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A homicide in the family : the dual perspective of mothers' experience parenting and use of community resources and community providers' report on services utilized by mothers and their children

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Leah Elizabeth Baltar Berkowitz
A Homicide in the Family: The
Dual Perspective of Mothers'
Experience Parenting and Use
of Community Resources &
Community Providers' Report
on Services Utilized by Mothers
and their Children

ABSTRACT

This research study was conducted to clarify the impact of the experienced homicide of a family member on mothering, post-homicide. Data was gathered regarding mothers' use and perception of community support services and providers' perception of the efficacy of those services currently available to surviving family members. Potential alternatives to already-existing services and modes of delivering these services to families impacted by violence were explored.

In this dual-perspective flexible methods study, seven mother-participants and four community providers – comprised of three victim/witness advocates, who currently work in Massachusetts Court-based District Attorney's offices and one licensed independent clinical social worker, who has provided direct care services to individuals and families impacted by homicide – were interviewed independent of one another either by telephone or in person. Participants were asked specific questions and were invited to clarify information important to this investigator's understanding of their life experience and/or work.

Findings of this study provided clear positive correlation between challenging mother-child dynamics and the experience of a homicide in the family. A majority of the eleven participants (from each group-set) suggested the development of a nationally-based foundation to better collaborate systems of response for individuals and families.

A HOMICIDE IN THE FAMILY: THE DUAL PERSPECTIVE OF MOTHERS'
EXPERIENCE PARENTING AND USE OF COMMUNITY RESOURCES &
COMMUNITY PROVIDERS' REPORT ON SERVICES UTILIZED BY MOTHERS
AND THEIR CHILDREN

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2007

AWKNOWLEDGMENTS

*This project is dedicated to the memory of my maternal grandmother,
Betty Louise Van Patter.*

This thesis submission is dedicated to the mothers who participated in this study and additionally to the children and families around the world, impacted by violence and homicide on a daily basis. I wish one day for the tides to change.

This project could not have been accomplished without the assistance, contributions, and tireless support of many individuals. To my parents: mom, dad and Gale, and step-dad and Noni. To Claire (Didi) – a sister I couldn't be more proud and lucky to have. To all the wonderful women at Smith, in particular the fabulous-4 & D.G., without whom these 26-months would not have been nearly as memorable, growthful, and fun. To my loving partner Goose, who truly embodies the expression of unconditional love – I am left without words. To these individuals, I give my love and thanks – I am gratefully appreciative.

Special thanks to my clinical supervisor, Noreen McGirr, who throughout this project checked in daily and who tirelessly thought and re-thought about recruitment connections. Finally, thank you to my thesis advisor, Mike Murphy, who provided exceptional content and process editing throughout.

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You can't pick and choose who's going to be a victim and you can't pick and choose who's going to get benefits available for victims. It's just not fair. And if people don't want to use things – and there will be people who don't want to – that's fine. But I think one of the most important things is – you spend so much time when you're a victim thinking about your own victimization and thinking you are the weirdest person walking the street because of what you're feeling and you need to know there's someone else out there who has been that route before.
- 59 Year Old Mother

CHAPTER I

INTRODUCTION

Homicide rates have continued to climb in the United States. According to a national violent death reporting measure across six states, homicide rates have increased from 4.95 per 100,000 people in 2000 to 5.49 per 100,000 in 2003, or – more specifically put – a 4% increase between 2002 and 2003 (Centers for Disease Control [CDC], 2005). While homicide rates have continued to grow over the last several decades, federal government funding for community violence prevention and recovery programs have remained low (Prothrow-Stith & Spivak, 2004).

This researcher became interested in the self-reported impact of traumatic homicide of a family member on the experience of mothering (post-homicide), given that many communities across America frequently experience a multiplicity of homicides on a weekly, if not daily, basis. While this investigator is ultimately interested in the notably under-researched impact of homicide in the United States on individuals, families, and communities, this study provided a necessary stepping-stone to further explore the intergenerational impact of homicide on mother-child dyads. In order to explore these

phenomena further, it became imperative to talk with surviving mothers themselves.

What is a mother's experience of parenting following her experience of the homicide of a loved one (whether child, parent, or partner)? If parenting poses challenging dilemmas to mothers, are community resources readily made available to family members in grief? In addition, what are the perceptions of those providing services to families who have experienced a homicide? Are current services adequate and appropriate? What changes should be made in the current response system to families and individuals, so that services are increasingly equitable and useful for all consumers?

As several bodies of research indicate, an incidence of violence experienced by parents – and, perhaps more importantly, their ensuing recovery process – often leads their children to experience heightened levels of distress symptomology (Cohn & Tronick, 1989; Dulmus & Wodarski, 2000; Fearon & Mansell, 2001; Margolin & Gordis, 2004; Schechter et al., 2004; Yehuda, Halligan, & Grossman, 2001). The expressed goal of this study was not to blame mothers for their inadequacy, but rather to identify and clarify any self-reported links between the parental experience of trauma and their child-rearing practices.

A comprehensive review of theoretical literature and empirical research was completed by this investigator and is presented in chapter two. A basic review of trauma theory and attachment theory is introduced, as is the very latest empirical research, conducted on the issue of intergenerational effects of trauma. For the purposes of this study, because little empirical data has been collected reflecting the effects of a homicide in the family on parenting (and, more specifically, mothering) in the United States, comparisons have been drawn amongst two other forms of trauma: children and

grandchildren of Holocaust survivors and victims as well as Vietnam Veterans, who survived the war and returned home to their families. In the two chapters that follow, the methodology of this study and findings of this researcher's work is reviewed in great detail.

At this juncture it is vital to note this researcher's specific reporting criteria, and bias, evident within this document's review of findings. The voice of mothers, particularly those who have experienced violent trauma, are heard far less often than those who provide services to them (mental health or otherwise). This writer made a conscious decision to allow more space for mothers' voices to be shared within this document. Additionally of note: in the end, this researcher was able to interview seven mother-participants and four provider-participants. Because so often the tables are turned with regards to voiced representation, this study provides a unique point-of-view in its account of this critical material.

A chapter of discussion follows that of the findings. The discussion chapter provides a critique of several issues facing surviving victims of homicide (with a particular emphasis on the implications of trauma on the experience of parenting). A multiplicity of complex issues that survivors face is reviewed within the context of theoretical and empirical information reported in the Literature Review. Ultimately, this study serves to shed light on the impact of traumatic experiences on parenting – indeed, the national impact of intergenerational trauma, as affected by homicide. Additionally, the perspective of community providers, along with those of mothers, sheds light on the effects and efficacy of systems of support, currently serving those who have experienced

homicide. Social workers, as a professional body, are guided by the mission of serving vulnerable and oppressed communities; this study serves to aid in that mission.

CHAPTER II

LITERATURE REVIEW

The Literature Review chapter is used to ground this study in several of the most relevant and current theoretical and empirical bodies of research. Included herein are specific theoretical concepts that place the scope of this research project within a greater social, cultural, economic, and political context and provide information about several empirical studies, which served as a starting point in the development of this investigator's research questions. In general, I have surveyed and integrated specific research topics that serve to strengthen our understanding of the complexity of such an experience as grieving trauma and, more specifically, how the homicide of a loved one affects the mother-child relationship. Additionally, and equally important for the purposes of this project, I have identified currently available community resources provided for families recovering from the homicide of a loved one. In Chapter V (the Discussion) I will re-visit these research findings, with particular attention to the data gathered from this investigator's study.

Approximately 75,000 parents are newly bereaved to children lost by violent death each year (Murphy et al., 1999). When beginning to assess the myriad ways in which a familial homicide affects the mother-child dyad, several theoretical frames can serve a useful function. A death in the family by homicide is different from any other kind of death. The grieving process that follows a family member's death is exponentially intensified when that death is due to a violent crime – more so than illness

or even sudden accident (Asaro, 2001; Rynearson, 2001). As with any sudden, unexplained traumatic event, an intensified grieving process can sometimes be explained by the survivors' experience of emotional loss of power and control, spurred on by the very real loss of economic, social, and emotional stability and predictability following the event of the homicide (Asaro, 2001; Hertz, Prothrow-Stith, & Chery, 2005). When a woman experiences the loss of a family member to murder, there can be countless effects on the individual herself, as well as family members and friends surrounding her. Sometimes this effect (whether economic, emotional, or otherwise) can extend for many years, and transcend generations.

It is critical to make note of three commonly changed points-of-view for the survivor, with regards to their emotional outlook towards life [these changed states are often conceptualized by trauma-experts as a change in survivor's "world-view" (Capps & Bonanno, 2000, p. 1)]: "1. the belief in personal invulnerability, 2. the perception of the world as meaningful and comprehensible, (and) 3. the view of ourselves in a positive light" (Asaro, 2001, p. 97). Asaro called this reaction in adult survivors of homicide "changes in survivor's assumptive world" (p. 97). Often these newly-felt emotions, grounded in the horror of the murder of a loved one, leaves survivors with the feelings that their lives are now unpredictable and forever (or, at least, for the unforeseen future) vulnerable, that the world is no longer a logical and understandable place (because if it were, how could something like this happen?), and with a new sense that the world is an inherently dangerous place (where anything bad can happen at any time). These feelings can be experienced by family members of all ages and last anywhere from many months to many decades (Hertz et al., 2005).

Attachment Theory

Relationships between two individuals are often positively and negatively impacted by a variety of complex issues, such as the individual's developmental progression and the characteristics of the environment in which these two people are interacting. One historical lens with which to understand the developmental stages and impact of early interactions between parents and children is the theoretical framework of attachment theory. Attachment theory, as operationalized by two of its most influential theorists, John Bowlby and Mary Ainsworth, reflects a foundation under which we can assess the myriad ways that trauma and loss might affect a mother who raises a child following an experience of homicide. Attachment theory very generally refers to a marked behavioral system between parent-child dyads. Mary Ainsworth (1989) very specifically studied relationships between mother-child dyads, and her research is biased in its lack of representation of male parental figures or bonds between other adult-child relationships (such as grandparent-child or adoptive parent-child relationships). Ainsworth acknowledges this exclusion in her 1989 paper, *Attachments Beyond Infancy*, stating "So far, research into father-child interaction has been conducted on samples in which fathers were particularly interested in such interaction. We need much more representative samples of families before we can achieve a clearer picture of the range of paternal involvement... (p. 712). For the purposes of clarification, I will continue by referring to dyadic relationships as 'mother-child,' due to the specific relationships addressed in this study.

This behavioral system, characterized by precise affective responses of the mother towards the infant (such as, looking at or away from the infant when the infant makes

noise), colors the amount of intimacy and closeness felt within the mother-child dyad (Ainsworth, 1989; Bretherton, 1997; Cohn & Tronick, 1989). For example, the child may grow up feeling a sense of rejection, inadequacy, shame or self-criticism if the mother is disorganized by or preoccupied with the trauma she endured. Additionally, this experience can be compounded if, over a period of years, she continues to be unresponsive to her child in a regularly attuned way (Cohn & Tronick, 1989).

One study assessed the impact of parental “unresolved loss” and posttraumatic stress symptomology on an infant’s early development and adult-child relationship (Fearon & Mansell, 2001). “... [T]he loss of a close loved one can lead to a psychological profile characterized by intrusions, reexperiencing, feelings of loss of control, hypervigilance, and avoidance similar to symptoms of PTSD” (Fearon & Mansell, 2001, p. 388). Because a mother’s level of attunement is often directly and negatively impacted by life experiences such as a personal history of physical maltreatment (Morton & Browne, 1998) or traumatic exposure to or knowledge of the violent homicide of a family member (Asaro, 2001), a mother might display any number of behaviors, impacting the relationship with her child. Fearon and Mansell (2001) conducted critical research with respect to the mother’s potential behavioral impact on her child:

Attentional processes may become disrupted in one of two ways. First, activation of unintegrated representations [i.e.: upsetting mental imagery] will lead to the intrusion into consciousness of thoughts, memories, and feelings associated with the loss that are highly salient and emotive and automatically capture attention [i.e.: the parent can become all-but unable to focus their attention on anything other than the trauma]. Second, safety behavior and avoidance processes are in themselves attention-demanding and take up resources that would normally be dedicated to regulating caregiving behavior.... A reduction in the allocation of attentional resources to the environment by either mechanism would then have

several possible consequences. First, such a reduction may lead to *lapses in the monitoring of sensory-guided action*; for example, the parent may aim to hold the child affectionately but overconstrict him or her. Second, reduced attentional resources may lead to parent *failure to recognize the effects of behavior* on the infant (e.g., early signs of discomfort, overstimulation, or fear) (p. 390).

A mother's "attentional resources" (p. 390) can be diminished to a great extent, impacting her ability to respond with appropriate "caregiving behavior" (p. 390).

In his 2005 article, "The Child and Its Family: The Social Network Model," Michael Lewis described attachment relationships in mother-child dyads and the important significance of "multiple attachment figures" (p. 8), including – but not limited to – other familial relationships, relationships with peers, and other social groupings. As Lewis explained, an epigenetic model (in which "the mother-child relationship, as the initial and primary interpersonal experience to which the infant must adapt, shapes subsequent social relations with other adults and with children" (p. 10)) has been used throughout the last several decades to describe the way in which children develop meaningful relationships. In contrast, Lewis suggested the use of an approach he coined "the social network model" (p. 10). This model "argues that different systems of relationships develop concurrently to satisfy differential social needs" (p. 10). In other words, several relationships are utilized by infants in order to formulate their understanding of the world around them, and to learn about social and emotional experiences. The social network model is important to this investigator's research, because it lends credence to the value of establishing culturally-appropriate community programs, which, upon use by mother-child dyads (following the traumatic death of a family member), can provide "immediate, intermediate and rehabilitative assistance" (Rynearson, 2001, p. 132).

While it is critical to make note of the works of theorists and research conducted in past generations (and even the past several years), it is equally – if not more important – to make note of the ways in which these very theories of attachment styles and relatedness skills are rooted within the historical context of the study and assessment of European-American relationships (and generally female-child dyads, at that). Thus, the cross-cultural (and cross-gender) applicability of those particular theoretical models are inadequately backed up by research evidence at this time (Ainsworth, 1989; Bretherton, 1997).

Bereavement Following a Violent Death: Traumatic Grief

In her seminal book, *On Death and Dying*, Elisabeth Kubler-Ross (1969) detailed the five stages of grief most family members generally experience when they learn that a loved one is sick and, inevitably, going to die. The sense of foreshortened future that surviving family members can feel after receiving news that a loved one is sick can spur them (and sometimes their dying loved one, if the progression of death is prolonged) towards beginning an engagement in this process of staged-grief (Kubler-Ross, 1969). This model follows five distinct phases, or “stages”: denial and isolation, anger, bargaining, depression, and acceptance (p. 34). Grieving family members can follow this stage-model progressively and also retro-gressively. For those experiencing the traumatic death of a loved one, survivors can find themselves experiencing one particular stage – or many stages – over a prolonged period of time.

The grieving process that follows the violent death of a loved one to homicide can be a significantly different process than grieving any other incident (or form) of death. A study conducted by Murphy et. al (1999), examined the prevalence of PTSD diagnoses

among parents (some single, some married) grieving the violent death (either to homicide, suicide, or accidental death) of their child (between the ages of twelve and twenty-eight years old). This study (N=261, comprised of 171 mothers and 90 fathers) revealed “twice as many mothers and fathers whose children were murdered met PTSD caseness (full diagnostic) criteria compared with accident and suicide bereavement” (Murphy et al., 1999, p. 273).

Participants were recruited through randomized sampling in a community-based context, approximately four months following the death of their child. Measures of self-esteem, self-efficacy, coping strategies, perceived social supports, post traumatic stress symptoms, mental distress, grief responses and physical health characteristics were taken at baseline (approximately four months following the death of their child) and at one- and two-year intervals thereafter. Approximately 60 participants were not exposed to the intervention and comprised the group of controlled subjects. Participants in the experimental group were exposed to a “problem-focussed and emotion-focussed 10-week bereavement program” (p. 276). At baseline, there were no significant differences in the measured variables between treatment and control groups. Murphy et al. concluded:

...Trauma brings about the abrupt disintegration of one’s view of the world as benevolent and meaningful and the self as worthy. Following an uncontrollable traumatic event, victims, including survivor-victims... see themselves as helpless and weak in a malevolent, meaningless world. The predominant early emotional experience is intense fear and anxiety. The coping task is to construct a new assumptive world consisting of both personal and relational change. This task is judged particularly difficult and lengthy because of the wrenching interdependence of emotion and cognition.... although one’s assumptive world needs to be reorganized, risk and protective factors such as event variables (causes of death), predisposing and coping variables (self-esteem, self-efficacy, coping strategies, acceptance of the deaths, and social support), likely affect outcome variables (posttraumatic stress disorder, physical and mental health status, and work attendance and performance) (p. 274).

Many surviving family members of loved ones lost through accidental death, or even long-anticipated illness, may also experience what grief and trauma experts have come to recognize as *traumatic grief* (Murphy et al., 1999) or *traumatic bereavement* (Rynearson, 2001, p. 120). The grief family members experience when a loved one is lost to any form of death can be exacerbated by a multiplicity of issues, such as economic stress (i.e.: the loss of a working-family member or the survivor's own incapacity to return to work), the loss of direct social and emotional support from this loved one, and intrusion from the media or other outside forces (Rynearson, 2001; Murphy et al., 1999). However, research has shown that, with all points taken in context, it is likely that surviving family members experiencing the loss of a loved one to an unanticipated violent homicide will grieve this death with the overriding feelings and emotions associated with the clinical distinction of traumatic grief (Murphy et al., 1999).

The Biological Transmission of Traumatic Exposure

The debate regarding a possible intergenerational transmission of traumatic effects from parent-to-child reflects a wide range of theories and data – from an explanation of the effects being the result of a more behaviorally-based social learning theory (Markowitz, 2001) to those who have researched the biology of stress and hormone responses in survivors of traumatic incidents (Schechter, et. al, 2004; Yehuda, Halligan, & Grossman, 2001). Empirical research assessing the intergenerational biological effects of traumatic stress due specifically to community homicide has not been conducted to this date. However, there is extensive research on the

intergenerational biological effects of traumatic death (or experiences) in other populations, such as relatives of Holocaust victims or Vietnam War casualties.

At least two studies have found that biological (or physiological) responses to trauma (and the resulting stress hormones secreted into the bloodstream of the trauma survivor) effect the survivor's behaviors for up to years (or decades) following the traumatic incident, including those behaviors directly related to specific child rearing practices (Schechter et al., 2004; Yehuda et al., 2001). In other words, patterns and behaviors that parents develop while child-rearing may be directly influenced by biological (stress-related) responses to traumatic exposure.

Two studies (Schechter et al., 2004; Yehuda et al., 2001) measured cortisol activity (a biological stress measure) among victims of differing forms of violent crime. In the Yehuda study, a cross-sectional relational design, a comparison was measured in the cortisol activity (a specific stress hormonal response) amongst 51 adult children of Holocaust survivors to a control group of 41 comparison subjects ["Jewish individuals in the same age range (24-60 years) who did not have a parent who was a Holocaust survivor" (p. 736)]; both groups of participants in this study were approximately equally divided among gender. Participants were recruited on a voluntary basis, as a non-probability sample, largely drawn out of convenience (announcements were made in newspaper advertisements). This study found that parents who were holocaust survivors and their children had higher amounts of cortisol measured than the control group, concluding that there can be very measurable biological (indeed, intergenerational) effects of traumatic stress (Yehuda et al., 2001).

A potential bias of this study (as identified by the authors) is that participants were self-selective and thus sample selection might have been biased towards the participation of individuals displaying higher levels of problematic symptomology. Participants who noticed increased problem behaviors or stress in themselves or their children might have been more likely to seek participation in this study, for the purposes of seeking support. However, it is possible that the opposite may be true; that participants who experienced a large amount of distress might have self-selected out of this study for the purposes of maintaining anonymity in their communities. One strength of this study is that it included approximately equal proportions of each gender (with a slightly higher propensity towards including female subjects), however a weakness is that this study had a largely homogenous population with respect to both socioeconomic status (middle class) and race (those of “White descent”).

The Schechter et al. study (2004), an experimental design in which a sample of 41 mothers living in inner-city communities, largely of Hispanic (88%) or African American (12%) descent, 51% of whom were on public assistance and 67% were single-mothers, had salivary cortisol activity measured across an hour-and-½ continuum at thirty-minute intervals. Participants were recruited on a voluntary basis and were part of a non-probability convenience sample, largely drawn from phone lists obtained by the investigators. This study additionally reported a definitive relationship between the amount of cortisol measured (in saliva) and the incidence of experienced post-traumatic stress behaviors or symptomology in both parents and children, also lending the conclusion that there can be very measurable intergenerational effects of traumatic stress. Schechter et al. further explain the findings of their study: “the severity of trauma-related

psychophysiological dysregulation may well contribute to interference with a caregiver's ability to communicate and interact sensitively and protectively with her very young child" (p. 332). It makes sense to propose that because a mother might be biologically predisposed towards certain behavioral responses towards her child following the experience of a traumatic event, supportive behavioral and community-based interventions may provide intermediary relief for the individual and the dyad.

A possible bias of this study (unacknowledged by its authors) was that participants were self-selective, thus open to potential caveats (positive and/or negative) such as the Yehuda, et al. (2001) study. Another weakness of this study is that participants were formed from a largely homogenous population with respect to socioeconomic class (lower class) and race/ethnicity (primarily of Hispanic descent). A strength of this study is that participants were of both genders (albeit, with a higher propensity towards including female subjects).

Bessel van der Kolk, a medical doctor, clinician, and researcher of the biological effects of posttraumatic stress on humans who have experienced traumatic events, considered it important to take into consideration developmental level (and age) of the person at the time the traumatic event takes place (2004). From his preeminent research on childhood traumatic stress, he found that the developmental level a youth has reached when he or she experienced the traumatic event can affect both the ways in which, and how difficult it is for, the child or youth to recover. "Anxiety disorders, chronic hyperarousal, and behavioral disturbances have been regularly described in traumatized children..." (p. 228). In summary, we can anticipate that children and adults might

experience negative biological effects as the result of witnessing, experiencing, hearing about, or learning of traumatic incidents (such as the violent homicide of a loved one).

Psychosocial Intergenerational Effects

Several studies have found that when a parent experiences a traumatizing event, that parent will be affected in a multitude of ways, often for many decades; additionally, the feelings and behaviors displayed by parents can often lead to conflictual parent-child relationships (Milan, Lewis, Ethier, Kershaw, & Ickovics, 2004; Sagi-Schwartz, et al., 2003; Samper, Taft, King, & King, 2004). Three empirical studies sought to measure specific characteristics of parents' behaviors in relation to how far along they were in the recovery process from a traumatic event, along with measuring the child's intergenerational incidence of experienced behavioral effects (indeed, the child's own behavioral dismay), or assessed the parent-child attachment relationship. Each of these studies identified particular behaviors or symptoms that are common among survivors of trauma as a whole.

The first study, conducted by Sagi-Schwartz et al. (2003) assessed the intergenerational impact of stress as related to being the daughter or granddaughter of a Holocaust survivor. Recruitment was conducted through telephone contact with over 30,000 individuals who were born in Europe between 1926 and 1937. These participants were required to have had a child born in Israel between 1947 and 1970, and a current grandchild who was "between the ages of 12 and 15 months (the third generation)"; eventually a group of 196 total participants was found (N=48 Holocaust Survivors, N=50 Comparison Subjects, N=48 Daughters of Holocaust, and N=50 Daughters of Comparison). This study found that while grandparents may still be experiencing stress

symptomology decades following the Holocaust, neither their daughters nor granddaughters appeared to show statistically significant measurable levels of behavioral distress. The difference in this study (as compared with the next two) is an important finding, reminding us of the important effects of mediating factors on families' recovery processes. Additionally, the findings of this study suggest that parents (or community members) who behave in particular, supportive ways are sometimes able to mediate the effects (or risk and influence) of their experienced traumatic stress from directly and negatively effecting their children (or future generations).

The second study, conducted by Milan et al. (2004) assessed the impact of a mother's experienced physical maltreatment during childhood on the mother-infant dyad during the mother's initial transition into parenthood. Recruitment was conducted between "June 1998 and March 2000 from 10 hospital clinics in New Haven, Bridgeport, and Hartford, Connecticut" (p. 251). A total of 203 adolescents between the ages of 14 and 19 years old ($M = 17.4$), participated in this study. Demographic data additionally revealed that adolescents were from a range of ethnic and racial backgrounds (41% African American, 40% Latina, 9% White, and 10% mixed racial/ethnic backgrounds). Each participant completed a total of four 90-minute interviews over the course of an 18-month period and was paid \$25 for each completed interview.

Results indicated a significant relationship between the parents' trauma-related symptomology (affected by the mother's experienced maltreatment) and the child's increased likelihood to develop negative symptomology. As acknowledged by the authors, "a major limitation to this study is the exclusive reliance on self-report methods.... Our measure of mother-infant relationship difficulty was based only on the

adolescents' self-report, and could be biased by different factors (e.g., social desirability, maternal depression)" (p. 259).

The third study, conducted by Samper et al. (2004) identified the intergenerational effects of expressed PTSD-symptomology for post-Vietnam combat veterans. This sample ($N = 250$) was comprised of male veterans, mean age of 41.44 years, who had biological children. Measured demographics revealed 22% of participants to be of African American descent, 78% identified as Caucasian or other, and 32% self-identified as Latino/Hispanic. Results of this study indicated that "those with high levels of PTSD symptoms and avoidance and emotional numbing symptoms in particular are at greatest risk for reporting poor parenting satisfaction" (p. 314). Strengths of this study were that researchers controlled for the effects of partner violence on expressed PTSD symptomology as well as drew their participants from a national sample. In conclusion, participants' self-identified sets of symptomology were expressly negatively related to measures of their child's well-being.

Hertz et al. (2005) recognized that "...sometimes it is difficult for parents who have had a son or daughter murdered to know how to cope with their grief and how to continue to parent surviving children" (p. 290). The effects of experiencing a traumatic event, such as the homicide of a family member (particularly a son or daughter), can sometimes impinge upon the parent's ensuing relationship with their surviving child(ren). In addition, "although it is likely that children who survive the homicide of a family member... are affected at least as much as adults, relatively little (empirical) information is available" (Hertz et al., 2005, p. 290). Hertz et al. additionally recognized the lack of empirical research previously conducted to investigate the consequences of community

violence (and more specifically, homicide in the communities of the United States) on family relationships – and in particular, mother-child dyads.

A Public-Health Perspective: The Development of an Appropriate Community Response

When examining community violence, or, more specifically, the pervasive incidence of homicide, through a theoretical lens of the public health perspective, three conclusions become evident: (a) a multiplicity of solutions (when used in combination) can work to decrease the incidence of violence, and more specifically homicide, in our communities; (b) individuals and organizations in our communities must work together as allies towards eradicating this violence; and (c) we must work towards developing appropriately funded resources of support for those grieving murdered family members (Prothrow-Stith & Spivak, 2004). However, merely the presence of an extensive community support network will not necessarily provide enough protective buffers to completely eliminate continued incidents of violence. As Haynie, Silver and Teasdale (2006) noted, “...the mere presence of dense neighborhood networks does not prevent crime. Instead, it is the cultural content of those networks expressed in terms of the behaviors and attitudes of those involved that constitutes an important ecological force in the production of crime” (p. 149). In this light, it becomes critical for community programs to create multi-faceted team-based approaches, advocating for the prevention of violence and support of victims of violence both directly following the incident and throughout the (sometimes protracted) grieving process. As touched upon previously, Lewis’ (2005) exploration into the effects of assessing attachment and trauma through the lens of a social network model lends one to critically examine (and recognize) the

necessity of creating increased community preventive and recovery resources for families touched by homicide.

A critical issue that social workers must contend with (and one that must be challenged through an equitable and culturally-sensitive approach) is the way in which community programs are generally funded. Currently they are largely funded from the taxed income of community's residents, not dissimilar to the funding of public pre-college education. Educational systems and community resource programs are disproportionately funded based on geographic location. Therefore, children living in wealthier communities – which are historically dominated by less-diverse populations (largely due to economic segregation) – tend to have greater access to community resources.

In their article, “Children’s Exposure to Violence in the Family and Community,” Gayla Margolin and Elana Gordis (2004) reported “at least one third of children [are] victimized and more than 90%... [witness] violence at least once during their childhoods” (pp. 152-153). The rates of a child’s exposure to family violence are also alarmingly high.

A striking report in 1990 revealed that in homes where domestic violence occurs, children are physically abused and neglected at a rate 15 times higher than the national average. Several studies have found that in 60 to 75% of families where a woman is battered, children are also battered (Osofsky, 2004, p. 482).

It is clear that children all too-commonly experience the co-occurrence of multiple forms of violence (such as community and family violence), reverberating with potentially compounding effects on children who repeatedly witness and experience these events.

“In some communities, particularly densely populated, poor inner cities, their [children’s]

exposure may be extensive...” (Prothrow-Stith & Spivak, 2004, p. 61). Reading about the tremendous frequency with which youth experience community violence, and bear witness to or learn news of the frequency of incidents of homicide, one begins to wonder how easily individuals and families can recover from these experiences, particularly without adequate social, community, or familial supports.

It is additionally critical to recognize the interconnected and complicated effects of the institutionalization of racism, sexism, and poverty in American society. In their book *Murder is No Accident: Understanding and Preventing Youth Violence in America*, Prothrow-Stith and Spivak (2004) clarified “we consider the experiences of racism and poverty to be forms of violence” (p. 61) in and of itself; explaining that the government’s institutionalization of poverty and racism is so pervasive that “those working to prevent violence must recognize the contribution these experiences make to the risk of violence because they lie over and exacerbate all the other risks” (p. 61) that contribute to the occurrence of violence in our communities. The implications of institutionalized racism and economic inequities are huge and almost unfathomable when considering structural ways to mediate them. Ultimately, the Federal Government must take responsibility for providing equitable and culturally-sensitive resources to all family members who are victims of violent crime.

The Evolution of Community Support Resources

Until approximately the 1970’s, “there were no social agencies or institutions in the United States to serve the function of [providing] longer-term support, education and empowerment after violent dying until the *mutual support group* movement began” (Rynearson, 2001, p. 129). Rynearson continued: “groups of family members joined by a

common tragedy, with a collective commitment to surviving the aftermath of violent dying, offered a setting of empathic caring where each member shared how the dying had changed them” (p. 129).

Then, in 1984, following the lobbying efforts of many a support group constituent, the Department of Justice established what is now known as the Office for Victims of Crime (Rynearson, 2001).

This office is mandated to provide financial retribution and service for adults and children. Funds are drawn from the financial penalties collected from federal felons, not from taxes. This money (approximately \$250 million per year) is divided and distributed between all 50 states (each state administers the money through an agency of their choice) for burial expenses, financial support for destitute families, and payment for requisite medical and mental health services for disorders related to the crime (Rynearson, 2001, p. 130).

However, because there are no federally defined standards for the distribution of financial resources within individual states, victims of crime experience large discrepancies in monies and services available to them following the violent death of a loved one, depending on the state in which they live. “For example, the number of approved treatment sessions for a family member after a criminal death is limited to six in the State of Connecticut, while the State of Washington approves at least thirty” (Rynearson, 2001, p. 131).

Taking Preventive Measures

Community violence should be addressed through the theoretical lens of a public health perspective instead of through a singular judicial lens (focused on arresting violent perpetrators after the fact – if, indeed, they can be found – and attempting to place blame solely on the individual and then punish them for the violent act). Preventive measures can be used to avoid the occurrence of community violence in the first place.

A growing body of scientific evidence demonstrated that the use of violence was a learned behavior. Children were actually learning that violence was an acceptable and potentially successful way to deal with anger and conflict... They were learning this from exposures to violence in their families and communities as well as through the media, particularly television (Prothrow-Stith & Spivak, 2004, p. 173).

Prothrow-Stith and Spivak suggested several ways in which both grassroots and federally-funded preventive and supportive community programs could be used for the support of communities around the country: (a) peer mentoring and teacher-training programs can be used to institute social networks and positive role modeling; (b) organized recreational activities and youth centers/after-school programs can be instituted to help foster healthy and safe communities; (c) federally-funded programs and public policy initiatives can provide greater economic stability and awareness for poor families, helping to eradicate the pervasive levels of poverty in the country; (d) violence prevention programs in the public schools can work towards helping youth develop pro-social behavioral skills; and (e) instituting a nation-wide gun buyback program that reduces the sheer number of firearms available in our communities.

Strengths of addressing community violence through a public health perspective are: (a) youth in violent communities become decriminalized and (b) strategies can be implemented to change the ways in which structures of society (for example, the media) feed into the perpetuation of violence as a means to solve problems. One concern about approaching the topic of decriminalizing violence and placing prevention in the hands of both grass-roots organizers and federally-implemented programs is whether systemic implications of racism and poverty will be comprehensively addressed. And while

Prothrow-Stith & Spivak's (2004) approach has begun to tease apart these complex issues, we are far from an adequate system which addresses these institutional biases.

Funding of these programs is an additional reality and concern and might be addressed through a variety of ways. But if one thinks about it logically, spending money on prevention, rather than incarceration, will save both money and, more importantly, lives in the long run.

Further Considerations

Additional considerations should be noted at this time. It is important to recognize that a survivor's experience of grief is often impacted by whether or not they knew the person who murdered their loved one. For example, children who witness the murder of one parent by another might be impacted quite differently than a child simply who knows of the murder of their loved one, which was committed by an unknown criminal. Additionally, the impact of an unsolved homicide – and worse yet, continued and uncontrollable explorations into the event itself by the media or press – on family members still grieving the loss of the loved one can lend to years, if not decades, of re-impacting trauma (Rynearson, 2001).

The lack of existing empirical research conducted on the phenomenon of community violence led me to question the effects of this specific form of trauma on mothers and their surviving children, along with the desire to explore whether current available community resources are sufficient for families enduring the recovery process. It is again important to recognize that specific effects on the mother-child relationship can be mediated by many important things, such as the emotional, economic, and social support of other family members and friends as well as the presence of a supportive

community network. Additionally, the individual characteristics of either mother or child (what might otherwise be recognized as internal or individual resiliency) can act as a protective mediator for the mother-child dyad.

For the purposes of this research project, I did not undertake a fixed-methods relational design because that would have meant examining specific phenomena that solely identifies perceived links between the experienced trauma itself (the homicide event) and the mother's described parenting style. It is important for me, however, to understand these phenomena through the lens of flexible research data-gathering, in order to better serve the range of individuals and families who have experienced this form of trauma. Indeed, each mother, child, and family member experiencing the grief of a loved one lost to homicide is their own best expert. They hold essential information regarding the usefulness of already existing community resources as well as ideas about resources that would be helpful in the future.

Implications of this study include the development of a greater link between preventive community mental health systems and support networks for mothers who have experienced trauma in the form of homicide. Instead of viewing and responding to violence from a solely forensic (punitive perspective), utilizing the perspective of the public health system provides an analysis of providing communities with preventive and support strategies.

The research highlighted in this chapter is significant insofar as it provides this investigator with the grounds to question the behavioral impact of a mother's traumatic experiences on her subsequent parenting style. The question of behavioral impact from the event of a violent homicide on mother's parenting post-homicide has been explored in

the context of this research study. This study additionally serves to elucidate the conversation around participants' historical use of community resources (and towards this end, whether resources were or were not utilized, as well as find out what resources might have been – or still might be – useful for participants during the grieving process).

CHAPTER III

METHODOLOGY

Purpose

This study served to address the question: What effects, if any, does a mother's recovery process in grieving the murder of any family member (i.e.: child, parent, partner, extended family member, etc.) have on the parenting of their surviving child(ren)? The purposes of this study were several-fold and an analysis was conducted utilizing the interviews of seven mothers and four community service providers, comprised of three victim/witness advocates currently working out of a Massachusetts District Attorney's office and one licensed independent clinical social worker, who has worked individually and in groups with surviving victims of homicide, in the state of Massachusetts. Key purposes of this study were: (a) to identify similarities and differences across mothers' self-reported reflections of the effects of their experienced trauma on their subsequent parenting style, (b) identify community support networks and resources that have been useful for these mothers throughout their recovery process, (c) identify the perspective of community service providers with regards to the efficacy of a multitude of services provided, and (d) identify and clarify practice implications for social workers who provide concrete services to victims of homicide.

According to this sample group, the findings of this study clarified the reported effects of familial homicide on the mother-child dyad and identified resources that were available to families or individual mothers, in their communities. Additional findings

were the perspective of community service providers, with regards to the types and efficacy of a multitude of services provided to surviving victims of homicide. Three victim/witness advocates and one licensed clinical social worker also spoke of their longitudinal relationship with families and at which junctures they become involved with surviving family members. Based on data gathered from participant interviews, this study provides information about the ways in which community mental health organizations and a multitude of support services have impacted these eleven families and providers. Although this researcher cannot provide generalized public policy recommendations based on these eleven multiple-perspective interviews (due to the small sample size), the vital perspectives of both survivors themselves and providers working with surviving victims' families provides rich information from which the social work community (and indeed, varying human service fields) can learn.

Design and Materials

This study utilized a flexible methods design, gathering qualitative data in the form of verbal, self-reflective narratives from seven mothers and four community service providers. All participants recruited were English-speaking and narratives were taken in scheduled one-to-one interviews, arranged to be done by telephone or in person. Of the seven mothers who participated in this study, two were from Massachusetts and interviewed in person; five mothers were from California and interviewed by telephone. All four community service providers currently work in the State of Massachusetts and were interviewed in person.

While similar themes around the use and efficacy of community resources were addressed in both sets of questions, mothers and community service providers were

interviewed using different sets of questions (see Appendices A & B), as appropriate to their particular experience and role. Due to the potential risks of participation for mother-participants in particular, all seven were given a list of local and national community resources prior to engagement in the interview process (see Appendix E). Both sets of participants were required to sign group-specific Informed Consent paperwork (see Appendices C & D), prior to beginning the interview process.

Sample

A non-probability sample of participants was gathered through convenience and snowball effects. While this researcher believes it is valuable and necessary to eventually gather data from mothers identifying from groups within a wide range of racial, ethnic, socio-economic, and family compositions, recruitment of stigmatized populations is a challenging proposition for an independent researcher and realistically, in order to get enough participants, self-selection was the preferred method of criterion (in other words, this researcher did not exclude potential participants on the basis of requiring a more-diverse participant pool). In the end, although demographics of self-identifying information (of the nature discussed above) were not expressly collected, several participants disclosed many self-labeled identity characteristics, lending this investigator to name the participant-pool somewhat heterogeneous across racial composition and socio-economic status.

Attempted recruitment of mother-participants was conducted through the following means: (a) hanging flyers (see Appendix F) in the greater Springfield, Massachusetts area; (b) contacting dozens of local community support agencies who provide bereavement services to victims of violent crime; (c) contacting local chapters of

nationally-recognized advocacy and support groups, in both California and Massachusetts, such as Parents of Murdered Children and Friends and Families of Murder Victims; and (d) e-mailing the recruitment flier to dozens of personal and professional contacts. Mother-participants were required to have experienced a minimum of three years of recovery from the event of the murder, so as to minimize the risk and effects of talking about a relatively-new trauma and, additionally, they were required to have at least one surviving child.

During the approximately two-and-one-half month recruitment period, of all the mother-participants who showed an initial interest in the study, and spoke with me by telephone or e-mail, each of these contacts (a total of seven) decided to participate in this study. These seven mother-participants came in contact with me through the following means: (a) this researcher contacted one mother directly, by telephone, while attempting to contact a local Massachusetts Parents of Murdered Children chapter; (b) one mother in California e-mailed this researcher directly, after receiving my contact and study information from a mutual person; (c) three mothers requested that a mutual contact (from a California support group, who had shared information about this study to interested co-group members) give me their direct telephone numbers and this researcher called these interested participants; (d) one mother in California was e-mailed and put in contact with me by a mutual personal contact who shared information about this study with this mother; and (e) one mother in Massachusetts requested that a mutual contact give me her telephone number and for this researcher to contact her directly.

Community support providers who participated in this study were also recruited by convenience, through a mutual contact with social work professionals in the State of

Massachusetts. These participants were required to have worked with multiple families (five or more) who had experienced the homicide of any family member (inclusive of mothers who have surviving children) for longer than six months of work within the last ten years. While community service providers were not required to identify as female in order to participate in this study, all four individuals who participated in this sub-set were female.

Procedure

All participants were free to contact me directly (by telephone or e-mail), at any time and at their convenience. No matter how participants were initially in contact with me, I followed up with all eleven interested persons by contacting them briefly through e-mail or telephone and discussing the research project in some amount of detail. The content (i.e.: topics of questions) and process of the upcoming interview was discussed. Each participant was free to give me enough information to mail them the appropriate documents (if interviewing by telephone) or to arrange for a meeting in person.

Upon setting up a meeting time with each participant (to occur by telephone or in person) and prior to engaging in any data collection process, I asked the participant to sign and give me (or mail back – in a self-addressed stamped envelope) one copy of the Informed Consent document (see Appendices C & D); each participant was given a second copy for contact and clarification purposes. Prior to signing the Informed Consent document, I explained to each participant their right to withdraw from the study at any time, up until April 24th, 2007; none of the participants chose to do so. I additionally explained to all participants that they would be voice recorded during the interview, so as to ease the transcription process later, and that I would be also taking

notes, in order to track the interview progression. All participants agreed that this would be fine. Participants were invited to ask questions at any time about the process or content of material presented.

Each interview began with this researcher turning on the voice recorder, after again reviewing these details with the participant, and commenced with following the appropriate set of questions (see appendices A & B). At the end of the entire interview process, participants were given the opportunity to ask any remaining questions or relay comments that would further my understanding of the context of their experience. At the end of their interview, two mother-participants specifically expressed their pleasure with the fact that the interview process felt non-invasive and five of the mother-participants expressed their interest in having me contact them again – should I need any information clarified later in the research process. Although I did not contact participants on a second occasion, I expressed gratitude for their willingness to speak further about their unique experience.

Potential Risks and Benefits of Participation

There were some potential risks of participation in this research study. Participation in even a brief discussion about sensitive topics such as the traumatic death of a loved one could be extremely emotional, and the mother-participant could recall difficult emotions previously or never-before experienced, thus creating some amount of unanticipated emotional distress throughout or following this process. As explained above, a list of local and national therapeutic resources were provided to all mothers (see Appendix E), allowing for the opportunity of self-referral to individual, group, or crisis

counseling and community support networks, should they need or desire this support at any time.

Some of the risks of participation in this study were ameliorated by careful, respectful, and concerted efforts on the part of the researcher to keep the interview focused on research-specific questions. However, it was anticipated (and came to fruition) that one or more participants might want to reveal more personal information about the homicide event they experienced. When this happened, I respectfully listened to the information provided and then, as appropriate, continued the interview with research-specific questions.

Possible direct benefits mother-participants experienced were the recognition of a number of positive gains she (and her family) have made thus far (such as starting a local support group or seeking and providing support through a range of means) and their ability to vocalize personal experiences regarding the effects of their trauma on current familial relationships. The potentially direct benefit community provider-participants experienced was in providing the clarification of how individual providers fit within the systemic response to victims of homicide, identifying which resources were beneficial to families they have worked with, and how systemic responses can be strengthened in the future. All eleven participants were given the opportunity to receive a summary of research data, once fully collected and analyzed, however none of the participants have formally placed this request at publication time. Compensation (monetary or otherwise) was not provided as a result of participation in this study. All data (research-specific, demographic, or otherwise) gathered by this researcher has, and will remain, completely confidential.

In accordance with federal guidelines, all data (original notes, interview records, transcription data, and Informed Consent documents) will be kept locked and secure for three years (at the minimum, until July 1st, 2010). Following this three year period, I will either continue to keep this data locked and secure or destroy it by shredding. As the primary researcher in this study, all information will remain completely confidential for the entirety of this study period and afterwards.

Transcription

Because interviews with each of the eleven participants ranged between approximately ten- and eighty-minutes in length (with the mean length of each interview lasting approximately thirty minutes), there were several instances during the interview process when participants provided information that, albeit, contextualized their experience, but were extraneous to any of the stated goals of this research project. This makes sense, as most (if not all) of the mother- and community provider-participants have experienced extremely complex, multi-layered circumstances. However, it made sense during the transcription process to manually transcribe only the pertinent information that could potentially inform the findings and analysis process – information that served to address one of the several goals of this research study. All transcription was completed by the researcher and all identifying information of participants has been carefully protected throughout the duration of the entire research study.

Coding

While listening to interviews during the transcription process, this researcher identified several areas of interest for potential coding of themes, as documented in the written Findings of this thesis project. Broad themes were identified based on one of

two criterion: (a) consistency of response – when three or more mother-participants were presenting similar viewpoints or two or more community service providers provided information consistent with each other and (b) when an individual response of either mother- or community provider-participant was particularly idiosyncratic or unique, given the complexity of their work or life circumstances. Because there were several more mother-participants than community provider-participants, and for the reasons discussed earlier in this document, the Findings chapter reflects several more themes of the mother-participants than the community provider-participants. The next chapter (Findings) is presented as an organized reflection of the summary of results from the eleven interviews conducted between the months of February and April of 2007.

Analysis

In conclusion, and following the presentation of the chapter of Findings, a Discussion section presents a contextual analysis of the theoretical and empirical data presented in the Literature Review as informed by the data collected from the eleven participants of this research study. The narrative data, as collected by this principle investigator, was coded and translated into several themes specifically, but not limited to, more clearly understanding the influence of familial homicide on a mother's experience raising children post-homicide and the perception of community resources that were available to her. Additionally critical is the perception and viewpoints of community service providers who serve as social, legal, and emotional supports to these families, following this devastating and life-altering experience.

CHAPTER IV

FINDINGS

In this multi-perspective (stakeholder) study, two groups of participants were interviewed: (a) mothers who experienced the homicide of a family member and parented surviving children, post-homicide and (b) community service providers, who have provided direct care services to victims' families (particularly including mothers with surviving children). All participants were recruited and interviewed between February 15th, 2007 and April 17th, 2007 and were interviewed independent of one-another, either face-to-face or by telephone. Participants' interviews were transcribed and a content analysis was conducted. Themes were selected and reported upon based on one of two criteria: (a) two or more participants in each sample-set identified a similar response, issue, or experience or (b) a participant's response or experience was particularly unique or idiosyncratic. A report of the findings from the interviews of seven mother-participants appears over the next several pages and follows with the report of findings from the interviews of four community providers.

Due to confounding issues in the process of recruitment, as detailed later in the Discussion section, a total of seven mothers – from California and Massachusetts – were interviewed. Participating mothers must have experienced a homicide in the family and parented at least one surviving child following the violent death. Demographic information gathered revealed the following information about their experiences (note: in

order to protect confidentiality of participants, identifying details are intentionally left out of reported data):

| Current age of mother | Years elapsed since the homicide | Relationship of homicide victim to mother | Age of victim at time of death | Number of surviving child(ren) parented by mother | Age of surviving child(ren) at the time of homicide ^a |
|-----------------------|----------------------------------|---|--|---|--|
| 71 | 25 years ago | daughter | 21 years old | six surviving children (currently over 20 yrs. of age); victim was the middle child | ranged from ~11 years to 25 years old |
| 59 | 18 years ago | son | 16 years old | one surviving son: currently 29 years old | 11 year old son |
| 45 | 3 years ago | two sons – within one year of each other | both were 19 years old | four surviving children (one teenager; three in their twenties) | two mid-to-late teenaged daughters and one daughter and son in their early twenties. |
| 63 | 19 years ago | son to homicide (and lost a daughter, two years prior, to leukemia) | son was 27, daughter was 21 at time of death | one daughter, in her mid-30's | approximately 14 year old daughter |
| 66 | 14 years ago | daughter | 25 years old | two daughters, aged 32 and 42 | 18 and 28 years old daughters |
| 66 | 12 years ago | daughter | 38 years old | one daughter, aged 48 | 36 year old daughter |

| Current age of mother | Years elapsed since the homicide | Relationship of homicide victim to the mother | Age of victim at time of death | Number of surviving child(ren) parented by mother | Age of surviving child(ren) at the time of homicide ^a |
|-----------------------|----------------------------------|---|---|---|--|
| 66 | 24 years ago | ex-husband (at the time of his death), he was her son's biological father | age unknown; son was aged 10 at the time of father's murder | 34 year old son; 31 and 35 year old step-sons (in current marriage) | 10 year old son; 7 and 11 year old step-sons |

^aNote. Age of surviving children at the time of homicide is approximated within the bounds of protecting participants' confidentiality. Due to particular identifying information, in some cases this author gave approximated ages of participants' children so the family would not be identifiable. Every effort has been made by this investigator throughout the duration of this study to protect the confidentiality of surviving participants.

Demographic information revealed mothers to have experienced a range of three to twenty-five years post-homicide, prior to being interviewed by this researcher. The greatest number of mothers (six) experienced more than twelve years post-homicide, with a mean (for all seven mothers) of 16.43 years experienced post-homicide. While it was a requirement that mother-participants had lived for three years post-homicide prior to participating in this study, the length between this life-altering experience and the date of the interview with this researcher provides a context with which to consider the relative perspective (in number of years) each participant has experienced.

Six out of the seven mother-participants had experienced the loss of at least one child to a homicide (with a total of four sons and three daughters lost), including one mother-participant who had experienced the homicide of two children and one mother who had experienced the death of another child to medical illness (leukemia). The sixth (out of seven mothers interviewed) had experienced the loss of her son's father (an ex-

husband) to homicide. All surviving children, at the time of interview, are over the age of twenty years (see above chart).

Did the Homicide Affect Your Mother-Child Relationship?

First, mother-participants were asked to reflect on whether or not the homicide had an effect on their relationship (in particular, their experience of parenting) with any of their surviving children (see Appendix A). While some mother-participants spoke of the homicide's immediate influence on her parenting style and their mother-child communication and relationship, several also spoke of the longitudinal effects of this experience (indeed, it oftentimes took mothers several months – or even years – to recognize nuanced effects on their relationship with surviving children). Out of the seven mothers interviewed, five responded that the homicide had an immediate effect on their parenting relationship (as reflected years, or decades, later); one of the seven mothers responded that the homicide had a delayed effect on her experienced parenting-relationship with the surviving child and the seventh mother reflected that she was unsure about whether the homicide specifically affected the relationship with her child, due to complex dynamics that existed prior to the homicide event. It is notable that not one of the seven mother-participants responded with a resounding “no” to the question posed above.

Yes: And We Talk About It

Only one of the seven mother-participants discussed how frequently “talkable” among family members (and particularly, within the mother-child dyad) the homicide experience was. She reported that the loss of two male adolescent children to homicide affected the relationship she has with her four surviving children, and the entire family

discusses this loss frequently. “Most of the time we just come together as a family and we talk about it.” This mother additionally reported on the inclusion of her two deceased sons during significant family get-togethers (such as “Thanksgiving and Christmas”):

You know we have the pictures and we still come together for Thanksgiving and Christmas and my sons are cremated and so they’re right there [in urns] and so we take them wherever. Like if we go to my mother-in-law’s I take them with me. We just put them around the table and we sit around.

In this way, the family is not only able to memorialize these two family members by talking about them and the meaning that their lives brought (and still bring) to the living victims, but they are able to ‘include them’ in family activities – indeed, actively remember them.

Yes: And We Don’t Talk About It

Four of the seven mother-participants reported that while the loss of their loved one affected their relationship with survived children, their children and/or families have generally chosen not to (or been unable to) talk about this loss (whether directly or indirectly). One of these mothers, who lost a 21 year old daughter to leukemia two years prior to losing a 27 year old son to homicide, commented on observations she has made on the relationship with her survived daughter, now in her mid-thirties:

You know, I would say that it may have effect[ed] us because we don’t even discuss it, we don’t even ...in the beginning if I brought their names [up] she didn’t want to talk about it, she would just back off from the whole conversation, I guess it was just the two siblings passing away within two years of each other and then she hasn’t really dealt with it herself... oh yeah [it has remained the same over time] and I remember at one point when I had gone to grief counseling for the first child the one that died from leukemia, it was ironic that the psychiatrist said that you know, she was a person who if she lost someone she’d distance herself from people because it looks like she doesn’t want to deal with pain or from death. So she kind-of distanced herself from me. She’s been to our [Parents of Murdered Children group] maybe twice and she just can’t. She doesn’t go. And I think that’s affecting her to this day.

It is often challenging to separate or tease-apart the complex and potentially confounding issues surviving victims of homicide experience, sometimes even years or decades following the murder event. In the case of this mother-participant's experience (quoted above), was it that her surviving daughter had lost two elder siblings (within a matter of two years) that made it challenging for her to discuss her thoughts and feelings about this profound loss, or would this daughter have been equally as challenged to "discuss it" if she had experienced the death of only one sibling?

A second mother-participant commented on the effects of the loss of her 25 year old daughter to homicide. This mother, who has two surviving daughters (then-aged 18 and 28), experienced the emotional withdrawal of each child, which – according to this mother – took a toll on their mother-child (and presumably sibling) relationships:

Well, claming up, they kind-of clammed up a little bit. I think what I'm trying to say is they weren't really open about their feelings. It was the same with both of them... [and over time] they're a little bit more open and a little bit more willing to talk about their feelings of their sister. The oldest one I would say I guess is still more open than the younger one.

These two mother-participants, quoted above, provided insight into the complex nature of the loss of a child to homicide (indeed, their surviving children's sibling) and the effect this has on their ability to engage in conversation with surviving family members.

Throughout the interview process, these two mothers clarified their understanding of the complex situation, namely their desire for their surviving child(ren) to talk about their feelings with them. In their estimation, it was their children's inability (or lack of willingness) to talk about the loss – not these participants' unwillingness – that led to the experience of silence.

A third in this group of four mother-participants reported on the complexities of her experience, when she talked with her son about the loss of his biological father (her then-divorced husband) to murder:

But I would say that over the years that definitely switched in terms of leniency and feeling like I had to treat him... I mean I do respect ... if he wants to talk about it I'm available, but I don't initiate it... I just think it's really, I have in the past asked if he wanted to talk about it and he occasionally says yes and most of the time says not and so I felt like it was really important for me to let him titrate how much he wanted to know about it, deal with it, whatever.

While throughout the interview this mother-participant recounted the myriad ways in which this loss affected their mother-child relationship, both in the past and present, this reflection clarified her vantage point around communication with her son about this shared life event and namely that it was (and is) both mother and child who have decided to generally not initiate conversation about the homicide experience. In the following two sub-sections, the remaining two of seven mother-participants reveal their unique experience of the effects of homicide on the relationship with a surviving child.

Not in the Beginning, but Later

One of the seven mother-participants clarified that she did not notice any particular positive or negative effects on the relationship with her surviving son for many years following the loss of her elder son to homicide. However, as this surviving child grew into early-adolescence (he was eleven at the time of the murder) she recognized her own growing concern – was it possible for her younger son to be murdered at the same age that her first child was?

In the beginning it [the relationship] was not very different. Where I actually recognized the difference... when I started to recognize – was as he hit his teen years, because see my son was killed early. He was only sixteen and so when my younger son started to hit his teen years I started, that's when I began to notice

how, you know – the after effect of what happened with his brother... not only in him but in me, because one of the things that happened... when I was so much more apprehensive about things he was involved in, or you know, just him being independent... [the surviving] brother has been very outgoing and everything and I had never been that apprehensive about it though, but when [my surviving son]... approached the same age to be out and about, you know to be more independent of his mom and dad, I was always very apprehensive and nervous about it. And I think that's the way I actually saw the fall out of what had happened with [my son who was murdered]. I've relaxed a lot. But it was very weird. I, kind of in my head, I first had to get him past sixteen. And I relaxed a little bit when he got past sixteen, which you know, well I'm sure it makes sense, but you know I just didn't know how monumental sixteen was. You know that year between sixteen and seventeen – I mean, I was always in the heightened way, but once he hit his seventeenth birthday I started to relax a little bit. So yeah, it's better, I mean – of course he's a grown man though – he kind of does what he wants to do, but the weird thing about that, even though he does do what he wants to do and he's a grown man, but he still lives with us, but sometimes even now he'll say 'I'm going out for a while' and I'll find myself saying 'wait, he's going out for a while. Saturday night, it's late. I wonder where he's going you know, I wonder how long he's going to be out.' I still find myself doing that, but I'm not as bad as I was back then.

This mother described the profound and long-term effects of the loss of her eldest son to homicide, as related to parenting her surviving child.

Unsure: Given Previous Dynamics of Relationship

Sometimes the direct effect a homicide has on familial relationships is less clear.

As one mother emphasized, the already complex relationship she had with her eldest daughter (prior to the homicide event) made it difficult to discern whether the murder of her younger daughter specifically effected their relationship.

Well I would say yes, and anyways... well I don't know what the real answer to that is because my living daughter is suffering from severe alcoholism and drug addiction and she was drinking long before [my younger daughter] was murdered.

As this mother explained later in the interview, the effects to familial relationships were far more recognizable as pertaining to her experience with her grandchildren and other extended family members than with her surviving elder daughter – for in the years to

follow, she took several grandchildren (indeed, children of her surviving daughter) into protective care.

Specific Parental Responses toward Surviving Children

More Protective

Several of the seven mother-participants shared that in the immediate period following the loss of their loved one (whether it was their child or a child's biological parent), their general parental response towards the surviving child(ren) was to become more strict or "protective". For many mothers, this response tended to last for several years following the homicide event. The mother-participant who had lost two sons to homicide described the experience of parenting four surviving children, following her devastating losses:

I think it made me more protective, you know, because then when my second son died I purchased my [only surviving] son a cell phone so I could keep in touch with him and try and ask him where he was going all the time.... [I] keep in touch more often... He more or less stays home and goes to work. But still I was just a little concerned. But with my girls I really didn't, I didn't really fear for them, because they're mostly with me all the time.... They were never into partying and hanging over at friends' houses and stuff like that.

This common parenting response is described by a second mother:

I would say that it definitely affected my relationship with [my surviving son] because I would say that I had to be, in a way, protective over him.... He used to complain that he was the only one of his friends that had a curfew... we were pretty strict with him during his adolescence and compared to the other two kids he needed the most reigning in and just his personality is like that.

With the loss of at least one family member to homicide, these two mothers experienced feelings of 'exaggerated protectiveness' following the incident of loss (as compared to their self-described parenting style prior to the homicide).

Heightened Feelings

Many mothers described the experience of a heightened state of emotion following the homicide event, in both the short- and long-term. As these mothers explained, some of these heightened feeling-states have decreased over the passage of time (particularly as their surviving child(ren) entered into young adulthood). Note the following two maternal perspectives:

Oh I was always worried about what would happen to [my surviving son]. I didn't really tighten the rope because I kind-of had convinced myself that I could not let what happen to his brother totally change what I allowed him to do you know... what I found though was that I was always in a high state of anxiety when he was doing things. Or when he was into his sports or stay[ing in] after school activities where I wouldn't know exactly where he was... You know I guess probably one of the greatest examples was once when there was a family he was pretty close with and he was helping them move and he was going to stay overnight but they hadn't gotten that cleared in advance and when I called and started looking for him they said they were all staying the night because they were pretty tired from when they moved and I said 'no, no,'... I actually went and got and brought him home, which was pretty late at night, and I felt bad afterwards. But I knew that I would never sleep if I didn't know exactly where he was.

And:

...Because even though [he had a step-father]... until he was really a bona fide adult in his late 20's, I had this terror that if something happened to me, it would just be horrible for [him]. Not that he would be parentless because [his step-father] would just come right in there... I don't know if [he] could have tolerated it, so I was just always feeling – I was really actually afraid to travel, so that definitely affected me in that way.

As these two mothers clarified, they definitively experienced a heightened state of emotions – directly affecting the parenting of their surviving children – following the loss of a family member to homicide.

Use of Community Resources

Initially Told of Community Resources

Two out of the seven mothers interviewed report being told immediately (or within a few weeks of the homicide) about community resources available to themselves and/or their children. One mother, who lost a daughter to homicide, took over care of her grandchildren (the children of another daughter) both prior to and shortly following the murder of her younger daughter. She described the experience of receiving support from community members and social service agencies, but was not able to recall specific information about how these groups became involved. What this well-connected community member and mother-participant recalled, however, was the numerable support services offered to the children in her care.

A second mother-participant, who lost two sons to homicide, described her experience of perceived community supports following the loss of each child.

When my first son was shot, I think we had the support of the community, but not as much, because they considered it just another shooting. And when his brother was shot, I think that's when the community started to come around and make themselves known and with groups and organizations.... I think it had more of an impact because of the second shooting.... I went to this one [counseling center] and I can't remember who I spoke to, but she was very helpful, for almost close to a year... [it was] just me [who sought counseling], I'm in the process of trying to find something for my youngest daughter now.

In addition, this mother described her involvement over the last three years with a social-action support group in her local community. Along with one-to-one counseling, she preferred the experience of working for social change in her own community, rather than attending a local grief (or bereavement) group.

[The people in this community program] have been very, very supportive...I went to [another local support group] it's like a homicide support group. I went once; I

didn't really like it because it's like a whole bunch of mothers grieving. I just went once though, I haven't been back.

While grief, bereavement, or support groups are noted to have been transformative experiences for some mother-participants, this mother described her group preference and affiliation in the following way:

We try and come together and work within the community. We try and get two mothers together whose son was the shooter and the other one was the victim. We just try to bring them together, try to make young people see that they don't have to take so much anger and keep it going. You know, its time to stop it and just come together.... I even try to reach out to the mother whose son was convicted of my son's murder. You know she hasn't really come in contact with the group, but we just talk. Every time I see her on the street, we'll talk and we'll hug and you know were praying for each other and stuff like that.

This mother is able to describe the powerful work this community organization is utilizing to effect change in communities that continue to experience violence on a regular basis. The more that individuals and families are able to come together to talk about their experiences of violence, she believes, the more this violence will be eradicated. This is her life mission.

Not Initially Told of Available Community Resources

Five out of seven mothers described not initially knowing or being told of any community or support services, due to either lack of available resources (in the community and/or nationally) and/or the limited amount of organized information that is initially disseminated to families who experience a homicide (whether from the police officers who immediately respond to a call or, as is often the case of missing persons, report of the homicide days or weeks later). As many mother-participants explained, weeks, months, or years later they found out about resources on their own or were directed to resources, such as a local chapter of the national organization Parents of

Murdered Children. One mother-participant clarified that she had experienced three confounding issues related to why there was a lack of resources available to her: (a) the sheer limited number of mental health, financial, and social supports available to families two decades, or more, ago; (b) the complexities of racial and socio-economic stigma experienced by families who utilize services; and (c) the lack of resources available to families whose limited financial reserves (such as income) might place them out of the bounds of receiving social and financial-based supports.

Well you know what's interesting about that, at the time when my son was killed there really weren't a lot of things being offered to you. And so initially when [my son] was killed, I guess maybe six months or so afterwards I had gotten worried that maybe [my surviving son] was depressed so I actually took him to see a therapist for a while. And he went for maybe about ten or twelve sessions and she felt comfortable saying that she didn't think he needed to continue and but that's really the only outside service I sought out... But to even know that they existed, you know, and we were also at the time in a catch-22... [you hear about] the war on the middle class, but even though – we were not upper middle class, we were like lower-middle class – but because [my husband] and I both worked, you know at that point there were so many things that because we did not have to be in the system, we could afford different things for our kids, we never got offered [any community resources]. You know, so assistance to pay for the funeral, I have insurance, and so that's how you pay for it. Or luckily, I had my job covered by insurance, but no one even talked to us to see if we needed anything. So it was just that we were totally on our own... I think the most helpful in terms of getting us through even some of the initial process of what we needed to do was probably the services of the funeral home, I mean because he was able to work through our insurance company to make sure the payments got done and the money for the burial grounds and then when the insurance paid us we were able to pay him. That kind of thing, but that was it.

This mother identified the incredible social, economic, and political complexities faced by families who have experienced the unanticipated loss of a loved one to homicide.

A second mother-participant explained how she finally became connected with a local Parents of Murdered Children chapter (which later converted into a Families and Friends of Murder Victims group) more than six months after the death of her daughter.

She reported being disappointed by the limited number of resources she was aware of at the time of the initial loss.

The only thing I've done is I go to the group, it was actually POMC [Parents of Murdered Children] and now it's FFMV [Friends and Families of Murder Victims]. I used to go to that religiously, once a month, but I don't go as often as I used to. Just going to the meetings and sharing my feelings, but that's about it... My daughter was murdered in March and I believe our first meeting was in [fall] of 1990... I don't even know that I'm getting much out of that right now. I go to support the people who have gone through what I have gone through – to share – if there is anything that can make it easier for them.

A third of seven mother-participants reflected on the complexities of her initial lack of awareness regarding any available public community support resources and her eventual choice to use private services:

If there were, nobody let me know about it. We were not informed of any and I mean the only, as far as community resources... we took him back to therapy but it was not a community resource, it was private. So I was not made aware of any and it's too bad because I think it would have been really good for him. I have a friend whose husband passed away quite suddenly [due to medical illness] and she is in a grief group and her son is in a group of kids who have lost a parent and I think that it is really helpful and nothing like that [was offered to our family]... maybe it was available but I never heard about it.

This all-too-common lack of immediate information available to mothers, particularly as evidenced by those whose voices are reflected in this study, lend this investigator to question how response systems might be changed to better suit families who experience a homicide in the future.

How Would You Shift the Structure of Disseminating Resources to Families?

In order to address one of the main goals of this research study (identifying community resources that were commonly utilized by families – both immediately and in the long-term – and clarify the apparent effectiveness of these resources) mother-participants were asked to reflect on any resource they imagine might have been useful to

them at the time of the homicide or later. Mothers were asked to particularly think about what would have been (or would be) helpful with the task of parenting, given the current and previous dynamics of their mother-child relationship. They were invited to invent or create resources, as they might imagine them being particularly useful to families just experiencing the loss of a family member to homicide. Additionally, mothers were invited to suggest changes in the method with which community resources are currently provided, particularly to individual families experiencing a sudden and traumatic loss (see Appendix A).

Several mother-participants provided reflections, particularly around the issue of the lack of information clearly disseminated to families who have just experienced a homicide. By far, all mothers responded to this question stating that simply having been initially informed, one way or another, of any community resources available to them, would have been a tremendous first step. If this happened, they could have chosen whether or not they were ready or interested in utilizing a particular resource. One mother-participant responded to the question in the following way:

I think what would have been helpful was really to know that there were services out there even though we never totally got directed to them.... One of the biggest problems I have with that system [of federally financed funeral expense reimbursement] is you know it's out there but a lot of people don't find out about it and... if your child was suspected of being involved with anything illegal or if there was anything illegal going on at the time your child was killed then you are not eligible for financial aid for anything... *but who are they punishing?* You know. Your child? You can't control every minute of their day. And they're not the ones who have to figure out how to exist [after your family member is gone] and so I really have a problem with that, especially when it comes to homicide when you're leaving people behind with absolutely no one to look out for them or to help them out. I have a real problem with that....

This mother poignantly continued:

How do you punish a child for what their father did? You know, it's that kind of thing. Or a mother or father for what their adult child did. You know, you're not going to change the fact that that's their loved one that they lost but you're then going to leave them without anyone who's going to help them work their way through that process [financially, emotionally, or otherwise].

This mother additionally commented on the lack of homicide resources specifically available to fathers or other males grieving the loss of a family member.

One of the things that I wish there was a way of having, but unfortunately I think it's a stereotype kind of thing – I wish there were more things available for men. You know, we have a few fathers now that come to our group regularly. We have more fathers that come to that group than we have ever had. Which is very interesting because we have [several] couples that actually come together, that's a miracle. Prior to that we, you know, this is probably within the last three years, we have a cohesive core group that pretty much is there every month, which is something for years we did not have with the group.... And these guys have luckily gotten to the point where they will talk about what they were feeling, because that was always the difficult part, for years we only had one man in the group, and he was dwarfed by all these women, always emotional.... But it's not a service that's really offered to men. *You hear about men's groups but it's usually anger management....* I truly think even now [my son] would have benefited from a group. But I think if I had a wish list, it would probably be a more coordinated effort for the services that are out there. You know there are some really valuable things that have been done. I've participated in some things, we've made a couple of tapes for police officers – standards and training in California – telling victims what people experience and we tell them what recourses are available but we do them and then they get put in the library and they don't get out to victims which is the initial reason they are made. And so if I wanted the country to do anything it would be to make information about services readily available to all victims. You know, everybody may not qualify for everything. Nobody has ever qualified for everything in this country, but there is always something that you qualify for. If you don't know that it's there, you don't know to ask for it.

A second mother-participant echoed similar sentiments around providing services immediately to families after the homicide event.

So if we had that in place, you know grief counselors at the police department, especially at the onset of someone telling you your son has been murdered, someone to come out with the coroner's office. Like for me, the coroner came to my house and if there had been a counselor or someone who had dealt with murder before... not just to tell me [my son is] in the morgue but to tell me 'okay

this is what you're going to be going through'.... Between June [the month of his murder] and January I knew nothing, I mean there was no one for me to talk to, no one to turn to after my family went back to their different respective homes and left the state. I had no one....

Two mother-participants spoke about how helpful it would have been to receive information about support services available, but perhaps after a short delay in time. Sometimes receiving too much information in quick succession can feel entirely overwhelming after a traumatizing event. One mother spoke of the possibility of handing out information to families at the scene of the crime.

[Another solution could be] like a little pamphlet or something that we could give out to the police department or to anybody, just to let them know – okay you can put this away for now, because when you first deal with a murder its like you don't want to be bothered. You have to deal with the funeral, you have to deal with family members, you have to deal with if the police have caught the suspect, you got to deal with all of that.

Another mother-participant echoed similar sentiments regarding the potential for information overload.

[I've thought one solution could be that] when there are family members left behind, either kids or whatever, that immediately some sort of social service agency contacts the people and lets them know there's a grief group, there's a *this group*, there's a *that group*, but nothing like that was done. I wouldn't say [it should be done] immediately because I think it has to happen after... I mean I was so reeling from it. I don't think I could have heard anything like that until maybe ten days to two weeks after the death. Then I might have been ready to hear something like that, but immediately I needed my close family and loved ones and friends rather than [community outreach] because everybody [including myself] was in shock.

This researcher found that the act of grieving affects mothers differently and mothers may want to hear about available resources at varying times across their grief process. However, when individuals are not provided with information about resources in the community, they are often left inappropriately isolated in this process.

Long-term Effects

Mother's Quality of Life

Several mothers explained the experience of either recognizing the long-term effects of this loss to homicide on themselves individually or collectively, within the dynamics of family. In the following account, one mother-participant first described those effects through the lens of her experience, and then described that of her husband.

Well I guess [it is] maybe [important to discuss] the long term effect that it still has on the family. You know, not really knowing if and when the person [who killed my son] will be apprehended. Because we still feel a threat on your own life – because all the publicity of the shootings, this young man knows my whole family... so you know we still live in fear. I still have dreams of being shot myself. I have dreams that one of my daughters will be hurt. I don't know, you know – in my dream, if I see myself somewhere and if I were to go someplace and it looks like that place, in my vision, in my dream, I won't go. You know maybe it's just me being paranoid. I don't know.... I don't go out at night and sometimes I don't sleep at all either. That's another thing I went to the counselor for because I still don't sleep. And I have dreams. Like – you think you should be doing more, what else can I do in the community? Can I get young people to come forth and say who shot him? [So I've been] staying home more, dreams, not working [since the homicide]. I think it takes its toll physically. If you don't get the proper rest, you look a lot older than what you are and you feel a lot of stress. Sometimes I eat right sometimes I don't. And if I eat I feel bad because I think I should be doing something instead of eat...

And:

I think he [her husband] has been very, very angry. He started drinking a lot. I think sometimes drinking helps him cope with his loss. And then after he sobers up and he's out there – trying to find as much information as he can. Still trying to stay in contact with the police as well, as you know, he started over his job. He just started working. And I haven't worked [since it happened]. And you know sometimes people, or employers don't understand what you go through... they want you to come to work and focus on your job. But then you have other things in your head and you have to talk to this person – because you want it solved.

As is commonly the case, this mother clearly had recognized the impact of familial homicide on herself as well as several members of her household. The unanticipated loss

of two children to homicide impacted this mother both physically (with continued sleepless nights and common night-terrors – when she does sleep) and economically (with the inability to work a job, due to the complex nature of grief and lack of employer understanding).

Relationship with the Police

Two mothers identified the impact of continued contact with the local police or District Attorney's office. Over time, repeated contact – particularly if the case remains “cold” (or unsolved) – can take a toll on the lives of surviving family members. The first quote is from a mother-participant whose family continues to remain in contact with the local District Attorney's office.

But we're working with the police. Somebody with the family goes down to the DA's office almost once a week. Because you know we're trying to keep them – we want the case... *I don't want to wait 40 years before they solve the murder*, when there were 100 people in the room, you know somebody had to see something. So we try to keep involved with the DA and the detectives on the case. I think that helps out a lot too. I don't go [other family members do]. And then I just – if they need to meet the whole family – then I'll go.

A second mother-participant discussed the frustrating and complicated effects of not understanding the judicial process at the time of the homicide and her remaining concern.

To me the one drawback that I found that I'm still dealing with that I haven't really delved into the details – I haven't really had close relationships... contact, I guess you would say... with the police department. They didn't contact us and this was the first death, first murder for us that we'd have to deal with in our lifetime. And so we didn't really approach it the way we should have in that time so it would have been helpful to have someone to just walk us through the process and let us know whatever information was available, how we could go about getting it, the kinds of questions we should have asked. To get that information initially on, it would have been very helpful at that time. As time goes on, things get cold... leads get cold, people disappear. So that's kind-of where we are right now. We didn't get any information.

These two mother-participants have highlighted the complications family members frequently encounter, even years following the traumatic event of homicide.

Murder is a Unique Cause of Death to Grieve

The act of grieving following the sudden, traumatic loss of a family member to homicide is unlike any other form of grief. One mother-participant, who had experienced the loss of her daughter (to leukemia) two years prior to the loss of her son to murder, clarified this specific, critical point.

When [my daughter] died, there were resources out there for me to go to like a grief counseling [group] because of a death by a medical problem, such as leukemia like she had, but when I entered into the other journey, of a murder... for my son it was a different journey for me. For my son there was nothing for me to do but to read... because I knew no one who had been affected [by murder] and then by reading the book *No Time to Say Goodbye* by Kubler-Ross. In the back of her book there is some resources and I saw that there was a national hotline, telephone number and address for POMC [Parents of Murdered Children] so I called them... [and eventually] they okayed me to start my [local] chapter.... But even [early on] when I went to grief counseling, it is so totally different because you're in a grief group – right? – and everybody is talking about 'well my mom died from cancer, my dad died from a heart attack'. My daughter died from leukemia, that's the only thing I could talk about because no one knew what I was feeling – because I said 'okay I've had a daughter to die from leukemia, that's in your group,' but when I start talking about the murder part of it [my son], nobody understood what I was feeling... that was a whole other ballgame!

Oftentimes community members question what the effects are when family members lose multiple people to varying causes of death. Quoted above, this mother-participant spoke of the unique difference between losing family members – in her case, two children – to violent murder versus medical illness.

The Voice of Community Support Providers

During the process of interviewing seven mother-participants, I began the recruitment of community service providers who had worked in the capacity of providing services and/or resources to surviving family members of homicide. In the end, four extremely experienced community service providers were interviewed for the purposes of this study: three current victim/witness advocates, working within a court-based District Attorney's office in the State of Massachusetts, and one licensed independent clinical social worker (LICSW), who provided direct clinical services to families and individuals between the years of 1991-1995 and 2001-2006 (largely funded under the Victims of Crime Act) mostly to families who experienced the homicide of a loved one. All of the victim/witness advocates had worked for more than ten years in the District Attorney's office – one for thirteen years, the second for eighteen years, and the third for twenty-two years – for an average of 17.67 years of experience. Each participant discussed the general process and limitations of their work with surviving victims of homicide.

When to Become Involved?

Victim/witness advocates play a unique roll in the lives of family members who have experienced the homicide of a loved one. As one advocate explained, they generally become involved in the lives of families following the arrest or apprehension of a murder suspect. However, if no suspect is ever apprehended, a family may never be contacted by advocates at the District Attorney's office, a self-identified loop-hole in the system.

If an arrest has been made, hopefully that is done the day of, or at the time of the homicide. What normally happens is, say for instance a homicide happened yesterday, the arraignment would be this morning in district court. That's

normally how I would get hooked into a family. That varies if there isn't an arrest made right away. There may be a warrant issued or there may be an investigation under way. So an arrest may not be made until three weeks from now or three years from now. That's normally how we get involved when a homicide occurs. There are instances though when no arrest is made that a family directly contacts us or we may get called from the funeral home who say 'I have this family here' and we speak with them then, in terms of trying to get them victims of violent crime compensation to get their funeral expenses covered. But given the circumstances, we may never have contact with them. And that is a real flaw in the system. We've been trying to figure out how to rectify that. The unfortunate thing is too many people out there know [about our services] because too many families have been involved in it... but it's very imperfect and it's a part of the system that is flawed that we try to rectify. Part of that problem is there just aren't enough of us. We've dallied with having some sort of on-call thing to respond to say police departments, but that's a part of the process that's flawed right now, for any unsolved homicides.

While all three victim/witness advocates put forth the idea of involving support networks early in the grieving process (perhaps as early as the day the homicide occurs), one advocate provider-participant discussed the complexities involved in trying to formulate this early system of response.

[What we'd like to see happen is] to have an advocate available when the family is notified, or immediately after. The problem we've run into is that some family members are witnesses in the case, and so some police officers worry that if we start talking to them – they are worried we could screw up the case.

And while this valid point is certainly an issue to be reckoned with – as it would be an unconscionable blunder if legal processes were complicated by family members prematurely or mistakenly discussing case-facts, many would argue it equally unconscionable for information about helpful resources to be withheld from families with the sole purpose of not complicating legal processes.

However, these providers remain interested in the possibility of creating avenues of additional involvement with or support for families, particularly those who are under-

served or would not be caught by the system, through the official arrest of a perpetrator.

One advocate provider-participant reflected:

I would certainly like to see a way for advocates to become involved right away. As soon as, you know, somebody is informed of the death of their loved one, because I think that it's at that – well, in particular with mothers with children – they are so grief stricken – how could you not be? – that... as good as police officers are, a police officer is there to do a specific thing. They have to inform a family of what's happened and then they have to go solve a crime, so they're not able to take a lot of time. As good as they are and as good as they try to be, it's not their job to be the person to sit with somebody and kind-of try to help them make sense of what they've just been told. So I would like to see somebody at that ground level with people, especially in cases where it might not be solved right away.

The issue of at what point to become involved with families who have survived such a grievous loss is indeed complex and multi-faceted.

Use of Services

All four providers discussed the use of services by family members impacted by homicide. Although it would require thorough documentation and tracking to find out exactly which resources are commonly used by surviving family members, for the purposes of this study this researcher was interested in finding out the perceptions of all participants involved (both providers and consumers). The clinical social worker provider-participant shared her perception of families' use of resources, as she worked with surviving family members.

Support groups that are for the aftermath, groups where there is outreach for mothers. That is very helpful, because they are like their own network. And [in this local area] they helped with the memorial commemoration every year – victim rights week – they were involved. People put their voices to different projects. Connecting people to different victims – that was most helpful to people. Also getting their children involved in therapy was a big thing too. There was a lot of kids. And the [victim/witness] advocates help a lot.

Changes in the System

All three victim/witness advocates and the licensed independent clinical social worker discussed potential changes that could be made within both federally-funded and community-based resource systems – changes that would potentially render the system more helpful for surviving families. One victim/witness advocate discussed her interest in cross-training among all care-systems to provide comprehensive direct care services to families (such as among police departments, legal service providers, and licensed social workers). Social workers should be aware of the complex judicial process their clients may confront in the months and years ahead. They should be able to clarify legal processes for their client in the clinical setting – so that their upcoming experience is somewhat normalized and less confusing and anxiety-provoking. Police officers, detectives, and investigators should be trained to be sensitive to the complex grief response families endure following the loss of a loved one to homicide.

I think there still needs to be education, even now we get stories from families about just things the police officers said – I mean, I know they're trying to be helpful, and they are, but just things like 'oh my god, that's the worst crime scene I've ever seen'. You don't say that to a family. Just those type of things, maybe more training like that – just to remind them.

This sentiment was echoed in the interviews of all four community provider-participants.

Another example from a second advocate provider-participant:

I've heard some horror stories on notification and how that initial notification affects the whole case and how they [the family] sees the whole case. I had one, just to give an example, where they were traveling across country and they got a phone call from [the police department] saying 'You're son was murdered, but we can't tell you any details.' And that stuck in their mind. It made it very difficult for the family, until the very end of the case.

The following quote is from the clinical social worker provider-participant who provided direct therapeutic and support services to families and individuals (adults and children) impacted by homicide. Not unlike the reflections of mothers themselves, she spoke about the division of various organizations and groups (clinical, legal, peer, and otherwise) who provide resources to families in communities.

I just think it's very fragmentized. You would constantly find out about different things that were going on like youth projects, different projects that we could have all worked together. I think that you're better off affiliating with an urban place because some people [victims' families] felt it was stigmatizing to go to a mental health clinic rather than a community center. And I think a lot more could be done in the schools for kids who we know have been impacted by [a tremendous amount of] violence.

In this way, not only would it be useful for groups to join together (in local communities and/or nationally) for the purposes of providing a more cohesive support structure, but more importantly, the stigmatization in seeking resources (or support) might be decreased. As reportedly perceived by two community provider-participants, the resources most commonly utilized by families are the victims of violent crime compensation (for example, to pay for funeral expenses of their loved one) and community-based support or grief groups, often led under the auspices of local chapters of Parents of Murdered Children or Friends and Families of Murder Victims.

The final chapter of this document will contain a discussion of the material presented in the chapter on Findings and the Literature Review. In what ways does the literature measure up with the sentiments of mothers who have experienced violent crime? Additionally, what are the views of providers who offer direct services (clinical, financial, support resources, and else wise) to families and individual victims of homicide? Are there ways in which the literature or theory is inconsistent with the voices

and sentiments of those who participated in this research study? The next chapter serves to further these points.

CHAPTER V

DISCUSSION

This dual-perspective study was conducted with the purpose of informing current and future social work practitioners about the intergenerational effects of homicide on the family system. In other words, what are the effects, if any, of a familial homicide on surviving family members, particularly mothers and their surviving children? Gathered data (as presented in the Findings) centered around not only the mothers' experience parenting, but also their past experience utilizing community supports and systems as a basis of support. In order to effectively clarify the potential implications of an experienced homicide on a mother-child dyad, eleven interviews were conducted with two groups of participants: (a) mothers who experienced the homicide of a family member and parented at least one surviving child, post-homicide and (b) community service providers, who provided direct care services to victims' families (particularly including mothers with surviving children).

The purpose of this chapter is to clarify key research findings as informed or contradicted by previously published research and theoretical constructs. Main sections of this chapter will include a discussion of the following: (a) the impact of homicide on the mother-child relationship, (b) the initial (or early) accessibility of community resources to all surviving family members, (c) the impact of potential changes in both federally-funded and community-based response systems, (d) the limitations and

strengths of this research study, and (e) identify future implications for the field of social work practice.

The Impact of Homicide on Mother-Child Relationships

As first identified in the Literature Review, and later reflected in the chapter on Findings, parents can experience and express a wide variety of grief states following the traumatic incident of homicide. These feelings of grief often fluctuate in the years following the homicide, may be experienced with heightened or lessened intensity at varying times in the mother's life, and may be subjectively very different experiences for each mother. The mother's distancing, fear, heightened ongoing grief, or any number of feeling states can affect the mother-child dyad for years at a time. Mother-participants interviewed for this study had already begun parenting at least one child prior to the experience of homicide in the family. Further studies should be conducted regarding the effects of time lapsed between the loss of a family member to homicide and the birth or parenting of a child (i.e.: if the homicide occurred when the mother was age 30 and she gave birth to her first child at age 40). Within this discussion it is important to clarify that because only seven mother-participants and four provider-participants were interviewed for the purposes of this study, the data obtained from participants cannot be generalized for the entire population of mothers who have experienced the homicide of a family member or reflective of all community resource providers.

Of the seven mother-participants interviewed for this study, no one reported that there was "no" impact whatsoever on their relationship with surviving children. To the contrary, five mothers responded that the loss of a family member to homicide had an apparent immediate impact on their relationship with their survived child(ren) and one

mother commented that it had a delayed, but clear, impact on the relationship with her surviving son. The seventh mother expressed she was unsure about the impact of the homicide specifically, due to pre-existing confounding effects on their parent-child relationship status (i.e. her daughter's drug use and alcoholism) at the time of the homicide.

The data collected in this research study, reflecting mothers' challenges with parenting following the experience of homicide, is consistent with the literature, which indicates that mothers experiencing a traumatic incident or the homicide of a loved one, might be more likely to have challenging parenting relationships and, conversely, their children might be more likely to display complex emotional and behavioral symptoms. However, it is critical that both mothers and children carry varying individual resiliencies, which create a protective effect on their ability to cope with challenging events. People cope with negative life-events in a variety of ways, and it is possible that a mother-child dyad might not experience particularly negative behavioral or emotional effects as a result of traumatic loss.

It is also significant that many women and children experience multiple homicides throughout their life-time, whether that of a family member or friend (Moore, 2007). It can be extremely significant for children and families to hear – or even know – about the incidents of multiple homicides, arousing fear and concerns for personal safety (Prothrow-Stith & Spivak, 2004). As one mother explained in the course of our interview, her daughter had experienced the homicide of a close friend just a few years prior to the homicide of her brother. Thus, the statement by the licensed independent clinical social worker provider-participant, clarifying a need for support services and

resources in schools – where so often children are talking about their experiences of violence with each other – is reified. What, then, is the experience of children who not only experience the loss of a loved one (whether sibling, father, uncle, or other) to homicide, but the loss of several friends and acquaintances? Much of the literature to this date has neglected to assess the confounding effects of a multiplicity of homicides (or violent traumas) on families and children in our communities, although it is starting to be recognized as a crisis phenomenon (Moore, 2007). This study provides a very beginning perspective into the lives of those touched by such experiences.

Looking at homicide trends in the city of Oakland, California (consistently labeled one of the top five cities with the greatest homicide rate per capita in the United States) one document prepared by the Urban Strategies Council in Oakland reveals the following data: over 100 people were murdered per year between 1986 and 1994; between 60 and 99 people were murdered per year between 1996 and 2001; 108 murders occurred in 2002; and 109 murders occurred in 2003 (Urban Strategies Council, 2005). In addition, there were 94 homicides in 2005 and 148 homicides in 2006 (Catholic Charities of the East Bay, 2007). These data reveal an important message for social workers and varying human service populations: Many thousands of women, children, and – indeed – families, and men, in Oakland, California, as well as millions of families across the United States, are touched by homicide each year.

The Accessibility of Community Resources

While not all families touched by traumatic grief are interested in or in need of outside or community resources for support (whether emotional, mental health, financial or otherwise), it is no secret that mothers and their children continue to experience great

challenges in accessing adequate support services and resources. Each provider-participant discussed the ways in which systems could better collaborate to provide extended outreach, whether to families who have just, hours before, experienced the homicide of a loved one or to children in schools who consistently discuss the violent deaths of friends and community members. In addition, families are receiving varying types and amounts of information regarding resources they can access (i.e.: some families are notified by DA's victim/witness advocates of available funds to pay for funeral expenses and many families – where the murder suspect has not been apprehended and are not contacted by victim/witness advocates – are never notified of such available funds). What does this discrepancy in provided services mean for communities across the United States?

Data revealed in this study showed that mother-participants expressed their desire to have at least been notified of available resources – and then let the decision to seek such support rest on the mother herself. Why is there such a gap between mothers' desire for information and the fulfillment of such needs? There are several complexities involved with answering such a question, however this researcher offers the following response: (a) there has been very little empirical research assessing the opinions of consumers – in this case, mothers and children – with regards to current accessible resources (or the lack thereof) for surviving victims of homicide; (b) there has been little empirical research assessing the traumatic effects of community homicide on mothers and children, in both the short- and long-term; (c) the national discourse on the phenomenon of homicide is a largely stigmatizing discourse (indeed, several mothers reported feeling stigmatized due to their experience of homicide) which leads to a

silencing of this crisis phenomenon, (d) federally directed funds for violence prevention and rehabilitative resources and funding are currently inadequate (Prothrow-Stith & Spivak, 2004); and (e) there exists a gap between service organizations, where ideally they would work collaboratively to provide an adequate response for families and children.

Homicide in Communities: Change in Systems' Response

It is clear that there is room for change in the often mutually-exclusive federally-funded national and community-based resource programs. A public health model of preventive care reveals violence prevention programs to be equally, if not more, successful in eradicating violence across the country than reliance solely on the criminal justice system (Prothrow-Stith & Spivak, 2004).

In 2004, amidst public recognition of the crisis of violence in the heart of the Bay Area, the constituency of Oakland, California voted to change the face of preventive and response systems to violence, in the Bay Area. On November 2nd 2004, voters passed Measure Y, the Violence Prevention and Public Safety Act (VPPSA). According to the Oakland, California's Department of Human Services website, Measure Y was established with the following goals and stated purpose:

[Measure Y] provides approximately \$6 million to fund violence prevention programs, as well as additional funding for the Oakland Police and Fire Departments. VPPSA will create a well integrated violence prevention system, where strong links among the social services, school district, police, workforce development, and criminal justice agencies result in greater leveraging of scarce resources, better coordination of services and better outcomes for participants. Prevention programs are designed to work together with community policing to provide a continuum of support for high risk youth and young adults. Interventions will reach out to those youth and young adults most at risk for committing and/or becoming victims of violence (Oakland Department of Human Services, 2004-2007).

Measure Y programs are funded for three fiscal years and there are currently over 25 programs that have been granted funding through the grant application process.

Measure Y is a comprehensive and multifaceted effort to address the complex and multiple risk factors associated with violence including, poverty, unemployment, discrimination, substance abuse, educational failure, fragmented families and domestic abuse. Efforts build on positive assets and resilience in individuals, families and communities. City Council approved a continuum of 18 specific, best practice-based program strategies for reducing violence among the Measure Y target population (Oakland Department of Human Services, 2004-2007).

One such innovative program, recently granted funding in 2007, is the only one of its kind across the entire United States. The Oakland Community Response and Support Network (or CRSN), coordinated by Catholic Charities of the East Bay, will “provide first response, emergency funds, intensive support services, referral to mental health to friends and families of up to 60 homicide victims” per year (Oakland Department of Human Services, 2004-2007). Starting on July 1, 2007, the CRSN will receive \$300,000 of annual funding per fiscal year, for three years.

While many programs currently utilizing Measure Y funds serve as community-based models preventive care, the CRSN serves as a one-of-a-kind community-based largely volunteer-run model of response to victims of homicide. The CRSN will “recruit and train community members, including youth and young adults, to provide crisis response and intensive support services to residents affected by violent crimes, with an emphasis on homicides and incidents involving victims under the age of thirty” (Catholic Charities of the East Bay, 2007, p.2). Additionally, volunteers and staff will “go out immediately after the crime as First Responders – visiting with affected groups and individuals, offering help with funerals and memorials and the many needs and concerns

that arise in the aftermath of these tragedies”. This unique program is of particular significance because it aims to bridge the gap in support currently experienced by families who have lost a loved one to homicide. Only time – and feedback from surviving victims about their experience of the service – will tell whether this program is ultimately effective.

Limitations, Biases, and Strengths of This Study: Implications for Future Study

Limitations

The limitations of this study were plentiful, particularly because it was an independent research project with a limited timeframe in which to do the study and limited geographic locations from which to recruit participants. Initially, this researcher attempted to recruit 12-15 mother-participants within the tricountry area of Springfield, Massachusetts. Due to the limited research that included of the voices of surviving victims of homicide (and in particular, mothers with children) this researcher aimed to produce a study which would give voice to this marginalized and stigmatized population. When geographic location proved to be a limiting issue, this researcher extended the geographic location of this study to include the entire State of Massachusetts and the State of California (largely because of already-existing connections with social work populations and human service organizations in the greater Bay Area and greater State of Massachusetts).

However, this researcher continued to experience great difficulty with the recruitment of mother-participants and reasons for this are numerous. The stigma experienced by women who have had a loved one murdered can be quite overwhelming and powerful at times, and often mothers experience great trepidation in talking about

their experiences with perceived ‘outsiders’. This emotionally protective mechanism serves parents and children well, particularly in their great utilization of community-based peer-groups (such as Parents of Murdered Children). However, it makes independent research a challenging task to accomplish. In addition, this researcher contacted dozens of organizations, particularly in Massachusetts (hoping to spread news of this study and gain greater access to a number of mothers’ who had experienced a homicide in the family). But this researcher also believes there is a protective stance that providers carry with surviving victims of homicide and access to potential participants continued to remain minimal. As recruitment time ran out this researcher considered the potentially added benefit of talking with a variety of voices impacted by the presence of homicide in the United States. A decision was made – three weeks prior to the closing of this study – to recruit provider-participants. In this limited time, five provider-participants agreed to be interviewed, and in the end, four qualified for the study. While initially this researcher was particularly interested in providing a space for surviving mothers to discuss their experiences, interviewing provider-participants added an alternative perspective and ultimately led to an incredibly rich report.

It should be noted that several of the mothers who chose to participate in this study described their interview experience as “not at all as invasive as I was worried it might be” or “very interesting” and more than half of the mother-participants offered for me to call them back, should additional information be needed. These mothers spoke for varying amounts of time and all mother-participants shared much more information than was explicitly asked for from the formulated list of questions. One mother shared personal photographs and newspaper clippings from media stories of the event of her

daughter's murder. This researcher believes this phenomenon, in its entirety, to be reflective of mothers' initial trepidation towards talking with 'outsiders,' but a great willingness in the moment to share exceptionally impacting and challenging experiences with researchers who approach their work with genuine respect and care.

Bias

Three forms of bias were readily evident within the dynamics of this research study. The first form of bias was that participants recruited for this study were self-selected, largely out of connection to peer-groups (for example, Parents of Murdered Children) or some form of connection (personal or professional) to this researcher. Using participants who have an already-established connection to peer groups (or because they all had a history of using some sort of community resources) provides a particular commentary on systems from persons who have had – at the very least – minimal access to resources. In addition, mothers with a history of using community resources may be the kind of person who values the use of community resources, and so the reflections participants gave in this study might have been positively biased in this manner. A randomized study – on the basis of varying demographics (such as age, family configuration, race, ethnicity, and socio-economic status) would provide more generalized conclusions applicable to the greater population of the United States. As it stands, the evidence gathered in the self-reflections of this study, are only applicable with regards to their expression of the experiences of seven mother-participants and four community provider-participants.

A second form of bias is evident in the language used for interview questions as developed by this researcher. Questions like “how many children do you have?” can be

provocative for mothers who have lost a child to homicide and are choosing whether to include this bereaved child in the count. This question was formulated because of the precise relationship being studied (that between mother-child dyads) and it was necessary to gather data reflecting the number of children a particular mother had reared. In addition, this particular question was biased in that this researcher expected to interview more participants who experienced the homicide of family members other than the mother's child – in which case, this question might not have been as difficult for participants to hear. However, after asking this question the first time, this researcher became aware of how it might be heard and clarified with participants that it could be answered in any way.

A third form of bias is that I am the surviving granddaughter of a homicide victim (of maternal lineage). In other words, my mother's mother was murdered – when my own mother was 24 years old, just six years before I was born. Additionally, for several years I have practiced clinical work with children in communities tremendously impacted by homicide – which is where my interest in the question of the impact of a multiplicity of traumatic events on a child's resiliency first came to fruition. There is no doubt, however, that the historical impact of this familial experience certainly influenced my interest in developing this research study. Conducting in depth research into the area of the intergenerational effects of homicide has been both a powerful and deeply moving professional and personal experience.

Strengths

There was much strength to the implementation, completion, and findings of this research study. The methodology was sound, as evidenced in the clarity of findings as

related to the stated purposes of this project. The self-reflections of eleven participants provided an abundance of material as related to the direct questions this researcher asked in the two sets of questions (one for each group-set).

In addition, although in the context of professional research practice it cannot be stated that the self-reflections of all eleven participants in this given study are representative of all individuals who have experienced a homicide in the family or have provided support to victims' families, the self-reflections here-in provide honest, valuable, in-depth, and critical critique of varying systems of support.

Lastly, it should be noted that a humanistic, compassionate stance must be taken when interviewing surviving victims of homicide and researchers may not gather complete and honest self-reflections of mothers impacted by violence if they are cold, distanced, or know little about the multiple impacts of violence on individuals and relationships.

Implications for the Field of Social Work Practice

To this date, according to an in-depth survey of research, little empirical research has been conducted which examines the impact of community violence (and even less, the homicide of a family member) on family systems in the United States. Research of survivors of violence or the homicide of a family member – and the specific influence of their experience on child rearing practices – largely reflects a broad examination of the impact of the Holocaust on surviving family members or post-Vietnam veterans who have survived to rear children.

Findings of this research study inform the field of trauma and its impact on family systems theory, attachment theory, and the intergenerational effects of violence in

communities. Additionally, the findings of this study provide critical insight into the impact of homicide on surviving family members. Individual social work practitioners and the field of social work practice becomes greater informed by narrative self-reflective studies such as these.

This researcher found that the act of grieving affects mothers differently and no 'cookie-cutter' solution works well for all members of any community. However, there are ways to mediate and provide support to individuals who would like to utilize such available services.

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Appendix A
Interview Questions (Mothers)

Investigator: Leah Berkowitz

Project Title: A Homicide in the Family: The Dual Perspective of Mothers' Experience Parenting and Perception of Community Resources & Victim Witness Providers' Report on Services Utilized by Mothers and their Children.

Demographics Questions:

1. What is your first name?
2. What is your current age?
3. What is your relationship to the family member who was murdered/killed (i.e.: mother, sibling, cousin, granddaughter)?
4. How old were you when the homicide occurred?
5. How many children do you have?
6. How old is/are your child(ren)?
7. Do your children live with you full-time, part-time, or otherwise?

Research Questions:

8. Did your experience of the murder of your family member affect the relationship you currently have with your child(ren)? (If yes, go to question 9. If no, go to question 13.)
9. If yes, then: in what way(s) do you believe it affected your relationship with your child(ren)?
10. If you have more than one child, do you believe it affected your relationship with your children the same or differently and how so?
11. Did these effects remain the same over time, or have things changed?
12. If things changed, in what way have things changed over time?
13. If no, then: are you aware of any community resources that are available for parents and/or their children who have experienced a homicide in the family?
14. Have you used any community resources that you found to be particularly helpful (or not helpful) for you?
15. For what length of time did you use each particular resource?
16. Are you aware of community resources that might have been helpful to you (perhaps you know someone else who has used them), but you have not used them yourself?
17. What community resources do you envision would have been helpful for you and your child immediately after experiencing this event? And when you think about strengthening your relationship with your child now, can you envision any particular resource that would be helpful for your family?

Appendix B
Interview Questions (Victim Advocate/Community Provider)

Investigator: Leah Berkowitz

Project Title: A Homicide in the Family: The Dual Perspective of Mothers' Experience Parenting and Perception of Community Resources & Victim Witness Providers' Report on Services Utilized by Mothers and their Children.

Demographics Questions:

1. What is your job title and basic responsibilities?
2. For approximately how long have you been working with surviving victims of homicide (specifically, mothers with surviving children)?
3. Please describe the specific training you have experienced that has been critical in your work with victims of homicide.

Research Questions:

4. At what point in time, following the homicide, do you become involved with families lives [i.e.: you provide direct-response to the scene, or you run a victim survivors group with mothers who have experienced some length of bereavement, etc.]?
5. Please describe the capacity with which you have worked with families directly (specifically focusing on the impact of mothers with surviving children).
6. Please briefly describe other services you are aware of that are available to families, but which you do not provide directly.
7. For what length of time do you provide direct support services to any particular family?
8. Please speak to the services that are currently provided to families in the short-term versus long-term. Particularly, what services tend to be most utilized by and most supportive for families?
9. Are you directly involved with or aware of any longitudinal support services provided to families (i.e.: making or maintaining contact with surviving family members 5 or 10 years following the homicide, as they are experiencing a judicial process)?
10. If you were designing an ideal response system, particularly to serve mothers and their surviving children, what additional services would you add to what is already available?
11. Is there any additional (or particular) training you think providers should experience in order to most effectively respond to the needs of mothers and their children.

Appendix C
Letter of Informed Consent (Mother)

Dear Interested Participant,

Thank you for indicating your interest in this research study. My name is Leah Berkowitz and I am a Master's level student, currently attending the Smith College School for Social Work. I am conducting a research study, the final project of which will be a written thesis submission, used in partial fulfillment of the Master's of Social Work degree. Data from this study may also be used for future presentations and publications on this topic.

This study serves three main purposes: first, to identify similarities among mothers' reflections of their experience of parenting after the homicide occurred, second, to identify (by getting input from mothers) which community support networks/programs have been useful during the recovery process and learn ideas about potential resources that could be or would have been supportive for mothers and children during their recovery process, and third, to identify (by interviewing community support providers, such as social workers and/or victim witness advocates) the varying kinds of services provided, the availability of resources to families over time, and whether families are getting connected to all the resources they need.

I am asking you to participate in this study because your input is invaluable. Your participation in this study will help practicing social workers understand the implications of a homicide in the family on mothers and their children.

In order to participate in this study, I am asking that you have experienced the murder of any family member and that you have experienced at least three years of time following the homicide. As noted above, I hope that you will be open and willing to briefly discuss any thoughts you may have about the impact of this homicide for you and, particularly, the relationship you have with your current child(ren). I'm also particularly interested in hearing about specific community resources that were (or are) helpful for you during this time following the murder and learning from you about other ideas you may have for potential community resources that would be useful for you, your child, or both of you.

You may find that it is very difficult to discuss any issues related to what has happened since the death of your loved one, and that our conversation brings up strong emotions for you. I will try to minimize your discomfort as much as possible, by specifically focusing our conversation on research study questions (around parenting and community resources), however you are welcome to share any thoughts or ideas you feel are important for my understanding of your experience. I want you to know that if, at any time during the interview process, you feel uncomfortable and would like to either skip a question or end the interview entirely, I would encourage you to do so. Also, if you decide to withdraw from the study after participating in the interview with me, you may notify me up until April 24th, 2007.

Before beginning the interview together, I will give you a list of resources (with phone numbers for access to counselors, social workers, and community support programs) should you want to access additional support at any time.

When we speak for the first time, we will discuss where to meet, at what time and public place that is convenient and safe for both you and me. Our interview time together will last no more than an hour. I anticipate that it might take about 5-10 minutes to answer brief demographics questions (for example, “how old are you?” and “how many children do you have?”) and approximately 30-50 minutes to answer questions about the research questions listed above. All the information we discuss during our time together will remain completely confidential.

I will tape-record our session, so that I can later transcribe data as precisely as possible. If anyone helps to transcribe data during this project period, they will sign a confidentiality agreement, which means that they are bound to the same regulations of confidentiality as me. I may also take some written notes throughout our interview time together, in order to help us track what we have discussed as our time progresses (and in case for some reason the tape recorder fails during our interview process). All data collected (tape-recorded information, written data, and signed Informed Consent paperwork) will be kept locked and stored for a period of three (3) years, consistent with federal regulations. After this period of time, information will either remain locked and stored or will be destroyed (shredded). No identifiable data, quotes, names or information will be used in the reporting of findings at the end of this study.

A benefit to participating in this study is that you will help in the development of identifying which community resources were helpful for you and your family, or what potential resources you could see being useful in the future for yourself or other families. If you wish, you may also receive a summary of the study results upon conclusion of the thesis project (approximately June of 2007).

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of participant:

Date:

If you have any questions, concerns, or wish to withdraw your consent prior to April 24th, 2007, please contact: **Leah Berkowitz; RecoveryStudy@tahlstar.com; 413-794-4987.** Please keep this copy for your records.

I greatly thank you for your participation in this research study!

Appendix D
Letter of Informed Consent (Victim Advocate/Community Provider)

Dear Interested Participant,

Thank you for indicating your interest in this research study. My name is Leah Berkowitz and I am a Master's level student, currently attending the Smith College School for Social Work. I am conducting a research study, the final project of which will be a written thesis submission, used in partial fulfillment of the Master's of Social Work degree. Data from this study may also be used for future presentations and publications on this topic.

This study serves three main purposes: first, to identify similarities among mothers' reflections of their experience of parenting after the homicide occurred, second, to identify (by getting input from mothers) which community support networks/programs have been useful during the recovery process and learn ideas about potential resources that could be or would have been supportive for mothers and children during their recovery process, and third, to identify (by interviewing community support providers, such as social workers or victim witness advocates) the varying kinds of services provided, the availability of resources to families over time, and whether families are getting connected to all the resources they need.

I am asking you to participate in this study because your input is invaluable. Your participation in this study will help practicing social workers understand the implications of a homicide in the family on mothers and their children.

In order to participate in this study, I am asking that you are a community service provider to families who have experienced a homicide (specifically, you have provided services to five or more families over the length of at least six months at some time within the past 10 years).

All participants should know that if, at any time during the interview process, you feel uncomfortable and would like to either skip a question or end the interview entirely, I would encourage you to do so. Also, if you decide to withdraw from the study after participating in the interview with me, you may notify me up until April 24th, 2007.

When we speak for the first time, we will discuss where to meet, at what time and public place that is convenient and safe for both you and me. Our interview time together will last no more than an hour. I anticipate that it might take about 5-10 minutes to answer brief demographics questions and approximately 30-50 minutes to answer questions about the research questions listed above. All the information we discuss during our time together will remain completely confidential.

I will tape-record our session, so that I can later transcribe data as precisely as possible. If anyone helps to transcribe data during this project period, they will sign a

confidentiality agreement, which means that they are bound to the same regulations of confidentiality as me. I may also take some written notes throughout our interview time together, in order to help us track what we have discussed as our time progresses (and in case for some reason the tape recorder fails during our interview process). All data collected (tape-recorded information, written data, and signed Informed Consent paperwork) will be kept locked and stored for a period of three (3) years, consistent with federal regulations. After this period of time, information will either remain locked and stored or will be destroyed (shredded). No identifiable data, quotes, names or information will be used in the reporting of findings at the end of this study.

A benefit to participating in this study is that you will help clarify how individual providers (and/or affiliated agencies) fit within the systemic response to victims of homicide, identify which resources are beneficial for families, and where system responses could be strengthened. If you wish, you may also receive a summary of the study results upon conclusion of the thesis project (approximately June of 2007).

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of participant:

Date:

If you have any questions, concerns, or wish to withdraw your consent prior to April 24th, 2007, please contact: **Leah Berkowitz; RecoveryStudy@tahlstar.com; 413-794-4987**. Please keep this copy for your records.

I greatly thank you for your participation in this research study!

Appendix E
Resource List

Agawam Counseling Center: Therapeutic services available for individuals and families. Phone: (413) 786-6410.

Child Guidance Clinic (Springfield, MA. – Hampden County): Therapeutic services available for children, parents, and families. Referrals to additional community resources available, as needed. Phone: (413) 732-7419.

ServiceNet, Integrated Human Services (Hampshire and Franklin Counties): Therapeutic services available for individuals and families. Referrals available for additional community resources, as needed. Phone: (413) 585-1300, Main Contact Number.

Springfield Psychiatric Crisis Services: 24 hours/7 days a week. Crisis services and intensive case management services dedicated to anyone experiencing a psychiatric crisis (i.e.: feeling suicidal). Phone: (413) 733-6661.

Louis D. Brown Peace Institute (Dorchester, MA.): Survivor Outreach Service (SOS) reaches out to families 24-48 hours after the murder has taken place, connects survivors of violence to appropriate social services, assists them in dealing with the criminal justice system, provides support during criminal trials, and trains them to become advocates for and mentors to other families impacted by violence. Phone: (617) 825-1917.

National Resources:

State of Massachusetts Victim Compensation and Assistance Program: Up to \$25,000 available for victims to pay for uninsured medical, dental, and counseling expenses as well as funeral and burial costs, and lost income. Phone: (617) 727-2200.
(Webpage link: <http://www.ago.state.ma.us/sp.cfm?pageid=1037>)

Parents of Murdered Children: POMC makes a difference through on-going emotional support, education, prevention, advocacy, and awareness. Phone: (888) 818-POMC. (Webpage link: <http://www.pomc.com/>)

Child Advocacy Center (National Children's Alliance): Call to find a local Child's Advocacy Center near you. While CAC's generally work with families and children experiencing child physical or sexual abuse, children and families who witness or are grieving violent deaths are often served at CAC's. Phone: (800) 239-9950. (Webpage link: <http://www.nca-online.org/>)

The Dougy Center for Grieving Children and Families: The first center in the U.S. to provide peer support groups for grieving children. Through their National Center, they provide support and training locally, nationally, and internationally to individuals and organizations seeking to assist children in grief. Call (503) 775-5683 or use the website to locate state-wide resources. (Webpage link: www.dougy.org/)

Compiled: January, 2007

Appendix G
Human Subjects Review Committee Letter of Approval

February 14, 2007

Leah Berkowitz
86 Meridian Street
Greenfield, MA 01301

Dear Leah,

Your revised documents have been reviewed and all is now in order. We are glad to give final approval to your study with the understanding that should you come to do recruitment in an agency, you will get written permission to do so from the agency and send a copy to us.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your study.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mike Murphy, Research Advisor

Appendix H
Human Subjects Review Committee Second Letter of Approval

April 5, 2007

Leah Berkowitz
86 Meridian Street
Greenfield, MA 01301

Dear Leah,

Your latest revision has been reviewed. It really works much better to separate the Informed Consents and both now are clearer and less complicated. We are glad to now approve the amendments of your project.

Good luck with your study.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mike Murphy, Research Advisor