

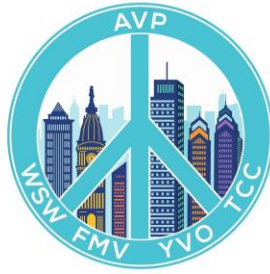
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Intra-Familial Homicide Literature Review

In finding relevant literature to consider for this exercise, the following search terms were used (single and in combination): homicide, murder, co-victim/s, covictim/s, intrafamilial, familial, intimate partner, survivor/survivors, family/families, aftermath, effect, reaction, response, intervention, victim services, services, and providers. Although this strategy resulted in several thousand articles, careful review of summaries and abstracts revealed that most of the results focused on one of three main themes: antecedents to homicide, the criminal investigation and/or prosecution, and characteristics/issues related to the perpetrator; however, none of those articles were relevant to the current interest. Of the articles that were determined to have relevance, those with a focus outside the cultural context of the United States were excluded from this review. The remaining articles were then read for substance, and ultimately 11 articles were chosen for inclusion.

There is limited literature on the effects of homicide on surviving family, with even less available considering intra-familial homicide only. With that caveat, though, there is a small pool of literature that addresses the needs, responses, and effects of intra-familial homicide on co-victims, much of which is relatively recent. The most comprehensive sources were selected for inclusion in this review to help guide the work of the intra-familial homicide initiative with an eye toward identifying needs, the experiences of co-victims, and the effects of the homicide on individuals and families. Some of the literature included is not specific to intra-familial homicide in particular, but it is either generally applicable or contains helpful sources or recommendations that may apply to co-victims of intra-familial homicide. All of the literature reviewed agrees that “it is critical for systemic providers in the criminal justice, medical, behavioral health, and practice fields to understand how homicide impacts” co-victims (Metzger, Mastrocinque, Navratil, & Cerulli, 2015, p. 524) and that there is a general paucity of research available.



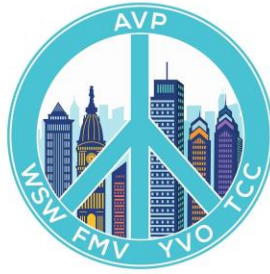
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The literature is grouped as follows: non-specific homicide and co-victims (Armour, 2002; Mastrocinque, Metzger, Madeira, Lang, Pruss, Navratil, Sandys, & Cerulli, 2015; Metzger et al., 2015; Stern, 2010; Vincent, McCormak, & Johnson, 2014), intra-familial-specific homicide and co-victims (Armour, 2011; Connolly & Gordon, 2015, Horne, 2003;), and specific co-victim characteristics (Sharpe, 2015; Sharpe, Iwamoto, Massey, & Michalopoulos, 2018; Turner, Finkelhor, & Henly, 2018).

The focus of the IFH initiative going forward is to build out a network of providers using the available literature, as well as use input from professionals and survivors in Philadelphia. As written in the initial grant proposal written by AVP for this project, there is a complex multi-system response required to serve survivors in the immediate aftermath and during the active state of disequilibrium, which lasts between four to eight weeks following a homicide. Research specific to the needs of survivors of intra-familial homicide found that families are “more receptive to others’ efforts to help during the active state of disequilibrium than during periods of equilibrium” and that this is even truer for survivors or co-victims of non-intra-familial homicide (Horne, 2003, p. 76-77). This suggests that active engagement with survivors during this period is more likely to result in successful engagement, compared with waiting until the crisis period has subsided. This applies to needs across systems, including “counseling, court advocacy, and case management services” (Horne, 2003, p. 77).

The needs for survivors include those that relate to law enforcement, the legal system (including child welfare and custody), victims’ compensation, the medical system, the behavioral health system, housing, finance, employment and occupational support, domestic violence response, and public benefits (Armour, 2011; Connolly & Gordon, 2015; Horne, 2003; and Stern, 2010). Counseling and access to mental health services are of particular importance regarding engagement as survivors of intra-familial homicide are at higher risk of experiencing



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complicated grief than those of non-intra-familial homicide (Sharpe et al, 2018, p. 709). Vincent, McCormack, and Johnson (2015) conceptualize that system in the following diagram:

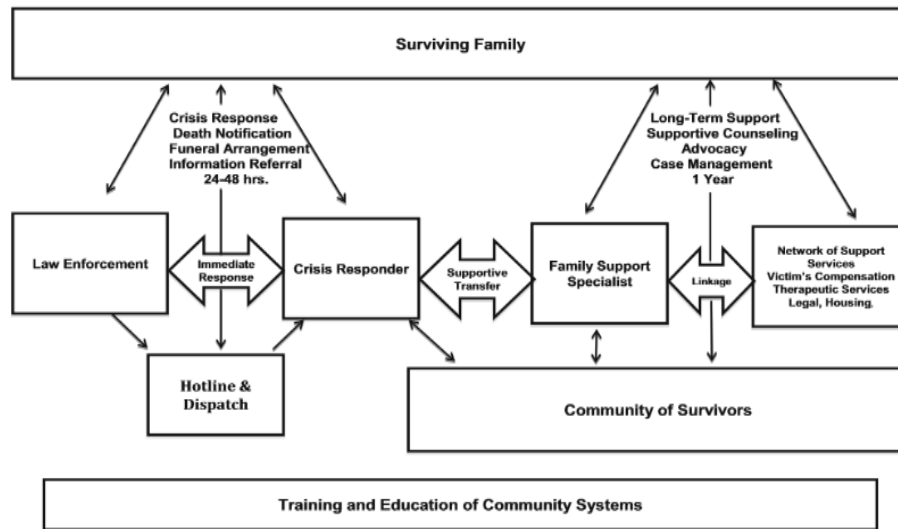
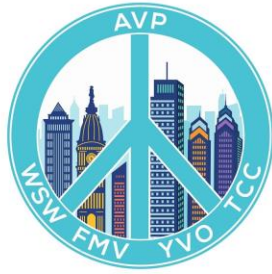


Chart 1 A comprehensive program model for supporting families surviving a homicide victim

(p. 62). This conceptualization, while not specific to Philadelphia, does offer a mental model to consider in the context of our current service milieu. With the creation of the Philadelphia Crisis Assistance, Response, and Engagement for Survivors (CARES) model, and the use of peer crisis responders (PCRs), the goal of the IFH initiative to ensure timely outreach and contact with survivors is now happening on a sustainable basis. Further, the CARES PCRs facilitate a warm hand off to a still-developing network of other providers, although Philadelphia does not have a central family support specialist as the model above suggests. The emphasis across sources collaborating is imperative to successfully servicing survivors.

Horne (2003) had the following recommendations for successfully engaging co-victims when the homicide has been perpetrated by a family member:

- 1) “Maximize the availability of services to survivors during the first 8 weeks following the homicide.”



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- 2) “Include a determination of the survivors’ relationship to the perpetrator during the initial assessment.”
- 3) “Anticipate the consistent needs for survivors for counseling and case management services during the initial crisis period.”
- 4) “Emphasize the continued availability of services toward the end of the [crisis period]; explore reasons for any indications of survivors’ reluctance to continue utilizing services” (p. 79-80).

Horne (2003) highlights the last recommendation as particularly important for survivors of IFH as service utilization patterns indicate that this population is most likely to withdraw from services following the end of the crisis period, yet the relevant needs may still remain high.

When considering survivors of homicide generally, there are several characteristics of survivors to which particular care and attention should be paid. These characteristics include developmental considerations of the survivor, socioeconomic status, that grief is gendered, and that culturally appropriate responses are paramount to successful engagement (Mastrocinque et al., 2015; Sharpe, 2015; Turner, Finkelhor, & Henly, 2018). A recent literature review on the needs of survivors of homicide found that this is well supported throughout available research, concluding that “treatment interventions that are culturally, socially, and religiously sensitive should be developed to meet the needs of homicide survivors from diverse backgrounds” (Connolly & Gordon, 2015, p. 504).

Inside and outside the context of Philadelphia, race is a particularly important characteristic of survivors to consider. For example, “although African Americans represent 13% of the nation’s population, they account for a little over 50% of all homicide victims (Violence Policy Center, 2017)” (Sharpe, Iwamoto, Massey, & Michalopoulos, 2018, p. 708). The experience of barriers and challenges to successful engagement with black survivors should be

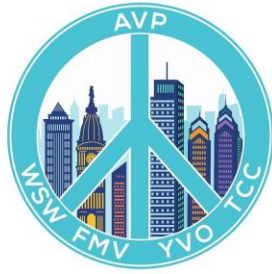


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understood in the context of valid distrust of “clinical and state sponsored interventions out of concern for possible victimization, retraumatization, and stigmatization” (Sharpe, 2015, p. 52). Many survivors also experience stigmatization around the homicide itself, with media and law enforcement assumptions that “illegal activity was the root cause of the violent death of a loved one” (p. 53). Sharpe (2015) directs practitioners to “demonstrate a deep understanding of viewing African Americans as survivors of both cultural and homicidal trauma” (p. 55). This includes keeping in mind that “spiritual coping, meaning making, collective coping, and caring” are some of the effective and useful strategies that black co-victims employed post-homicide (p. 55). Some of the specific practices that Sharpe (2015) and Sharpe et al. (2018) recommend include incorporating those coping strategies into the spectrum of care by collaborating with and within affected communities and developing partnerships with spiritual leaders. “Studies of support groups for survivors of homicide victims have yielded favorable results” (Sharpe et al, 2018, p. 710), as have “structured time limited educational groups, self-help groups, and restorative justice initiatives” (Sharpe, 2015, p. 56).

Providers should be aware that youth who experience homicide co-victimization generally are “substantially more likely to have experienced multiple personal victimizations” (Turner, Finkelhor, & Henly, 2018, p. 20). Therefore, it is unlikely that youth presenting to providers as survivors will have needs only related to those created by the homicide. For children and youth survivors, evidence-based and emerging best practices include the implementation of policies through schools, as well as after school and community-based programming to assist with ongoing academic engagement (Connolly & Gordon, 2015, p. 504). Younger children are particularly at risk, with one study finding that fully one third of children “living at home at the time of the murder were less than two years of age” (Starr, Hobart, & Fawcett, 2004, as cited in Armour, 2011, p. 23).

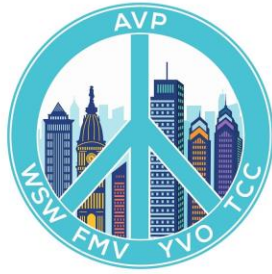


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Taken together, the available literature emphasizes culturally and developmentally competent and comprehensive services with effort to engage survivors during the period of disequilibrium following the homicide. Strategies for increasing the likelihood of successful engagement with survivors include identifying the relationship of the survivor with the perpetrator and increasing the level of coordination and collaboration within the service milieu, while ensuring that offered services are informed by the needs of the presenting survivor.

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