms, as irritability is included in diagnostic criteria (Morral, et al., 2011).

It may also be that a damaged meaning system post-homicide affects more facets of life than previously measured. Current literature suggests that homicide survivors struggle more with meaning-making in comparison to other grievers, even grievers of other unexpected deaths (Currier, et al., 2006). The struggle to find meaning identified in this population may have manifested itself for the participants
of this study partly in a clear distinction of life before and after the homicide, a changed view of the world, and a developed sense of intolerance.

Research in this area has not yet examined the effects on meaning-making that practical aspects of the loss may have, such as resulting financial burdens caused by the trial, custody of children, or taking on the responsibilities of the deceased. Further research should also look at other possible mediating factors in meaning-making, including familial support, previous trauma history, socioeconomic status, and the experience of the criminal justice process following the homicide. Longitudinal research and outcome studies could track the development of meaning-making throughout the legal process; cases in which survivors feel satisfied with trial outcomes may result in a stronger sense of meaning or closure. There is a possibility that an assumption of the world as a safe and orderly place may be somewhat restored following a satisfactory experience with the legal process.

Future intervention studies could examine the effectiveness of helping survivors adjust to a changed view of the world, and to find a new purpose in life that supports this changed world view. A grief model that may help with this has been suggested by Asaro (2001), focusing on coming to terms with the horrific mode of death and incorporating the loss into a new life. Court outcomes are often unlikely to be satisfactory for participants; research could examine ways to provide extra support in these cases. Again, facilitating contact with other survivors is likely to be helpful, as people sharing the same experiences are the most likely to empathise and understand the changed perspectives of homicide survivors suggested by the results of this study.

23. Relationship Changes

As shown in the Results section, eight of the twelve participants noted a change
in their remaining relationships post-homicide. Of this number, five participants noted changes in their marital relationships. In line with the findings of this study, previous research has found that marital satisfaction decreases following the homicidal loss of a family member (Murphy, et al., 2010). Gender differences in grieving style are likely to be a potential factor in these reported relationship changes, as well as communication difficulties, and trauma or stress reactions to the pressure involved in homicide survival.

Differences in grieving style between males and females may affect marital relationships in the case of homicide survival. Males are likely to feel the need to remain strong and repress their grief, which may lead to feelings of having no opportunity to express their grief. Females, in turn, are likely to believe they are suffering alone (Kenney, 2003). These differences in grieving style may be the cause of commonly reported communication difficulties in this sample. As shown in the Results section, participants reported believing that their lives had changed forever; this belief may also affect martial relationships, as it is possible that survivors may view their pre-homicide life as happier in every way, including in their marriage. Further research is needed to examine quantitatively the different grieving styles of each gender, as gender-specific interventions may be necessary for this sensitive population. Further research is necessary to compare marital satisfaction ratings between homicide survivors and individuals grieving other forms of loss, to establish whether a post-loss decrease in marital satisfaction has higher rates for homicide survivors.

In this sample, the small number (two) of participants whose marital relationships remained strong throughout the experience identified these relationships
as constant sources of support, and acknowledged this support as an influencing factor in their coping post-homicide. This finding has implications for future interventions, which should focus on strengthening existing familial relationships, marital or otherwise, underlining the importance of helping one another through the post-homicide experience (Armour, 2006). Similar to the suggested benefits of support groups, family members are likely to provide empathy for each other in a way that individuals who have not experienced homicide survival are not able to. Research investigating potential factors influencing how and why some relationships may strengthen and some may weaken in the case of homicide survival would be helpful in developing interventions that strengthen support and bonds within existing relationships.

In this study, another cause of strain on relationships within families appeared to be the immense pressure caused by the event of homicide, and the following justice process. Participants in this study noted an increase in conflict between family members during this time. Previous research has not examined the possible strain on non-marital relationships within families caused by homicide survival. In this study, a number of participants noted changes in their non-marital family relationships. Again it appears that gender differences in grieving style may affect relationships while under the stress of the justice process, with male participants noting aggression in their own behaviour, and both female and male participants noting increased aggression in other male family members:

My relationship with my Dad and my brother, um, I’ve seen them at their worst and I’ve seen what it can do to them so it’s probably not, definitely not as great as it was. My Dad can’t stand noise and stuff like that. My brother for years was really
aggressive, he just kept telling us what to do and yeah trying to, I think that because [our sister] was the youngest he felt that he, that he didn’t protect her, and yeah he was really aggressive (Person A).

The findings shown in the Results section reflect those of previous research indicating that males are more likely to behave aggressively when grieving, while females are more likely to exhibit emotional distress (Janoff-Bulman & Hanson-Frieze, 1987; Kenney, 2003). Current research suggests that this aggression displayed by males is the result of an inner conflict between gender expectations to appear strong, and the deep sadness and shock of the loss (Parkes, 1993). It is not clear whether this gender difference is more severe in homicide survivors compared to other grievers; further research should examine the aggression levels of male homicide survivors, in comparison to males grieving natural, suicidal or accidental deaths. The possibility of heightened aggression in male homicide survivors has implications for interventions, which could incorporate aggression management for male homicide survivors.

24. Re-Traumatisation by the Justice System

Previous research has frequently reported feelings of rage in survivors (Miller, 2009). In this study, the majority of frustrations and anger described by participants were specifically directed toward the justice system. Each of the participants in this study indicated dissatisfaction with some part of the legal process. A number of previous studies have reported survivors feeling side-lined, ignored and unsupported by legal or criminal justice officials (Armour, 2002; Bucholz, 2002). In this study, a pattern emerged showing that participants reported feeling uninformed about Court proceedings and unsupported throughout the legal process. Feeling marginalised in
this way is likely to perpetuate the sense of helplessness and confusion created by the loss itself, and appeared to be a major factor associated with the negative effects of homicide survival described by the participants.

**24.1. Prioritisation of Offender’s Rights**

Eight of the participants in this study reported feeling that the offender’s rights were prioritised over the deceased victim’s in the Court process. This bias described by participants regarding the Court system prioritising the rights of the offender may be genuine, because a Guilty verdict requires a case be made beyond reasonable doubt, unlike in civil cases where the verdict is based on the balance of probability. To a family member of a homicide victim, this system may seem cruel and unjust, with a disregard for the lost life of the deceased. Feeling that a lost loved one’s rights are being disregarded by the Court system, as described by the participants in this study, is likely to lead to further distress for homicide survivors. While the findings of this study cannot be assumed to be representative of all family members of homicide victims and their attitudes to the Court’s prioritisation of offenders, they reflect similar results generated by previous research (Miranda, et al., 2010; Peach & Klass, 1987).

**24.2. Lack of information**

A lack of information provided during the Court process was indicated by each of the participants in this study to be an unhelpful factor hindering their ability to cope post-homicide. Similar to the findings of this study, Baliko and Tuck (2008) found that survivors believed that their experiences of the legal process would have been improved by better communication between themselves and Court professionals.

It is clear that more information must be provided to survivors before and during the Court process. Further research could look into ways that survivors could
be made to feel more supported and informed by Court officials. A possible solution might involve Court advisors being required to accompany survivors at all times during the trial. The constant presence of a Court adviser could be useful in allowing survivors to feel they are being kept informed, and that they are a part of the process. Sensitivity training for Court advisors may better prepare these professionals for catering to the needs of this sensitive population. Further research could involve surveys being used for survivors to rate various suggested ways in which more support and information could be made available to them throughout the legal process.

24.3. Media

With a significantly smaller population and lower rates of homicide compared to the United States (UNODC Global Study on Homicide, 2013), where the majority of research on this topic has been completed, the likelihood of media coverage is higher for homicide survivors in New Zealand. Media attention was identified by six participants in this study as invasive, and was described to be an added stress in their grieving processes. Media attention has also been identified in previous research as a source of anxiety and stress for survivors (Baliko & Tuck, 2008). The mode of death is likely to cause severe stress in the case of homicide survival, and is likely to be the focus of media coverage (Currier, et al., 2006). As media attention in a murder case is often unavoidable, especially in New Zealand, intervention studies could examine whether grief models focused on coming to terms with the nature of the loss in particular, such as Asaro’s (2001) model, are helpful to homicide survivors, as they may provide a resilience to the stress of the Court process and exposure to gruesome details by media coverage of a loved one’s homicide.
The findings of this study, in line with those of previous research, identify the added and unique stresses of the Court process and media attention for homicide survivors. In comparison to other griever, homicide survivors must cope with these added pressures, while also dealing with the various emotional, physical and practical challenges presented by grief in general. It is clear, due to the emotional tax of the complicated legal process described by homicide survivors both in this study and previous research (Miller, 2009), that survivors must be kept well informed and supported throughout this process.

25. Importance of Information and Support

The absence or presence of information and support appeared to be an influential factor in coping post-homicide for the participants in this study. While support is a key need for griever in general, information and support throughout the justice process is a unique need of homicide survivors.

25.1. Police

All but one of the participants in this study described having their needs for support and information met by the Police. Police working on each case were described as being consistently available to the participants to provide information when necessary. The participants in this study also described feeling that they were of a high priority to the Police. This prioritisation and provision of information from Police was associated with positive coping for the participants in this study. Police personnel as a positive factor in the post-homicide experience have not been identified in previous research; future studies could examine the way in which their techniques and strategies of support and information provision could potentially be passed on to Court officials, Victim Support, and other professionals working with
survivors. In comparison to the Court process following homicides, in terms of support and information provision it appears the procedures of the Police are not in need of improvement. Instead, they served as a positive source of coping for the participants of this study.

25.2. Support Groups

Another positive source of information and support explicitly identified by participants in this study was support group attendance. Current literature has identified support group involvement as an effective coping strategy for this population (Armour, 2006; Danne-Miller, 2009; Miranda, et al., 2010). Participants in this study described feeling empowered, and that they were not alone in their struggles after joining support groups. Support groups may address many of the emotional and practical challenges described previously in this study, reducing the need to present a public façade of feeling fine, normalising common emotional and physical challenges, and providing practical advice in dealing with Court officials and legal proceedings. These findings support conclusions made by a number of previous studies regarding the positive benefits of support group attendance for homicide survivors (Aldrich & Kallivayalil, 2013).

The risk of self-selection bias in this sample must be acknowledged, because the sample was contacted through a support group. The findings of this study regarding the benefits of support groups align with those of previous research (Armour, 2006), yet it is likely that survivors willing to participate in research are those more willing to attend support groups. These results are not generalisable, yet the positive benefits of support group attendance described by each of these participants have important implications for government departments and future interventions; professionals
working with homicide survivors could facilitate the option of joining support groups. Future research could examine the psychological and physiological outcomes of survivors attending support groups compared with those who are not, with attention to external factors that may have an influence on these outcomes, to further underline the benefits of support group attendance for homicide survivors.

25.3. Counselling

The majority of participants described solo counselling as unhelpful in their coping post-homicide, yet two described it as a useful coping strategy. This reflects previous findings that one on one counselling receives mixed responses from homicide survivors (Kristensen, et al., 2012). When these mixed responses to solo counseling are compared to the positive responses to support groups, both in this study and in others (Miranda, et al., 2010), it appears that support groups or group therapy may be more appropriate interventions for this population. Outcome studies could look at comparing responses to solo and group therapy for survivors, and possible benefits of combining the two treatment strategies.

25.4. Community Support

A positive source of coping identified by participants in this study was community support. As shown in the Results section, a number of participants noted organisations and community institutions going out of their way to help them, and identified these gestures as helpful in their coping post-homicide. The need for community support was further highlighted by the fact that many of the participants in this study described feeling isolated by their experience of homicide survival. Participants described feeling the need to present a façade to their friends and co-workers that they are feeling fine. These feelings of isolation described by participants
may have resulted from feeling they could not reach out to others for support.

Differences in community support and potential outcomes of these differences for survivors have not been examined in previous research. It may be that survivors benefit from smaller communities in which support and recognition is given more often than in bigger cities. For homicide survivors living in bigger cities, this sense of community could possibly be created within families, social networks, support groups or group therapy. Interventions should look at providing a base of support for survivors, made up of people they care about and connect with. Participants in this study noted the presence of their extended family as a positive source of support, emphasising the need for interventions to focus on maintaining and strengthening familial bonds.

25.5. Victim Support

The goal of the Victim Support organisation is to provide practical and emotional aid to victims of crime and other trauma in New Zealand. The Victim Support organisation in New Zealand was identified, alongside Court officials, as a negative source of information and support by the participants of this study, and an influencing factor in their distress. Unprompted, nine of the participants raised the issue of Victim Support not meeting their needs and causing them distress. While a small number of participants (two) reported a positive relationship with the specific volunteer assigned to them, each of the participants noted inconsistencies within the organisation. The Victim Support organisation differs between countries, yet it has been studied for homicide survivors in the United States, gaining similar negative reviews (Parkes, 1993). Ways in which the New Zealand Victim Support organisation can be improved should be explored in further qualitative and outcome studies.
It appears that more consistency is required in the information provided to victims on their entitlements (for example, financial aid or free counselling), as well as longer more rigorous sensitivity training for volunteers. The ability and skills of volunteers to emotionally support the victims of particularly traumatic crimes should be of utmost importance to the Victim Support organisation, and these skills should be consistent throughout the country. Consistency and higher standards in Victim Support volunteer training is particularly important for homicide survivors, due to their vulnerability to mental distress (Zinzow et al, 2011) and this sample’s described need for extra information provision and support throughout the traumatic justice process. However, improving Victim Support standards and training in New Zealand would also benefit the victims of other crimes.

### 26. Finding Benefits

Linked to earlier findings in this study is the fact that each of the participants has found benefits in advocacy post-homicide. With the feeling that life has changed forever, a changed view of the world, and a disillusioned outlook on the justice system and Victim Support, it is unsurprising that these participants now work to prevent what happened to them from happening to others. Participants from this study now support, and in some cases run, organisations that advocate causes or seek to make changes such as domestic violence prevention, safer parole laws, mental health policy, and other related causes. Survivors turning to advocacy and reporting the benefits of this has been documented in previous research (Armour, 2006) but ways in which interventions could maximise these opportunities have not yet been addressed.

The move into advocacy by the participants of this study can be related to the concept of meaning-making. There appears to be no true meaning to be found in losing a loved one to homicide, but each of the participants in this study made it clear
that they did not want the death of their family member to be for nothing, and saw their new purpose in life to be one of pursuing change. Advocacy support or participation may be helpful in adjusting to a changed view of the world post-homicide, with survivors looking at what they do not like about the world and actively seeking to change it. From the evidence provided in the Results section, it appears that the participants in this study have been able to construct a coherent narrative concerning their loved ones’ homicides, as they changed their own lives to prevent these horrors occurring for other innocent families. Constructing a coherent narrative involving a loss is a key step in grief recovery (Asaro, 2001); future interventions should seek to help survivors construct these post-loss narratives. For some survivors, advocacy may not be what leads them to achieve meaning-making, and professionals working with this population could facilitate discussion around other ideas, for example pursuing the unfulfilled goals of the deceased (e.g. travelling to locations where the deceased had wanted to go).

Connecting with other homicide survivors is likely to strengthen the benefits of a move into advocacy, or create alternative means to achieve meaning-making. Homicide survivors could discuss their ideas with sympathetic and understanding others, and gain knowledge from the experiences of their peers (Asaro, 2001). Again the need for interventions to provide the option of joining support groups for survivors is underlined.

Sampling bias may be affecting the consensus in this sample regarding the benefits of advocacy; further research could examine the views on advocacy of survivors who have not sought treatment or involvement with support groups in comparison to those who have. A possible bias towards homogeneity in this sample must also be considered as a result of the sample being recruited through a single
group, thereby possibly discussing many of these issues and being more likely to have reached some consensus. Support groups may breed a stronger ambition for change. Further research could track the outcomes of survivors in their advocacy efforts to examine the long-term benefits of actively pursuing change post-homicide. Emotional and physical outcomes could be compared between survivors who are pursuing advocacy and those who are not, because as it is possibly the leading source of meaning-making for this population, it may have further positive effects.
27. Strengths and Limitations

The qualitative design of this study was used to provide new insights and information using a methodology that emphasises exploration (Kearney, 2001). The use of a qualitative method allowed participants to describe their own experiences in their own terms and create their own categories (Lofland, 1971), allowing a rich insight to be gained into the experiences of homicide survivors in New Zealand. The participants were given as free as possible an opportunity to raise issues they found important rather than forcing them into pre-defined categories, which is a disadvantage of survey techniques.

Practical and ethical considerations resulted in an unavoidable risk of sample bias in this study. It cannot be assumed that the accounts provided by this sample reflect the experiences of homicide survivors as a population, yet these findings can be placed within the context of previous studies, and indicate potential directions for further research. On the relatively unexplored topic of homicide survival, especially in New Zealand, there was a limited theoretical framework to direct this research. The limited theoretical framework available to guide this study on the one hand emphasises the need for the qualitative, explorative methodology of this study, but also raises the need for caution in any attempt at generalisation of its findings.

A qualitative interview sample requires individuals who are willing and able to articulate their experiences insightfully (Barbour, 2001). A non-random, self-selected convenience sample was used in this study, reducing the likelihood that the sample is representative of homicide survivors in general. The purposive sampling method may have selected participants who are particularly disillusioned with the justice system, and this may have affected their emotional, physical and practical outcomes. All of the participants in this study were advocates of some kind, which may reflect a
willingness to discuss their experiences, criticise the justice system and promote support groups that other survivors may not have. Homicide survivors more satisfied with their experience of the justice system may not feel motivated to attend support groups or move into advocacy. Homicide survivors who do not participate in support groups or advocacy would have represented a contrasting group, as they may have fewer grievances to air and may possibly be more representative of the general homicide survivor population; further research could compare these two groups. It may be however that all survivors have negative experiences in the justice system and would benefit from support groups or advocacy, but external factors prevent them from joining.

None of the participants in this sample had been suspects in the case of their family member’s homicide. This is likely to have affected the study’s findings regarding the participants’ consensus on positive views of the Police. Survivors who had been suspects would have had different experiences interacting with Police, and may have had less positive views of the organisation. Future research should examine the outcomes of survivors who are under suspicion by the Police, in comparison to those who are not suspects in the case. It may be that the support and information provided by Police to survivors who are not under suspicion acts as a mediating factor in positive coping post-homicide.

In addition, none of the participants in this study were the children of homicide victims. It has been suggested that losing a parent to homicide, in comparison to other family members, results in higher rates of trauma and mental distress (Clements & Burgess, 2002), yet this finding does not go uncontested, with alternative studies suggesting that the parents of homicide victims suffer the most (Miranda, et al., 2010). However, trauma at an early age has been found to have numerous negative
effects on emotional and psychological outcomes (Penza, 2003), raising the possibility that homicide survival for the children of victims, especially young children, may be more harmful than for more mature, adult survivors. Young homicide survivors losing a sibling may also be more severely affected if age is a mediating factor in an ability to cope post-homicide. Adult survivors are likely to have partners and wider social circles available to them for support in comparison to young children, further supporting the possibility of child survivors being at a higher risk of negative outcomes. Future research could look at potential age effects, as well as relationship to the deceased, on outcomes for homicide survivors.

Time constraints on this project prevented recruitment through diverse avenues. Recruitment was only completed through one single organisation. Future research could work with a wider range of survivors and spend more time attracting homicide survivors through avenues such as counselling services, Police connections and media outlets. By using different sources of recruitment, a wider range of participants is likely to be achieved, and the themes identified in this research could be further supported or expanded on.

Volunteer bias may also have affected this sample. It cannot be established whether survivors chose not to participate in the study because their experiences were more or less distressing that those who did choose to participate, or whether external factors prevented their participation. The sample used in this study was as diverse as possible under time and logistical constraints, with a range of ages, genders and relationships to the deceased. The experience of the participants in this study varied, with a mix of outcomes regarding treatment seeking and Court verdicts.

This study’s focus was on the experience of the individual. Semi-structured interviews are useful to gain personal, subjective accounts. Interviewer effects are a
risk, as well as social desirability responding and outside factors, but these interviews were conducted in private, comfortable areas to minimise this risk. This was the researcher’s first experience with interviewing; the interviewer’s skills may have improved during the process and may have affected responses and flexibility. This research was conducted with ethics approval, and under the supervision of an experienced researcher. Participants were made aware that they could withdraw, or stop the interview process at any time. Data were left out of the final report if discussed while the voice recorder was not running, or if participants asked them to be left out of the transcript before or after they said something. These excluded data may potentially have had an effect on results the themes identified in this study, or in the researcher’s interpretation of the data.

The data analysis in this study focused on description, because the research aims were exploratory. Time and logistical constraints prevented the expansion of findings into quantitative research. Using the themes extracted in this study, further quantitative research could examine how often these themes emerged in a survey of survivors. Surveys could also be used to examine the presence or potential differences in these themes cross-culturally.
28. Conclusions

Homicide survival is a unique, traumatic and life-changing experience. A review of available literature has shown that there is limited research published on homicide survival. The inductive, explorative method of this study allowed the inherent diversity of homicide survival experiences to be investigated. The findings of this study identify both the emotional and physical effects of homicide survival, and influencing factors that may influence these effects. While some overlap with the symptoms of grief in general may be discerned, these emotional and physical effects appear to be more severe in homicide survivors due to the particularly disturbing nature of the loss and the subsequent re-traumatising Court processes.

Unique to the experience of losing a family member to a homicide, homicide survivors must also endure the gruelling criminal justice process and associated media attention, which along with Victim Support appeared to be consistent sources of stress and pressure in the sample of homicide survivors obtained for this study. Factors that appeared to help the participants in this study to cope with their post-homicide experiences were: close bonds with Police and communities (family included), as well as participation in support groups and various forms of advocacy. These factors, and the possibility of external influencing factors such as financial burdens, require further attention and exploration in future research with a view to determining the effect of such factors on the outcomes of homicide survivors.

Little can be done to shield survivors from the inevitably traumatic criminal justice process, but strategies and mechanisms of intervention could be investigated to increase support and information provision within this system. As the Police appear to be effective in this regard, coordination between Police and Court officials could be more comprehensive to ensure appropriate levels of support are achieved during the
ensuing Court process. Interventions should seek to strengthen community and familial bonds, link survivors to support groups, and facilitate higher levels of information and support prior to, during and following the Court process. Court officials, Police officers and Victim Support volunteers, among others, should be well informed of the many factors involved in the experience of homicide survival and the short and long-term effects these factors can have on survivors. Whilst further research may question the value of some of the suggestions made by this study and highlight other possible areas of attention and improvement, ultimately it is clear that there is much potential, and indeed much necessity, to improve the current system, structures and processes to ensure that homicide survivors are given the support they require.
Appendices
Appendix A: Ethics Approval Confirmation Letter

Office of the Vice-Chancellor

Finance, Ethics and Compliance

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

21-Feb-2014

MEMORANDUM TO:

Prof Glynn Owens Psychology

Re: Application for Ethics Approval (Our Ref. 010859): Approved

The Committee considered your application for ethics approval for your project entitled Family Members of Homicide Victims: Short and Long Term Effects.

We are pleased to inform you that ethics approval is granted for a period of three years.

The expiry date for this approval is 21-Feb-2017.

If the project changes significantly, you are required to submit a new application to UAHPEC for further consideration.

If you have obtained funding other than from UniServices, send a copy of this approval letter to the Research Office, at ro-awards@auckland.ac.nz. For UniServices contracts, send a copy of the approval letter to the Contract Manager, UniServices.
In order that an up-to-date record can be maintained, you are requested to notify UAHPEC once your project is completed.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the UAHPEC Ethics Administrators at ro-ethics@auckland.ac.nz in the first instance.

Please quote reference number: 010859 on all communication with the UAHPEC regarding this application.

(This is a computer generated letter. No signature required.)

UAHPEC Administrators University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Psychology Miss Elizabeth Fisher

Additional information:

1. Do not forget to fill in the ‘approval wording’ on the Participant Information Sheets and Consent Forms, giving the dates of approval and the reference number, before you send them out to your participants.

2. Should you need to make any changes to the project, please complete the online proposed changes and include any revised documentation.

3. At the end of three years, or if the project is completed before the expiry, please advise UAHPEC of its completion.

4. Should you require an extension, please complete the online Amendment Request form associated with this approval number giving full details along with revised documentation. An extension can be granted for up to three years, after which a new application must be submitted.

5. Please note that UAHPEC may from time to time conduct audits of approved projects to ensure that the research has been carried out according to the approval that was given.
PARTICIPANT INFORMATION SHEET

Family Members of Homicide Victims: Short and Long Term Effects

Elizabeth Fisher

Researcher introduction

My name is Elizabeth Fisher. I am a student at the University of Auckland, and this project will be for my Masters Thesis in Psychology.

Project description and invitation

The aim of the project is to examine the unique issues and challenges faced by individuals dealing with the loss of a family member to homicide. The project aims to examine the short and long term effects of these unique issues and challenges on family members, and to identify ways in which theory and practice could be improved in this field. Previous research suggests that these short and long terms effects can be both emotional and physical. The Sensible Sentencing trust has passed on this information sheet to invite you to participate in my research. Your participation will involve discussing with me your experience of losing a family member to homicide, and the effects that this experience has had on your life. Benefits of your participation will include an opportunity for you to comment on the legal, social and emotional processes following the homicide, and to describe what you believe helped or did not help you to get through this difficult time. With your cooperation, particularly helpful aspects of criminal justice, Victim Support or other processes can be identified, as well as areas that may require attention or improvement. By identifying what you believed was particularly helpful in your experience will also potentially benefit others going through the same process.

Project Procedures

If you choose to be involved, you will participate in a semi-structured interview, in which I will ask you questions and we can flexibly discuss your experience. This
process will take roughly one hour, but is not restricted to this hour and could go longer or shorter if needed by you. The interview will be audio-recorded, but even if you agree to being recorded, you may choose to have the recorder turned off at any time. Due to the sensitive subject matter, there is a chance that this discussion may cause you some emotional discomfort; if that is the case, I can provide you with the addresses and contact details of local support groups and counsellors. Additionally, the Principal Investigator is an experienced Clinical Psychologist and will be available to advise on possible avenues of support should the need arise. Your participation in these interviews is voluntary.

Data storage/retention/destruction/future use

The recorded interviews will be stored on tape in a secure cabinet at the University of Auckland. Myself, and my supervisor Glynn Owens will be the only people with access to these interviews. After six years, the tapes will be erased. Names will not be used in the recordings, and documents that identify you will be stored separately to the tapes. I will send you a transcript of your recorded interview, which I myself have transcribed. Only the principal investigator and I will have access to, or listen to the tapes. If you wish to retract certain statements, answers, or your whole interview, you may do so during a two-week period after reviewing your transcript.

Right to Withdraw from Participation

As a participant, you have the right to withdraw from participation during, or before the interviews, and once the interviews have been recorded, you can retract parts of, or your entire recorded interview within a two-week period after you have received the transcript.

Anonymity and Confidentiality

No real names will be used in the final Masters Thesis. Codenames will be used to protect your and your family’s identity. Specific details surrounding the homicide and its circumstances will not be written in the Thesis.

Contact Details and Approval Wording

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For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: humanethics@auckland.ac.nz.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS

COMMITTEE ON 21-Feb-2014 for (3) years, Reference Number 010859
Appendix C: Consent Form for Interview Participants

CONSENT FORM

(Participant)

This form will be held for a period of 6 years

Family Members of Homicide Victims: Short and Long Term Effects

Elizabeth Fisher

I have read the Participant Information Sheet; have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

· I agree to take part in this research.

· I understand that I am free to withdraw participation at any time, and to withdraw any data traceable to me up to a specified date (give an actual date) / period.

· I agree / do not agree to be audiotaped.

· I wish / do not wish to have a transcript of my tape returned to me.

· I wish / do not wish to receive the summary of findings.

· I understand that a third party who has signed a confidentiality agreement will transcribe the tapes.

· I understand that data will be kept for 6 years, after which they will be destroyed.

Name ___________________________

Signature ___________________________ Date __________________

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON ........FOR (3) YEARS REFERENCE NUMBER ....../…
Appendix D: Initial Email Questions for Potential Participants

(Reproduction of email)

Hi there,

As you know, my name is Lizzie Fisher, and I am honoured to be involved in this study. The study needs to be a true sample of those represented, so to ensure that I speak to quite a range of people I would like to get some personal details from you if that's okay. I will then make contact again to interview you about your loss.

Could you please tell me what sex you are, your age and your address?

Could you also please tell me your relationship to the person you lost; for example, were they your partner, sister, mother etc?

I’d also like to know if the person responsible was ever identified? If so, were they someone you knew? Were you related to them in any way?

Once I have gathered this information I can get back to you to arrange a meeting.

I look forward to speaking with you.

Kind regards,

Lizzie Fisher
Appendix E: Interview Schedule

My name is Lizzie Fisher, and I am a Masters student at the University of Auckland. The research I am conducting is going to describe the experiences of people, like you, that have lost a close family member to homicide.

Is there anything else you would like to know about me?

Perhaps you could tell me a bit more about yourself… (What do you do…)

I know your name is… and you told me that… was lost to homicide in... I wonder if you could perhaps tell me a little more…

I am very interested in hearing about your experience…
(Would you mind telling me about the loss of your loved one?)

(Opening statement and first question will be given to everyone; following prompts may not be necessary)

Thanks for telling me that. Could you now tell me how you feel it has affected you since then?

What lasting impact do you believe that this experience has had on you?

Could you give me some idea of how you feel it has affected other members of your family?

Can you recall what was challenging or difficult for you personally?

Is there anything you can think of that was helpful to you either when the homicide occurred or subsequently?

How has reflecting on this experience made you feel?
What could I have asked you that I haven’t asked yet?
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