

**School of International Health
Faculty of Health Sciences**

**A Retrospective Exploration of
Formal and Social Support Received: Experiences of
Secondary Victims of Homicide in
England and Australia**

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**This thesis is presented for the Degree of
Doctor of Philosophy
of
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DECLARATION

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

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Date:

7th April 2010

ABSTRACT

This qualitative retrospective descriptive study explored English and Australian secondary victims of homicide narratives of their experiences in order to identify and delineate their post homicide support needs. This thesis is a study of the experiences of support proffered to secondary victims of homicide in England and Australia, and their perceptions of the nature of that support. The support included, but was not limited to, support needs emanating from within the criminal justice system.

The study also documented the support secondary victims of homicide experienced in totality in order to develop an evidence base from which to better understand the sources of support available to the victims. Underpinned by a range of social theories including the World Health Organisation's (WHO) health construct, Maslow's *Hierarchy of Needs*, and contemporary grief, trauma, and victimology theories, this descriptive study relied on constant comparisons to analyse the content of 28 face-to-face semi-structured interviews.

A systematic in-depth review of data revealed that the relative rate at which people affected by homicide discussed helpful support, be it from their existing social support network or beyond their formal support network, was almost equal, and the majority of all support was described as helpful. However, analysis at the intermediate and personal level (meso and micro levels) identified some support sources were reported as being significantly more helpful than others.

The results documented the demographic profile of the secondary victims of homicide, the circumstances surrounding their experiences of homicide and the sources of support they identified, the number of times each was mentioned and the nature of the support experience described i.e. how effective the support experienced was based on if it was described as helpful or unhelpful. The specific supportive relationships identified were grouped into sources, systems, and networks.

Four themes emerged from the study that suggest that people in supportive roles must be mindful that homicide experiences are complex and elongated, random acts of kindness are profoundly helpful, family and friends feature strongly in discussions of support, and any support must be provided in a holistic manner.

Analysis of the data at the network level (the macro level) revealed that the formal and social support networks featured strongly. However, further scrutiny revealed support provided by the social support network was described as unhelpful in significantly less instances than that provided by the formal support network. Analysis of support systems data (the meso level) revealed that support provided by friends, community and family was consistently referred to as helpful, whereas support provided by therapeutic, justice and public support systems was regularly described as unhelpful.

Examination of the data in relation to each of the identified sources of support revealed that those most helpful for secondary victims of homicide were educational facilities, other victims of the offender, generic grief support, children and work places. Support from the forensic mental health services, the offender, the associates of the offender, organisations, post court services, and generic therapeutic services were commonly described as unhelpful. The findings also documented that secondary victims of homicide experience an array of supportive experiences over many years whilst dealing with a multitude of personal, emotional, and psychosocial stressors that arise out of their unique and complex circumstances and experiences of victimisation.

The results of this research conclude that the established presence of high levels of trauma and complicated grief in this population may make them more vulnerable to subsequent experiences of trauma and injustice, accounting for why unhelpful experiences of support (secondary victimisations) described in this study were particularly harmful, despite the overall relatively high prevalence of helpful experiences of support. This study also deconstructed the concept of 'support' for secondary victims of homicide, identifying nine support systems, which involved a range of 35 support sources available to secondary victims of homicide. Having identified these support systems and sources, this study went on to explore the helpfulness of these supports to secondary victims of homicide.

Finally, a model is proposed to identify, and delineate three dynamic dimensions of post homicide support, the buffering factors (needs), structural supports available (resources), and the type and nature of support provided (functions). Suggestions put forward by the participants are presented and several recommendations are proposed on to how to better support secondary victims of homicide.

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DEDICATION

This thesis is dedicated to everyone robbed
through the injustices of homicide;
primary, secondary and tertiary victims alike.

Though special mention goes to
Kyle, Latisha, Josephine, Diane, Julie, Trystan, and Kerry

The succession of your untimely, unjust deaths,
tells me that this work is important and its value
extends beyond me, my family
and
my own need to understand.

May the warmth of the love surrounding
everyone affected be enough to chase away the
dark shadows that surround homicide.

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TERMINOLOGIES, ACRONYMS AND ABBREVIATIONS

Term/Acronym	Definition
Criminology	The study of crime, criminals, law and rehabilitation
Main effect theory	Cohen and Willis's (1985) 'main effect theory' established that the incidence of poor health was elevated among respondents receiving inadequate social support
Offender	A person who has committed a criminal act
Post-Traumatic Stress Disorder (PTSD)	Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat
Primary Victim of Homicide (PVOH)	A person killed through homicide (the deceased)
Revictimisation/s	A term used to define social processes or human behaviours that are only experienced as a result of being victimised and that are unhelpful and exacerbate the trauma levels of victims of crime (be it intentional or not)
Secondary Victim of Homicide (SVOH)	The family and intimate others of a primary victim of homicide
Stress Buffering Theory	According to the 'stress buffering theory', there is an interaction between social relations and life events, and life events only have a detrimental effect on wellbeing in the absence of an adequate social environment
Support Source	Anyone secondary victims of homicide felt should have provided them with some form of post homicide support be it informational, practical or emotional
Thanatology	The study of grief, bereavement and/or mourning
Traumatology	Traumatology (from Greek "Trauma" meaning injury or wound) is the study of wounds and injuries caused by accidents or violence to an individual
UN	United Nations

Victim of crime	A person who is victimised through criminal activities of any type
Victim of property crime	A person who is victimised through criminal activities directed against property
Victim of violent crime	A person who is victimised through criminal activities of a violent nature
Victimology	The study of crime relating to the experiences of those victimised through criminal acts
WHO	World Health Organisation

LIST OF KEY PRESENTATIONS, REPORTS, AND PUBLICATIONS

Presentations:

International:

1. *Having a loved one Murdered: being a secondary victim of homicide – preliminary findings*, International Homicide Conference, Brisbane, QLD, 2008.
2. *Victims Issues – family violence and post homicide: A Western Australian Perspective*, Restorative Resources, Santa Rosa, CA, USA, 28th of August 2006.
3. *Victims Services: Who cares for those left after a homicide and for how long?* World Society of Victimology's 12th International Symposium on Victimology, Orlando, Florida, USA, 22 August 2006.
4. *Nothing Will Ever Happen... What is challenged when it does and the victims' responses'*, Orlando, Florida, USA, World Society of Victimology's 12th International Symposium on Victimology, 24 August 2006.
5. *New perspectives of victims of crime*, World Society of Victimology, Victimology Victim Assistance and Criminal Justice, Dubrovnik, Croatia, May 2006.
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3. *Family and Domestic Violence Service*, Assorted Brochures including Aboriginal, 2008.

PROLOGUE

We don't receive wisdom; we must discover it for ourselves after a journey that no one can take for us or spare us. Marcel Proust (n.d.)

My interest in homicide goes back to before I can remember; I have always been deeply affected by news reports of the killing of one human being by another. However, it was on a cold August night in 1994 that my interest in homicide and what happened to those left in its wake increased dramatically.

It was on this night that right before my eyes my two precious children were robbed of life by their father who also attempted to take my life, before taking his own. In the days, weeks, months, and years that have passed since, people (professionals, friends and colleagues), my extended family and I, have all continued to find ways to provide support to each other through this ever-changing form of grief, without knowing whether it is experienced as helpful.

Since this event, I have supported countless families affected by homicide and other violent crimes. In order to do this well I have sought to learn as much as I can about the impact of violent victimisation such as homicide, sexual assault, family violence and other physical assaults so that I can maximise my capacity to be helpful. This thirst for knowledge and my experiences as a supporter (peer and professional), has led me to be sought out as a source of information for families, friends and professionals. Having completed a qualitative narrative study of secondary victims of homicide¹ for my honours research, I was keen to explore the support systems of secondary victims of homicide and know whether that support is experienced as helpful and healing.

Since my children's deaths, five other people I have been connected to have had their lives taken through homicide and I have met hundreds of other families affected similarly across England, Australia and America. My awareness of the insidious nature of homicide, the paucity of research on this topic and my desire to support the supporters of those bereaved by homicide, have all led me to this research project.

¹ The family and intimate others of those killed through homicide, the primary victims of homicide.

Chapter 1

STUDYING THE WORLD OF SECONDARY VICTIMS OF HOMICIDE: INTRODUCTION TO THE THESIS

People should think things out fresh and not just accept conventional terms and the conventional way of doing things. Fuller, R. Buckminster (n.d.)

1 Introduction

This thesis presents a study of the experiences of English and Australian secondary victims of homicide, with a focus on support and if it was experienced as helpful. This chapter provides a background to the study, the researcher's interest in the topic and the rationale behind the choice of countries studied. The research questions are described before the reader is presented with a synopsis of the methodological and theoretical frameworks that informed the research design. This chapter then considers briefly the significance and limitations of the study, with further detail presented in the final chapter of this thesis.

Throughout this dissertation, the term '**secondary victims of homicide**' is used to refer to people bereaved through the death of a loved one because of a human act. Similarly, the term 'victims of violent crime' refers to those affected by human acts of violence, whilst 'victims of property crime' refers to people negatively affected, by loss, damage, or destruction of their property through human actions. These definitions are expanded upon in the literature review. Inherent in these definitions is the knowledge that secondary victims of homicide are a diverse group of people who are victims of crimes and who survive in the midst of terrible upheaval, grief, and trauma.

In this research, the researcher portrays the voices, perceptions, and feelings of this often unacknowledged and unheard population. Secondary victims of homicide describe their helpful and unhelpful experiences of support in order to assist the community in understanding what constitutes effective support during the traumatic bereavement process.

1.1 Motivation for the study and positioning of the researcher

During the researcher's 12 years in the post-homicide field, studying and supporting secondary victims of homicide, she observed that scholars and practitioners have increasingly acknowledged that the bio-psychosocial wellbeing of secondary victims of homicide is often severely compromised by their experiences of grief and trauma and the forensic context² they subsequently encounter and are required to negotiate (Baliko, 2008; Paterson et al., 2006; Reed, Sims-Blackwell, Beck & Britto, 2009; Wemmers, 2008; Zinzow, Rheingold, Hawkins, Saunders & Kilpatrick, 2009). Similarly she noted increasing interest in 'social support' and the role it plays in moderating traumatic experiences including traumatic grief (Fingerman, 2009; Haden et al., 2007; Hamdan-Mansour et al., 2007; King et al., 2006; Wilsey & Shear, 2007).

As a qualified social worker, the researcher established a reputation as a reliable information source for secondary victims of homicide and those supporting them. Her own bereavement through homicide 15 years earlier, her practice as a social worker and her academic perspective underpinned this reputation. Much of the researcher's experience resulted from requests for help from secondary victims of homicide and professionals, especially police. Consequently, the researcher has been entrusted to provide post-homicide support to numerous families bereaved through homicide predominantly in Australia and England.

The researcher observed that secondary victims of homicide described support received as wide-ranging and not always helpful, despite intentions to be supportive. Similarly, despite well-intended aims, many policies and procedures are often reported as barriers and sources of further victimisation and distress. Much of the literature in this area, to be discussed shortly, critically analyses secondary victims of homicide experiences of the criminal justice system and professional service providers, who typically provided socio-legal support.

Through her own experience as a secondary victim of homicide, her subsequent contact with numerous secondary victims of homicide, and her studies, the researcher realised that many secondary victims of homicide often receive little or no contact with formalised or professional support, with only a small number accessing victim support services or self-help groups. Rather, family and friends were cited as their main

² The criminal justice system processes relating to the application of justice such as investigation, post mortems, criminal trials, sentencing, appeals, mental review boards and release programs.

source of support (Paterson et al., 2006; Robinson, 2003). Further, she was aware that much of the socio-legal literature referred to family, friends, and community as sources of support. However, few studies had attempted to delineate, exactly who was encompassed within these terms, the type of support they provided, or whether it was experienced as helpful.

Having delivered support through a peer-run self-help group model for several years and provided one to one support through a variety of service delivery modes (phone, internet forum, email and in person) for over a decade, the researcher wanted to systematically examine secondary victims of homicide experiences of support through their own eyes in order to help fill these voids.

The purpose of this study was therefore to understand secondary victims of homicide perspectives' of the support they experienced in order to develop an evidence base of effective support resources.

1.2 Background to the study

1.2.1 *Choice of study sites*

The choice of England and Australia as research sites was primarily based on the knowledge that the cultures, criminal justice systems, victim support schemes, homicide rates are similar and that the researcher had long established connections with support organisations in both countries. Additionally, the researcher has established knowledge of these countries and her credibility with service providers enhanced access to this often inaccessible study population, in turn maximising the potential for sound response rates.

Characteristically the media all over the world has a high level of interest in homicide and subsequently nationally, news coverage of homicide cases can be prolific. This increases the probability that professionals within the post-homicide field and members of the public will easily recognise the nuances of the case thus creating the potential to compromise a participant's anonymity. This was another significant factor contributing to the use of two study sites. The public's knowledge of homicides typically stems from national domestic press coverage and as long as participants were not identified by their country of origin, the use of both England and Australia as research sites acts as a means of promoting anonymity.

1.2.2 Study Participants

Twenty-eight secondary victims of homicide were recruited through 10 support organisations across England and Australia by methods that are fully explained in Chapter 4. Two thirds of participants were middle-aged married mothers who had lost adult daughters and fulfilled the research inclusion criteria. These criteria stipulated that participants were: more than two years into their bereavement experience, over 18 years of age and in contact with a supportive organisation. Further they were available to meet with the researcher at mutually practicable times and venues, they gave informed consent and participated in face-to-face interviews during which a semi-structured interview schedule was administered. These 28 individuals provided information relating to 26 discrete cases of homicide that had been committed by 32 offenders; these demographic results are presented fully within Chapter 5.

1.2.3 The need for the study

The urgent need for the study reflects that little is known or understood about secondary victims of homicide and/or the support they experience especially outside the socio-legal sphere. For example, who knows which family members provide the most support to secondary victims of homicide? The WHO statement that "... shared understanding of the complex underpinnings of violence is essential to creating solutions that will prevent people from becoming victims and perpetrators" (Krug cited by WHO, 2004) supports the researcher's interest in this topic. The need for the study is further evidenced by the fact that globally "[i]nterpersonal violence kills 1,400 people every day and causes untold injuries and suffering" (Lee cited by WHO, 2004), and by the knowledge that 'crimes against the person' in Australian increased between 1998 and 2005 and that most of these people were assaulted (Australian Bureau of Statistics, 2009). These statistics suggest the number of secondary victims of homicide is significant and warrants further investigation.

1.3 The study

1.3.1 The study questions, framework and methodology

The study was designed to explore and examine the experiences, particularly in the area of support, of those whose family members or intimate partners were the victim of homicide. Secondary victims of homicide have rarely been the focus of research. Although support has been promoted as assisting victims of crime, including

secondary victims of homicide, to recover from their complex experiences of traumatic grief, limited research on the support experiences of secondary victims of homicide has not been forthcoming. References are made within the socio-legal, bereavement, and trauma literature as to the importance of the support provided by family, friends and community, yet who exactly provides it and the nature of this support have not been well documented.

The overarching aim of this study was to explore the experiences of secondary victims of homicide in order to ascertain who supported them, what types of support were provided and if the provision of support was helpful.

Five research questions were considered to address the aim of the study:

1. What are the sources of support secondary victims of homicide identify as being available following a homicide?
2. Which sources of support are most frequently discussed by secondary victims of homicide?
3. Which sources of support do secondary victims of homicide most frequently consider to be helpful?
4. What are the underlying reasons secondary victims of homicide give for experiencing support as helpful or unhelpful?
5. How can post-homicide support be improved according to secondary victims of homicide?

The responses drawn from the analysis of interviews are illustrated within the results chapters. The responses specific to each question are discussed in the final chapter of this thesis.

1.3.2 *The theoretical framework for the study*

At the national and state levels, legislation, policies, procedures, and services relating to victims of crime including secondary victims of homicide fall within the realm of the justice system. The researcher is aware that this is an ironic and artificial contextualising of victims of crime as many of the supportive services (grief, trauma, and general health) secondary victims of homicide access are clearly positioned within the health and non-government sector.

This study was underpinned by an eclectic array of social theories including the WHO definition of health, Maslow's *Hierarchy of Needs*, as well as contemporary grief,

trauma, and victimology theories, which are represented below in Figure 1-1. Thus, the study accepted the WHO's recognition of violence as a global health issue, and defined health as 'complete physical, mental, and social well-being and not merely the non-appearance of biological disease' (1946) and subscribed to humanitarian beliefs (Bjerneld, 2009; Bjerneld, Lindmark, McSpadden, & Garrett, 2009; Slim, 2004) that helping interventions must address biological and physiological needs (air, water, food and shelter) and the need for safety whilst being cognisant of peoples' social and psychological needs (Huitt, 2007). This framework is further discussed in the final chapter.

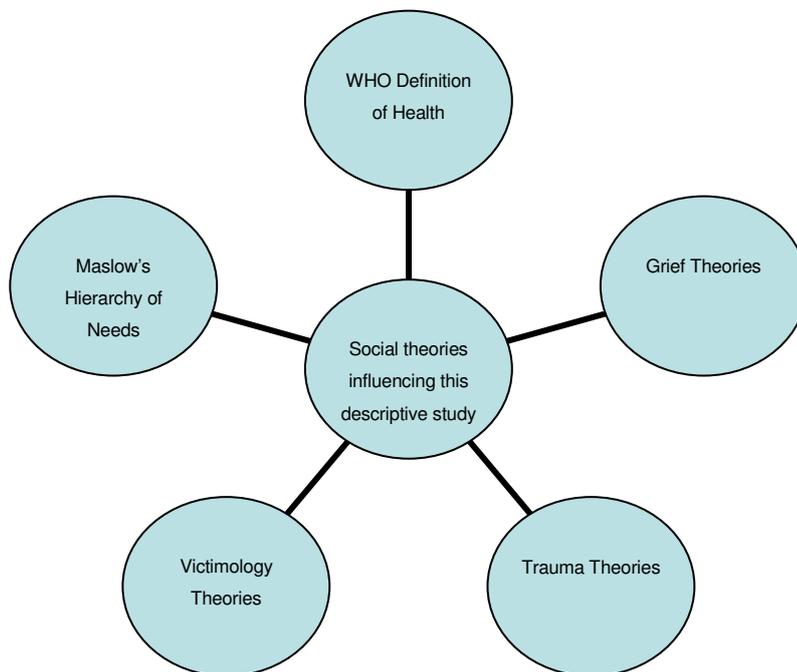


Figure 1-1 Theoretical framework for the present study

Although five social theories influenced this study, descriptive and grounded research traditions guided and underpinned the study design and methods. Given descriptive research aims "to describe things" (Kotler, Adam, Brown, & Armstrong, 2006, p. 122.) this tradition of inquiry necessitated going into the field to explore the lived experiences of participants, to understand complex and diverse human circumstances and to understand responses to traumatic problematic situations. These social theories are explored later within Chapter 7.

1.3.3 *The Research Methodology*

The study received ethical approval from Curtin University Human Research Ethics Committee (Protocol Approval HR 14/2004), fulfilling ethical requirements relating to accessing and selecting participants. These methods are discussed fully within the methodology chapter of this thesis. The study presented within this thesis has fulfilled its objectives of gaining significant insight and understanding of the support secondary victims of homicide experience.

In order to accommodate the sensitive nature of the topic and the inherent potential to re-traumatise participants, the respondent selection methods utilised were sensitive and complex. Potential participants were identified via purposeful sampling methods³, which involved victim service organisations in England and Australia agreeing to distribute information about the research to all their clients who were secondary victims of homicide and who met the inclusion criteria relating to age, time since the homicide and so forth. Participants then responded directly to the researcher by agreeing to participate in the study. The researcher reconfirmed their eligibility and face-to-face interviews utilising a semi-structured interview schedule were undertaken with self-selected participants.

Following the transcription of the interviews, manual and computer aided thematic content analysis⁴ (Cresswell, 1998; Denzin & Lincoln, 1998; Moustakas, 1990) was undertaken to explore and describe five core areas of the data: the demographic profile of participants, the circumstances relating to the crime, the support encountered by secondary victims of homicide, the nature of participants' experiences of support and participants' suggestions relating to supporting future secondary victims of homicide. The study integrated data gathered during the interviews with literature from the fields of trauma, grief, criminology, victimology and social integration and support, in order to discuss the profile of secondary victims of homicide, the crimes they experience, the support they encounter and the dynamic dimensions of that support (the potential situational variables, sources of support, and types and nature of support). Research methods sensitive to context are discussed fully within the methodology chapter.

³ Purposeful sampling is described by Patton (2001) as a non-random method of sampling where the researcher selects "information-rich" cases for study in depth.

⁴ Refers to techniques used to analyse a text by breaking it into thematic and/or conceptual units following systematic rules.

1.3.4 *The intrinsic parameters and pre-suppositions of the study*

For ethical reasons relating to the forensic and traumatic nature of homicide experiences the study focused on adult secondary victims of homicide who had ready access to and/or ongoing contact with supportive organisations. The following assumptions were inherent within the formulation of the study:

1. For many secondary victims of homicide support is available immediately following a homicide;
2. Secondary victims experience differing forms of support from a range of people and services whilst dealing with the criminal, physical, financial, psychological and social aspects of a homicide;
3. People from within the criminal justice system, therapeutic service providers and a variety of people from within social networks offer support to secondary victims of homicide;
4. Secondary victims of homicide report that the helpfulness of supportive responses varies for a variety of reasons; and
5. Secondary victims of homicide have suggestions about how support for future secondary victims of homicide might be improved.

The origin of these presuppositions lies within the researcher's extensive practice experience and the literature reviewed within this thesis.

1.4 Conclusions, significance & limitations of the study

This thesis provides one of the most in-depth and comprehensive examinations of secondary victims of homicide experiences of support. Ascertaining that a diverse array of support was available to secondary victims of homicide, and grouping them into support sources, support systems, and support networks before examining the number of times each was mentioned and the relative helpfulness of the support provided.

1.4.1 *Conclusions of the study*

The findings of this qualitative descriptive study revealed that secondary victims of homicide experience an array of supportive experiences over many years whilst dealing with a multitude of personal, emotional, and psychosocial stressors that arise out of their unique and complex circumstances and experiences of victimisation.

The study focused on the totality of the support experienced by secondary victims of homicide⁵, revealing that participants discussed nine support systems and thirty-five support sources, which fit within either their social or formal support network. The results also identified the relative frequency with which support systems and sources were mentioned, concluding that the family, crisis, and community support systems were the most commonly discussed. The findings identify whether participants described support as a helpful, unhelpful, or ambiguous experience and delineate the characteristics and elements common within experiences of helpful and unhelpful support.

Results reveal that friends, community, and family were the most helpful of the commonly discussed support systems while the therapeutic, justice, and public support systems were considered unhelpful in more instances. The results also suggest that of the widely discussed support sources, children, workplaces and existing friends were the three most helpful, while generic therapeutic services, community officials and media were the least helpful.

Conclusions and recommendations drawn from the results call for support to be helpful and characterised as: restoring; benevolent; and harmless. The *fourteen key elements* of support identified were that it be: private and confidential; timely; informative/accurate; pro-actively offered⁶; non-judgmental and non-discriminatory; appropriate to culture, age and ability; holistic; accessible; reliable and consistent; victimologically aware⁷; empowering; and equitable and personalised. In order to enhance the potential of supporters to fulfil secondary victims of homicide expectations and needs, supporters must be cognisant about the type (or function) of support, they provide. This means supporters must be clear about the type of support they are providing, and if it is informational, emotional, practical, or a combination.

The findings also denote that support which goes above and beyond the call of duty (or the secondary victims of homicide expectations) is profoundly healing, acting as a buffer against trauma, by countering the shattering effect trauma has on people's belief in the world as a good, safe and benevolent place. This type of support helps foster immunity to subsequent trauma and revictimisations in secondary victims of homicide. Conversely, the findings of this study document that support which is experienced as unhelpful (about one third of all support) is profoundly distressing.

⁵ i.e. Not only that relating to the criminal justice system or professional service providers

⁶ Provided to people as an automated systemic response, rather than in response to requests from individuals

⁷ Aware of the unique needs of victims of crime as a consequence of the trauma they experience

Drawing on these conclusions the researcher proposes three core dynamic dimensions to support that must be considered when working with or conceptualising the experiences of secondary victims of homicide: the buffering factors (or known areas of need), which can relate to situational, interpersonal, and intrapersonal aspects of the experience, the structural supports (support resources) available and the nature (or function) of the support experienced/being provided. Each of these core dimensions are discussed fully in the final chapter.

The bio-psychosocial wellbeing of secondary victims of homicide is threatened by subsequent experiences of trauma, injustice, and grief. Recommendations proposed from findings indicate that training and educative programs must be developed and introduced across the community for professionals, policy makers, and general community members to help them understand and respond appropriately to the trauma and grief experiences of this population. These recommendations are particularly pertinent for family, crisis workers, therapists and those within the justice system, given how consistently their supportive roles are referred to by secondary victims of homicide.

1.4.2 *The significance of the study*

The key finding of the study is that informal social support sources have as much contact with secondary victims of homicide as formal support sources. While underprepared for this role, these supports were experienced as more helpful than formal support sources. This information has policy, practice and educative implications in the socio-legal, health and allied health fields. It offers formal support sources new understandings and challenges them to find effective ways to incorporate this knowledge into their services, programs, and policies.

The findings of this thesis also have implications for researchers, suggesting further analysis is needed to establish the reasons why much of the formal support provided was discussed as unhelpful. Such analysis should inform and guide the development of policies and services as well as educative and training programs for those in supportive roles, especially those in formalised roles.

The three central dynamic dimensions of support identified in this thesis, and their integral components, need to be examined further to establish the exact nature of the variables' relationships to one another. This type of analysis will strengthen and

expand the model and its potential to promote responses more effective to secondary victims of homicide and those supporting them.

This study offers new insight into the experiences of secondary victims of homicide and increases the potential and the capacity of people across society to be helpful and assist secondary victims during this traumatic, complex, and dynamic experience of grief. Further research is needed to identify whether the wellbeing of secondary victims of homicide is enhanced if victims consistently encounter experiences of helpful support reflective of benevolent societies⁸. Such research would also examine the impact of helpful support on experiences of grief and trauma and social processes. This area of knowledge and research needs to be further explored as globally, the population of secondary victims of homicide could be as high as 5.3 million⁹.

1.4.3 *Limitations of the study*

The limitations to this study arose from the practical and logistical aspects of conducting research, such as the retrospective nature of this study, time restrictions, access to fiscal resources, the mutual availability of participants and researchers, travel distances, and the extended time it can take to gain the trust of traumatised populations such as secondary victims of homicide, especially males. The limitations and the measures taken to counter them are presented and discussed in further detail in Chapter 4 and Chapter 7 of this thesis.

Further, it is noteworthy that the paucity of readily available published literature or theories specific to secondary victims of homicide meant that the researcher had to invest a significant amount of time in accessing literature to review, in finding ways to frame the study methodology and design, the results and the report. The researcher also faced several personal challenges relating to her health and that of her family members throughout the duration of the study.

1.5 The formulation and outline of this report

An overview of the thesis has been presented in this the initial chapter. In addition to providing the reader with an overview of the impetus for the research, the research

⁸ Societies that respond in a compassionate and caring manner following experiences of malevolent events.

⁹ This figures relies upon Krug et al.'s (2002) figure of 1.6 million deaths globally, 33% of which are homicides and multiplies the number of homicides (533,333) by 10 to estimate the number of secondary victims of homicide globally.

sites, the participants and the need for the research, Chapter 1 provides insight into the theoretical framework behind the study, the methodology used to guide it, its significance, and its limitations.

Through a review, analysis and synthesis of existing literature on secondary victims of homicide, Chapter 2 and 3 provide a theoretical base for the study, identifying the need for more research to address gaps in contemporary understandings of their experiences.

Chapter 2 specifically examines the formal constructions of secondary victims of homicide including the context of their bereavement, how secondary victims of homicide are officially defined, their prevalence in the countries studied and the costs, circumstances and demographics typically associated with homicide.

Attention is turned to the clinical and social construction of secondary victims of homicide in Chapter 3 which explores the trauma, grief, and social support characteristic to homicide and what is understood about the journey of secondary victims of homicide. A model that depicts the known dimensions of the experience is presented before the known gaps in current knowledge of the experience, and the research propositions and research questions are offered.

Chapter 4 outlines the study's methodological framework, the study design, including the methods used to: engage participants, analyse the data, fulfil ethical requirements, and maximise the trustworthiness of the study.

The results of the study are presented within Chapter 5 and 6. Chapter 5 presents the demographic profile of participants, the characteristics of the homicides experienced by participants and their experiences of support. Chapter 6 presents the central findings of the study that relate to the support systems and sources identified, the nature of the support experienced and participants' suggestions for professionals, services, and secondary victims of homicide.

The final chapter of this thesis, Chapter 7, discusses the study's findings and makes recommendations in relation to research questions and the three core dynamic dimensions of support identified through the research process (the buffering factors, the structural support available, and the type and nature of support). The significance and contributions of the study are discussed along with its limitations, before the author provides her final observations and interpretations.

Chapter 2

LITERATURE REVIEW – PART 1

Respect for the dead and the relatives of those who have died especially where the death has been unexpected is indeed the mark of a civil society. Lord Justice Clarke (n.d.)

2 The formalised construction of secondary victims of homicide

The criminal nature of a death resulting from a homicidal act dictates that the criminal justice system responses, also known as forensic processes, are superimposed onto typical social responses to death, making it a unique form of bereavement (O'Neill, 2000). The intention of the next two chapters is to explore the existing literature in order to understand contemporary constructions of the family of homicide victims (referred to as secondary victims of homicide) and their clinical and social experiences relating to this specific form of bereavement. To meet this objective it was necessary, firstly to understand how the various forensic disciplines frame and contextualize secondary victims of homicide and to appreciate the place of secondary victims within the criminal justice system into which they are thrust. In undertaking this review, current knowledge will be presented and gaps in contemporary literature identified which informed and guided the present study.

The multidimensional nature of homicide experiences (Harrison, 2000; Paterson et al., 2006) suggests the importance of reviewing empirical, descriptive, and grey literature, accessed through a variety of interdisciplinary libraries and databases. These included but were not limited to Curtin University of Technology, Edith Cowan University, the University of Uxbridge, Sage Publications, Pub Med, Google Scholar, Info track and Ixquick. The review undertaken analysed and documented the experiences of secondary victims of homicide as a population.

The nature of homicide as a criminal act that leads to trauma and traumatic bereavement denotes that the experiences of secondary victims of homicide occupy a space within overlapping areas of various forensic disciplines. These include criminology (the study of crime, criminals, criminal behaviours, and corrections),

victimology (the study of crime in relation to victim behaviour and experience/s), traumatology (the study of both the physical and mental symptomology¹⁰ of trauma experiences), thanatology (the study of grief, bereavement, and mourning) and psychology (the study of human cognition and behaviours). In order to present clear and logical understandings of the complex and interlinked dimensions inherent within experiences of homicide, this review is divided into four discrete sections. These artificial divisions were based on a victimological framework suggested by Stevens (2003), who identified that while the methodologies employed by victimologists varied dramatically, there was considerable consistency in their investigative approach. Most investigators appear to rely on a similar broad framework to guide their studies: defining the issue, its dimensions, criminal justice system responses, and societal reactions.

In this initial literature review chapter the reader is provided with an appraisal of the literature relative to the disciplinary context that defines secondary victims of homicide, the data pertaining to the known epidemiological and demographic dimensions of homicide and literature providing insight into the criminal justice system responses.

The review relates predominately to the United Kingdom and Australia, as the American context has been ruled out as a potential study population because: a) across America, there are dramatic domestic differences between criminal justice systems and victim service programs and b) the prosecution processes in the American criminal justice systems are significantly different to those in England and Australia.

The relatively small population of Australia means that often the unique circumstances of a homicide make secondary victims of homicide easily identifiable to those with an interest or experience in the field. Thus, in order to enhance the researcher's ability to offer Australian secondary victims of homicide anonymity and increase the applicability of the study it is important to include another country in the study. It was for these reasons that England is included in the populations to be studied and in the literature to be reviewed.

The review also relates mainly to secondary victims of homicide in Western industrialised societies. The limited literature pertaining to non-industrial non-

¹⁰ Symptomology is that part of the science of medicine which treats of the symptoms of diseases. Typical trauma symptomology includes flashbacks, inability to concentrate, insomnia, somatic illnesses, and anxiety and depressive illnesses, to name just a few.

Westernised societies was excluded from the present review, as there is significant diversity in socio-cultural factors such as family constellation and the administration of justice and health services. Additionally, literature specific to secondary victims of homicide has been reviewed, although due to limited research in this field, generic victims of crime studies were also reviewed.

2.1 The context of secondary victims of homicide

Social movements have contributed to elevating the status of victims of crime including secondary victims of homicide (Viano, 1990; McFarlane, 1994; Cook et al., 1999; O'Neill, 2000; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Waller, 2003; Karmen, 2007; Wemmers, 2008). Young (2006) eloquently explains why victims of crime in Western industrialised societies have been increasingly recognised by governments and their community since the 1970s:

In retrospect, one can say that the victims' movement in the US initially involved the confluence of five independent developments: the development of an academic field called victimology; the introduction of state victim compensation programmes; the rise of the women's movement; the rise of crime, with a parallel dissatisfaction with the criminal justice system; and the growth of victim activism. As these developments converged into a movement, there was an insistence to integrate a sixth dimension, that of responding to trauma – no matter what its cause. (Young, 2006, p. 69).

The present scope does not extend to the provision of a full review of all developments that have influenced the recognition victims of crime, including secondary victims of homicide, are currently afforded; rather it is enough to identify that a variety of social movements contributed to increases in the status and rights victims of crime currently experience. It is however, necessary to trace developments within the field of victimology to appreciate the contemporary context of secondary victims of homicide. There follows a brief overview of the discipline of victimology, providing insight into the backdrop within which experiences of secondary victims of homicide are set.

2.1.1 Victimology

Victimology is now considered a distinct discipline though it emerged from within the discipline of criminology. However, the paternity of victimology as a discipline has often been contested (Garkawe, 2007). Dussich (2006) and Kirshhoff (2005) are amongst those who credit Cesare Beccaria (an Italian philosopher and politician) as the first criminologist to focus on victims of crime in his work '*On Crimes and*

Punishments' published in 1764 and thus cite him as the father of victimology. Hans von Hentig and Benjamin Mendelsohn studied victims-offender interactions during the early to middle twentieth century and are widely credited across the research as the fathers of victimology (Dussich, 2006).

Despite contestation, there is also consensus within this field. Mendelsohn (1956) reports that victimology is a bio-psychosocial science (National Organisation of Victim Assistance, 2001; van Dijk, 1999) reliant upon multidisciplinary approaches. However, many early victimologists were criticised for limiting their studies to decontextualised examinations of the victims' roles in their victimisation (Cook et al., 1999) paying little or no attention to the socio-structural and cultural context of the victims' situation, including power imbalances inherent therein. The decontextualised use of studies into the behaviours of victims of crime unintentionally resulted in some sectors of society (criminologists, policy makers and welfare agencies service providers for example) blaming and stigmatising certain victims of crime, (such as primary victims of homicide, oppression, rape and domestic violence) (Burnley, Edmunds, Gaboury, & Seymour, 1998b; Karmen, 2007; Schneider, 2001).

One of the earliest victimological studies by Hans von Hentig (1948) studied primary victims of homicide and the ways in which victims inadvertently assisted offenders by providing either the opportunity or motivation for their offending behaviours. This study identified four types of victims, the depressive, greedy, wanton, and tormentor (Kirchhoff, 2005; Separovic, 1997). If used for any other purpose than trying to identify how to prevent homicide, the typology of victims could be used to blame primary victims of homicide for their own deaths. Despite criticisms, various studies have examined particular elements of the character of the victims that contributed to their victimisation and have since resulted in the development and testing of theories that continue to inform the work of crime prevention scholars and practitioners (Garkawe, 2007).

Cook, David, and Grant (1999) noted that criticism of the early victimological work gained significant momentum in the 1970s, stemming predominately from within the civil rights and feminist movements. Increasingly critics were drawing society's attention to the injustice suffered by, and powerlessness of victims of hate crimes, rape, and domestic violence (Dussich, 2006; Young & Stein, 2004). It was at this time that criminologists initiated explorations of other victimological areas, assessing and establishing a pool of epidemiological data such as the volume and spread of

victimisation including the socio-demographic profiles of victims of crime (Cook et al., 1999).

Cook, David, and Grant (1999), Stevens (2003), and Young and Stein (2004) observed that the 1980s saw significant momentum in victimology within Western industrialised countries when psychologists, sociologists, and social workers added to the small pool of knowledge pertaining to the bio-psychosocial experiences of crime victims. The results of such studies are further discussed in section 2.4 and Chapter 3 of the literature review. This broadening of the victimology field resulted in greater insight and appreciation of the numbers of people being victimised, the types of crime they experienced, and the impact on the individual and society. Evidence of resultant shifts in focus and attitudes toward victims of crime are reflected in the United Nation's adoption and proclamation of the *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power 1985*.

Fattah (2000) and Kirchhoff (2005, p. 47-52) note that these conceptual and attitudinal shifts resulted in the appearance of an obvious delineation between the focus of the work criminologists and victimologists undertook. While *criminologists* continued to examine the patterns, rates, characteristics, impacts, costs and needs relating to criminal offending and the state, *victimologists* began to examine the experiential aspects of these factors in relation to the victims and the community. It is from within this context that a more contemporary definition of victimology proposed by Karmen (2007) evolved:

The scientific study of victimization, including the relationships between victims and offenders, the interactions between victims and the criminal justice system - that is, the police and courts and corrections officials -- and the connections between victims and other societal groups and institutions, such as the media, businesses and social movements. (Karmen, 2007 cited in Burnley et al., 1998b, p. 4)

Kirchhoff (2005) in a review of the development of victimology identified three distinct fields within the discipline. The first, 'Special Victimology' (sometimes referred to as Penal) arises out of the initial interest criminologists showed in the role of the victim in the crimes they experienced i.e. they asked whether the victims inadvertently contributed to their victimisation. The second, 'Generalised Victimology' examines victims' reactions to various criminal victimisations. The third, the 'Victimology of Human Rights' gives attention to how victims of crimes experience their criminal victimisations.

It is necessary to highlight the considerable tension surrounding the scope of victimology, as to whether it should include victims other than that of crime, such as victims of natural disasters and diseases. Garkawe (2007) provides a succinct summary on the thinking around these matters. In light of this tension, Fattah (1997a) and Robertson (1994) redefine victimology as a study pertaining to crime and its relationship to the victim/s.

Burnley et al. (1998b) suggest that victimology typically considers the various components of the criminal justice systems and the way in which it responds to victims, the impact on victims and the effectiveness of certain interventions on crime victims. This statement highlights two inherent activity areas for victimologists. Firstly, the theoretical area that researches and questions conceptual and structural matters regarding who victims of crime are and how social policy and practices can be responsive to them (Fattah, 2000; Kirchhoff, 1989; Waller, 2003). Secondly, the application of theories underpinning the development and delivery of services and programs such as victim support services and self-help groups (Brown, 1991; Parappully, 2002; Redmond, 1989; Salloum, 2004). Certain victimologists, including Fattah (1997a) and Kirchhoff (2005), highlight another contentious question of whether those involved in applying victimology theories should be considered victim practitioners rather than victimologists.

Though the focus of the present literature review is on Western industrialised societies, the United Nations (UN) and the WHO highlight that the conceptualisation, evolution, and implementation of victimological theories and practices have not occurred with any global consistency. Extensive searches of the victimological literature of various scholarly databases reveal that overwhelmingly contemporary victimological literature is from North America, Europe, and Australia (United Nations, 1999).

Stevens (2003) in his review of victimological approaches suggests that while there have been a number of research designs and theories utilised by victimologists, the overarching methodological framework employed by victimologists involves four steps:

6. Definition of the problem;
7. Measurement of the true dimension of the problem;
8. Investigation of how the criminal justice system handles the problem; and
9. Examination of societal responses to the problem.

This four-part methodological framework was used to guide literature on secondary victims of homicide throughout the literature review.

2.2 Defining secondary victims of homicide

The next section will focus on literature specific to secondary victims of homicide, drawing upon generic victims of crime literature when necessary or applicable, though it is acknowledged amongst practitioners that many aspects of secondary victims of homicide experiences are similar to those other victims of violent crime. The section will also review dimensions and definitions about secondary victims of homicide and the extent of the harm they experience.

Ideological approaches, terminologies, and definitions of 'victims of crime' and 'secondary victim of homicide' are dynamic and contested. Thus, the parameters within which victims of crime including secondary victims of homicide are defined are constantly debated based on the type of crime experienced and the secondary victim's proximity to the crime (Dussich, 2006; Garkawe, 2007; Hagemann, 2006).

Bartol and Bartol (2004), Kirchhoff (1989; 2005) Separovic (1997) and Waller (2003) focus on debate surrounding the sources of victimisation definitions and question whether people affected by allegedly victimless crimes such as white-collar crime, environmental crimes and crimes against humanity should be seen as victims of crime. Victimology traditionally focuses only on individual victims of violent crime. Economic dimensions of interpersonal violence highlight that changes in parameters to define victims of crime moderate the number of people acknowledged as victims of crime, which in turn gives rise to changed demand on services and impacts on resource allocations (Rajkotia, Basu, Rehwinkel & Butchart, 2004; Waters et al., 2004).

The most widely used definition of a victim of crime is in the UN *Declaration of Rights for Victims of Crime and Abuse of Power* (1985):

1. 'Victims' means persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within Member States, including those laws proscribing criminal abuse of power.

2. A person may be considered a victim, under this Declaration, regardless of whether the perpetrator is identified, apprehended, prosecuted, or convicted and regardless of the familial relationship between the perpetrator and the

victim. The term 'victim' also includes, where appropriate, the immediate family or dependants of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimisation.

3. The provisions contained herein shall be applicable to all, without distinction of any kind, such as race, colour, sex, age, language, religion, nationality, political or other opinion, cultural beliefs or practices, property, birth or family status, ethnic or social origin and disability.

Debate on expanding the definition of a victim of crime continues. The central question is, if the definition ought to include only those physically or emotionally affected or should it be extended to include those indirectly affected and if so how far? If expanded should parents, siblings, spouses, and grandparents be included or only parents or, alternatively, parents and siblings (Department of Justice, 2003; Department of Justice, 2004; Grant et al., 2002)? This debate is pivotal to secondary victims of homicide, as subscribing to the more constrained definition means that for some secondary victims of homicide their experiences of victimisation will be deemed null and void in the eyes of the state and thus they will not be entitled to receive certain victims of crime services. Hertz, Prothrow-Stith, and Chery (2005) are amongst those who accept two categories of victims inherent in every homicide, the primary victims, and the secondary victims. So too do England and Australia, who are both signatories to the UN Declaration and thus the countries studied in this thesis acknowledge 'direct' family members of homicide as victims of crime (The Ministry of Justice, 1997).

Some Australian secondary victims of homicide with diverse cultural backgrounds, particularly those of Aboriginal, Torres Strait Islander background and/or families with complicated and extended family constellations have questioned if 'direct family members' ought be restricted to characteristic Western notions of nuclear family relationships (Department of Justice, 2003; Department of Justice, 2004). This issue is yet to be resolved; however, the current Western Australian 2008 Review of the *Victims of Crime Act (WA)* is seeking to resolve such questions (Benham, 2008 personal communication). It is outside the scope of the thesis to debate this further; it is enough that the reader is aware that defining who is or is not a secondary victim of homicide can and does exclude some people from accessing services and programs designed to assist victims of crime.

Explorations of how social systems and institutions respond to victims of crime have theorists such as Bard and Sangrey (1979) stating that victims of crime extend beyond just the primary (direct) victim. The application of narrow definitions impact on

those not included (Knudten et al., 1976). Numerous scholars (Anaya-Jackson, 1999; Brunet et al., 2001; Figley, 1985, 1995; Lebovici, 1974; McFarlane & Yehuda, 1996; Prigerson & Jacobs, 2001; Strand, 2000; Van der Kolk et al., 1996) have explored the impact of trauma and crimes on victims and in doing so have been part of the development of a typology of crime victims. Emerging typologies have been based on a victim's proximity (physical and emotional) to a criminal event and/or on its traumatic nature (Figley, 1995; Thompson et al., 1998).

Amick-McMullan, Kilpatrick, Veronen and Smith (1989) and Thompson, Norris and Ruback (1998) found that the degree of reaction in secondary victims of homicide is mitigated by their closeness to the primary victims of homicide reflected in their physical proximity to their residence, emotional connection and amount of time regularly spent with them. This finding was supported by Miranda, Molina and MacVane (2003) who, citing Raphael (1983, p. 67), espouse that first-degree victims are "those most impacted by the death and [state] the greater a family member is involved with the deceased the more deeply the loss is felt."

O'Neill (2008) summarises this typology saying that victims of crime are commonly referred to as primary victims, secondary victims and co-victims, or as tertiary victims and vicarious victims. Young and Stein (2004) when documenting the history of the victims of crime movement draw attention to the concerns some theorists have on the use of terms 'secondary' and 'tertiary' as they may implicitly minimise an experience of harm and conclude that these issues are yet to be resolved.

Despite these concerns, the work of Miranda, Molina and MacVane (2003) and National Organization of Victim Assistance (1998) illustrate that as with any other crime, victims of homicide are principally differentiated in relation to their relational proximity to the deceased (the primary victim). During her exploration of the impact of stranger murder on families and the need for a multi-agency approach, Harrison (2000) explains that those people who have a close and ongoing relationship (family and friends) with a primary victim of a homicide are referred to as secondary victims of homicide and are sometimes called co-victims. Cook et al. (1999) expanding further maintain that casual acquaintances, members of the victims' community networks and/or people who come into contact with the primary victims of homicide as a result of the crime, such as witnesses, emergency service and health professionals, are known as tertiary victims of homicide.

In discussing her typology of secondary victims of homicide, O'Neill (2008) defines secondary victims of homicide as those with close contact to the primary victims and whose thoughts, behaviours, daily routines, family and festive traditions and rituals, as well as their expectations of life (e.g. becoming a grandparent) are irrevocably changed due to the absence of the primary victim and whose worldviews and belief systems are severely challenged and/or changed by the homicide event and subsequent social processes. Differentiating, tertiary victims of homicide are those with peripheral contact to a primary victim of homicide whose thoughts, behaviours, worldviews, and belief systems are challenged and/or changed by the homicide event or the social processes that follow, but to a lesser extent than for secondary victims. It is important to note that life expectations and roles for a tertiary victim are not impacted by the homicide.

The above literature indicates that secondary and tertiary victims of homicide can be distinguished by assessing the degree of contact with the primary victim, the impact the homicide has on their life, and those aspects of their life that are affected and challenged by the homicide event.

The Western Australian Victims Advisory Committee (WAVAC) (2004), in setting out how government departments in Western Australia should respond to secondary victims of homicide, developed a further category of secondary victims of homicide based on the level of involvement a secondary victim of homicide had in formal tasks following the homicide. The committee stated that those people considered the closest, or next of kin, to the primary victims of homicide are classed as 'key secondary victim of homicide' and that their role and experiences are unique, because they must deal with the criminal justice systems and other formalised social processes including identification and funeral processes. Key secondary victims of homicide have little or no choice about their level of involvement in formal social processes and the criminal justice processes; that is unless other secondary victims of homicide are also witnesses to the criminal proceedings (O'Neill, 2008).

The intermittent use of the terms victims, co-victims and survivors highlights that some scholars are concerned about labelling, suggesting there may be negative psychological and behavioural ramifications if victims of crime are labelled 'victims' (Holstein & Miller, 1990; Kenney, 2004). Discussion focuses on whether constructing and labelling people as victims may lead to an inherent sense of helplessness or passivity in the face of misfortune and hinder coping and recovery (Bilton et al., 1996; Soanes et al., 2004). Alternative labelling of victims as 'survivors' has been proposed

by various scholars such as Culbertson (1995) and Devine, Reay, Stainton and Collins-Nakai (2003) as a way to avoid the negative effects of labelling and to recognisees may lead to the strength and resilience victims of crime show in the face of adversity.

Similar awareness is evident in the literature that pertains to secondary victims of homicide. Amick-McMullan, Kilpatrick and Resnick (1991) and Hertz et al. (2005) are amongst those who employ the term 'homicide survivors' while others continue to refer to them as co-victims (Reed, et al., 2009; Spungen, 1998). Cook, David & Grant (1999), Hill (2004) and Neiderbach (1986) expand on these notions, citing that while there may be therapeutic concerns about calling people 'victims', identifying individuals as victims of crime has implications on their inclusion and participation in criminal justice system proceedings. Research in this area (see Hagemann, 2006; Hill, 2004; Kirsta, 1988; Markesteyn, 1992; McFarlane, 1994) has repeatedly shown that restrictive definitions of victims affected by crime also limit individuals' access to supportive services and programs.

O'Neill (2008) suggests that the context of a secondary victim/survivor of homicide denotes which terminology may be helpful or unhelpful to secondary victims of homicide. She observes that the context of applying the term is important, suggesting that for pragmatic and psychological reasons the term 'survivor' is predominately employed in therapeutic contexts. In contrast, the criminal justice system uses the term 'victim' because 'survivor' is not a term readily transferable to the criminal justice context¹¹, as in this context terminology needs to clearly indicate that the offenders' actions victimised an individual. It is well documented that secondary victims of homicide who are excluded from the criminal justice system and supportive services because they are not recognised as victims find this distressing (Brown, Christie & Morris, 1990; Harrison, 2000; Masters, Friedman & Getzel, 1988; Paterson et al., 2006).

Two sources of criminal victimisation have been identified in the literature. The first are victimisations that occur as a direct result of criminal acts or omissions (primary victimisations) (Eschholz et al., 2003; Schmalenbach, 2006; Waller, 2003; Young & Stein, 2004). The second are 'revictimisations' from subsequent responses (or omissions) of institutions and individuals toward a victim following the crime, which

11 This may be because in the criminal justice system the term survivor does little to reflect the harmful impact of crime on people (its victims).

cause further trauma or harm during the criminal justice system processes (Meese, 1987; Orth, 2002; Wemmers & Cyr, 2006; Wemmers, 2008; Young & Stein, 2004).

Sprang, McNeill and Wright (1989) document that secondary victims of homicide are often victimised twice - initially by the criminal and then subsequently by the criminal justice system. Homicide investigations are often protracted, officials can be insensitive, trials may not be prosecuted for considerable time, and when they are their content can be retraumatising (p. 162). While the literature suggests a correlation between outcomes of criminal justice processes and trauma and coping/recovery levels of secondary victims of homicide (Amick-McMullan et al., 1989; Markesteyn, 1992), this association has not been adequately researched. However there is consensus of a positive relationship (though not proven to be statistically significant) between supportive behaviours being extended to secondary victims of homicide and their coping and recovering from trauma (Markesteyn, 1992). Similarly, when victims of crime perceive a lack of social acknowledgement or rejection on the part of others, they often feel revictimised (Maercker & Müller, 2004). Any close experiences of homicide will involve contact with the criminal justice system, adding to what secondary victims of homicide must contend with further to their own physical and psychological responses and the reactions of others in society (Dannemiller, 2002).

The literature reviewed above documents that definitions for secondary victims of homicide are contested and highlights: who might be included and excluded from existing definitions; on what basis; and the contexts where certain terminologies are accepted and/or applied. Further, several typologies of secondary victims of homicide have been proposed based on a secondary victim of homicide's proximity and relationship to the primary victim of homicide. Victimization is reflected in two sources, the original criminal victimisation, and subsequent revictimisation by official or state processes and/or personnel. What has not yet been established is how many secondary victims of homicide are in England and Australia, what the economic cost of a homicide is to them, the circumstances that led to them becoming secondary victims of homicide and the demographic profile of this population. These questions will form the focus of the literature reviewed in the following section.

2.3 Dimensions of homicide as a form of victimisation

Burnley et al. (1998b) consider that no one in society is free from the risk of crime victimisation; the type of crime has interested criminologists since the mid 1800s (O'Connor, 2006). Contemporary research exploring the dimensions of crime has

investigated the dynamics of crime and examined factors such as crime trends, operational aspects of criminal justice systems, the demographic, psychological, and behavioural characteristics of criminals, and their victim. Catalano (2006), Maguire, Morgan and Reiner (2002) and Van Dijk, van Kesteren and Smit (2008) point out that data relating to the number of crimes, including homicide, and the costs to governments, is extracted by governments from crime victims' surveys, police statistics and departmental reports. Armour (2003) and Kilpatrick et al. (1989) argue that there is little regular or standardised data collected on secondary victims of homicide.

O'Neill (2008) examined questions in national and international crime surveys and her discussions with police and various criminal justice department officials revealed that police records and crime victim surveys (international or national) do not collect formalised data on the numbers of secondary victims of homicide or their experiences of crime. This suggests that no consistent comparable statistical or demographic data is available on secondary victims of homicide, despite secondary victims of crime being included in most international, national, and state definitions of crime victims.

2.3.1 Prevalence

In the absence of consistent government data relating to the prevalence of secondary victims of homicide, several authors have indicated that homicide can be likened to a rock thrown into water, creating ripples across communities (Brown, 1991; Hertz et al., 2005; Young, 1994). The age and social status of the victim, and/or the number of homicide victims involved in a homicidal event, will influence the breadth and intensity of the social impact of the death.

When exploring the impact of homicide on individuals and community members O'Neill (2008) considers the impact on the community of the assassinations of John F Kennedy, John Lennon, or the alleged unlawful vehicular killing of Princess Diana, in comparison to the homicide of a forty-year-old neighbour or a baby in its first year of life (infanticide). She also compares the impact of a high school massacre compared to a single adolescent killed at high school, or a massacre in a pre-school (such as in Dunblane Scotland in 1996). Graycar (2002) reiterates these points in his paper *Violence and Crime: Victim Responses*, in which he states that it is widely accepted that crime affects more than just the person who was attacked and that whole communities can be affected by violent crime.

Although all homicides are considered horrific and unjust, the researcher's comparative examination of the grey literature (media articles, victim group websites and publications and instances of public outpourings of grief such as memorial services following homicides) suggests that the public profile of the victim(s) or the event(s) determines that the number of people affected, and their relationship and proximity to the primary victim, can vary greatly. She compared the media coverage of the victims of both the Bali Bombings in October 2002 and September 11th to the scant coverage of homicide cases involving a single victim. Further evidencing this argument is her observation that a proliferation of empirical studies and government reports are produced in the wake of these large-scale disasters.

The factors above must be taken into account when considering the results of two rare studies by Amick-McMullan et al. (1991) and Ruback (1992) that included attempts to assess the percentage of the American population that might be secondary victims of homicide. Amick-McMullan et al. (1991) conducted a random national telephone survey of 12,500 American households and found that 9.3% of respondents were either a family member or close friend of a primary victim of homicide. Ruback's (1992) research was conducted on a random stratified population sample from Georgia, and found 2% of that population reported someone in their family had been murdered. This is significantly lower than the rate found by Amick-McMullan et al. (1991), which may be indicative of the narrower focus of the second study, which concentrated on family and excluded friends. Another American study identified that 87% of young people had been affected by the violent death of a friend, and that 20% had lost more than one friend to violent death (Schachter, 1991 cited by Salloum et al., 2001, p. 3). Juxtaposing this information with the WHO suggestion that almost 30% of all violent deaths are homicides (Krug et al., 2002) infers that nearly 40% of American youth may be secondary victims of homicide. The results of these three studies suggest a significant portion of the American population, especially its youth, will be affected by the homicide of a family member or friend, and that further research would be helpful in establishing accurate figures relating to the prevalence of secondary victims of homicide.

In England and Australia homicide rates are significantly lower than in America (Coleman & Cotton, 2006; Davies & Mouzos, 2007; Markesteyn, 1992); they are on average 1.6, 1.2 and 5.4 per 100,000 respectively (Krug et al., 2002), which suggests that the number of English and Australians who might be secondary victims of homicide may be significantly lower than that in America. Despite the scant data

available on the number and demographic profile of secondary victims of homicide, there is a significant amount of data on primary victims of homicide. This data relates to the frequency of homicide, the cost to society and the demographic characteristics of victims and offenders. Although, primary victims of homicide are not the focus in the present study, a brief review of the global and relevant national rates of homicide will provide a contextualised perspective and deeper insight into the potential number of secondary victims of homicide that may exist in the countries studied.

2.3.2 Rates

The WHO commissioned Krug et al. (2002) to examine global violence and its impact on the world's health. This report found that each year more than 1.6 million people worldwide lost their lives through self-directed (suicide), interpersonal (homicide and assault) or collective (war and conflict) violence. The data also revealed that violence is the leading cause of death for people aged 15 - 44 years, accounting for about 14% of deaths among males and 7% of deaths among females. The WHO publication on 'Teaching Violence and Injury Prevention' (2005) indicated that in the year 2000 violence accounted for nearly 9% of all deaths globally. Krug et al. (2002) found that in the same year (2000) the global average of lives lost to violence was nearly 29 for every 100,000; half of these violent deaths were suicides, nearly one-third were homicides and about one-fifth were casualties of armed conflict. The document identifies that the burden of violent death is skewed according to wealth or gross domestic product (GDP)¹² and estimates that in 2000, the average rate of violent death in low and middle-income countries to be 32.1 per 100,000 people, compared to 14.4 per 100,000 in high-income countries.

Recent data on the number of homicides is available for both England and Australia. *The United Nations Ninth Survey on Crime Trends and Operations of Justice Systems* (2006) found that during 2003-2004 in England and Wales there were 859 primary victims of homicide, which equates to a proportionate homicide rate of 1.62 per 100,000 people. Over the same period in Australia, there were 256 primary victims of homicide, a proportionate homicide rate of 1.28 per 100,000 people. Coleman, Herd and Povey (2006), found that the number of reported homicides in England was 839 in 2004-2005, while in Australia, Mouzos and Houliaras (2006) reported 305. These figures represent the slight rise and fall in homicides each year; however, there is general agreement that the proportional rate of homicide remains relatively stable

¹² This is typically thought of as the market value of all the goods and services produced by labour and property located within a country.

within these two countries (Coleman & Cotton, 2006; Coleman et al., 2007; Davies & Mouzos, 2007; Mouzos & Houliaras, 2006).

Redmond (1989) explored how professionals can support secondary victims of homicide in a group setting, and suggested that, regardless of variation in homicide rates, for every person killed by homicide, between seven and ten family members mourn and are intensely affected.

Thus, with no specific data documenting the number of English or Australian secondary victims of homicide, extrapolations of national homicide figures using the median number (8.5) of Redmond's range approximations suggest that in 2004 and 2005 in England and Australia respectively there were 17,131 and 2,176 secondary victims of homicide who were mourning and intensely affected by the homicide of a loved one.

The literature reviewed to this point illustrates that although it is well established that violent death is a recognised global health issue, there is little known data relating to the prevalence or number of secondary victim of homicide. Several questions remain unanswered; these include consideration of the economic cost of homicide to society and to the individuals affected. The following section addresses this issue.

2.3.3 Economic cost

Bard and Sangrey (1979), Friedman, Bischoff, Davis and Person (1982) and Miers (1983) all noted within their pioneering work on victims of crime, which often included but was not specific to secondary victim of homicide, the costs, including economic, associated with victimisation. Attention has been given to the economic difficulties described by victims of crime (National Organisation of Victim Assistance, 1985) including secondary victims of homicide (Brown et al., 1990). Contemporary research describes the economic impact of homicide (Harrison, 2000; O'Neill, 2000; Robinson, 2003; Paterson et al., 2006) suggesting that secondary victims of homicide, especially key secondary victims of homicide such as parents and children, are more likely to experience economic implications, which may result in financial hardship arising from the homicide, beyond the economic costs borne by society. These include: meeting funeral costs, loss of income due to role changes, loss of spouse, care of grandchildren, moving house and attending criminal justice system processes.

Thorpe, Robb, and Higgins (2007) provide one of the few studies that have considered the cost of homicide to victims estimating it as £1,310,000, though it is not

clear if the figures pertain to the primary or secondary victim of homicide. The other available source of data relates to the cost of homicide to society, and has been reported by various researchers such as Brand and Price (2000) Mayhew (2003) and Miller, Cohen and Wiersema (1996) who all agree that the economic cost to society is significant. Mayhew (2003, p. 3 emphasis added) found that Australian calculations of the cost of homicide *exclude* expenditure on the “investigation, prosecution, trial, and imprisonment of homicide offenders” as well as the “costs of supporting surviving dependants of victims and offenders and any intangible costs for family and friends of homicide victims.” Thorpe et al. (2007) analysed the economic dimension of homicide including approximations of the economic cost of each homicide and estimated that, on average, the cost to the state and to victims of each homicide in England was £1.46 million pounds (GBP) or approximately \$3.32 million dollars (AUD). The Australian Institute of Criminology (2008) determined each homicide cost Australians \$1.9 million dollars (AUD) and that the combined annual cost of homicide was \$950 million (AUD).

A report by Waters et al. (2004) on the economic dimensions of interpersonal violence provides a global context against which to compare costs. At one end of ‘the continuum of homicide cost’ is the USA where the cost of each homicide is approximately \$2 million dollars (USD) (which equates to about \$2.5 million AUD) and, at the other end, is South Africa where the cost is roughly \$15.5 thousand dollars (USD) or \$20 thousand Australian dollars. The authors further explain that the large discrepancy between these countries is primarily due to the huge disparity in resultant losses of income, which in turn is related to the overall wealth status or GDP of the various countries.

The research reviewed documents that though a significant number of adults and youth in England and Australia may be victimised through homicide with sizable financial costs to society, the depth and breadth of costs for secondary victims of homicide have not yet been fully explored or determined. Similarly, the research does not reveal if or how the cost of a homicide might differ in relation to the circumstances that surround it. The present review of the literature documents little is understood about the potential difference in cost of a protracted investigation and/or prosecution to that of a swift investigation and early entry of guilty plea. Nor does the research reviewed provide any insight into differentiations in cost correlated with the method of killing, the location of the crime or other circumstantial variables. While these aspects

of the cost of homicide remain undocumented and unexplored, the next section of the review examines the circumstantial aspects of homicide.

2.3.4 Circumstances

There is an emerging and growing field of contemporary literature that documents and reports on the circumstantial aspects of homicide experiences in relation to the patterns and trends associated with the commission of homicides. These factors include: the gender of victims and offenders, the number of offenders involved, the time of day, the locality, the relationship between victim and offender, the gender ratio of and between victims and offenders, the ethnicity of victims and the method of killing.

When comparing homicide data, statisticians, analysts and researchers must be cognisant of the disparity between international and national definitions of the acts that are included or excluded within a working definition of homicide (James & Carcach, 1997; Marshall & Block, 2004). For example, only some of the following categories of killing may be included: infanticide, driving causing death, attempted homicide, and/or manslaughter (Simmons et al., 2003). Huang and Wellford (1989) highlight that Interpol's homicide statistics include attempted homicides while American reports do not include these statistics.

Similarly, the data sources that frequency and trend studies rely upon can vary as much as the definitions of homicide. Marshall and Block (2004, p. 3) report that international studies rely heavily on data from the "Comparative Crime Data Files (CCDF; Archer & Gartner, 1984), the Human Relations Area Files (HRAF), the International Criminal Police Organization (Interpol), the United Nations and the World Health Organization (WHO)." Whereas, in England, the data used to calculate the national homicide index relies primarily on police data (Research Development and Statistics Directorate, 2008) and the *Australian National Homicide Monitoring Program* (James & Carcach, 1997) extracted data from three sources: police records, national crime statistics and causes of death reports (the latter two sources being provided by the Australian Bureau of Statistics). The purpose of research and reports relating to frequency and trend data is important. Consistent collection of comparable data specific to homicide is relatively new despite a long history of data being collected about patterns and trends relating to non-lethal crime (Broidy, Daday, Crandall, Sklar, & Jost, 2006).

The *Homicide Index* has been used to collect data for England and Wales since 1977. The Research Development and Statistics Directorate (2008) state on their website that the key homicide elements of their data collection relate to: Primary victim details (including method and circumstance of the case); Suspect details (including relationship with victim and charge details); and Court outcome (including sentence length where appropriate and any subsequent appeals). The Australian *Homicide Monitoring Program* began in 1990 (Davies & Mouzos, 2007) and states on its website that it “aims to identify as precisely as possible the characteristics of individuals that place them at risk of homicide victimisation and of offending and the circumstances that contribute to the likelihood of a homicide occurring” (Australian Institute of Criminology, 2008).

Thus, the purpose of these programs is to understand the patterns and trends in homicide so that public policy on the prevention and control of violence is well informed (Australian Institute of Criminology, 2008; Coleman, Jansson, Kaiza, & Reed, 2007; Davies & Mouzos, 2007; Research Development and Statistics Directorate, 2008). Patterns and trends relating to the circumstantial dimensions of homicide are now discussed.

2.3.4.1 *The circumstantial dimensions of homicide*

The recent results of studies by Coleman and Cotton (2007) and Mouzos and Houliaras (2006) reveal that in the United Kingdom, Australia and most Western industrialised countries the most common homicide is that of a single event involving one offender and one victim (81% of Australian offences). The most recent report into homicide in Australia by Davis and Mouzos (2007) indicates that in 2005-2006 most Australian homicides occurred at night in residential premises and were committed by someone known to the primary victim. A dispute or argument was commonly cited as the catalyst for the killing, with a male intimate partner posing the greatest risk to females, whereas for males it is their friends and acquaintances. Reports on homicidal offending by Coleman et al. (2006), Hertz et al. (2005) and Mouzos (2002) revealed that men were more likely to be the primary victims of homicide, with three men killed to every two women. These studies suggest that young people in their twenties are at greater risk of dying through homicide, particularly young men from ethnic minority groups or indigenous backgrounds. On average 9 out of 10 homicides are committed by men regardless of the gender of the victim.

The main three methods of committing homicide in Australia according to Mouzos (2002) are knives (or sharp instruments), assaults and firearms. Studies by Coleman et al. (2006) and Coleman et al. (2007) found that the methods used to kill in Australia reflect those used in England and Wales. Barkclay and Tavares (2002) and Houliaras and Bricknell (2007) examined trends in homicidal offending and identified that homicidal incidents predominately involve a single male victim (youth or young adult) being killed by a male offender using a knife.

Research in this area provides insight into patterns and trends in homicide. Circumstantial factors may be established using different definitions, for differing purposes utilising a variety of data sources. Monitoring homicide in England and Australia reveals that homicides occur as a single violent event between one young male adult victim and one male offender (both from minority groups), at night within a private residence from a dispute using a knife or sharp instrument as a weapon.

2.3.5 Demographic profile

The critical questions 'who are secondary victims of homicide?' and 'what is their typical demographic profile?' will now be addressed. Amick-McMullan et al. (1991), in one of the largest random examinations of a non-clinical sample of secondary victims of homicide (n=206), considered age, gender, income, marital status, income, race and education of secondary victims of homicide. They found the only significant variables related to race and education, revealing that secondary victims of homicide were more likely to be from a minority group and have low levels of education and income. However, the study revealed these differences were significant only when the demographic characteristics were cross-referenced with information on whether the homicide resulted from alcohol related driving offences. In instances of homicide not involving drink driving offences (which they term criminal homicide) the secondary victims of homicide were more likely to be African Americans and to have a low level of education.

Amick-McMullen et al.'s summary of the general demographic profile of secondary victims of homicide identified that they were married people in their early 40s who earned a below national average annual income. Two thirds were female, one third male, and just over half of the sample were in full time employment. These findings support comparisons made with the demographic profile of primary victims of homicide established within homicide monitoring programs (Coleman et al., 2007; Hertz et al., 2005; Mouzos & Houliaras, 2006).

The literature reviewed in this section highlighted various dimensions of English and Australian secondary victims of homicide; including their approximated prevalence, the economic burden of homicide, the typical circumstantial context of homicidal acts, and a possible demographic profile of a secondary victim of homicide.

2.4 The criminal justice system and secondary victims of homicide

2.4.1 The role of victims in the criminal justice system

To understand contemporary criminal justice system responses to secondary victims of homicide, literature increasing present understandings and awareness of: victims' roles and rights within the criminal justice system, the services and processes that assist them, and secondary victims' of homicide experiences and perceptions of criminal justice system responses, will be examined.

Contemporary criminal justice system responses to victims of crime indicate that 19th century conceptualisations of crime changed the position of victims of crime (Schneider, 2001; Waller, 1996; Wemmers, 1996). They argue that the locale of the victims altered as crimes went from being committed against the person (the primary victim) as they were in barbaric times (Pike, 1873) to being committed against the crown or the state. As a result, perhaps an unintended one, victims' rights, place, and treatment in the criminal justice system changed. Victims became witnesses for the state's case against the accused as opposed to being the person wronged by the crime. Responses to crime therefore became matters of community protection and the upholding of civil order as opposed to acts intended to restore individual/s and right their grievances.

Schneider (2001) when reviewing the constitutional rights of victims globally provides a succinct appraisal of the complexities involved in the contemporary context of victims of crime within the criminal justice system.

The constitutional state of the 19th century had a very restricted self conception. It strived to defend the suspect of a crime against the arbitrary rule of the authoritarian state; it made a case for the constitutional and procedural rights of the accused (Waller, 1996; Wemmers, 1996). The principles of democratic rule and justice must be viewed on a much broader scale, however. They also encompass the constitutional and legal-procedural rights of the victim and potential victim, the law-abiding citizen. The citizen has a right to protection by the state and of not being made a victim of crime by other citizens. The victim of a crime is entitled to, within reasonable limits, restitution. The victim

has not only rendered a special service to the crime control system by becoming a victim; without the victim's participation, the criminal justice system would be unable to work efficiently (Zedner, 1997). If the victim is denied his or her rights and if his or her needs are ignored, this results in underreported and poorly controlled offenses. (p. 544)

The above quotation provides profound insight into the philosophical backdrop that frames the rights prescribed to contemporary victims of crime.

2.4.2 Rights in the criminal justice system

Countries that are signatories to the 1985 United Nation's Declaration of Rights for Victims of Crime and Abuse of Power commit themselves to providing victims of crime and abuse of power with:

1. Access to justice and fair treatment;
2. Restitution;
3. Compensation; and
4. Assistance (Waller, 2003; Dussich, 2006).

Literature documenting how criminal justice system responses in contemporary Western industrialised societies have responded to this commitment will be reviewed focusing on England and Australia. Dubber (2002) notes in *Victims in the War on Crime: The Use and Abuse of Victims' Rights*, that a variety of Charters, Acts, Codes of Conduct and Practice, or Bills of Rights have been established to fulfil the obligations set out in the UN Declaration of Rights for Victims of Crime and Abuse of Power and to recognise and respond to the needs of victims of crime as they fulfil their role in the criminal justice system.

Across the globe, official responses to Victims of Crime are administered through a variety of Acts, Codes, Charters, and the like; each type of administrative document denotes different levels of obligation and accountability (Benham, 2008 personal communication). For example, while 'Acts and Regulations' convey mandatory obligations and specify what Rights or Services victims of crime 'will' or 'must' be afforded, and prescribe penalties for failures or omissions, 'Standards, Codes and Charters' and like administrative documents suggest what 'can' or 'ought' be provided, setting out best practice principals (Douglas, 2004).

The report *New Directions from the Field: Victims Rights and Services for the 21st Century* (United States Department of Justice, 1998) provides an eloquent summary of what many scholars (Brian, 1999; Cook et al., 1999; Schneider, 2001; Office of

Victims of Crime, 2006; Schmalenbach, 2006; Waller, 1996) have identified as the central aims of contemporary criminal justice systems. The central tenet of criminal justice system responses to victims of crime is that victims receive:

1. Restitution or compensation for any losses experienced because of the crime;
2. Access to information;
3. Protection, in the court and in the community;
4. Privacy and participation within the criminal justice processes/system; and
5. Access to victims' assistance programs and other required support.

Further, victims of crime need to be treated with dignity and respect throughout their involvement with the criminal justice system regardless of age, gender, ability, sexuality, economic status, ethnicity, and so forth. There has been significant improvement in the responses of criminal justice systems to victims of crime, including secondary victims of homicide (Department of Justice, 2004; Erez, 1992; Freedy et al., 1994; Home Office Criminal Justice Services, 2004; Wemmers & Cyr, 2006; Wemmers, 2008). However research into secondary victims' of homicide experiences in the criminal justice and other social systems highlight re-victimising situations where secondary victims of homicide report these rights and needs are not upheld or responded to by the criminal justice system (O'Connell & Nitschke, 2000; Harrison, 2000; Paterson, Dunn, Chaston, & Malone 2006; Robinson, 2003). This aspect will be explored later in this chapter.

Research into the 'Rights' provided by contemporary criminal justice systems to victims of crime, including secondary victims of homicide, documents that the desired outcomes of victims' services, programs and processes are to provide restitution, information, protection, privacy and participation in a manner that is dignified and respectful. The delivery of these aims and rights in Western industrialised countries that purport to uphold them will be now be examined from a historical perspective in the following section.

2.4.3 Services, programs and processes

Services, programs, and processes provided by the state that recognises and responds to the needs of victims of crime are not a new phenomenon. (Miers, 1983; Wemmers, 2008). Restitution or compensation is one of the oldest initiatives and can

be traced back to barbaric¹³ societies (Pike, 1873; United Nations, 1999; Wemmers & Cyr, 2006) although additional supportive services and programs have been introduced in contemporary Western industrialised societies.

2.4.3.1 Criminal injuries compensation

Restitution in present-day Western industrialised settings is delivered through criminal injuries compensation programs or schemes, which are offered in a range of forms in different countries (Cook, David & Grant, 1999; Bazemore, 2006; Schmalenbach, 2006; Waller, 2003). Some programs hand out vouchers for medical services, funeral costs, and counselling, while others provide direct service delivery and/or financial reimbursements or payments. The literature documents the sequence in which criminal injuries compensation has emerged across the developed world. Williams (2005) reviews the implementation of legislated rights for victims of crime and states that in 1963, New Zealand was the first country to implement the criminal injuries compensation scheme. According to the National Victim Assistance Academy (1998), England enacted *The Criminal Injuries Compensation Bill* in 1964. It was introduced by Margaret Fry in 1950 and in 1965, the first American state followed suit. Cook et al. (1999) identify that criminal injuries compensation schemes in Australia are state and territory based. The Australian Capital Territory introduced the first criminal injuries compensation scheme in 1983, followed subsequently by all states and territories.

Other countries including Canada introduced modest criminal injuries compensation schemes, however eligibility often hinged on violent crime with the offender being successfully prosecuted and the victim being deemed deserving (Waller, 2003). Similarly, in his examination of victimology, research, and helping victims in the British context, Dunn (2004) questions the availability, appropriateness, timeliness, and accessibility of programs implemented to assist victims of crime, asserting that notions of deserving and non-deserving victims of crime remain evident within British criminal injuries compensation schemes.

Schuck (2003, p. 10) discusses various forms, purposes and limitations of criminal injuries compensation schemes asserting that “the distinction between ‘deserving’ and ‘undeserving’ victims, while often hard to draw, is nevertheless drawn constantly by legislatures, politicians, juries, private institutions and public opinion.” These distinctions are not designed to blame victims for their demise, rather to impress that crime prevention is a responsibility shared by citizens and governments alike. While

¹³ Not civilized: barbarian, barbarous, primitive, rude, savage, uncivilized, uncultivated, uncultured, wild.

the forms, purposes and limitations of criminal injuries compensation schemes and their philosophical and moral underpinnings are discussed in the literature, a full review of these matters is beyond the scope of this thesis. Rather, literature documenting other services, programs, and processes implemented by the criminal justice system in response to the needs of victims of crime will be reviewed.

2.4.3.2 Victim support services

Services to support victims of crime have steadily evolved across the industrialised world and have come to be known as Victims Support Services or Schemes relative to if they deliver direct services or if refer to outside services. In 1972 a project initiated by the National Association for the Care and Resettlement of Offenders in Bristol in the UK, led to the establishment of Victims Support Services in 1974 and in 1981, an Internal Code of Practice was developed (Victim Support, 2008). In 1990 the Home Office introduced a Charter that set out best practice standards for those involved in the criminal justice system (Home Office 2001). Green and Roberts (2008) state that in the American context, President Regan undertook¹⁴ to make “swift, serious and substantive efforts to study what could be done to help crime victims” in 1982 and in 1984 Victims Assistance was mandated as part of the Victims of Crime Act of 1984 (USA). Under this Act, the National Office of Victims Assistance was formalised having being initially established in 1975.

A comparative analysis of victim policies across the Anglo-speaking world documented that Australian victims’ support services, programs, and policies have been implemented in a variety of forms across the states and territories (Booth & Carrington, 2007). Specifically, dedicated victim support services were introduced throughout the 1990s by the Governments of Tasmania, Northern Territory, South Australia, Western Australia, and Victoria (1999). Government schemes also fund counselling programs but it is noteworthy that there is no national consistency or alignment between victim support services or programs in Australia (O’Neill, 2008).

Dedicated roles for victim advocates and liaison offices have been developed and prescribed throughout the various criminal justice system processes. The development of services, programs and roles in England and Australia, as in many

¹⁴ Perhaps due to his own violent victimisation on March 31st 1981; an attempt to assassinate him during which he was shot and wounded.

industrialised nations, means that predominately professional and paraprofessional¹⁵ support for secondary victims of homicide comes from personnel within the criminal justice system and self-help groups (Meese, 1987; Orth, 2002; Sims et al., 2006; The Ministry of Justice WA, 1998; Wemmers, 2008; Victim Support Australasia, n.d.). Typically, in contemporary English and Australian criminal justice system contexts, support will be provided initially by a police family liaison officer, then victim support service staff and volunteers and possibly from various bereavement self-help groups (Harrison, 2000; Horne, 2003; O'Connell & Nitschke, 2000; Paterson et al., 2006).

All these services and programs were implemented to provide victims of crime, including secondary victims of homicide, with enhanced mechanisms for information, protection, and psychosocial support throughout the criminal justice system processes. Over and above dedicated victims support services (or schemes), advocates and liaison officers, a variety of mechanisms have been introduced within the criminal justice system setting (Schmalenbach, 2006; Smith & Hillenbrand, 1997; Waller, 2003; Young & Stein, 2004; Wemmers, 2008; Victim Support Australasia, n.d.). These include, but are not limited to, special witness status, child witness preparation services, victim impact statements, victim notification registers, victim mediation units, and parole board hearing representation.

Other research has identified that victims of crime, including secondary victims of homicide, often have contact with other professionals, such as doctors, hospital staff, faith related personnel, social workers, mental health professionals and legal staff, who will know how to assist them and are aware of the complexities and dynamics of a homicide experience (Hill, 2003; Kashka & Beard, 1999; McDonald, 2000; Morris, Reilly, Berry, & Ransom, 2003; Reed et al., 2009; United States Department of Justice, 1998). The literature documenting secondary victims of homicide experiences of these professionals who predominately rest outside the criminal justice system is reviewed in Chapter 3.

There are several key stages within the criminal justice system process when victims of crime, including secondary victims of homicide, typically have special informational needs or experience particular emotional difficulties. These are submitting the initial complaint, subsequent investigations, preliminary hearing processes, trials, any appeals, parole applications, mental health board hearings, escapes, release and

¹⁵ Para professionals in this context relates to people in roles of intentional helping where training in victims of crime awareness may or may not have been received and people may be in either paid or volunteer roles

compensation applications (Home Office Criminal Justice Services, 2004; Maguire & Corbett, 1987; United States Department of Justice, 1998; Van Ness, 1989; Young, 1994; Wemmers & Cyr, 2006). In addition, secondary victims of homicide also require informational and emotional support to assist them with the following processes: notification, identification, coroner's court (autopsy, inquests and the return of the deceased), media intrusions, and funerals (Amick-McMullan et al., 1989; Brown et al., 1990; Brown, 1991; Lee, 1996; Harrison, 2000; O'Connell & Nitschke, 2000).

Limited literature is available that systematically examines or explores the way criminal justice system responses are experienced specifically from the perspective of victims of crime (McLeod, 2006; Sims et al., 2006; The Ministry of Justice, 1997). Studies have predominately provided descriptive material reporting advances and that the criminal justice system is far more aware of and responsive to the needs of victims of crime than it has been in the past (Andrews & Lopez-DeFede, 1992; Baril, 1984; Bazemore, 2006; Booth & Carrington, 2007; Buttner, 2007; Fattah, 1997b; Freedy et al., 1994).

Few studies have gone beyond describing victims' of crime experiences of the support initiatives introduced within the criminal justice system (Sims et al., 2006), although Maguire and Kynch (2000) reviewed generic victims' support services in England using the British Victims Survey data. Though this study did not include secondary victims of homicide, findings showed that while the majority of victims had one-off contact with Victim Support, in the form of a letter, around 25% of contact entailed face-to-face meetings between the victim and a volunteer. Typically victims of burglary and assault experienced more face-to-face support than victims of other types of offences did. Victims generally found the experience 'helpful'.

The most noted indicative factor of the helpfulness of victim support was face-to-face contact, although receiving a letter from a support service was in itself reported as helpful. Equally supportive was practical help with children, household chores, vetting callers and moral support. However, findings also revealed that while many victims received some help from victim support or family and friends, almost 40% reported unmet needs. However, a rare comparative study by Sims et al. (2006) found no difference in the outcomes of the psychological suffering of those victims of crime who accessed victim support services as opposed to those that did not. The lack of quantifiable studies into the efficacy of victim support services suggests an area of further research. Several reports have described secondary victims of homicide experiences of the criminal justice system (Harrison, 2000; Lee, 1996; O'Connell &

Nitschke, 2000; O'Neill, 2000; Paterson et al., 2006; Reed et al., 2009; Robinson, 2003).

The following section addresses secondary victims' of homicide experiences of the criminal justice system. Almost a decade after Amick-McMillun et al. (1989) pointed out that secondary victims of homicide were almost invisible within the victims of crime literature, other researchers noted that the continuing paucity of literature might be due to the lack of quality data available on secondary victims of homicide (Harrison, 2000; Paterson et al., 2006; Riedal, 1998). Research has identified the media or the public nature of homicide as an element of secondary victims' of homicide experiences., Although the media is not technically an official contributor to the criminal justice system, interest in and coverage of homicide cases as a matter of 'public interest' makes the media an important factor of the secondary victim experience. It is for this reason that the media is included within the present review of the criminal justice system.

2.4.4 Secondary victimisations

While it is acknowledged that across any population the level of distress and impairment experienced by bereaved people increases when formalised public processes are involved with death (Brown, 1991), the information relating to secondary victims of homicide experiences suggests that the inevitable contact key secondary victims of homicide have with the criminal justice system processes makes them particularly vulnerable to revictimising experiences. Markesteyn (1992) cites the work of pioneering American victimologists such as Bard and Connolly (1982) Masters et al. (1988) and Sprang, McNeil and Wright (1992)¹⁶, who were amongst the first who identified criminal justice systems unintentionally revictimised secondary victims of homicide.

These secondary victimisations or revictimising experiences are subsequent acts or omissions by individuals or organisations that result in victims of crime experiencing further emotional or physical harm or social, legal, or moral injustice. For example, acts or omissions that fail to provide secondary victims of homicide with protection, information, assistance and/or support, along with perceived rejection by the media or others in the community, have repeatedly been described as revictimising and thus harmful to the individual, significantly hindering their trauma and grief recovery

¹⁶ The present author could not locate the articles referred to by Markesteyn despite extensive searches of academic databases. This could be due to the early publication dates.

(Anastasio & Costa, 2004; Armour, 2002; Asaro, 2001; Baril, 1984; Brown et al., 1990; Cook et al., 1999; Dannemiller, 2002; Freeman et al., 1996; Harrison, 2000; Lee, 1996; O'Connell & Nitschke, 2000; O'Neill, 2000; Paterson et al.2006; Robinson, 2003; Sprang et al., 1992).

Clinical studies of the revictimisation of secondary victims of homicide have predominately examined its impact on the trauma and/or grief experienced by this population. Peach and Klass's (1987) research examined the impact of the criminal justice system on the grief of secondary victims of homicide. This study, after observing an American self-help group for a year, described how lack of legal standing, lack of rights and the tortuous, public and protracted nature of the criminal justice system resulted in compounded, complicated and unresolved grief for this population. Although the report does not provide in-depth information on the methodology or the sample population, their findings were substantiated by Rinear's (1988) subsequent study, which involved one of the largest samples of secondary victims of homicide to be examined to date. This survey examined post-traumatic stress disorder and grief experiences of 237 members of the Parents of Murdered Children (POMC) across 11 American states, finding that the exclusionary, protracted, public and often costly nature of criminal justice system processes can amplify, lengthen and compound the levels of fear, trauma and grief secondary victims of homicide experience.

Similarly, in their study of 19 American secondary victims of homicide, Amick-McMullan et al. (1989) explored these themes further, finding a significant correlation between the levels of satisfaction that secondary victims of homicide reported with the criminal justice systems' handling of the case and the severity of the post-traumatic stress disorder symptoms experienced. These authors also analysed their results using equity theory¹⁷, finding a positive correlation between secondary victims' of homicide perceptions of how equitable the treatment they receive from within the criminal justice system is with that afforded to the accused/convicted. This led Amick-McMullan and colleagues (1989) to call for further comparative exploration and analysis in two key areas. The first of these areas being the relationship between secondary victims' of homicide perceptions of the equity within the criminal justice

¹⁷ "Equity theory is an attributional perspective which appears relevant to the very painful and sometimes seemingly unresolvable issue of the murder of a loved one. This perspective focuses on the extent of harm, survivors perceived has occurred, their emotional distress, and the extent to which they have been treated in an equitable fashion. In the case of homicide, survivors of the murder victim find themselves in an extremely inequitable position vis-a-vis the murderer. This profoundly inequitable position is thought to be associated with tremendous psychological distress"

system and trauma symptomology, and the second, whether the social support provided to secondary victims of homicide influenced their experiences of trauma. However, there remains a paucity of studies pertaining to these aspects of secondary victims of homicide experiences.

There is understandably overlap in emerging fields of study and a focus on descriptive research, and descriptive studies continue to dominate the emerging victimological research on secondary victims of homicide. Brown, Christie and Morris (1990) produced *The Families of Murder Victims Project*, one of the first such descriptive studies. This study explored the experiences and needs of 80 post homicide English families. Although the representativeness of the sample could not be controlled and the sample had the potential to be skewed given all participants had contact with victim support services¹⁸, the large sample size, mixed data sources and non-retrospective nature of the data collection methods strengthened the rigor of the study.

The findings concurred with, and expanded upon, earlier research highlighting that, in addition to courtroom processes, peripheral criminal justice system processes such as notifications, coroner's court, police investigations, appeals, parole applications, release of the offender, media coverage and community opinion often resulted in distressing situations that were experienced as revictimisation by secondary victims of homicide. For example, Brown and colleagues noted that it was reported to be less distressing for secondary victims of homicide to be notified of the homicide when in the familiar surroundings of their own home, going on to identify that for 25% of their study population this was not possible, given their home was the crime scene. Their analysis revealed that this group experienced additional stressors relating to the limited access they had to the home, their personal effects, documentation and from having to clean and/or repair the crime scene following the investigation.

These authors also briefly analysed the dynamic factors associated with the resultant financial burdens for secondary victims of homicide, identifying that a homicide can affect one's capacity to work in the short and long-term and the household budget. In addition, secondary victims of homicide contend with the lack of resolution of the deceased's financial affairs until the criminal justice system processes have concluded, i.e. when a death certificate can be issued. In the interim, extra financial

¹⁸ These sampling issues are common to victimological studies on victims due to the ethical need to protect and support samples of victims of crime from being revictimised or retraumatised and from being left unsupported following their contact with the researcher/s

demands may be placed upon secondary victims of homicide who have the responsibility for finalising the affairs of the deceased. Similarly, when the home of the secondary victims' of homicide is the crime scene other accommodation and/or expenses relating to dislocation may be incurred (Brown et al., 1990). The potential revictimising from the criminal justice system processes are not limited to key secondary victims of homicide (Davies, 1995; Freeman et al., 1996). Lee (1996) was one of the few to examine if siblings of homicide victims felt they were revictimised by criminal justice system processes. Lee interviewed five Australian female siblings of homicide victims about 6 years after the incident. These siblings were between 10 and 19 years of age at the time of the homicides.

The study identified that the siblings were revictimised by the media and the criminal justice system, as both failed to proactively ensure they were informed, prepared, protected, and assisted during the criminal justice system processes. Lee's study also documents attitudes toward capital punishment, finding all participants were pro capital punishment and were dissatisfied with the sentence handed down, believing it to be too lenient. This is one of the rare studies to explore the effect of sentencing on the victims' experiences. Despite the small and non-representative sample, making it hard to generalise findings, Lee's results do suggest that further exploration of siblings' experiences and attitudes is required to better meet the needs of this population of secondary victims of homicide within the criminal justice system. In addition, many child secondary victims of homicide cannot be witnesses and therefore do not necessarily encounter child witness preparation services.

Comprehensive reports on revictimising experiences of victims of crime as a generic group have been available in Western industrialised societies since the mid 1990s. Such works include Waller's (1996) Canadian report *Rights for victims of crime: The second decade*; Cook et al.'s (1999) examination of *Victims' Needs Victims' Rights: Policies and Programs for Victims of Crime in Australia*; Maguire and Kynch's (2000) exploration of the *Public Perceptions and Victims Experiences of Victim Support: Findings from the 1998 British Crime Survey England*; Helsinki European Institute for Crime Prevention and Control which is affiliated with the United Nations' report on *Crime Victims: Doing justice to their support and protection* (Waller, 2003). These reports have consistently documented that victims of violent crime, including secondary victims of homicide, were often retraumatised and revictimised by the criminal justice system and other subsequent social processes, especially the media. These reports highlighted a growing global awareness that victims of violent crime,

including secondary victims of violent crime, were “very much affected” by crime and this impact increased once the crime was reported to police (Maguire & Kynch, 2000 p. 5). Many of these above-mentioned authors state that there is an enduring need for victimological studies to focus on secondary victims of homicide as a discrete population.

O’Connell and Nitschke (2000) are amongst the few researchers who took up this challenge during the early part of the 21st century; examining the experiences of 48 South Australian secondary victims of homicide, almost two-thirds of whom were female, ranging from under 15 years to over 60 years. The results of their study robustly support previous findings (Brown et al., 1990; Lee, 1996; Peach & Klass, 1987; Rinear, 1988) that secondary victims of homicide experience high levels of dissatisfaction and revictimisation within the criminal justice system. Specifically, they identified that 75% of their participants were dissatisfied with the conduct of the trial and the sentence handed down, feeling it was too lenient. Few participants in this study had interacted with correctional services at the time of the study, and thus only a small portion expressed having had difficulties with this aspect of the criminal justice system. Contrary to Lee’s (1996) results, O’Connell and Nitschke (2000) found only a small number of their sample believed in capital punishment.

Analysis of media experiences revealed discontent and distress for more than a third of participants whose homicide case had attracted a particularly high level of media interest, typically referred to as high profile cases (O’Connell & Nitschke, 2000). Although there has been no comparative analysis relating to public interest in the case and the revictimising experiences of secondary victims of homicide, the dramatically higher results in the English setting suggest that further research may be warranted to better understand secondary victims of homicide experiences of the media across countries.

O’Connell and Nitschke’s (2000) victim sample size was larger than many similar studies’ samples (about 10 - 20% larger) which, when combined with the breadth of their analysis of the level of satisfaction secondary victims of homicide expressed about the criminal justice system, both strengthened their results and reinforced the results of previous studies with smaller samples. Their results quantified aspects of notification experiences, finding that about 33% of secondary victims of homicide learned of the homicide through the police and nearly the same number learnt of it from a family member or relative. Similarly, their study revealed that while almost 90% expressed satisfaction with the police investigation and felt that their treatment was

respectful, nearly 25% did not feel that police had kept them properly informed. Almost 75% wanted a peer supporter to assist them. These findings reinforce earlier research including that by Brown et al. (1990), Lee (1996) and Rinear (1988), who all found that secondary victims of homicide need the guidance and company of experienced people during their contact with the criminal justice system. This was also true for the 75% of the secondary victims of homicide who attended the coroner's office alone (O'Connell & Nitschke, 2000). Participants' contact with Victims Support Services, whose primary role is typically to provide information about the criminal justice system processes and assistance when negotiating it, was also explored by O'Connell and Nitschke (2000). They found that over 65% of their sample had contact with Victims Support Services and that 75% of those reported it to be useful.

Harrison's (2000) thesis, *The Impact of Stranger Murder on Families and the Need for a Multi-Agency Approach* provided a detailed description and examination of the criminal justice system processes and how they were experienced by 19 family members bereaved through eight homicides that had occurred in England. Like O'Connell and Nitschke (2000), Harrison (2000) analysed the frequency of the experiences described. Recurring themes showed that secondary victims of homicide felt they lacked rights within all criminal justice system processes, including the investigation, the coroner's inquest, the trial, the appeal, mental health boards, and parole and probation.

Harrison suggests that the sense of a lack of rights arose from wanting some influence and involvement in when, where and how criminal justice system processes occurred. These findings support previous research (Brown et al., 1990) reinforcing that many secondary victims of homicide want support, practical or emotional, through each phase or stage of the criminal justice system process. Harrison's (2000) study identifies that limiting the number of autopsies¹⁹ and/or exposure to graphic images in court, extending the period to claim criminal injuries' compensation and/or considering secondary victims of homicide views in relation to appealing sentences handed down, all have immense potential to help reduce feelings of revictimisation and disempowerment often experienced by this population.

¹⁹ In England, each defendant has the right to call for an independent autopsy, and the funeral for the deceased cannot take place until all defendants are satisfied enough forensic information has been collected. This can mean that the funeral may not take place for an extended period. This is unlike the Australian context where the state appointed coroner conducts an independent autopsy and thus the funeral usually takes place within weeks of the autopsy.

Robinson (2003), whose survey in England for 'Victims Voice' conducted with 114 people bereaved through homicide, road trauma, or disaster, provided an indication of the issues faced by this population. What is unique about the Robinson study is that she compares two data sets based on the time since the homicide occurred. She compares her total data set from 1974 - 2000 to a subset of the more recent homicides that occurred from 1995 to 2000. She analysed the data to identify if the more recently bereaved secondary victims of homicide reported improved treatment from the criminal justice system. Her findings suggest that introducing and implementing various policies and procedures within the criminal justice system throughout the 1990s has produced slight improvement in certain areas of the criminal justice system and no progress in others. Robinson's results suggest slight improvements in the number of personalised notifications, the effectiveness of those who supported the secondary victims of homicide once they had been notified, the number of people adequately prepared before identifying the deceased, the provision of information (especially about court processes) and offers of counselling. However, her findings also suggest no improvement in several phases of the criminal justice system processes, including but not limited to providing a private place to recover after identifying the deceased and information about the need for a post mortem or inquest.

A recent English study by Paterson et al. (2006) surveyed 41 secondary victims of homicide bereaved between January 2000 and December 2003, 19 victim support workers and 16 volunteers to better understand the impact of homicide on secondary victims of homicide and their resultant support needs. Their findings concur with Harrison (2000), O'Connell and Nitschke (2000) and Robinson (2003) that interaction with the criminal justice system affects secondary victims' of homicide ability to cope and that traumatic grief is complicated and compounded by involvement with the criminal justice system. Paterson et al. (2006) suggest that the key to effectively supporting secondary victims of homicide is to provide holistic services that are coordinated and seamless, and highly competent staff who understand the dynamics and dimensions of homicide related bereavement for all secondary victims of homicide.

Elliot and Hill's (2008) unique study reflect these findings. They surveyed 50 English secondary victims of homicide and not only examined the aforementioned aspects of the criminal justice system, but also provided additional insight into the previously unexplored area of how children's attitudes toward the law are affected by a homicide

in the family. Their results suggest nearly half of participants reported their child/children had developed negative attitudes toward the law because of the homicide, revealing that about 15% of these children had subsequently wanted to, or had actively, broken the law. Three factors, all related to the criminal justice system, were identified as influencing these attitudinal changes: the quality of the investigation, the progression of the charge to prosecution and the perceived adequacy of the sentence.

Another aspect of the homicide experience synonymous with revictimisation of victims of crime, including secondary victims of homicide, is the public nature²⁰ of the homicide and the media's coverage of the events surrounding the homicide (Dannemiller, 2002; Harrison, 2000; Lee, 1996; Taylor, 1997; O'Connell & Nitschke, 2000; O'Neill, 2000). As previously discussed, the media is not an official aspect of the criminal justice system. However, the often high level of public interest in a homicide leads to the media being present from the discovery of the homicidal event and throughout the initial investigation and arrest/s (or lack thereof), and court appearances (initial, trial, sentencing, appeal and parole applications – successful or otherwise). Therefore, in addition to the initial trauma and grief caused by the homicide and criminal justice system processes, families must also deal with the psychological ramifications of the memory of one's deceased child being "spoiled through publicity given to the murder and through a preoccupation with the perpetrator" (Riches & Dawson, 1998, p. 144). Riches and Dawson (1998) identified that the media's adverse coverage of the event contributed to the emotional cost (distress) of participating in the criminal justice system for secondary victims of homicide, potentially costing them their privacy and impacting on their memories.

Brief descriptions into the financial implications of homicide for secondary victims of homicide experience have been offered by Brown et al. (1990), Elliot and Hills (2008), Mezey, Evans and Hobdell (2002) and Paterson et al. (2006). These scholars have expanded their discussions beyond the obvious fiscal implications, such as funerals and health care services, to proferring brief descriptions and discussions of potential costs including those associated with providing care to orphaned children, finalising estates, taking time off work (funeral, court, illness etc), loss of employment, changes in roles, loss of a breadwinner and attending legal proceedings (accommodation, travel, parking, food, child care, parking and so forth). However, these less overt costs

²⁰ This includes the open nature of the court and the personal and graphic details aired in this forum.

are yet to be fully considered, calculated, assessed, and/or quantified in a consistent or systematic manner by researchers.

2.4.5 Powerlessness

A constant theme to emerge from examinations of secondary victims' of homicide constructions and interaction with the criminal justice system processes is 'powerlessness'. This theme is evidenced by researchers from the USA, the UK, and Australia (Elliot & Hills, 2008; Lee, 1996; Harrison, 2000; O'Connell & Nitschke, 2000; Paterson et al., 2006; Robinson, 2003). They all illustrate that many secondary victims of homicide experience powerlessness when attending to criminal justice system matters (notification, identification, post mortems, investigation, trial, sentencing or victims impact statements), practical matters (media, finances, employment, education, domestic matters, child care, travel, medical, or deaths abroad) and/or informational and advocacy matters (facts about the death, agency roles, coping with trauma and grief and advocacy).

Evidence of this theme in more recent studies suggests that, despite the introduction of various rights for victims of crime, powerlessness within the criminal justice system continues to be the most fundamental issue for many secondary victims of homicide. While this suggestion remains relatively untested through quantified studies on secondary victims of homicide, it is supported by Wemmers and Cyr's (2006) study into the Canadian Justice System's Responses to victims of crime. Despite all the legislation, policies, protocols and services developed in the latter part of the 20th century, the place of victims of crime continues to be marginal and predominately relates to processes that occur post the determination of guilt. Schneider (2001, p. 545) reviews 30 years of victimological developments and the adoption of various legislation at international, national, and state levels, noting a lack of procedural change to readdress the known power imbalance between the rights of the offender and those of the victim. He states that little has occurred to restructure the criminal justice system processes so that secondary victims of homicide are both 'acknowledged' within 'investigative processes' and 'integral' to 'criminal justice processes'.

Research conducted by Elliot and Hills (2008), O'Connell and Nitschke (2000) and Paterson et al. (2006) provides evidence of contemporary examples of such experiences. These studies reinforce that, despite legislative changes, (such as *The Victims' Charter* United Kingdom (1996) and the *Victims of Crime Act* SA (2001))

which detail the rights of victims of crime to receive: protection, participation, help, support, timely information and compensation in a dignified and respectful manner regardless of age, gender, ethnicity and ability, there remains a continuing need for secondary victims of homicide to be proactive in requesting information and having their rights upheld. When this reported lack of restructuring and procedural change within the criminal justice system is considered in the context of the earlier discussion of the correlation of Equity Theory and the criminal justice system (Amick-McMullan et al., 1989) and concepts of natural justice²¹ (Binmore, 2005), it is possible to conclude that it is secondary victims' of homicide experiences of powerlessness and inequity that contribute to feelings that they and the deceased are excluded, silenced, unrepresented and/or denied of any sense of justice from the criminal justice system.

In addition to their experiences of powerless and exclusion within the criminal justice system processes, secondary victims of homicide must deal with their own psychological reactions and responses to the homicide itself and those of the people around them. Armour (2002) is among other scholars (Amick-McMullan et al., 1989; Baliko, 2008; Bard & Connolly 1982; Dannemiller 2002; DeYoung & Buzzi 2003) who have found that the level of psychological distress secondary victims of homicide exhibit also correlates with their perception of society's responses to their needs following the homicide. Societal responses go beyond interactions within the criminal justice system to include the mental health system, the social stigma associated with murder or its circumstances and the level of social support received (Janoff-Bulman & Morgan, 1994; Kaniasty & Norris, 1992).

Chapter 3 reviews literature relating to the clinical and social aspects of bereavement of secondary victims of homicide, focusing first on literature relevant to secondary victims' of homicide contact with clinical services before turning to what has been documented about broader community based social interactions.

²¹ Natural justice is based on the notion that 'legal proceedings should be conducted so they are fair to all the parties' as expressed in the Latin maxim *audi alteram partem*: "let the other side be heard".

Chapter 3

LITERATURE REVIEW – PART 2

Define a survivor as one who has touched, witnessed, encountered or been immersed in death in a literal or symbolic way and has himself remained alive.
Robert Jay Lifton (n.d.)

3 The clinical and social construction of secondary victims of homicide

This chapter provides an exploration of literature relating to the clinical and social aspects of bereavement resulting from homicide.

The impact [of homicide] reverberated throughout the whole of the victim's social and family network and across generations, creating the impression of many lives having been destroyed as a result of this single event. (Mezey et al., 2002, p 70)

The pervasive nature of the experience and impact of homicide, explained eloquently in the above quote by Mezey et al. (2002), reflects the importance of understanding how both secondary victims of homicide and the broader community respond in the aftermath of a homicide.

The previous chapter highlighted that the criminal justice system and professionals within bio-psychosocial fields recognise that losing a loved family member through homicide is a traumatic experience (Armour, 2003; Elliot & Hills, 2008; Paterson et al., 2006; Masters et al., 1988). Secondary victims of homicide have little power or control over formalised social responses to the homicide (Burnley et al., 1998; Malone, 2007; Rynearson, 1984) and experience support from various professionals or family and friends (Hill, 2003; Kashka & Beard, 1999; Maguire & Kynch, 2000; McFarlane, 1994).

The synthesis in this chapter analyses secondary victims' of homicide contact with clinical services before attention is drawn to their contact with, and experiences of, the broader community. The literature reviews secondary victims of homicide experiences of:

- post-traumatic stress disorder;

- grief; and
- social support.

There is significantly more literature available on clinical trauma and grief aspects of the experience than on experiences of broader community based social support, most of which relates to Western constructions of these experiences.

3.1 Trauma

Trauma symptoms and post-traumatic stress disorder (PTSD) were first identified in American, English and Australian soldiers who returned from the Vietnam War in the 1970s, and have since been documented in many populations (DeVries, 1996; Shalev, 1996; Van der Kolk et al., 1996). However, the literature relevant to the PTSD experience of secondary victims of homicide experience will form the current focus of this chapter. The following section will:

- define PTSD;
- examine how it manifests in secondary victims of homicide; and
- review factors that moderate PTSD and its experience.

3.1.1 *Defining and understanding trauma*

Traumatic events are understood as unexpected life events involving a perceived or actual threat to life and evoking feelings of intense fear, horror and helplessness that result not only in demands that exceed a person's normal coping repertoire but also change their world view (Herman, 1992; Janoff-Bulman, 1992; Van der Kolk et al., 1996). These events cause distress or impair work, social, or personal functioning so much so that clinical interventions are required to help manage the trauma symptoms (American Psychiatric Association, 1994). Traditionally two dominant paradigms underpin such trauma reactions; the first perceives an individual's reactions as abnormal responses to normal events, whereas the second classes an individual's symptoms as normal reactions to abnormal events (DeVries, 1996; Shalev, 1996).

Changes in traditional therapeutic approaches to trauma have focused on providing therapy to manage the symptoms experienced by traumatised individuals alongside the emergence of a school of thought that normalises and depathologises individual's reactions to trauma. In conjunction with these approaches is the increasing use of a 'multi-systemic resilience-orientated approach' (Neimeyer et al., 2002; Neimeyer et al., 2006) which "contextualizes the distress, addresses family impact, strengthens

interpersonal and institutional resources for individuals, enhances collective recovery and builds post-traumatic growth” (Walsh, 2007, p. 2).

This emerging therapeutic paradigm and its related approaches shift the focus of intervention from healing and providing a safe haven for the individual, to the compassionate witnessing of their deep pain and the encouragement of positive stirrings (Weingarten, 2004). By doing so the biological, behavioural, cognitive, or emotional traumatic stress symptoms typically exhibited can be greatly reduced (Anaya-Jackson, 1999; Gordon, 1997; McFarlane & Yehuda, 1996). The types of typical trauma symptoms include sleep and appetite disturbances, trembling, increased startled response, hyper vigilance, withdrawal, irritability, decreased concentration, confusion, intrusive thoughts, flashbacks, fear, anger, sadness, depression and guilt (Grant, 1999; Montgomery & Morris, 1993; Tribal, 2000).

Trauma is classified as being acute, chronic or delayed. In ‘acute trauma’, these symptoms described above manifest quickly and are resolved within six months; in ‘chronic trauma’ cases however, they manifest within six months and persist for more than six months; and in ‘delayed trauma’ cases, they do not manifest until at least six months after the traumatic event (American Psychiatric Association, 1994; World Health Organisation, 2007). It is generally accepted by scholars (Grant, 1999; Prigerson et al., 1997) that in order for a diagnosis of PTSD to be applied, symptoms must arise out of life threatening events, be reoccurring and impede a person’s ability to fulfil their regular social roles due to avoidance of certain activities (Prigerson & Jacobs, 2001; Sprang, 1995).

According to Kar Ray (1992) people can be directly exposed to traumatic events through their own experiences as participants or as witnesses to events such as: acts of abuse (mental or physical), catastrophes (natural disaster, serious accident), violent attacks (animal, assault, intimate violence, rape), or political conflicts (war, terrorism). Research (Shalev, 1996; Sprang, 1995; Van der Kolk et al., 1996) has also shown that people often experience symptoms of trauma as the result of traumatic events that happen to people close to them, for example, when a child has a life threatening illness, a partner is seriously injured following a car accident or an assault and/or having someone die suddenly (accident, illness, etc) and/or violently (suicide, homicide, or manslaughter). In summary, trauma is understood as symptoms (biological, behavioural, cognitive, or emotional) which may manifest in response to experiencing or witnessing events that are sudden, perceived to threaten life (either that of the traumatised person or someone emotionally close to them) and for which

an individual does not have an adequate coping repertoire. This manifestation may continue sometimes for long periods after the event. This section will be underpinned by studies involving secondary victims of homicide and post-traumatic stress disorder (PTSD), its prevalence, moderating factors (risk factors), and/or its consequences on those affected.

3.1.2 Experiences of trauma

As previously discussed in section 2.3.1 a random phone survey by Amick-McMullan et al. (1991) suggested that 9.3% of the USA population has been affected by the homicide of a family member or friend at some time in their life. Zinzow et al. (2009) found that 15% of American youths aged 20-23 in their study population (n=263) were affected by the homicide of a friend or family member. Kaltman and Bonanno (2003) also concluded that higher rates of PTSD were evident among those widowed unexpectedly due to sudden deaths including suicide, homicide, or accidents than those widowed through natural causes (e.g., cancer, heart failure). While these results suggest a significant percentage of the population, especially youth, may experience homicide related bereavement, the question remains how vulnerable does that make them to experiencing PTSD symptoms or a full diagnosis?

Burgess (1975), noted that all secondary victims of homicide were at high risk of experiencing PTSD symptoms and coined the term *homicide trauma syndrome* to define manifestations of PTSD and grief symptoms in secondary victims of homicide. Burgess described *homicide trauma syndrome* as an acute grief reaction to the double impact of the untimely death (the homicide) and the long-term reorganisation process of self, family, and life style that follows. *Homicide trauma syndrome* is said to develop concurrent with bereavement processes because of the complicating socio-legal factors of homicide; symptoms include terror, avoidance, flashbacks, and dreams of dying.

Symptoms of PTSD have been observed in various populations of secondary victims of homicide regardless of the cause of the homicide (vehicular or criminal homicide) (Armour, 2002; Lebovici, 1974; Malmquist, 1986; Rinear, 1988; Rynearson, 1995). An American study of 19 adult secondary victims of homicide found that 66% of participants exhibited increased levels of psychiatric distress (Amick-McMullan et al., 1989). Amick-McMullan, Kilpatrick and Resnick's (1991) examination of 206 adults affected by homicide, found that 23% met the criteria for a diagnosis of PTSD (as opposed to only exhibiting symptoms) at one time in their life. This second finding was

supported by the results of a comparative study by Thompson, Norris, and Ruback (1998) that found 26% of their US sample met the criteria for a diagnosis of PTSD and that secondary victims of homicide exhibited PTSD at higher rates than people exposed to other trauma stimuli and the non-victim populations. Thus, while around 66% of this population may experience symptoms of PTSD, approximately 25% might meet the diagnostic criteria for PTSD.

These results are typically supported across the literature (Boals & Schuettler, 2009; Farberow et al., 1992; Osterweis et al., 1984) with PTSD being more prevalent amongst those bereaved through homicide than other bereaved populations. However, conversely in Kitson's (2000) rare study of a large comparative correlated sample of American widows (n=276) distress levels were notably higher following anticipated deaths than those that were sudden or violent.

The duration PTSD symptoms remain evident in this population was quantified by Bard, Arnone and Nemiroff (1986), who found adult Americans affected by homicide experienced chronic PTSD, with symptoms remaining observable up to four or five years after a homicide. Rinear (1988) studied 237 parents affected by homicide in the USA and found that typically symptoms of PTSD lasted for up to two years.

The scant literature on this topic has quantified this aspect of secondary victims of homicide experiences, making it possible to suggest that PTSD is more prevalent in this population. The current review of the literature supports calls from across the field (Armour, 2006; Baliko, 2008; Bonanno, 2006; Wickie & Marwit, 2000) for further comparative research to determine a more reliable picture of the prevalence of PTSD in this population and the duration of its symptoms relative to other bereaved populations.

3.1.3 Factors moderating this trauma

Research has suggested that factors moderating (or buffering) the prevalence and duration of PTSD symptoms include firstly contextual factors surrounding the homicide, for example: where the crime occurred, cause of death, recovery of the body, apprehension of the offender, and satisfaction with the criminal justice system outcomes. Second are the demographic and/or bio-psychosocial aspects of the offender and the primary victim and/or the secondary victims of homicide such as: their age, gender, trauma history, education level, health status, marital status, and relationships with each other (for example studies by Amick-McMullan et al., 1991;

Andrews, Brewin, & Rose, 2003; Prigerson et al., 1997; Stroebe et al., 2001). The moderating factors identified and explored in literature specific to secondary victims of homicide include: gender, time elapsed since the homicide, secondary victims' of homicide age, the contextual factors of the homicidal act and perceptions of the benevolent nature of the world.

Two studies, Amick-McMullan et al. (1989) and Amick-McMullan et al. (1991) respectively studied 19 and 206 secondary victims of homicide, about 66% of whom were female, 2.5 and 17 years after a homicide. Findings showed that neither the age, gender nor the time elapsed since the homicide affected the rate or risk of PTSD symptoms in this population sample. These findings were contrary to earlier findings of Pynoos and Eth (1984) who found that 80% of the 40 American children they studied, all of whom had witnessed the homicide of a parent, met the criteria for a PTSD diagnosis and suggested that there may be higher rates of PTSD in younger populations of secondary victims of homicide. This study built on an earlier one by Palombo (1981) that found younger child witnesses of parental homicide are more resilient to PTSD symptoms than older children were. Freeman, Shaffer and Smith's (1996) comparative study of 15 child siblings affected by homicide also found that the diagnostic criteria for PTSD were met by 80% of this population as opposed to 10% of the control group (not affected by homicide).

In addition to these explorations of age, gender and time lapsed; the contributions of contextual and demographic factors to experiences of PTSD in secondary victims of homicide have been studied. Thompson et al.'s (1998) comprehensive study found that while the circumstances surrounding the homicide (event variables) were somewhat predictive of distress levels, the pre and post event context of the person affected by homicide were more significant as PTSD risk factors. This rare study found that variables such as the education levels and previous traumatic experiences were significant pre-event risk factors. Similarly, the risk of PTSD increased with peri event factors such as being notified of the homicide outside one's home by an unknown person, the absence of drug involvement²², the crime scene being outside the home, the victim knowing the offender, and having to identify the body. These results supported Rynearson's (1984) earlier descriptive retrospective study of 15 adults affected by homicide, which concluded that the relationship of the primary victim to the offender, the apprehension of the offender and the recovery of the

²² The absence of illicit drug taking behavior or ingestion relating to offender/s and/or the primary victim of homicide.

deceased body contributed significantly to the risk of PTSD developing in this population. Ryneerson's findings were further validated in the study by Amick-McMullan et al. (1989) who found that there was an observable correlation between criminal justice system satisfaction and the presence of chronic PTSD diagnosis in secondary victims of homicide.

Other factors such as the changes to perceptions of benevolence, religion, and social roles have also been considered. Wickie and Marwit (2000) for example, explored the effect of traumatic death on parents' perceptions of the benevolence of the world. Their comparative study of 70 bereaved parents, 58 of whom were bereaved through homicide, found that homicide experiences had a significantly more negative effect on parents' perceptions of the benevolence of the world than accidental deaths. Shattering of the belief that the world is benevolent is a known predictor of PTSD (Janoff-Bulman, 1992). This finding suggests that homicide bereavement may itself be a risk factor for PTSD. Changes in the roles following the homicide such as taking on parenting roles and becoming the primary income generator (Thompson et al., 1998) have also been correlated to high distress levels following the homicide, so too have behaviours relating to religious beliefs and support (Thompson & Vardaman, 1998).

Armour (2002a) reviewed 20 studies of secondary victims of homicide and identified the risk of this population being diagnosed with PTSD is interrelated to the damage inflicted by experiencing the homicide of a loved one which impacts on individual's belief systems, experiencing unsatisfactory criminal justice system outcomes, the stigma and ignorance surrounding homicide and a lack of social support. The studies provide evidence that secondary victims of homicide are at risk of being traumatised. Community responses to the particular context of each secondary victims of homicide experience of the homicide, including those linked to the criminal justice system process is important in managing the risk of acute PTSD symptoms becoming diagnosis of chronic PTSD. A notable strength of the literature reviewed above is the new insight it provides into how the trauma of homicide is experienced.

3.1.4 *Experiential aspects of this trauma*

The following section of this review focuses on the experiences of secondary victims of homicide. As indicated above, secondary victims of homicide have what Burgess (1975) defines as 'Homicide Trauma Syndrome.' Additional to the known symptomology of PTSD, this trauma syndrome is typified as an acute and chronic experience, during which the characteristic symptoms of grief and bereavement are

accompanied by fear, rage, horror, the desire for revenge and depression (Burgess, 1975; Riggs & Kilpatrick, 1990; Viano, 1990). Many secondary victims of homicide have also been found to experience exaggerated and long lasting anxiety and phobic reactions (Amick-McMullan et al., 1989).

The homicide trauma syndrome has also been identified within younger populations of secondary victims of homicide. Freeman et al. (1996) studied 15 American youths and found their experiences of homicide trauma syndrome to be similar to adults, often leading to experiences of depression, anxiety, and psychosocial impairment (difficulties in peer relationships, increased fear, poor relationships with those representing the law). The youth experience often also includes fear about their safety and the stability of their family and their environment and can affect their intrapsychic development and interpersonal relationships, which can be disturbing and interrupting to normal growth and development processes (Clements et al., 2005).

Given that PTSD impacts on an individual's worldview post homicide, meaning making processes have been studied and are emerging as an important experiential aspect that needs to be better understood (Herman, 1997; Janoff-Bulman, 1992). O'Neill (2000) identified five overarching areas of an individual's meaning making that were affected by homicide:

- the world they lived in;
- their lives;
- the people they encountered;
- the social processes they interact with (e.g. criminal justice system, health system etc); and
- their sense of self.

The review identified that all the above-mentioned areas need re-examining and reframing following a homicide experience. Armour (2002b) identified secondary victims of homicide experience six consistent and dominant feelings:

1. being immersed in a relentless nightmare;
2. being betrayed by people who were expected to care;
3. having one's rights ameliorated;
4. belonging and being connected to others to relieve alienation and loneliness;
5. no longer waiting for things to go back to how they were; and

6. having to intensely pursue what really matters and add meaning to one's life.

In her expanded study of this data, *Meaning Making in the Aftermath of Homicide*, Armour (2003) identified that meaning making manifests in three coping behaviours in secondary victims of homicide:

1. declarations of truth;
2. fighting for what is right; and
3. living in ways that give purpose.

In her recent phenomenological study of a small number of adults affected by homicide, Baliko's (2008) findings supported many of Armour's (2003) and O'Neill's (2000). She identified four areas of commonality within her study participants' experiences:

1. the experience was a nightmare;
2. by reclaiming a sense of self, people were able to remobilise themselves;
3. the process of relating, weaving and unravelling the experience with and for family and community, was an important part of the healing and recovery; and
4. the experience was transforming in many cases.

As has been presented within this review of the literature, acceptance of 'homicide trauma syndrome' and meaning making processes highlight the separation of trauma from grief, and allow one to appreciate these conditions as discrete yet interactive conditions that are simultaneously experienced within the affected population. There are limited studies that explore the relationship of trauma on the grief experiences of secondary victims of homicide. The few studies undertaken suggest that trauma experienced by secondary victims of homicide may eclipse and/or hinder their resolution of grief (Malone, 2007; Rynearson & McCreery, 1993). It is evident from the literature on secondary victims of homicide reviewed that trauma is a profound aspect of the homicide experience. The review will now address the grief aspect of the homicide experience.

3.2 Grief

Many losses involve grief, for example the loss of a job, a relationship, a home, or a loved one (Doyle, 1980; Parkes, 1996; National Association for Loss and Grief

(NALAG), n.d.). The present review will focus only on the literature relevant to grief arising from bereavement.

3.2.1 *Defining and understanding grief through bereavement*

Doka (2006) posits four dominant ideological framings of grief in the literature on grief and trauma drawn from the work of theorists such as Freud, Engel, Kubler-Ross, Bowlby, and Parkes, all of whom contribute significantly to contemporary understandings and conceptual frameworks of grief. The four ideological framings of grief proposed are:

- grief as a syndrome;
- grief as a disease;
- grief as psychological trauma; and
- grief as psycho-biological trauma.

Despite differences in ideology, models, and terminology, it is generally accepted amongst theorists, scholars, and practitioners that grief can be 'normal' or 'complicated.' In order to understand the latter type of grief it is now juxtaposed with the aforementioned form.

Normal or uncomplicated grief reactions and processes are accepted as the thoughts, behaviours, and emotions that although painful will move a person toward an acceptance of the loss and an ability to carry on with life (Doka, 2006; Gorle, 2000; Rando, 1996; Range, 2006). People with uncomplicated grief may feel saddened by the death; however, they still feel that life has meaning and the potential for fulfilment (Bonanno, 2006; Prigerson et al., 1999). People experiencing uncomplicated grief are also able to maintain a high sense of self-worth and trust in others and their identity remains intact. They are prepared and able to reinvest in interpersonal relationships and activities and though affected deeply by the loss, they find that they are willing to explore new roles and relationships and derive new or renewed sources of satisfaction in their lives (Schut et al., 2006; Sprang, 1995; Stroebe & Schut, 1999; Stroebe et al., 2001).

In comparison, people who experience complicated grief following bereavement question who they are, how they will survive, and their prospects of future fulfilment, (Bonanno, 2006; Holland, 2006; Lobb, 2006). Life following the death proves an unwelcome reality that many find difficult to accept. Survivors with complicated grief feel acute distress about the separation, experiencing intense yearning for the

deceased, a sense of emptiness and lack of purpose, a disturbing sense of feeling detached from others, and sometimes feeling a part of them has died along with the deceased (Schut et al., 2006; Sprang, 1995; Stroebe & Schut, 1999; Stroebe et al., 2001). They exhibit intense and prolonged grief along with limited coping behaviours.

Moos's (1995, p. 958) differentiation between grief and coping highlights that *grief* relates to the emotional and physical responses, whereas *coping* refers to the active and passive attempts to go on living and is used by Rubel (1999) when examining the grief-crisis interventions and their impact on the ability of secondary victims of homicide to cope with everyday life. Rubel goes on to cite the work of Katz and Bartone (1998) who reference the work of Freud, Horowitz, Parkes, Pollock and Raphael to describe the psychological processes of mourning and recovery in a variety of cultures and agree that these processes facilitate the psychological integration of the loss. Katz and Bartone (1998) refer to Parkes's suggestion that greater levels of shock due to sudden accidental or violent death significantly increase the burden of mourning and recovery.

Gibson (n.d. cites Saunders' 1993 work) found that the factors contributing to an increased likelihood of complicated (or traumatic) grief include the death experience being unexpected, or untimely, horrific (grotesque) or painful, violent or stigmatised (suicide, homicide or AIDS), one of multiple losses and/or the death of a child. Thus, given homicide characteristically includes many of these factors, it can be concluded that secondary victims of homicide are at a high risk of experiencing complicated grief. This conclusion is supported by Walsh (2007), whose summary of literature on complicated grief and loss documented eight factors that characterised experiences of a complicated and/or traumatic loss: violence, untimeliness, suddenness, prolonged suffering, ambiguity, unacknowledgement and/or stigmatisation, and the cumulative effect of multiple stressors (such as losses, traumas and transitions).

However, Boelen and Van Den Bout's (2007) examination of the proposed criteria for complicated grief in people confronted with violent and non-violent death suggested that, regardless of the presence of violence, unresolved grief manifests in similar symptoms within the bereaved. Contemporary studies of the manifestation of grief (both normal and complicated) typically focus on five dimensions of grief:

1. stress reactions of the bereaved (physiological and psychological);
2. cognitive reactions of the bereaved;

3. the resultant crisis for the bereaved relating to their assumptions about the world;
4. the responses of family and community as factors in the grief and grief recovery of those bereaved; and
5. cultural heritage and its influence on support systems offered to the bereaved (Doka, 2006).

Thus, it is necessary to appreciate that grief (both complicated and normal) manifests as a complex multifaceted experience. A myriad of theoretical and clinical categorisations of grief have evolved along with a variety of grief models and approaches (Genevro, 2003), some of which are widely accepted while others are contested. The commonly accepted sub categories of complicated grief identified include, absent, delayed, chronic, disenfranchised, or traumatic (Doyle, 1980; Prigerson & Jacobs, 2001; Worden, 2002). These sub categories are classified in relation to: the manifestation of symptoms, symptom duration, how symptoms are expressed, and/or the events that give rise to symptoms (Range, 2006). For example, absent grief continues to remain unexpressed, delayed grief manifests after a significant time, disenfranchised grief cannot be openly expressed (due to social taboos or the secretive nature of relationships) and traumatic grief is widely accepted as grief which stems from unnatural circumstances.

The literature on complicated grief identifies a variety of symptoms typically associated with such experiences (Genevro, 2003; Prigerson et al., 1999). According to Shear (2008) these can include: a preoccupation with the deceased; experiencing pain in the same area as the deceased; the occurrence of upsetting memories; active avoidance of reminders of the death; framing the death as unacceptable; feeling life is empty; longing for the person; hearing the voice of the person who died; being drawn to places and things associated with the deceased; seeing the person who died; feeling anger about the death; feeling it is unfair to live when this person died; having a sense of disbelief about the death; being bitter about the death; feeling stunned or dazed; feeling envious of others; experiencing difficulty trusting others; being lonely most of the time; and/or having difficulty caring about others.

Prigerson and Jacob's work (2001) recognised that these symptoms fit within two categories, those associated with separation distress and those that fit with complicated (or traumatic) grief, and demonstrated that both the absence of the deceased and the manner in which they died impact on the bereavement experience and grief responses and symptoms. The work of Prigerson and Jacobs (2001), Ott

(2003) and others (Guay et al., 2006; McFarlane & Yehuda, 1996; Shalev, 1996;) goes on to suggest that people experiencing complicated (or traumatic) grief are at greater risk of experiencing health implications such as high blood pressure, anxiety or a major depressive episode combined with the aforementioned symptoms, which may lead to decreased performance in life roles.

Prigerson et al.'s (1997) study of widows and widowers proposed that it might not be the stress of bereavement that puts individuals at risk of long-term mental and physical health impairments or adverse health behaviours. Rather, it appears that the psychiatric result such as complicated (or traumatic) grief is pivotal in determining which bereaved individuals will be at risk of long-term dysfunction. People diagnosed with complicated (or traumatic) grief have notably lower social functioning scores, poorer mental health and lower energy levels than those without a diagnosis of traumatic grief (Violent Death Bereavement Society, 2007). Research into widowed and widowers (European Union, 2001; Silverman et al., 2000; United Nations, 1985) supports this thesis and suggests that complicated (or traumatic) grief has a more significant impact on lowered social functioning than the presence of a major depressive episode or PTSD (Billings & Moos, 1982; Rynearson & McCreery, 1993).

Grief can be experienced as either normal or complicated (or traumatic). Research in the area of complicated (or traumatic) grief has framed the reactions of individuals as a syndrome, a disease, a psychological trauma, or a psycho-biological trauma (Bonanno, 2006; Doka, 2006; Prigerson & Jacobs, 2001). Typically, therapeutic approaches will address the psychological, cognitive, social, or cultural dimension of the grieving experience in order to try to counter the negative impact of grief on the sufferers' social activities, mental function, and energy levels to assist the individual to cope with their bereavement.

3.2.2 *The intersection of trauma and grief symptoms*

Research has typically focused on the broad experiences of trauma or grief within populations of spouses and parents bereaved through suicide, accident, illness, catastrophe, homicide, and terrorism. However, there has been a recent shift in emphasis and increasingly the interaction between trauma and bereavement is being examined along with other discrete variables (Cook et al., 1999). Variables thought to moderate experiences of complicated (or traumatic) grief are contextual, intrapersonal, or interpersonal (Neimeyer et al., 2002; Neimeyer et al., 2006; Worden, 2002) and include the nature and type of the death, social processes following the

death, demographic factors, socioeconomic status, personality characteristics, the quality and nature of relationships with others including the deceased and their social context at the time of the loss (Armour, 2006; Boelen & Van Den Bout, 2007; Kaltman & Bonanno, 2003; Prigerson & Jacobs, 2001; Rubel, 1999; Stevens-Guille, 1999). The following paragraphs will examine the interplay between trauma, grief and other variables including age, gender, relationship to the primary victims and so forth.

While studies focussing specifically on the interplay of trauma and grief are limited, it has been found that five interacting elements of trauma preclude traumatised and bereaved populations processing their grief; these were their memories, guilt, avoidance of emotion, stigmatisation, and experiences of recurring images of the violence (Eth & Pynoos, 1985). A more recent study by Kaltman and Bonanno (2003) on the interaction between trauma, bereavement and the role of forewarning and violence on these experiences supports Eth and Pynoos's earlier thesis (1985) that trauma and grief symptoms interact with one another, complicating and amplifying experiences of this form of bereavement. Complicated grief and therapeutic interventions relating to sudden bereavement through homicide have been identified as different from other grief and trauma disorders and from general grief (Kaltman & Bonanno, 2003); the integration of the experience and resolution of grief is significantly challenged by an inherent tension caused by the interplay of trauma and grief symptoms (DeYoung & Buzzi, 2003).

Though not specific to secondary victims of homicide, Murphy, Lohan, Braun, Johnson, Cain, Beaton and Baugher (1999) identified that 20% of bereaved parents who had experienced a violent homicide reported 'poor' physical health early in their bereavement experience versus 16% of non-bereaved parents. This study also identified gender-based differences in the health status of violently bereaved parents. Their data revealed that over time mothers' 'good health' increased but the fathers' health declined. Further, the study established that fathers who reported poor health were more likely to report experiencing emotional distress, exhibit trauma symptoms, experience employment challenges, and to have consistent patterns of interaction with health care services than their 'healthy counterparts'. Similarly, mothers who reported their health as poor were also likely to experience higher levels of emotional distress and trauma symptoms than their 'healthy counterparts'. Those fathers in poor health increased the utilisation of health care with time, while mothers' use decreased significantly. This finding may reflect that the fathers' health status declined over time whereas the mothers' improved. This study also reported that an "alarming number" of

parents reported using prescription medications for extended periods, though mothers were predominately also receiving concurrent counselling.

The longevity of trauma and grief symptoms for secondary victims of homicide and their interactive nature was similar whether the bereaved was an adult, adolescent, or child. Brown (1991) reported that such reactions are likely to be experienced by secondary victims of homicide for significantly longer periods than by other bereaved populations; the typical duration was quantified as five years versus two years. While child and adolescent secondary victims of homicide remain largely invisible in the literature, Freeman's (1998) study of the clinical issues in assessing and intervening with child and adolescent secondary victims of homicide (7-18 years of age) found that these children have an increased risk of experiencing pathological grief, intense prolonged depressive symptoms and notable psychosocial impairment. This was likely to increase when the homicide involved high levels of mutilation and/or the secondary victims of homicide perceived they had low levels of peer or community support as a result of stigma attached to the homicide (for example, if the homicide was gang related or the perpetrator was from a different cultural group).

This study also found that often parents were too grief stricken to assist their children and children became aware of this extreme grief and often hid their own grief. Thus, their symptoms often went undetected or unaddressed for extended periods. Clements and Weisser (2003), who concluded that children must first convince others they are actually grieving, supported these results. These findings oppose claims that children are resilient and do not necessarily experience grief overtly. Rather than having their needs overlooked, child secondary victims of homicide need to be supported and guided throughout their processing of grief, so that they learn healthy externalisation and self soothing techniques that allow the child to "relearn the world within which he/she lives, that is, a world without the presence of the murdered loved one. The child reflects on the role the deceased person played in the child's life with new and strengthened personal resources and thus the child is better prepared to process the traumatic memories." (Attig 2001, p. 160).

The above review highlights that trauma symptoms interact with the grief symptoms of secondary victims of homicide of all ages, and many variables, such as age, health and the circumstances of the homicide, have been repeatedly described as needing attention when dealing with secondary victims of homicide (for examples see Amick-McMullan et al., 1991; Rando, 1993; Rando, 1996; Rynearson & McCreery, 1993; Sprang et al., 1989; Stuckless, 1996). In fact, the majority of the research undertaken

specifically on secondary victims of homicide has been descriptive and aimed at increasing understanding of how homicide is experienced.

3.2.3 Experiences of trauma and grief

The Violent Death Bereavement Society (2007) suggests that violent bereavement has several specific effects on secondary victims of homicide, which are of significant clinical and social importance, emphasising the importance of understanding that bereavement through homicide characteristically involves five experiential phases:

1. emotional release;
2. guilt, anger and resentment;
3. shock, denial and isolation;
4. depression; and
5. acceptance, resolution, and adaptation (Sprang et al., 1989).

It is difficult to understand the 'normal' or 'typical' experience of homicide unless the experiences of secondary victims of homicide are framed within accepted post homicide phases. All the five phases have been found to typify the experience but could be misconstrued as 'abnormal': the consistent and prolonged experiences of emotions relating to the lack of closure, victimisation, unfairness and injustice; the ongoing quest for meaning; the need to assign blame and/or seek retribution; and the desire to regain a sense of control over one's experiences, emotions and one's shattered world view (Armour, 2006; Clements & Weisser, 2003; Parkes, 1993; Rynearson, 1984). The fact that death through homicide is largely preventable has also been shown to have major implications in the experiences of secondary victims of homicide, including those of child victims (Eth & Pynoos, 1985; Harrison, 2000; O'Neill, 2000; Miranda et al., 2003; Paterson et al., 2006).

Typically, secondary victims of homicide re-experience their trauma and complicated grief reactions for a significant period, often in response to a variety of external stimuli beyond their control. It has been reported that flashbacks and intense grief or trauma symptoms may resurface and potentially be triggered by the identification of the assailant, sensory factors (touch, sight, smell, and sounds), anniversaries of the event, holidays and important life events, criminal justice proceedings and awareness of similar events (National Office of Victims Assistance, 1987 cited by Redmond, 1989, p. 52). The presence of symptoms typically associated with depression, trauma and complicated grief might therefore be considered normal bereavement symptoms among those bereaved through homicide (Bucholz, 2002).

This hypothesis is supported by Zinzow et al.'s (2009) study of 260 young adults (62% of whom were bereaved through the homicide of a friend) which found that symptoms of PTSD, such as sadness, survivor's guilt, intrusive memories and avoidance behaviours, often present and overlap with those of depression and complicated grief. Similar levels of PTSD and grief symptoms were identified by Masters et al. (1988) in their study of 1158 homicide bereaved American parents. The onset of these symptoms was identified as being immediate and often termed 'chronic' or 'never ending' in duration. The study also found that parents' sense of self-blame (a classic grief symptom) was often subsumed as a coping mechanism, in that, along with other factors, it protected from feelings of vulnerability (that is if they are somehow responsible, then they would be in control of such an event were it to happen again). If not understood correctly in the post homicide context, an incorrect diagnosis of 'complicated grief' might be made and inappropriate intervention provided.

The homicide bereavement experience is also informed by the public interest and response to a homicide, and must be understood in context. The media coverage of homicides has repeatedly been documented in the descriptive literature as a unique and often compounding aspect of the experience for the homicidally bereaved (Armour, 2002; Asaro, 2001; Bard et al., 1986; Paterson et al., 2006). In Dannemiller's (2002) study of homicide bereaved American parents, the *Media* was identified as the most troublesome aspect of the experience. This study reported that it was important to recognise that the public portrayal of the homicide impacts on how this bereaved population integrates public responses to the homicide with their own. For the majority of respondents, initial knowledge about the circumstances of the crime came via the media. Media reports were often inaccurate and resulted in secondary victims of homicide inquiring about the accuracy other sources of information (police, witnesses etc). The public nature of homicide often means that the bereaved cannot avoid seeing graphic images relating to their loss.

The desire to avoid graphic images may also be a consideration in the homicide bereavement experience. Hatton's (2003) study of 116 people providing services to adults affected by homicide in America recorded these professionals consistently reported inherent dissonance in that the suppression of imagery was harmful to PTSD sufferers' healing but diversionary tactics assisted complicated grieving processes. This presents issues for therapeutic diagnosis and interventions as it questions whether or not it is a problematic symptom, perhaps leaving the therapist in a dilemma as to which aspect of healing must take precedence - PTSD or grief.

According to Murphy, Johnson, Cain, Gupta, Dimod, Lohan and Baugher (1998) and Rubel (1999), parents have distinctive reactions dependant on the nature of the violent death of a child. In accidental death, parents believe they should have been better able to protect their child. In suicidal death, parents feel their child rejected and abandoned them and feel a social stigma. In homicidal death, they feel rage and revengeful against the person who murdered their child and frustrated with the criminal justice system. Murphy et al. (1996) found in addition to previously mentioned physical and psychological experiences, without intervention, parents bereaved through violence experience more marital problems and high rates of divorce; this may be because they blame each other for the homicide and/or stop communicating after the event. Armour (2006) in her review of the violent bereavement literature identified three key categories of problematic grief symptoms associated with violent bereavement, including that arising from homicide. Broadly defined these 'problematic' symptom categories are:

- “severe and persisting trauma;
- negative social attitudes; and
- the inability to find meaning” (Armour, 2006, p. 72).

Contained within these categories are persistent thoughts, behaviours or beliefs about images of death, conflicting thoughts and beliefs, continuing crisis, the public intrusion, loss of rights, being a 'bad luck' family, not being able to make sense or meaning from the experience, and not having the experience validated by others.

The grief assessment model proposed by Kashka and Beard (1999) stresses the importance of understanding that the form of grief experienced following bereavement through homicide is atypical due to the impact of three unique areas, the personal world, the public world, and the criminal justice system. These authors argue that at the personal level, the bereaved maintains ongoing bonds with the deceased as opposed to experiencing the typically expected resolution and detachment. The narrative imposed by the public and the media on the bereavement may complicate it or contribute to its uniqueness. The third unique aspect relates to the powerlessness and objectification of the experience throughout the legalistic processes. O'Neill (2008) is amongst those who endorse the accuracy of this model, highlighting that many legalistic responses to victims of crime within the criminal justice system are diametrically opposed to the healing elements required for therapeutic trauma and critical incident responses. The criminal justice system responses neither promote the timely provision of information, nor enhance the victim's sense of control within a

timeframe reflective of their therapeutic needs. Rather information and involvement is divulged in a timeframe more suited to criminal justice system processes.

This analysis has demonstrated that, while '*thanatology*²³' as it relates to the experiences of those affected by homicide is still an emerging area of knowledge, research recognises that the bereaved are likely to undergo prolonged trauma and grief reactions. Further, while such research has identified that, the symptoms of PTSD and grief interact with and on each other, thus making bereavement through homicide unique, it has yet to establish the nature of that interaction. Though Armour (2009) asserts that the interaction of trauma, grief and meaning making within the experiences of secondary victims of homicide is not adequately addressed in the literature, she does argue that "... trauma for this population is multi-determined and ongoing" (p. 110), often interrupting, impeding and altering normal grief processes. These multiple and complex factors render contemporary grief models and theories which expect the bereaved to resolve and slowly rescind their relationship with the deceased to be unrealistic indicators of the coping and/or healing processes of secondary victims of homicide. Following this accepted pathway would suggest that the bereaved has betrayed the deceased by accepting the injustice of their being killed by another human being. This may well explain why it is often reported that professionals and those close to secondary victims of homicide struggle to understand the experience and provide long-term helpful support (Harrison, 2000; O'Neill, 2000; Paterson et al., 2006).

3.3 Social (societal) support

It has been clearly demonstrated that the trauma of homicide calls into question people's beliefs about the world including its safety, their capacity to control events, and their ability to cope (Amick-McMullan et al., 1991; Armour, 2009; Baliko, 2008). Thus, homicide events severely challenge values relating to the sanctity of human life and create a need for those affected by homicide to receive support and tools to assist them to heal, reorganise their thoughts and beliefs, and to find meaning in the experience (Haney, Leimer, & Lowery, 1997). Further it has been established that "mass deaths and deaths resulting in disfigured or unrecoverable bodies, complicate the mourning process, extending it and often requiring additional measures to aid survivors in obtaining closure" (Haney et al., 1997, p. 165). Such measures may be found in crisis interventions, in particular within the criminal justice system processes

²³ The study was a study of grief, bereavement and/or mourning

(see section 2.4). What has yet to be established is how secondary victims of homicide experience social support; that is support from within their existing social network. Given that much of the PTSD literature suggests that the presence and quality of social support is the strongest indicator of PTSD (Guay et al., 2006), this review of the literature will now focus on social support and its relevance to experiences of homicide.

3.3.1 Defining and understanding social support

Several authors have pointed out that the term ‘social support’ is not easily defined (Helgeson, 2003; Levine, 2002; Tracey, 2002). Social support encompasses a multitude of variables and it has received academic attention only since the 1970’s. At its simplest level, social support is defined as “forms of aid and assistance supplied by family members, friends, neighbours and others” (Barrera, Sandler & Ramsay, 1981, p. 442). However, more relevant in the present context, is the broader definition by Vaux, Riedel, and Stewart (1987, p. 209): “Social support may best be understood as a meta-construct, referring to three subsidiary constructs: support network resources, supportive behaviours, and subjective appraisal of support”. In this definition, social support is intrinsically linked and framed in relation to its usefulness, or otherwise, to improving the quality of life for individuals and communities. The construct of ‘quality of life’ is best illustrated by the following quote from the website of the Quality of Life Research Unit (2009): “the study of Quality of Life is an examination of influences upon the goodness and meaning in life, as well as people’s happiness and well-being.”

The literature relating to social support and quality of life, which predominately stems from within the health and allied health disciplines, indicates that a variety of factors must be considered when examining social support (Demaray, 2005; Flannery, 1990; Helgeson, 2003). Firstly are the structural and functional aspects to social support (Stahl & Hill, 2008). The structural aspect refers to the existence and number of support sources available, whereas the functional aspect relates to the nature of the support provided (whether it is emotional, instrumental or informational support). Secondly are two main hypotheses proposed to understand the link between social support and quality of life. The first theoretical framing, known as the ‘Main Effect’²⁴, posits that that the very existence of support in higher numbers equates to an increased quality of life. Thus social support assists people through the creation of

²⁴ Cohen and Willis’s (1985) ‘main effect theory’ established that the incidence of poor health was elevated among respondents receiving inadequate social support.

shared identities, companionship, and the opportunity to normalise the experience (Cohen and Willis 1985 cited by Helgeson, 2003).

According to the “main effects” model, positive as well as negative aspects of social relations exert an independent effect on health. Thus, poor social networks and a lack of social support act as stressors and contribute to poor health in and of themselves, while extended social networks and satisfactory social support enhance well being. (Melchior, Berkman, Niedhammer, Chea, & Goldberg, 2003 p. 1818).

The second hypothesis, the ‘Stress Buffering’ theory²⁵ (Demaray et al., 2005; Kaniasty, 2005), proposes that the nature of the support provided (emotional, instrumental or informational) must be considered in relation to a variety of known distinguishable factors which Helgeson (2003) describes as:

1. the severity of the stressor – especially the level of controllability (low levels have been correlated with lowered quality of life);
2. the phase in the stressful experience - is it a point of crisis, transition or chronic (long term and problematic);
3. the focal lens – ‘perceived’ support as opposed to actual ‘received’ or observable support;
4. the personality characteristics of the individual, that is their:
 - a. level of psychological wellbeing and social skills;
 - b. history of support;
 - c. attachment style – secure, avoidant or insecure (insecurity has been correlated with less positive experiences of social support);
 - d. level of cynicism (low levels of cynicism increase the potential for beneficial social support);
 - e. gender (the value of social support for women is less clear than it is for men); and
5. unintentional negative social interactions, which include but are not limited to being:
 - a. forced to be cheerful and/or optimistic which diminishes the stressful experience;
 - b. changing the topic due to listener’s discomfort or to belief that it is not healthy to dwell on it;
 - c. totally avoiding the person as a result of not knowing what to do or how to help; and/or
 - d. being overly supportive which can be disempowering, stifling and/or result in information overload.

Social supports for secondary victims of homicide (and other victims of crime) are the behaviours and programs provided in one’s social environment intended to help the

²⁵ According to the ‘stress buffering theory’, there is an interaction between social relations and life events, and life events only have a detrimental effect on wellbeing in the absence of an adequate social environment.

traumatised and/or the bereaved (Andrews et al., 2003; Casey, 1994; Green & Roberts, 2008; Ringham, 2004; Wilsey & Shear, 2007). It has been established that social support is one of the post victimisation variables that has a buffering affect on the effects of crime (Green, Streeter, & Pomeroy, 2005; Markesteyn, 1992). Moreover, several studies have suggested that a lack of social support is the strongest indicator of PTSD risk (Andrews et al., 2003; Guay et al., 2006).

Green and Pomeroy (2007) in citing Hobfall, Freedy, Geller and Lane (1990) describe social support as being “considered an asset in providing resources that the victimization experience depletes” (2007, p. 65). Green and Pomeroy suggest that in addition to having different social support requirements, victims of violent crime perceive and receive social support differently than victims of non-violent crime. These authors studied 175 American victims of crime and proposed that the variation seen for support received may stem from feelings of unworthiness in victims of non-violent crime, resulting in their seeking social support less frequently than victims of violent crime do. This study also found that victims of violent crime used more emotion based coping and less of the problem focused coping relied upon by victims of non-violent crime (Green & Pomeroy, 2007).

While much of the literature has made reference to the importance of social support for victims of crime (Brown et al., 1990; Paterson et al., 2006; Rynearson & McCreery, 1993; Victim Support Australasia, n.d.; Waller, 2003), there is little literature that thoroughly explores the support provided by family, friends, emergency doctors and nurses, funeral parlour staff, general practitioners, counsellors (therapeutic practitioners of all disciplines), employers, peer support (self-help) groups and religious personnel/groups, all of whom may form part of a social support network (Harrison, 2000; Mezey et al., 2002; O'Connell & Nitschke, 2000; Paterson et al., 2006).

Although the focus of Maguire and Kynch's (2000) British study was on formalised victim support services, they identified it is important to consider that a great deal of support for crime victims comes from a wide variety of sources other than formalised victims support organisations. The alternative support sources identified in their study were: family, friends, relatives and neighbours; police (other than investigators); victim support schemes; doctors/hospitals/psychiatrists; housing departments; social services; school/education departments; citizen's advice bureaus; neighbourhood watch; trade union/professional bodies; and employers. In the absence of any specific figures pertaining to the percentage of secondary victims of homicide that accessed

social services, the analysis of the *2004/2005 International Crime Victim Survey* undertaken by Van Dijk et al. (2008) provides evidence to suggest that the percentage of secondary victims of homicide who access support services might be low. This statement is based on the finding that of the violent offences worldwide, only 4% males & 10% females received victim support; 30% of these were sexual offence victims and 8% were victims of threatened or actual assault. The highest rate of access to victim support was in New Zealand (24%), while the access rate in England & Wales was 17% and in Australia only about 5% (Van Dijk et al., 2008).

These low service access rates lead one to question 'does this low rate of access equate to the presence of unmet needs?' The results of Van Dijk et al.'s (2008) study suggest it does, reporting that globally 43% of victims indicated support would have been useful, as did 45% of English and Welsh and 26% of Australian victims. When these figures were compared to the number of referrals made to support services, the calculated rate at which referrals were taken up equated to 47% in New Zealand, 31% in England and Wales and 18% in Australia. Van Dijk et al.'s (2008) study results support earlier findings by Friedman, Bischoff, Davis and Person (1990 cited by Green and Roberts, 2008) that victims of crime generally underutilised the formal social support available to them. It is notable that to date the literature provides sparse insight into simultaneous expressions of unmet need and underutilisation of social services.

Consideration of the combination of reported unmet needs with the patterns of underutilisation of formal support structures, suggests that a significant amount of support for secondary victims of homicide will come from within their own social support systems. The British Crime Survey (BCS) identified the most commonly experienced form of social support for victims of crime to be that provided by 'family and friends' (Maguire & Kynch, 2000). This study also reported that 28% of all BCS respondents (including victims of crime who do not report the crime to police) indicated that family, friends, neighbours, or relatives had assisted them. However less than 4% reported being supported by the other social support sources, including victims support services, police, doctors, psychologists, social services, unions, employers, educators and the like. The corresponding figures for those BCS respondents whose incidents were reported to the police were 34% and 9%. These comparative results suggest that victims of crime who had contact with the criminal justice system had an increased likelihood of receiving social support than those who do not. It is notable however that almost 40% of all victims in the BCS who had

expressed a need for support did not appear to have had their needs met by any social support source. These findings have been corroborated, though not as widely or as rigorously documented, in studies of secondary victims of homicide including those by Elliot and Hill (2008), Harrison (2000), O'Connell and Nitschke (2000) and Robinson (2003).

The literature reviewed on social support and social support for secondary victims of homicide revealed this is still an emerging area of study. The literature reveals that the relationship between social support and people's health is not well understood, but the availability of helpful social support is thought to buffer the impact of stressful life events and in turn enhance people's health status.

Existing studies, although scant, have revealed that victims of crime, including secondary victims of homicide, do access specialised support services and rely heavily on their family and friends for support. However, relatively little is known about the efficacy of these social supports in ameliorating the impact of crime on this population.

3.3.2 Family, friends and community

Harrison's (2000) English study related predominately to the criminal justice system response to secondary victims of homicide but referred to other social supports and concluded that, out of all the social supports available to secondary victims of homicide, the majority of short-term support came from family and friends. Rynearson and McCreery (1993) identified that, of the 18 American secondary victims of homicide in their study, 55% specified they would have liked more support from their friends, 33% from their family and co-workers and 22% from their church.

Elliot and Hill (2008) found that though respondents in their study identified the importance of their family members grieving equally and openly and having open and honest communication with one another, the majority stated that this had not occurred. This study supported other literature (Lee, 1996; O'Neill, 2000; Paterson et al., 2006) revealing that many family members do not communicate their feelings in an open and honest way for fear of upsetting other family members and adding to their burden. This was particularly evident in Freeman's (1998) study of children, which highlighted that children hide their grief to protect their parents. Paterson et al. (2006) identified that one of the expected benefits of therapeutic counselling can be

that it provides the opportunity to share one's grief and trauma without having to consider the emotional impact on the counsellor.

3.3.3 *Therapeutic counsellors, general practitioners and health care professionals (allied health)*

A study in England by Elliot and Hills (2008) demonstrated that the majority of the 61% of the 50 secondary victims of homicide studied who were not offered any form of trauma counselling had expected the police or victim support to provide a referral; however, 9% of those that were offered counselling referrals through their general practitioner (GP) declined it. Of the 35 English secondary victims of homicide in Mezey et al.'s (2002) study, 60% had also sought help of their GP, 20% from bereavement counselling and a small number from the Samaritans. Another notable finding of this study was that referrals were provided to only 31% of those respondents who asked about bereavement counselling, despite victim support staff having assessed that just over half qualified clinically. This suggests the need for counselling and support and raises questions about to whom and how support should be offered. Robinson (2003) explored the 'how' and 'when' social support and counselling is typically offered to secondary victims of homicide. Her findings, predominately relating to the criminal justice system processes, indicate that most support referrals were provided at the initial time of the crisis and that 52% of the 114 participants reported that it would be more useful to have these services offered to them later; however, 45% reported that no subsequent offer was forthcoming.

Harrison's (2000) study revealed that 85% of the secondary victims of homicide in her study wanted 'someone' to be there for them during the identification process. The question remains if support at this stage should be provided by a therapeutic support source or not. Robinson's (2003) study asked secondary victims of homicide to rank the professional organisation or personnel they felt had treated them fairly. The results indicated that respectively doctors and hospital/ambulance staff were ranked as the second and third fairest. Regardless of the paucity of the literature about the amount of contact secondary victims of homicide have with social support services in the health and allied health fields, homicide is increasingly being reconceptualised as a public health and criminal justice issue. Harrison (2000) and Hertz et al. (2005) are amongst those that highlight the role and long-term relationship GP's and other allied health care providers, such as counsellors and social workers, have with secondary victims of homicide. Asserting that once properly trained, these professionals should

routinely identify, screen, treat, and/or refer secondary victims of homicide as a means of primary (or early) intervention.

3.3.4 *Employment and educational facilities*

Paterson et al. (2006) found that the majority of secondary victims of homicide in their study referred to issues relating to places of employment and/or education, the nature of which pertained to three key issues:

1. the initial notification that someone has been affected by a homicide;
2. the need for leave and relevant arrangements; and
3. the processes relating to returning to work.

In addition, they found that several respondents were subject to disciplinary processes due to the effect of the homicide on their performance. The findings of Elliot and Hills (2008) document that the majority of secondary victims of homicide felt pressured to return to work, that 67% stopped working post the homicide experience and a further 24% subsequently retired or became unemployed. These results indicate that further research is needed to identify what social supports can be provided by this sector of the community.

3.3.5 *Self-help groups: Peer support*

Outside the experiences of secondary victims of homicide with the criminal justice system and their therapeutic trauma and grief responses, self-help groups (also known as peer support groups) are the third most documented characteristic; thus, they are the most documented source of social support. This may be due to the visibility and accessibility of these groups of secondary victims of homicide or to the high rates at which they are perceived to be accessed. For example, of the 35 English secondary victims of homicide in Mezey et al.'s (2002) study, nearly 30% sought help from self-help bereavement groups. Peer support bereavement groups are one of the longest running sources of social support available to victims of crime (Spungen, 1998). 'Self-help' or 'peer support' groups can be differentiated from 'support groups' on the basis that the first groups are usually autonomous or self driven, whereas support groups are initiated and/or run by professionals from within organisations or private practices (Corey, 1995). Self-help groups are typically open groups that people can attend for as long as they feel compelled to, whereas support groups are typically closed groups and attendance is time limited.

Self-help groups are typically accessed by people trying to change or maintain their behaviours (drinking or drug taking) or to find information and comfort to assist them to deal with their health, trauma and relationships issues resulting from experiences of violent death (Dicano, 2004). Spungen (1998), notes that, although these groups can be therapeutic, they are not by themselves a therapy. Rather they seek to provide a safe and supportive environment to share and normalise experiences (Bucholz, 2002) and an opportunity for referral and information exchange, and help to re-establish links with one's community (Haran, 1988; Spungen, 1998). Redmond (1989, p. 12) cites Osterweis, Killiea, and Greer (1984) who pointed out that despite numerous positive anecdotal accounts of the value of self-help groups, some group members may become overwhelmed and feel that they do not fulfil the group's expectations. Thus, such groups may not always be experienced as helpful.

Paterson et al. (2006) highlight that while some secondary victims of homicide will welcome the support of others bereaved through homicide; others have no desire to experience it. Both this study and that of Harrison (2000) identify that whilst the support needs of some secondary victims of homicide were met through contact with self-help groups, others had not found it helpful, noting that many clinicians felt that matching the timing of initial contact with self-help groups to a person's readiness to deal with the grief and trauma of others was crucial. MacNeil and Mead (2003) share concerns that self-help can be unhelpful, arguing that self-help support is most helpful when certain elements (summarised below) are present and incorporated into group models.

1. the existence of critical thinking which can facilitate the reframing of the experience;
2. the presence of a willing and open connection to and with community, which cannot be bought;
3. support provided in a way that is flexible and responsive to need;
4. the expansion of people's resources through networking, information sharing and referral;
5. the encouragement of relationships of mutual responsibility which offer the opportunity to actively participate in one's own recovery;
6. the provision of clear, firm, overt and permeable boundaries; and
7. safety through emotional validation, compassion, advocacy, and freedom of expression.

A 2006 discussion paper put out by the National Association of State Mental Health Program Directors entitled *After the Crisis: Healing from Trauma after Disaster* (2006) suggests that the strengths of self-help groups may relate to the fact they emphasis outreach, occur in natural community settings, avoid stereotypical labels and have an increased capacity to be culturally sensitive and appropriate. The literature on the effectiveness of self-help groups was reviewed by Kyrouz, Humphreys and Loomis (2002) who established that the research in the field of thanatology has consistently found that positive outcomes among bereaved people accessing self-help groups (note not specifically secondary victims of homicide) include reduced levels of anxiety, trauma and distress and increased levels of health, wellbeing, self-esteem and social interaction with new acquaintances. In light of the levels of trauma, complicated grief and depression identified in sections 3.1 and 3.2 the findings suggest self-help is of benefit to secondary victim of homicide.

Much of the descriptive research has anecdotally explored how secondary victims of homicide experience self-help groups (see Brown, 1991; Lee, 1996; Harrison, 2000; and O'Neill, 2000 for examples). Collectively these studies identify that self-help groups provide the opportunity for secondary victims of homicide to freely express emotions that are not acceptable to express in other social forums, such as anger, rage, vengefulness, self-blame, and overwhelming sadness. Similarly, they instil a sense of hope and provide a forum to osmotically learn and practice new coping skills, facilitating increases in people's sense of control and decreases in their level of anxiety and depression. Other studies have explored supportive therapeutic groups (Beresford, 1996; Haran, 1988; Lyon et al., 1992; Salloum et al., 2001) and on occasion self-help groups. Such examinations of the effect of support groups on the presence of trauma and complicated grief symptoms indicate that regardless of if the group work is based on therapeutic models or self-help models, support groups can significantly alleviate trauma and grief symptoms. However, little analysis has been undertaken to identify the different experiences and outcomes specific to secondary victims of homicide who have not accessed supportive groups.

Armour (2005) cites the 1985 study by Videka-Sherman and Lieberman into the effectiveness of compassionate friends (not homicide specific) which noted that self-help groups were able to achieve outcomes that psychotherapy was not, such as "increased parents' comfort in discussing the bereavement with others and reduced parents' self-directed anger" (p. 37). Kyrouz et al. (2002, pp. 7-8) examined the effectiveness of self-help for the bereaved (not homicide specific) and concluded that

social support self-help provided helpful outcomes that were not obtainable via therapy alone. Armour (2002) referred to Lyon, Moore, and Lexius' (1992) rare study that focused on secondary victims of homicide, which showed that there are clear benefits to self-help groups regardless of whether they are delivered by a time limited educational model or by an on-going peer support group process.

While many descriptive studies specific to secondary victims of homicide make reference to self-help groups being accessed and experienced positively, Robinson's (2003) study (though it did not specify the definition of other victims/victim organisations) is the only one that quantified that 44% of the 114 secondary victims of homicide in her UK study had accessed social support. Within studies on secondary victims of homicide, women are consistently more represented than men; in relation to self-help, Kenney (2004) found that women are far more likely than men to seek out self-help support. Self-help thus has the potential to be an extremely helpful source of social support with unique benefits for secondary victims of homicide.

3.3.6 Assorted aspects of social support that have been studied

The availability of social support has been found to be inconsistent when compared by demographic factors such as marital status and relationship to the deceased. For example, the correlation between low levels of social support and higher distress amongst secondary victims of homicide who are unmarried females (Sprang et al., 1993 cited by Armour, 2002, p. 119) or who are socially isolated siblings (Freeman et al., 1996). The experience of social support provided by religious personnel such as the clergy and other church members has also been explored (Thompson & Vardaman, 1998). The authors identified that these sources of social support had the capacity to be potentially positive and, if they were experienced positively, facilitated a decrease in distress levels in secondary victims of homicide.

The public response to death has been studied by Dannemiller (2002) who found that this aspect of social support emerged as the most troublesome and unique issue for parent secondary victims of homicide in the study. This related to what Armour (2002, p. 110) has termed a lack of 'social validation' which "uproots survivors from their communities and changes their basis of belonging." Parappully, Rosenbaum, van den Daele and Nzewi (2002 p. 48) found "six resources — personal qualities, spirituality, continuing bond with the victim, social support, previous coping experience and self-care, facilitated a positive outcome" for the 16 secondary victims of homicide in their study of *Thriving After Homicide*.

Restorative Justice is an emerging field (Bazemore, 2006; Taylor, 2005) and increasingly secondary victims of homicide are being involved in these types of processes (Cockram, 2009; Eschholz, Reed, Beck, & Leonard, 2003). Umbreit, Bradshaw and Coates (1999) and Umbreit and Voss (2000) have studied a restorative justice initiative *Victim Offender Mediation and Dialogue (VOMD)*, identifying that this program provided family members, in select situations, with the opportunity to address the damage done to them through a face-to-face dialogue with the offender. This accords secondary victims of homicide with recognition previously denied them by the state's need to bring the murderer to justice. Furthermore, they found presenting secondary victims of homicide with the opportunity, through the restorative justice program, to convey to the offender the effects of the crime on themselves and to question the offender about the details of the murder affirmed their experiences. Their preliminary results indicated that the process was positive or 'very helpful' for 100% of the 11 secondary victims of homicide and for 89% of the 9 offenders in their study. Moreover, 91% of secondary victims of homicide and 78% of offenders reported their general outlook on life had been enhanced by the mediation, leaving with them feeling more positive and at peace with life circumstances. The study suggests that restorative justice can act as a mechanism for promoting both healing and crime prevention.

Experiences of social support can say more about the people who are not affected by homicide than about those who are. A 1985 study by Lehman et al. (cited by Rubel, 1999, p. 2) reported that the lack of social support for grieving individuals is often based on societal misconceptions. Their study revealed that feelings of threat or vulnerability experienced by the person offering the support are directly related to the mode of death. The more sudden, unexplained and unnatural the death, the greater the difficulty in expressing support. Second, society lacks the knowledge and skill to respond to the bereaved individual especially after a traumatic death. The fear of committing an error in word or action may prevent the individual from offering support. In general, society has misconceptions about the intensity and duration of reactions to trauma and may impose unrealistic expectations upon the grieving individual. Some individuals do not effectively deal with the tasks of grieving when some supportive social structures are absent, and thus they may experience prolonged and destructive reactions (Doka, 2006; Genevro, 2003; Kaltman, 2003).

Beyond such descriptions, the sources, nature and accessibility of social support is emerging as an area requiring exploration that is more thorough. To date little

empirical exploration has occurred and studies that have been done overwhelmingly refer to social support stemming from family and friends, employers and educators, self-help or support groups. The consistent suggestion amongst these studies is that various sources of social support have the ability to promote and facilitate healing for secondary victims of homicide through the important and unique support they can provide and that there is identified need to explore and understand these sources in more depth.

3.4 Conclusions about trauma, grief and social support

The synthesis has so far reviewed the literature relating to secondary victims' of homicide experiences of PTSD, grief and social support and has established that it is highly probable that secondary victims of homicide will experience symptoms typically associated with PTSD and complicated traumatic grief for many years following the homicide (Boals & Schuettler, 2009; Hertz et al., 2005; Zinzow et al., 2009).

The literature reviewed also documented an increasing interest in the role non-specialised, post-crisis social support sources have in assisting secondary victims of homicide, ascertaining that people who are family, friends and/or community members may provide social support. The community sources of support identified within the literature included people encountered through contact with therapeutic, medical, employment, educational and religious services, and self-help peer groups. It is possible to conclude that, as opposed to those who access formalised services, the hidden nature of secondary victims of homicide within the community and the paucity of information relating to their help seeking behaviours makes it difficult to assess the actual extent of trauma and complicated grief within this population, to identify who they turn to most for support and how support provided is experienced.

The final part of this in-depth analysis and synthesis presents an overview of the literature about the construction of secondary victims of homicide and their clinical and social experiences. A model to assist people to understand and map the diverse and complex inter-related experiences of secondary victims of homicide is proposed. Finally, the observed gaps in contemporary understandings of secondary victims of homicide are presented.

3.5 The complex journeys of secondary victims of homicide

The journey of a secondary victim of homicide is a diverse, complex, multi-factorial experience often involving elongated interactions between systematic revictimisations, trauma and grief symptoms. To date little remains understood about the totality of the experience or about how secondary victims of homicide are supported through the event or by whom. A summary of what has been illustrated throughout the literature reviewed about the experiences of secondary victims of homicide is presented in this section. Subsequently, a proposed model developed to provide a framework on which to underpin future knowledge generated on how support is experienced within this complex phenomenon is proposed and presented. The chapter concludes with the identified gaps in the literature.

3.5.1 Summary: The literature reviewed

This review of the literature has relied on Stevens' (2003) victimological framework to guide a systematic exploration of how secondary victims of homicide are currently defined, the various dimensions of this form of victimisation and the ways in which the criminal justice systems and the wider society have responded to secondary victims of homicide. The literature revealed that though it is a difficult and political exercise to define secondary victims of homicide, they are best understood as those whose personal and family life is intensely impacted by a homicide, which implicates them in encounters with the criminal justice system and changes in their roles, responsibilities, and/or personal wellbeing. The paucity of data collected and collated on secondary victims of homicide highlights that many dimensions of secondary victims of homicide experiences are yet to be fully appreciated. For example, systematic or central collection of data on the number of secondary victims of homicide within the community has not been undertaken, and therefore the prevalence of this population and the issues arising from their experiences has yet to be established.

The known economic costs of homicide in England, Australia, America and globally have been reviewed in brief and it was found that the costs, including some of those beyond the criminal justice system, have been identified as being in the vicinity of £1,310,000 or \$3,275,000 AUD (Thorpe et al., 2007). The review notes that, while there are a variety of well-documented circumstances that surround homicides, little is understood about the secondary victims of homicide experience and the impact of

multiple variables on those experiences. The present review of the literature also revealed that internationally, studies on secondary victims of homicide are continually being refined in order to enhance the quality and nature of what is understood about homicide acts.

The literature has documented that to date no systematic collection of data specifically relating to the demographic profile of secondary victims of homicide has been undertaken by any country or jurisdiction. What has been determined about the demographic profile of this population has been reached by combining the demographic profiles reported in clinical studies with the known demographic profile of primary victims of homicide. Typically key secondary victims of homicide are married people in their early forties, three quarters of whom (along with their immediate family members) will have lost a male aged in their mid to late teens through to their mid twenties through incidents involving other young men as offenders and use of sharp instruments.

The amount of literature pertaining to the involvement of secondary victims of homicide with the criminal justice system provides evidence that this aspect of their experience is the most documented and is where the majority of targeted social responses have transpired. This literature revealed that at every stage of the criminal justice system responses (initial police investigations, coroner's inquests, ongoing investigations, laying of charges, bail hearings, prosecutions, trial processes, appeal processes, administration of punitive measures and an offender's re-entry into society) and the media's coverage of it, secondary victims of homicide have repeatedly expressed the need for informational, practical and emotional support. The criminal justice systems in developed countries, including England and Australia, have implemented several measures designed to promote and provide such support to secondary victims of homicide. These include the implementation of victims of crime rights, criminal injuries compensation schemes and dedicated victims support schemes, all of which seek to avoid situations that are revictimising and retraumatising.

This review of the literature on secondary victims of homicide reveals that the significant psychological impact of homicide is the second most documented aspect of their experiences. The literature relating to PTSD and complicated grief specific to secondary victims of homicide, though scant, documents that secondary victims of homicide are at significant risk of experiencing these disorders along with depressive and anxiety related conditions. Several sources and models of support have been

utilised to promote trauma and grief recovery, though the effectiveness of many are yet to be examined through clinical studies.

Family, friends, and a variety of other sources of social support such as GPs, allied health professionals, and self-help groups are often referred to as sources of support for victims of crime, including secondary victims of homicide. However little attention has been given to exploring these sources of support for victims of crime as a generic group, and even less has focused on secondary victims of homicide (Harrison, 2000). Studies have shown that many victims of crime, including secondary victims of homicide, would like to receive more support from a variety of social support sources (Maguire & Kynch, 2000).

In summary what becomes evident when the literature is viewed in its totality is that secondary victims' of homicide experiences are traumatic and often lead to symptoms of PTSD and traumatic grief, many of which may be exacerbated, albeit unintentionally, by interaction with the criminal justice system related processes and personnel and with the broader community.

Overall most social responses (criminal justice system, therapeutic and social) are designed to provide structural and functional support (economic, practical, and emotional). When they do so in a manner that enhances secondary victims' of homicide sense of control over their lives, provides them with information about the processes and emotions they will experience, introduces them to communities that verify their experiences, offers them participation in legislative reform, affords them the opportunity to mediate with the offender and explores and expands their philosophical understandings, these interventions will be experienced as empowering, and thus healing, by secondary victims of homicide.

3.5.2 *A proposed model*

This review of the literature pertaining to the experiences of secondary victims of homicide has made it possible to propose a model that outlines the aspects of a homicide experience that the literature has identified to be significant within this population's experiences.

This model (shown below in Figure 3-1) draws together the dynamic elements of secondary victims' of homicide experiences of support identified within the literature. This pictorial representation is intended to provide practitioners, researchers and

perhaps even friends and family of secondary victims of homicide, with a tool to assist their understandings, assessments, and/or supportive interventions.

The first aspect of the proposed model identifies the 'known buffering factors' described in the literature, which can both present and protect risk, and thus can denote support needs (Demaray et al., 2005; Helgeson 2003; Kaniasty, 2005; Vaux et al., 1987). Highlighted in the literature was the fact that several interactive factors combine to dictate support needs; these interconnected factors may be situational, intrapersonal, and/or interpersonal.

The literature also indicates that any analysis of a secondary victim's experience requires these variables to be considered. For example, an experience of having one's mother killed by their partner through family violence as an infant may be very different from that of having one's mother raped and killed by a stranger as a teenager or as a middle aged adult. According to anecdotal accounts described in the literature, each of these experiences would again differ, dependant on if the body was or was not recovered and in relation to perceptions of the adequacy of the criminal justice system responses.

The second aspect considered in the proposed model are the 'support network resources' available to secondary victims of homicide (Flannery, 1990; Helgeson, 2003). The model identifies the sources or broad categories of social support that the literature recognises secondary victims of homicide may typically encounter (Elliot & Hills, 2008; Harrison, 2000; Lee, 1996; Maguire & Kynch, 2000; Paterson et al., 2006) tabulating the well-known sources of support such as crisis services, the justice system, family, friends and community before those less frequently referred to. The proposed model divides these sources based on whether they originate from a formalised or social network.

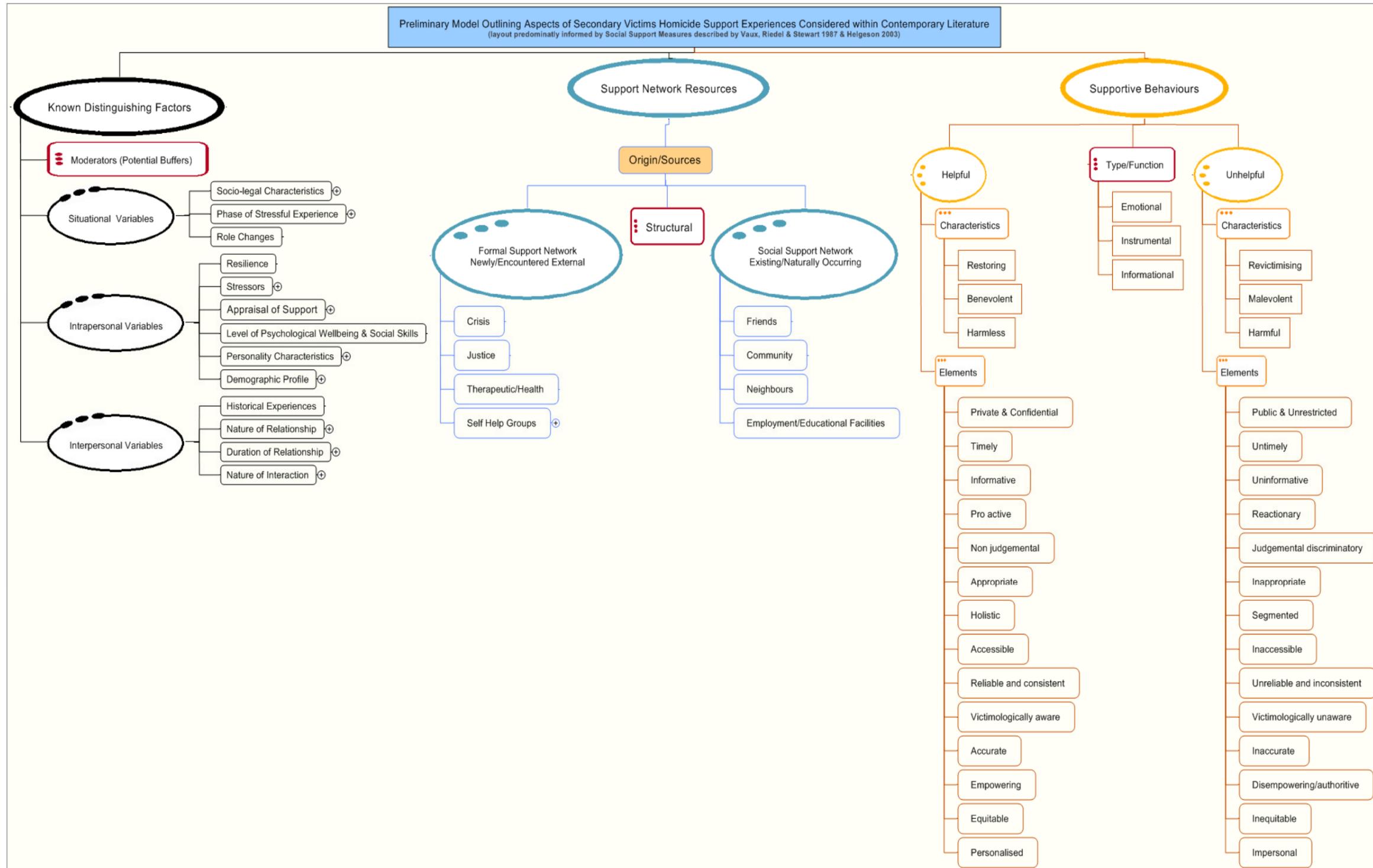


Figure 3-1 Preliminary model outlining aspects of secondary victims homicide experiences considered within contemporary Literature

The third and final aspect of the proposed model considers the nature and function of supportive behaviours' as defined within general trauma counselling theories (Boals & Schuettler 2009; Brewin et al., 1999; Herman, 1992; Hill, 2003), social work principles (Biestik, 1957) and studies of secondary victims of homicide (Brown et al., 1990; Brown, 1991; Elliot & Hills, 2008; Harrison, 2000; Lee, 1996; Muir, 1998; O'Neill, 2000; Paterson et al., 2006).

The literature reviewed has repeatedly revealed that in order to provide valuable support, those in supportive roles must be aware of their intended function, as well as the characteristics and elements of support traumatised populations report to be healing and helpful. The noted desirable characteristics of supportive behaviours include activities that help to restore one's sense of trust and the benevolence of the world and that do no further harm. For example, it has been identified to be helpful when secondary victims of homicide are notified of the death in a sensitive manner and that during the notification process, supportive people should provide as much information as is possible and appropriate, whilst ensuring that practical needs are also met. Thus, whilst ensuring appropriate emotional support is provided, it may also be necessary to offer to make telephone calls, cups of tea or get medication . In combination therefore, supportive behaviours are deemed helpful when they do not add unnecessarily to the inherently traumatic homicide experience.

The three aspects inherent in the model have provided a diagrammatical summary of what the literature reviewed revealed about the support experiences of secondary victims of homicide.

3.5.3 Summary of gaps

The present review of the literature has revealed that there is a paucity of empirical research pertaining to secondary victims of homicide, and highlights little is known about how many secondary victims of homicide there may be within any given population, the rate at which they access services, or their perceptions and experiences of the support provided by the criminal justice system, therapeutic sources and/or social support sources. Of particular interest is the fact that it has been identified within the contemporary literature that family, friends, and community provide the bulk of support to victims of crime yet there has been little exploration or qualitative analysis of the experiences of secondary victims of homicide beyond the criminal justice system processes. Thus, the range of social supports available to meet the needs of secondary victims of homicide has not yet been fully explored, nor

has the extent to which they are utilised (accessed) or their perceived helpfulness. These gaps will form the basis for the exploration of this thesis. The next chapter discusses the research journey and the methodological considerations of this study.

Chapter 4

METHODOLOGY

The most powerful factors in the world are clear ideas in the minds of energetic men (sic) of good will. J. Arthur Thomson. (n.d.)

4 Introduction

The present researcher's initial interest in secondary victims of homicide arose out of her personal experience of homicide and was expanded through her professional and voluntary work with victims of crime. Rather than diminishing, her personal and professional interest in the experiences of secondary victims of homicide continued to grow as she sought to comprehend this type of experience from an academic position. Realising the experiences of this crime victim population remain relatively under researched, it was observed that concurrent with a rising interest in victims of crime (generic), scholarly attention to secondary victims of homicide has gradually been increasing globally. This interest has particularly been in relation to secondary victims' of homicide contact with personnel within the criminal justice system. However, she observed, both through her work and through the literature, that limited scholarly interest has been shown in the responses of professionals from beyond the criminal justice system or in the responses of people (friends, family, and peers) surrounding the secondary victims of homicide.

The researcher found this to be an anomaly given that so many of the symptoms associated with trauma and grief of victims of crime are addressed by those from outside the criminal justice system, for example by family and friends or by professionals within health and allied health services. This anomaly sparked the researcher's interest in exploring the experiences of secondary victims of homicide beyond the criminal justice system. Due to the researcher's previous experience and research within this field, she had a pre-existing awareness of the differences in the criminal justice system and the victim service models across the developed world

The present study sought to better understand how secondary victims of homicide in England and Australia described their experiences of homicide. The researcher had a particular interest in gaining insight into the depth and breadth of their experiences of

support. For example, who featured strongly in their discussions, who offered the most support to them and, when this offered support was utilised, its perceived helpfulness? The researcher's rigorous exploration of these aspects of this personal and sensitive experience was undertaken in a considered and informed manner. The methodology relied upon, the tradition of inquiry employed, the data collection tools, and the data analysis techniques employed to address ethical and quality concerns are presented in the following sections of this chapter.

4.1 Methodology

There are several reasons to approach a study from a qualitative rather than quantitative paradigm especially when examining sensitive personal experiences (Denzin & Lincoln, 2000; Frank, 2004; McBurney & White, 2004). Qualitative research is underpinned by several 'traditions of inquiry,' the narrative, phenomenological, grounded, ethnographical and case study traditions (Creswell, 2007). All of these traditions typically "examine *how* or *what* types of questions, to explore a topic, to develop a in-depth detailed view, to take advantage of access to information, to write in expressive language, to spend time in the field and to reach audiences receptive to qualitative approaches" (Cresswell, 1998, p. 24).

Qualitative studies are also inductive, allowing a researcher to explore a topic in a flexible manner, providing for rich in-depth descriptions of complex and dynamic experiences, their interpretation and organisation and simultaneously accommodate the potential emergence of theory and/or theoretical frameworks (Hesse-Biber & Leavy, 2006; Mason, 2006; Meyrick, 2006; Patton, 2003; McBurney & White, 2004).

By exploring a phenomenon in natural settings, accurate and sensitive descriptions can document subjective experiences through the provision of thick descriptions shared via non-offensive and non-traumatising processes (Charmaz, 2000; Henwood & Pidgeon, 2003). The researcher's role is to be an enquirer rather than an informed expert (Cresswell, 1998; Denzin & Lincoln, 2000; Dey, 1993).

Given the paucity of research on secondary victims of homicide it was difficult to speculate about the nature of the data that might emerge, or if the data could be comparable or substantial enough to generate a theoretical model relating to support for secondary victims of homicide. The researcher therefore decided that a truly inductive approach using multiple qualitative approaches would inform and guide the study. The specific traditions and methods of qualitative inquiry that informed the

study are outlined in the following section, before subsequent sections outline the specific methodologies utilised through the various phases of the study.

4.1.1 Tradition and modes of inquiry

Descriptive research, as the term implies, is research that describes the characteristics of a phenomenon, providing the details of scenarios, social settings, or relationships in order to understand the lived experiences of a group of individuals from an emic perspective (Norlyk, Notter & Burnard, 2006, p. 151). The object of such studies is to identify the common crux of the experience (Cressell, 2009; Kendall, 2006). When seeking to understand lived experiences that have not previously been widely researched, it is accepted that a researcher will have to explore and describe what they find (Denzin & Lincoln, 2008; Morse & Richard, 2002).

This research tradition posits that insight into an experience can be achieved by reflecting on the essential themes revealed about the lived experience, describing the phenomenon, interpreting the perceptions and meaning of those who have lived the experience (Creswell, 2007; Laverly 2003; Stubblefield & Murray 2002). This requires a naive inquirer to present insights into the 'essence' of what was experienced (Morse & Richard, 2002 p. 59), into the subjective; the experiential, contextual, and situational aspects of a phenomenon as perceived, described and defined by those who experienced it (Creswell, 2007 p. 57-60).

Descriptive research allows sensitive topics to be explored and understood. Thus in this study, such an approach allowed the researcher to explore and describe what and how support was perceived and experienced by secondary victims of homicide. By suspending aspects of her own experiences as a practitioner and secondary victim of homicide (Gearing 2001; Moustakas 1994), but at the same time acknowledging her unique position as an experience-based, body-anchored researcher²⁶ (Baarts & Pedersen, 2009; Pedersen, 2009; Stelter, 2009), it was pivotal to her accessing the study population.

The descriptive paradigm has similarities to grounded theory approaches. Various scholars (for example see Charmaz, 2000; Glaser, 2002; Moghaddam, 2006) have highlighted that grounded theory uses comparative methodologies that provide researchers with the conceptual freedom to build theory from large quantities of raw

²⁶ Experience-based, body-anchored qualitative interviewing can be defined as a specific way of conducting an interview, where the pivotal point is the participant's experiential, embodied involvement in the issues of the research interview. (Stelter, 2010 p 859).

information and the opportunity to consider alternative interpretations of the meaning of experiences. Moghaddam (2006) summarises the following implicit beliefs and factors inherent to a grounded theory approach to research:

- the need to go to the field to discover what is really going on;
- the relevance of theory to the development of a discipline;
- the complexity and variability of phenomena and of human action;
- the belief that persons are actors responding to problematic situations;
- the understanding that meaning is defined and redefined through interaction;
- a sensitivity to the evolving and unfolding nature of events (process);
- an awareness of the interrelationships among conditions (structure), action (process) and consequences (Moghaddam, 2006 citing Strauss & Corbin, 1998a, p. 9-10)

Thus, grounded theory is also inductive; it seeks to explore experiences from an emic perspective and acknowledges the inherent personal, contextual, and situational aspects of those experiences (Babchuk, 1996; Freiherr von Manteuffel, 2006; Goulding, 1999). Grounded theory explores concepts and themes that emerge from the data and constantly compares their relationships to one another in order to generate theory, models, or propositions about complex experiences (Cresswell, 1998). A grounded theory approach according to Strauss and Corbin is "a set of well-developed categories (e.g. themes, concepts) that are systematically interrelated through statements of relationship to form a theoretical framework that explains some relevant social, psychological, educational, nursing or other phenomenon" (Strauss & Corbin, 1998a, p. 22).

However, one of the key aspects of a grounded approach is to generate theory, and the object of this study was to explore the experiences of secondary victims of homicide and the researcher was not certain that the data gathered would lend itself to the generation of theory. It was for this reason that the study was informed by both descriptive and grounded traditions of inquiry.

The specific qualitative research methods employed were chosen due to their compatibility with the objectives and nature of the study and were chosen as the study evolved and as need dictated. The methodologies employed are briefly discussed in the following paragraphs in relation to the research tradition they align with.

Victimology theory (Stevens, 2003) guided a comprehensive review of the literature, and based on the gaps highlighted (Lopez & Willis, 2004; Streubert & Carpenter, 1999) research questions were formulated. Both grounded theory and descriptive research align with the use of semi-structured interview schedules to guide in-depth interviews. Data analysis in grounded theory typically examines processes and relationships using constant comparisons in order to generate theory (Broussard, 2006; Creswell 2007; Denzin & Lincoln, 2008). The present study examined the shared experience of several individuals and analysed the data using constant comparisons, line-by-line content analysis, and theme clustering. This process of constant comparison, linear content analysis, and theme clustering:

- delineated the dimensions of the experience;
- provided a descriptive report on secondary victims of homicide experiences; and
- presented a model to outline the essence of this type of experience.

The above brief description of the methodologies utilised reflect that the initial formulation of the study was strongly influenced by grounded theory methods whereas, the data analysis and the subsequent phases of the study resonate with descriptive methods.

4.2 Research propositions

Having, established the need for the present study, identified the rationale and processes behind the chosen methodology and tradition of inquiry, the research propositions and questions are listed:

1. For many secondary victims of homicide, support is available immediately following a homicide;
2. When dealing with the criminal, physical, financial, psychological, and social aspects of a homicide, secondary victims experience a range of people who offer different types of support;
3. People from within the criminal justice system, therapeutic service providers and a variety of people from within social networks offer support to secondary victims of homicide;
4. Secondary victims of homicide report that the helpfulness of supportive responses varies for a variety of reasons;
5. Secondary victims of homicide have suggestions about how support for future secondary victims of homicide might be improved.

4.3 Questions guiding the study

The major questions guiding the study were:

1. What are the sources of support secondary victims of homicide identify as being available following a homicide?
2. Which sources of support are most frequently discussed by secondary victims of homicide?
3. Which sources of support do secondary victims of homicide most frequently report as being helpful?
4. What are the underlying reasons that secondary victims of homicide give for experiencing support as helpful or unhelpful?
5. How can post-homicide support be improved according to secondary victims of homicide?

In order to answer these questions the study utilised a semi-structured interview schedule. This methodology has been employed by other researchers in this field (such as Armour, 2002; Harrison, 2000; Johnson, 2003; Parappully et al., 2002) having been identified as the most appropriate when exploring sensitive and traumatic research topics such as homicide (Connolly & Reilly, 2007; Dickson-Swift et al., 2007; Kirby, 1989; Reason & Rowan, 1981). This semi-structured interview schedule was designed to encourage secondary victims of homicide to self identify: the support they encountered following the homicide; a list outlining the range of support available; the helpfulness or unhelpfulness of the support they encountered; and their suggestions for the provision of improved helpful support services for themselves and other secondary victims of homicide.

The following sections address participant selection, including considerations of inclusion and exclusion criteria and participant recruitment techniques.

4.4 Participant inclusion and exclusion criteria

The sensitive, traumatic, and forensic nature of the study dictated that several selection criteria were established to guide the selection of suitable participants. It was decided that to be eligible to take part in the study, participants needed to:

- be aged 18 years or over;
- have experienced the homicide event not less than two years previously;

- not presently be a witness in any legal proceedings (pending or current);
- be able to partake in the interview without concerns that the interview will affect any foreseeable legal proceedings;
- be connected and actively engaged with a support service or organisation assisting secondary victims of homicide who could provide follow up counselling and support.

These inclusion criteria promoted the anonymity of participants, reduced the risk of prejudicing legal proceedings, allowed a sagacious period to pass following a homicide and ensured participants were connected to support services in their community. Once the inclusion criteria had been established, the process of accessing and recruiting participants commenced.

4.5 Participant recruitment procedures

Due the sensitive, complex, and traumatic nature of this study, it was not appropriate for participants to be simply selected at random (Lee, 1996; Harrison, 2000; Johnson, 2003; O'Neill, 2000; Robinson, 2003). The researcher therefore developed a two-stage recruitment process based on purposeful sampling techniques (Kumar, 1996; Patton, 1990). Purposeful sampling methods used by the researcher meant that informed judgements were made about which organisations the researcher approached to assist in the recruitment of participants. These judgements were informed by the researcher's comprehensive prior knowledge of, and contact with, the various organisations that provided support to secondary victims of homicide in the UK and Australia. The researcher approached all the organisations she was aware of that provided support to secondary victims of homicide. Some organisations provided support exclusively to secondary victims of homicide while others also supported other victims of crime.

In turn, the participating organisations exercised professional discretion and sensitivity when deciding which secondary victims of homicide should receive information about the study and by what communication method they would convey this information. Consequently, the distribution methods employed to distribute information about the study and subsequently invite potential participants to be involved varied according to each organisation's preferences. These methods were designed to minimise the risk of contacting distrusting, unprepared, vulnerable, secondary victims of homicide at inappropriate stages of their journey and unwittingly retraumatising them. In summary,

the first stage of the participant recruitment procedure saw the researcher co-opt suitable supportive organisations to assist in the distribution of invitations. The second stage then involved screening and engaging those secondary victims of homicide that responded to the invitation to participate. These two stages will now be discussed in detail.

4.5.1 Co-opting organisations

The organisations invited to be involved in the study were a combination of two types: funded non-profit organisations (e.g. Victims of Crime Trust UK) and non-funded all-volunteer based organisations (e.g. Homicide Victim's Support Group Western Australia). In total, 11 organisations providing support to secondary victims of homicide were approached by the researcher during the first part of 2004, via a telephone call. Of these 11 organisations, 10 agreed to participate and to distribute the relevant information to potential participants on the researcher's behalf. The eleventh declined on the basis that few of their clients were secondary victims of homicide. Of these 10 organisations, five were located in England and five in Australia.

The 10 participating organisations were each provided with the necessary information (see appendix 1 and 2). Firstly, for each organisation, there was:

- a letter of agreement for the organisation to be involved in the study (to be completed and returned by the organisation);
- a letter clearly explaining the organisation's role in assisting the researcher to access potential participants and the study's inclusion criteria;
- an example of a cover letter for possible inclusion by each organisation when distributing information to potential participants; and
- envelopes and postage stamps where required.

Secondly, each organisation was provided with information to distribute to potential participants which included: (i) introductory letters, containing an invitation to participate, (ii) information sheets explaining the details of the study, (iii) informed consent forms to participate in the study (to be completed by potential participants and returned directly to the researcher) and (iv) prepaid addressed return envelopes. The 10 organisations employed a variety of methods to distribute information to potential participants. The five different distribution methods organisations employed and the

corresponding number of invitations actually distributed by each are illustrated below in Table 4-1 shown both by country and overall.

In total, 156 invitations to participate were distributed to potential participants by these 10 organisations. Of these, 89 invitations were extended to potential participants in England and 67 in Australia. In England, the main method of distributing this information to potential participants was through a mail-out, either within a newsletter (55) or as a separate mail-out (34). In Australia, a separate mail-out (41) was the main method of distribution accounting for approximately two-thirds of invitations sent. However, some Australian-based organisations also employed other distribution methods: handing out the information at face-to-face group meetings (21) (which was the next most frequently used method) and direct telephone calls (4).

Table 4-1 Methods of distribution and number of invitations distributed by organisations

Organisation No.	Method of Distribution					Total No. Invitations
	Handed out	Telephoned members	Mailed out	Mailed with newsletter	Word of mouth	
English Based Organisations						
1	-	-	11	-	-	11
2	-	-	3	-	-	3
3	-	-	10	-	-	10
4	-	-	-	55	-	55
5	-	-	10	-	-	10
Sub-Total	-	-	34	55	-	89
Australian Based Organisations						
6	-	4	20	-	-	24
7	-	-	10	-	-	10
8	-	-	11	-	-	11
9	17	-	-	-	-	17
10	4	-	-	-	1	5
Sub-Total	21	4	41	-	1	67
Total	21	4	75	55	1	156

4.5.2 *Engaging participants*

Within the information distributed by organisations, potential participants were invited to express their interest in participating either by telephoning, or by returning a completed informed consent form to the researcher. Out of 156 invitations distributed,

38 potential participants expressed an interest in participating, all via completing and returning the signed consent form. Of the 38 who mailed back the consent form, 21 were based in England and 17 in Australia. Upon receipt of the completed informed consent forms, the researcher contacted each respondent by telephone for the purpose of:

- confirming that the potential participant met the study inclusion criteria previously defined by the researcher (refer to section 4.4);
- discussing logistical aspects of conducting interviews including geographic issues and locations;
- identifying potential dates suitable for a face-to-face interview if included in the study; and
- confirming the potential participant remained interested in being involved in the study after further discussions with the researcher.

Of the 38 potential participants spoken with via telephone, 28 were identified as suitable to be interviewed. The remaining 10 were not suitable participants because they did not meet the study inclusion criteria and/or their geographical location and availability made a face-to-face interview with the researcher too difficult to arrange.

This represented a response rate of 24% when considered in relation to the total number of invitations randomly distributed. However, the figure becomes 74% if considered in relation to the number of people who actually responded to the invitation (38) and those that actually participated (28). It could be argued that there remained a strong possibility that of those who received the invitation randomly through blanket mail outs (75), few may have met the eligibility criteria of being bereaved for more than two years and not being or likely to be involved in court proceedings, as this is the period when most secondary victims of homicide have contact with support services. Thus, the 'true' response rate may be more accurately reflected by this latter rate.

The researcher found that whilst conducting the interviews (which were arranged well in advance given the distances to be travelled), several other family members, many of whom were male, approached her to be interviewed despite having not responded to the initial invitation. Unfortunately, these requests had to be declined due to time constraints. This information may be useful to and worthy of consideration by other researchers when formulating their participant selection methods and allocating time

and resources to conducting interviews. All of these factors influenced the degree to which the sample could be purposeful.

4.6 Methods of collecting the data

Having identified potential participants through the two-stage recruitment process, the data collection phase of the study began. This marked the beginning of the route mapping process; that is the collection of data was the first stage of knowing and understanding how participants had experienced homicide. All 28 of the identified participants took part in semi-structured interviews undertaken during the latter half of 2004 (June through to December). Exactly half the participants originated from each of the countries studied; England (14) and Australia (14).

As stated earlier, the sensitive nature of the research problem and questions determined that particular attention was paid not only to the data collection tools, but also to how they were administered. For example, several conversations were had about the researcher's personal experiences (Shah, 2006) leading up to the interviews in order to encourage rapport and trust between participant and researcher (Pitts & Miller-Day, 2007). It was important the researcher did this due to the shattering impact trauma has been found to have on people's sense of trust (Herman, 1997).

Similarly, slightly more time was allowed at the beginning and end of each interview, than might be allowed for interviews with less traumatised populations. Additionally at the completion of each interview, the researcher sent each participant a hand written card thanking them for their involvement in the study and reiterating the offer to connect them to local support services should they have a need for such assistance as the result of their interview experience.

4.7 Data collection tool

The qualitative research interview is a construction site of knowledge. The knowledge generated by interviews relates to five features of a postmodern construction of knowledge: the conversational, the narrative, the linguistic, the contextual, and the interrelated nature of knowledge (Kvale, 1996, p. 42).

The literature reviewed indicated that semi-structured interviews are the most suitable data collection instrument to employ when little is understood about the topic being investigated (Denzin & Lincoln, 2000; Denzin, 2001; Richards & Morse, 2007) and/or the topic is of a sensitive nature (Connolly & Reilly, 2007). The semi structured

interview process allows the researcher to explore and investigate the topic in a less rigid manner, allowing it to be spontaneous and responsive to the participant's feelings and needs. Further, it allows for clarification of questions and responses. Despite the potential for the interviewer to influence responses (Dickson-Swift et al., 2007), and for the focus of the interview to be lost, semi structured interviews were chosen as this data collection technique significantly reduced the risk of retraumatising the participant, best suited the exploratory nature of the study and importantly allowed the researcher to immediately address any distress in participants during the data collection process.

The semi structured interview schedule developed (see appendix 3) as a tool to guide the interview process was informed by the literature reviewed, previous studies and the researcher's comprehensive knowledge and experience in the field. The interview schedule consisted of five topic areas containing 30 questions; these included a combination of closed and open-ended questions and several applications of one subjective rating scale (1-10). The topic areas and the correlating number of questions are summarised below:

- Demographic and other details relating to the participant (11 questions);
- Circumstances surrounding the actual homicide (3 questions);
- Support and the participant's perception of the support they received (12 questions based on a subjective rating scale of satisfaction regarding the helpfulness of support participants felt they had received);
- Changes in the participant's perception of their life since the homicide (3 questions); and
- A final open-ended question for the participant to express any information not previously discussed in the interview (1 question).

4.8 Study Setting

The 28 interviews were undertaken over a six-month period. Interviews with the 14 participants living in England were conducted first and then the remaining interviews were undertaken with the 14 Australian participants. A further breakdown of the general geographical areas in which the interviews were conducted is shown below in Table 4-2.

Table 4-2 Geographical location of interviews

Geographical Areas of Interviews			
England	No.	Australia	No.
Central North West	6	New South Wales	4
Greater London	4	Victoria	4
North East	4	South Australia	3
		Western Australia	3
Total	14	Total	14

As shown above, interviews were conducted across a wide geographical area in each country. In England, interviews were spread relatively evenly across the three geographical areas of England (Counties): the Central North West (6), Greater London (4), and the North East (4). While in Australia, the interviews were spread across four geographical locations (States): New South Wales (4), Victoria (4), South Australia (3), and Western Australia (3).

The duration of the interviews in this study ranged from one hour to two and a half hours, with an average interview time being two hours. The venues at which the interviews were conducted varied and were determined by three factors: (i) the location preferred by each participant; (ii) the ability of both the participant and the researcher to travel to the preferred interview location; and (iii) the availability of the venue. These factors saw that of the 28 interviews, 15 were conducted in a therapeutic interview room located in support organisations offices or rooms, 11 in a private home (either the participant's own home or the home of another person such as friend or family members) and the remaining two interviews were conducted in the participant's private office at their workplace.

The 28 participants interviewed reported information relating to 26 primary victims of homicide (two people from two separate families both reported on the same respective primary victim) and to the 32 offenders involved in those homicides (three homicides involved more than one offender). All interviews were conducted individually, including those with participants who had a primary victim in common. The one-off face-to-face interviews with participants were audio-recorded and subsequently transcribed. All interviews were transcribed by a professional transcriber in the three months following the interviews. The abundance of rich descriptive data conveyed during the interviews was then subjected to concerted analysis.

4.9 Recording the data

Qualitative research methods ask that researchers keep a record of their thoughts and observations throughout the research process (Broussard, 2006; Strauss & Corbin, 1998a). This allows them to capture the covert and the overt aspects of the research process and to reflect on the long and lonely research process. It was for this reason that the researcher kept notes during the interviews as well as a reflective journal throughout the research process. This was used to capture both personal observations and reflections and those of others gathered during informal discussions and during member checks²⁷ (Sharts-Hopko, 2002). The reflective journal formed an aide memoire for the researcher throughout the research process, providing clarity about where data had been gathered and how themes, ideas and thoughts emerged. This information was utilised during transcription when the quality of a recording was poor, and during data analysis processes to confirm how ideas had emerged into themes, and to recall conversations that the researcher had linked to emergent themes.

4.10 Data Analysis

The data analysis was informed by descriptive qualitative research, allowing the focus to be on the shared aspects of the experience described. The analysis of this data relied on three key processes: intuiting, analysing, and describing (Spiegelberg, 1975); the quotation below best described these processes as they were relied upon:

Data analysis requires that researchers become immersed in the data. It preserves the individuality of the participants' unique lived experiences while allowing the phenomena being studied to be understood. This begins with listening to participants' verbal descriptions and then by reading and rereading the exact descriptions or written responses. As researchers read the material and find important statements in the data, they may identify and remove them. They can then write them on cue cards or place them in a computer program to help organize them later. The researcher then looks for essential relationships and makes a complete description of the phenomenon. It is important to identify how central themes are connected to one another if the researcher is to have a complete final description. (Streubert Speziale & Carpenter, 2007 p. 97).

Concentrated attention was given to the analysis of the transcripts of the interviews, and the researcher's notes and observations.

²⁷ Member checks were used to obtain feedback from two research participants and fellow practitioners and researchers regarding the accuracy of emerging themes and categories, enhancing the reliability of the decisions made by the researcher (Creswell, 1994; Denzin & Lincoln, 1994).

Table 4-3 Overview of themes that emerged from the data analysis

Content Area	Themes that emerged from data
The participants:	Gender Age Income Educational Attainment Occupation Belief system Marital status Ethnicity
The contextual factors of the crime:	The number of offenders Time elapsed since the crime The relationship between participant and primary victim Gender and age of primary victim Types of injuries inflicted on primary victims Location of initial crime and variation between this and location of death if relevant How participants were notified of the crime The release of the primary victims' body The demographics of the offender Offenders prior criminal behaviours Relationship between offender and primary victims Identification and criminal sanctions relating to the offender Judicial systems encountered by participants Participant's attendance in court Outcomes of judicial processes Judicial sanctions against offenders
The support experiences described	The support systems that emerged The individual support sources described within each support system The reactions and responses to the support experienced Suggestions for the ideal support service for secondary victims of homicide

The data in its entirety was coded, using an inductive processes of breaking down, analysing, comparing and categorising, and delineating relationships (Charmaz, 2000; Cresswell, 1998; Denzin & Lincoln, 2000; Ezzy, 2002; Miles & Huberman, 1994; Morse, 1994;). Line-by-line content analysis and constant comparisons (Cresswell, 1998; Glaser, 2002; Henwood & Pidgeon, 2003; Moghaddam, 2006; Stern, 1994; Strauss & Corbin, 1999; Strauss & Corbin, 1998b; Strauss & Corbin, 1990) revealed a

wealth of information about the participants, the contextual aspects of their experiences of homicide and their perceptions of the support they had experienced. An overview of the 28 themes that emerged are presented above in **Error! Reference source not found.** (all of which are fully discussed in depth in Chapters 5 and 6).

The participants' descriptions of their responses and reactions to their support experiences formed the focus of the present study but could not be accurately considered out of context. It was for this reason that the demographic and contextual aspects of the participants' experiences were included in the analysis. These results are presented within Chapter 5.

Analysis of the support experiences discussed began with the identification of all the sources of support referred to within each of the interviews using line-by-line analysis techniques. Open coding of the 151 unique sources of support identified across the interviews resulted in these being clustered into 35 support sources. Axial and selective coding then saw these condensed into nine support system categories and identified three categories pertaining to descriptions of support (helpful, unhelpful and ambiguous). Chapter 6 presents the results of the data analysis that focused specifically on discussions of support.

Following a manual line-by-line analysis of all the interview transcripts, the identification and integration of categories and themes, their properties and the isolation of theory were all generated with the aid of three computer programs. Initially Microsoft Excel pivot tables were employed to manage the data and aid in the development and refinement of the categories within a content analysis matrix.

Subsequently, NVivo 6 software was employed to compare and re-analyse the data in relation to the categories identified using Excel. This was done to ensure that the identified categories had in fact emerged from the data. Finally, Mindjet Mind Manager software was utilised to represent the emergent categories and develop a model. The combination of these computerised analytical aids enhanced the researcher's ability to manage the data effectively and efficiently and to promote trustworthiness of the findings (Frank, 2004; Morse, 1994; Riessman, 1993). The concept of saturation has been a contentious topic amongst qualitative research scholars (Bowen, 2008; Morse et al., 2002). The analysis within the present study concluded when: available resources had been exhausted; data was sufficient to enable a clear and accurate report on the explored aspects of the experience; and the study process and the

categories had been drawn from the experiences explored (Bowen, 2008; Glaser, 2002; Morse, 1994).

The vast quantity of data analysed made it necessary to divide the findings into two separate chapters. This division was based on the overarching aspect of the experience that the data related to; if the nature of the data related to demographic characteristics, forensic circumstances, or support experienced. The data was reported utilising a mixture of descriptions, tables and thick descriptions. Thick descriptions were reported as belonging to participants who were identified only by a number and any identifiable information was omitted and replaced with generic information. The reference to the name of a specific city such as 'Perth' for example, was changed to read 'the city'. These methods of protecting the anonymity of participants reflect some of the ways in which the ethical considerations were addressed within the present study. The following section describes other matters of an ethical nature.

4.11 Ethical considerations

Ethical researchers consider all possible risks to participants; for example will participants potentially experience discomfort, embarrassment, or psychological or spiritual harm because of their involvement. It is known in research with human participants that the more sensitive the research problem the greater the potential for risk to participants (Dean & Rhodes, 1998; Homan, 1991). Given that homicide is accepted to be a highly traumatic and public experience, both the researcher and the university felt it important to carefully consider all the potential impacts on participants at all stages of the study.

In order to identify the best approach, the ethical concerns of past researchers in the fields of traumatology (Andrews, et al., 2003; Brewin et al., 1999; Harms, 2001) and thanatology (Armour, 2002; Asaro, 2001; Clements & Burgess, 2002; Paterson, et al., 2006; Rynearson, 1984) were considered. Similar to the present researcher, past researchers have found it important to consider how to identify and recruit participants without impinging on their civil liberties and privacy. This was especially important given that there are no centralised systems or processes in place to identify secondary victims of homicide. It had also been identified that the way in which secondary victims of homicide are approached needs careful consideration (Amick-McMullan et al., 1989; Armour, 2002a). These concerns relate to the fact that any sudden and unexpected reminder of the homicide may present a risk to the emotional

wellbeing of potential participants who are known to experience unduly high levels of PTSD. Alternatively, concerns may relate to the unexpected nature of such a reminder, the poor timing of an invitation due to court processes, significant dates and so forth.

These concerns were considered against information within studies by Elliot and Hills (2008), Harrison (2000) and O'Neill (2000) that illustrated that, despite these concerns, secondary victims of homicide in these studies had been eager to have their voices heard and reported their participation to be powerful and positive. This is especially relevant when measured against the knowledge that their voices are rarely heard within the criminal justice system or other public forums. In order to minimise the risk to participants whilst still providing them with a safe opportunity to participate in this study, several strategies were employed to meet ethical considerations relating to privacy, informed consent, anonymity, sensitivity, harm minimisation and any impact (immediate or delayed).

Firstly, the two-part recruitment procedure utilising organisations already in contact with potential participants was a strategy employed to protect people's privacy. This strategy was not without risk. There was the risk that information given by organisations would be misleading. This residual risk, though low, was countered by the information sheet that accompanied the invitation to participate and by the researcher telephoning all potential participants who responded and restating the information provided within it.

Subsequently, semi structured interviews were employed, allowing participants to share in ways that were comfortable for them. Similarly, in preparedness for any instances where participants became inconsolable, ample time was allowed for each interview, tissues were provided and participants were pre-warned that they may re-experience some emotional discomfort and to stop should they feel it was too much for them and to allow time for self-care following the interview.

Additionally the researcher also made herself available by telephone to participants both prior to and following the interview, and extended an offer to connect participants with local accessible support services at the time of interview and within the following three months should they experience distress as a result of their participation.

Participants were also informed that the information they provided would be reported anonymously and were offered the opportunity to choose an alias. This process

proved problematic as many participants could not decide on an alias and therefore for consistency, each interview was assigned a number and any thick description quoted was referred by the assigned number. As previously stated, any distinguishing and identifiable data within quotations used was edited to make it generic. Participants were also informed that they could withdraw from the study if they so desired. These strategies assisted in the study in obtaining ethics approval from the Human Research Ethics Committee at Curtin University in June 2004 (HR 14/2004). Strict attention to the ethical considerations was demonstrated throughout the study.

4.12 Trustworthiness and quality criteria in the study

The subjective, contextualised nature of the approaches of qualitative research means that research conducted from within this paradigm seeks to ensure that the results are trustworthy rather than verifiable or rigorous (Broussard, 2006; Morse et al., 2002; Strauss & Corbin, 1998a; Travers, 2006). The higher the degree to which transparent and systematic research processes have been adhered to throughout a research process, the more trustworthy the findings are. This in turn enhances the ability of the research to be a useful, quality and applicable study (Meyrick, 2006). Meyrick (2006) posits that attention to trustworthiness begins with the formulation of an informed research question, undertaken by a researcher who is adequately skilled. It continues when a research methodology appropriate for the question and aims of the study is developed and is employed within an appropriate context, is reliant on relevant theoretical underpinnings, is designed to allow systematic comparative analysis, and is adequately resourced. It concludes when the research is applied or disseminated.

Several techniques such as triangulation, member checks and audit trails, have been developed to promote trustworthiness of qualitative research (Armour et al., 2009; Broussard, 2006; Hesse-Biber & Leavy, 2006; Patton, 2003; Sharts-Hopko, 2002). The present research process enhanced its trustworthiness through its dependence on 'within-methods triangulation' and 'cross-validation' of the data to reduce the likelihood of bias and increase the richness and rigor of the data obtained (Denzin & Lincoln, 2008; Hesse-Biber & Leavy 2006).

Similarly, the engagement of 'cultural interpreters'²⁸ to clarify and verify local English and Australian meanings enhanced the reliability of the data collected and allowed for

²⁸ Cultural interpreters refers to a small pool of professionals and secondary victims of homicide I consulted with to check the meanings of various terminologies and descriptions that were not familiar to the researchers or the literature reviewed. These checks were done to identify the meanings of

cultural distinctions to be exposed within the analysis. The distinctive qualitative research process of exploring alternate explanations for observed events was employed to maximise the study's internal validity as were 'member checks' with key informants, who were utilised to expand or clarify issues that emerged during data analysis (Sharts-Hopko, 2002). The continuous documenting of the research methods and data created an audit trail for use by other researchers when confirming and replicating the data analysis (Patton, 2003).

4.13 Summary

This chapter has described how the researcher formulated the journey, prepared for the trip, engaged with others throughout the journey and how they went about creating maps of the terrain secondary victims of homicide encounter and those that cohabit it whilst trying not to damage their fragile ecosystem. The following chapter provides an account of what the data analysis revealed about the typography of the terrain and those who share it with secondary victims of homicide.

different terminologies used and/or experiences discussed and allowed the researcher to enhance the trustworthiness of the study.

Chapter 5

RESULTS: SECTION ONE

It is only with the heart that one can see rightly, what is essential is invisible to the eye. Antoine Saint-Exupéry (n.d.)

5 Introduction: The participants and their experiences

The results of the interviews conducted in this study have been arranged into two chapters. Section one provides a demographic profile of the participants and then goes on to examine the details of the crime, the offenders and the judicial processes. Section two is presented in Chapter 6 and reports on the the support participants encountered and their suggestions for the further improvement of support to victims of secondary homicide.

5.1 Demographic profile of participants

This chapter presents the first results section and provides an overview of the demographic profile of the 28 participants in this study. It considers the gender, age, income, educational attainment, occupation, belief system, marital status, and ethnicity of participants at the time this study was conducted.

5.1.1 Gender and age of participants

Of the 28 participants, 21 were female and seven were male. All participants were over 18 years of age, spanning a 49-year age range from 28 to 77 years of age. Table 5-1 below, further illustrates the age range of participants. The largest numbers of participants were aged between 48-57 years (11), followed by participants aged 58-67 years (7), resulting in approximately two-thirds of participants being in these two age ranges. The remaining participants were scattered across other age ranges and no participant was under 28 years of age.

Table 5-1 Age of participants

Age Range	No.
18-27	-
28-37	3
38-47	4
48-57	11
58-67	7
68-77	3
Total	28

5.1.2 *Income of participants*

The annual income levels of participants at the time of the interviews varied widely as did their backgrounds and geographical locations. Income levels ranged from under AUD \$10,000 to over AUD \$90,000 per annum. Nearly two-thirds of participants received an income of less than \$60,000 per annum; the full range of incomes is listed below in Table 5-2. A quarter of participants earned between \$60,001 and \$90,000 per annum and the remaining participants earned above \$90,000. The lowest and highest reported incomes were \$ 4,320 and \$189,000 respectively.

Table 5-2 Participant annual income range

Annual Income (\$AUD)	No.
Under 10,000	1
10,000 to 20,000	5
20,001 to 30,000	8
30,001 to 40,000	1
40,001 to 50,000	3
50,001 to 60,000	1
60,001 to 70,000	3
70,001 to 80,000	1
80,001 to 90,000	3
Over 90,000	2
Total	28

5.1.3 *Educational levels of participants*

The variations seen in participants' incomes were possibly reflective of their varied academic achievements, which are shown below in Table 5-3. Of the 28 participants,

27 revealed that they had all obtained at least 10 years or more of education. More than a third (9) of these had also completed higher degrees at either an applied college or a university.

Table 5-3 Participant educational level

Educational Level	No.
Year 10	12
Year 11	1
Year 12	5
Applied College	3
Bachelor Degree	4
Post Graduate Degree	2
Not Discussed	1
Total	28

5.1.4 Occupations of participants

Given the varied educational level of the participants, the study documented that the occupations of participants were also diverse. The occupations of participants at the time of the interviews are shown below in Table 5-4.

Table 5-4 Occupations of participants

Type of Work	No.
Administrative Work	4
Author	1
Disability Benefits	1
Home Duties	1
Human Services Sector	5
Labourer	3
Police Officer	1
Retired	5
Student	2
Unemployment Benefits	1
Volunteer Community Work	4
Total	28

Of the various occupations identified by the participants, working in the human services sector (5) or administrative work (4) were the most common, followed by labouring work (3). Half of the participants were no longer in paid employment and

were either retirees (5), involved in voluntary work (4), students (2) or predominantly in receipt of benefits (2).

5.1.5 Belief system of participants

During the interview process, 21 of the 28 participants spoke directly of their belief systems and these are outlined in Table 5-5 below. The belief systems of the participants were found to fall into two main groups, these being Catholic (9) and Anglican/Church of England (7). These two traditional religions accounted for three-quarters of participants who answered this question, whilst the remaining participants were scattered across various religions or belief systems.

Table 5-5 Belief system of participants

Belief System	No.
Catholic	9
Anglican/ Church of England	7
Uniting Church	2
Agnostic	1
Baptist	1
Spiritualist	1
Not Discussed	7
Total	28

5.1.6 Marital status of participants

An overview of the marital status of participants is provided below in Table 5-6. The majority of participants identified that they were in intimate relationships, either being married (21) or in de facto relationships (2). The small numbers of remaining participants (5) were divorced, single, or widowed.

Table 5-6 Marital status of participants

Marital Status	No.
First Marriage	21
De facto	2
Single	2
Widowed	2
Divorced	1
Total	28

5.1.7 *Ethnic background of participants*

Of those participants interviewed in England, the vast majority largely described their ethnicity as English (9 out of 14). In Australia, participants predominately described themselves as Australian (10 out of 14). The remaining participants in both countries were scattered across a range of nine other ethnic backgrounds, as illustrated below in Table 5-7.

Table 5-7 Ethnic background of participants

Ethnic Background	Total
England	
English	9
English American	1
Egyptian Maltese	1
European	1
Irish	1
Irish Catholic	1
Australia	
Australian	10
Indigenous Australian	1
Indonesian Irish	1
Irish	1
Italian Samoan	1
Total	28

5.1.8 Summary of Participant Demographics

It has been shown that the participants in this study were predominately married white Anglo Saxon Christian women in their late 40s to late 60s who were just as likely to work as not. The results of analysis of the forensic context and aspects of these homicide experiences will be presented within the following sections.

5.2 The homicides experienced by participants

To appreciate the complexity of a person's experience of homicide it is necessary to consider the forensic context and aspects of their experience. It is for this reason that the data collected on these facets of the participants' experiences have been analysed. The results presented pertain to matters including: the particulars of the homicide (when, who & how), the significance of location, notification, release of the body back to the family, the demographics of the offender and matters relating to the judicial system.

5.2.1 The forensic aspects of the homicides

During the interviews, participants provided further information relating to the actual crimes and this information will now be presented. The data collected from the 28 participants in this study related to 26 primary victims of homicide and 32 offenders. Participants reported variance within the following areas: time since the crime occurred; relationship of participants to the primary victim of the crime; gender and age of primary victims; and types of injuries inflicted on primary victims. Also discussed were the locations at which the initial crimes and deaths occurred, notification of participants and the release of the primary victim's body. Further, information gathered on the crimes included: the demographics of the offenders; prior criminal record of the offender; relationship between offenders and the primary victims; identification and charging of offenders; judicial systems encountered by participants; participants attendance in court; outcomes of the judicial process; and judicial sanctions on offenders. These and other aspects of a homicide experience may influence the way in which a homicide will be experienced by secondary victims of homicide and therefore participants' responses regarding these aspects of the homicides is presented below.

5.2.1.1 Time since the crime occurred

As part of the study's inclusion criteria (see section 4.4 and appendix 1) it was a requirement that no interview would be conducted with a participant unless a period of two years or more has elapsed since the crime had occurred. Therefore, the number of years since the crime had occurred was no less than two years ranging through to 21 years as seen below in Table 5-8.

Table 5-8 Years since the crime occurred

Years Since The Crime Occurred	No.
2-5	12
6-9	2
10-13	6
14-17	4
18-21	2
Total	26

The chronology of the crimes predominantly fell into two main groups. The largest group of crimes, just under half (12), had occurred two to five years prior to the interview. Nearly all of the remaining crimes (12) were committed between 10 and 20 years prior.

5.2.1.2 Relationship of participants to the primary victim of the crime

There was a wide variety of relationships between the 26 primary victims and 28 participants. Nine specific relationships were identified in the study, which were then categorised into four broad relationships. These categories in relation to the victims were their child, sibling, parent, or spouse. These are illustrated in Table 5-9 below.

Over half of the primary victims (16) were children of the participants, with the majority being their daughter (12). A further quarter of the primary victims (8) were the siblings of participants, with more of these victims being a sister (5). The remaining participants identified a range of different relationships to the victim.

Table 5-9 Relationship of primary victims to participants

Relationship		No.	Total
Child	Daughter	12	16
	Son	4	
Sibling	Sister	5	8
	Brother	1	
	Sister-in-law	1	
	Half-sister	1	
Parent	Mother	1	2
	Mother-in-law	1	
Spouse	Husband	2	2
Total		28	28

5.2.1.3 Gender and age of primary victims

Nineteen of the 26 primary victims were female and seven were male. Whilst the two youngest victims were under ten years of age, the eldest was over eighty. There were a wide range of ages of the primary victims, which are shown below in Table 5-10. Nearly half (12) of the primary victims were between the ages of 21 to 30 years. The second highest category was between the ages of 11 to 20 years, which involved four primary victims. The ages of the remaining primary victims (10) were scattered across a range of other age groups.

Table 5-10 Age of primary victims

Age of Primary Victims (years)	No.
0 -10	2
11-20	4
21-30	12
31-40	3
41-50	2
51-60	1
61-70	-
71-80	1
81-90	1
Total	26

5.2.1.4 *Types of injuries inflicted on primary victims*

Participants reported that the primary victims died as the result of a homicide, which arose as the outcome of a range of injuries inflicted upon them; these are shown in below in Table 5-11.

Nearly half of the primary victims (12) were killed as the result of injuries sustained in an assault. Four primary victims died as a result of being strangled, while another three were stabbed. The remaining seven primary victims died as the result of an array of injuries.

Table 5-11 Types of injuries inflicted on primary victims

Criminal Modality	No.
Assault	13
Strangulation	4
Stabbing	3
Burning	1
Suffocation	1
Hanging	1
Run over with Vehicle*	1
Rock Injuries	1
Unknown**	1
Total	26

*Usually encompassed by the term 'vehicular homicide'

**Unknown as crime was unsolved

5.2.2 *The location at which the initial crimes and deaths occurred*

The locations at which the 26 crimes were committed and the locations of the primary victims' death were described by participants. The locations where the injuries were inflicted and the location of the death were not necessarily the same. This was because some offenders moved the primary victim's body from the initial crime scene to another location or alternatively some victims died at a second location, such as at a hospital or a second crime scene such as in bushland. Further, although the bodies of some primary victims had not been recovered (2), the police had identified the location where they were last seen or where their injuries were sustained; these factors are outlined below in Table 5-12.

Table 5-12 Details of the primary victims location of the crime, location of the death & recovery of their body

Crime	No.	Death	No.	Body	No.
Location of Crime Established	25	Location of Death Established	21	Body Recovered	24
Location of crime Not Established	-	Location of Death Not Established	4	Body Not Recovered	1
Case Unsolved	1	Case Unsolved	1	Case Unsolved	1
Total	26	Total	26	Total	26

In this study, the locations of the initial crime (be that an assault or a homicide) were identified in all but one case. However, the exact location of four primary victim's actual deaths remains unknown; in one of these cases, no body has been recovered. A further case remains unsolved, with neither the location of the crime nor that of the death having been identified. Nor has the body been recovered.

Table 5-13 Location of crime

Location Of Crime	No.
Private Home	
Primary Victim's Home	12
Friends Home	1
Offenders Home	1
Participants Home	1
Public Place	
On Street	4
Hotel	1
On Housing Estate	1
Abandoned House	1
Primary Victim's Workplace	1
Train Station	1
Warehouse	1
Unknown*	
Unsolved	1
Total	26

* crime remains unsolved with no leads into the location of the crime

5.2.2.1 Location of crimes

The actual reported locations of the initial crimes fall into two distinctive categories, being either private homes or public places; these are shown above in Table 5-13.

Nearly two-thirds (15) of the initial crimes were committed in private homes. Of these, 12 out of the 15 crimes were committed at the home of the primary victim. The remaining three crimes occurred in the home of a friend, the offender, or the participant. Of the 10 crimes committed in public places, the most prevalent location was on the street (4). The locations of the other six crimes varied.

5.2.3 Location of the deaths

In this study, the above information about the location of the initial crime illustrates that the location of an initial crime is not always the same as the location of the homicide or the death. Although, two-thirds of the 26 primary victims (16) died immediately at the scene of the initial crime, another five primary victims died later in hospital (within a period of between four hours and up to 15 days). It is still not known exactly when or where the remaining five primary victims actually died.

5.2.4 Notification of participants

Some participants (17) in this study were informed that a crime had been committed against the primary victim (e.g. an assault) and it was only later when the primary victim died, or their body was discovered that the crime was classified as a homicide. Other participants (10) were notified of a homicide rather than a crime, as the primary victim had been found dead. One participant chose did not discuss this issue at all. The results pertaining to the various aspects of notification will now be presented in accordance to whether participants were initially informed of a crime or a homicide having been perpetrated.

5.2.4.1 Participants whose awareness was of a crime then a subsequent death

For the 17 participants who became aware that a crime had been committed the majority (13) were notified whilst in their own home. Two participants were at their workplace, one in their parent's home and the other one in the primary victim's home. Five of the above 17 participants actually alerted the authorities to the fact something was wrong, whilst 12 participants were notified of the crime by someone else via

either a telephone call (9), or during face-to-face communication (3). Various people, mainly a family member (4), or friends of the primary victim (3) delivered this notification (of a crime) to 12 participants. A range of people including work colleagues and the offender themselves notified the other participants.

The notification of the subsequent death of the primary victim was predominantly delivered by the police (9) to participants who knew about the crime, followed by hospital staff (2), a family member (2), and the coroner (1). For the other three participants they were either present at the time of the primary victim's death or they discovered their body when investigating the crime (e.g., one participant's daughter had been missing for some months and when she was cleaning out the daughter's home she discovered her remains). In the three cases where the participant either discovered the primary victim's body when investigating the crime, or were present at the time of the primary victim's death, participants were not formally notified of the death by anyone else.

5.2.4.2 *Participants whose immediate awareness was of a death*

The majority of the group of 10 participants notified of a death were at their own home when they were notified (6). Of the remaining four participants, one was at work, another was at a friend's home, and two participants actually discovered the primary victim's body. The eight participants who did not discover the body were notified of the death by the police (5), by their spouse (2), or by a family member (1).

5.2.5 *Release of the primary victim's body*

Although the manner in which participants learnt of the primary victim's deaths varied, all 28 participants discussed the process of identifying the primary victim and the subsequent funerals. All participants reported they had not been aware that when a homicide occurs, the date on which the funeral can occur is determined by two factors. These being: firstly, the body of a primary victim has to be found; and secondly, that the release of the primary victims' body to the family is determined by the defence lawyers in England or by the Coroner's Offices in Australia. All participants expressed that a delay of even a few days in the release of the body of the primary victim, and thus the funeral, was extremely distressing.

The reported variations in the number of days before the bodies were released for the funeral process are illustrated below in Table 5-14. In England, the time varied from 14 days and up to 90 days. In Australia, the time varied from 4 days through to a

maximum of 28 days. A number of participants (8) did not specify how long the body was held for despite referring to it being withheld.

Table 5-14 Duration that primary victims' bodies were held by authorities: by day and country

Days	Country		
	England	Australia	Both
0 to 15	1	6	7
16 to 30	2	1	3
31 to 45	1	-	1
46 to 60	1	-	1
61 to 75	2	-	2
76 to 90	2	-	2
Body Not Recovered	1	1	2
Did Not Discuss	3	5	8
Total	13	13	26

5.2.6 Demographics of the offenders

Demographic details of both the participants and the primary victims have been previously presented in these results. It is also necessary to consider some demographic details of the offenders themselves, as participants considered these details as significant. During the interviews, participants identified 32 offenders as being responsible for the 26 deaths. This disparity in the number of victims to offenders is because three of the victims were killed by more than one offender. The number of multiple offenders for these three homicides ranged from two to four. Participants also referred to the characteristics of the offenders when recounting their experiences and this data will be reported in the following paragraphs.

5.2.7 Gender of the offender

Of the 32 identified offenders, twenty-eight were male and three were female. The gender of one offender remains unknown, as the crime remains unsolved. Those participants who identified the offenders as being women especially expressed difficulty comprehending that women would take part in these homicides.

5.2.8 Age of the offender

Although not all participants specified the exact ages of the offenders, 19 of the participants reported that the offender was believed to be over 18 years of age and therefore classified as an adult. However, nine of the participants identified that the offender was less than 18 years of age. For these participants the younger age of the offender provided a further source of distress. These participants reported it a struggle to conceive how anyone could commit a homicide and that it was even more difficult to comprehend that a young person could possibly do such things, especially to an extremely young or old victim.

5.2.9 Prior criminal record of the offender

Participants stated that of the 32 offenders identified, 27 reportedly had a prior history and criminal record for violent and aggressive behaviour. Examples of previous criminal records included assaults, rape, firearms offences, domestic violence and robbery.

5.2.10 Relationship between offenders and the primary victims

Offenders had a *known relationship* with the primary victim in 16 instances., whilst in 15 instances, there was *no known relationship* between the primary victims and the offenders. As previously mentioned, there was one case that remained unsolved and therefore no relationship could be determined. A summary of the types of relationships involved is presented in Table 5-15.

Of the known relationships between the primary victims and the offenders, half (8) involved either a former intimate relationship including a former spouse, de facto or partner, or another significant other such as a parent or current spouse, de facto or partner. A third (5) involved acquaintances of the primary victims. The remainder of relationships (3) were scattered across a variety of relationship types. For those involving no known relationship, the offender in 14 cases involved a total stranger; however, in one case the offender was a previously identified stalker.

Table 5-15 Relationships between the offenders and primary victims

Relationship to the Primary Victim	No.
Known to the primary victim	
Acquaintance	5
Former Intimate Partner (Ex-Spouse, Ex-De Facto, Ex-Partner)	5
Significant Other (Parent, Spouse, De Facto, Or Partner)	3
Business Partner	1
Fellow Boarder	1
Flat Mate	1
Unknown to the primary victim	
Stranger	14
Stalker	1
Offender Not Identified	
Unknown	1
Total	32

5.3 Identification and charging of offenders

Participants also discussed the length of time taken for the offenders involved to be identified. Of the 32 offenders, 22 were identified within one day. A further six were identified within one week of the crime being committed. However, there was a substantial delay (up to one year) before three of the offenders were identified. One offender remains unidentified a decade on as the crime remains unsolved. Although the vast majority of offenders (28) were identified within a period of one day or within one week of the crime, the police did not necessarily immediately charge these offenders; a situation that some participants explained left them feeling frustrated and distressed, as they had expected charges to be laid immediately. Although 23 of the 28 identified offenders were charged within the first week, it took up to another 15 months before all identified offenders were charged. Of the 31 offenders charged, the initial charges were upgraded in three cases (i.e., two initial charges were laid for grievous bodily harm and one for assault; all three were upgraded to murder). In one case the charges were downgraded (i.e., charges were laid for three counts of kidnapping and wilful murder and later downgraded to only one murder charge).

5.3.1 *The judicial systems encountered by participants*

In this section, participants identified aspects relating to their encounters with the subsequent judicial systems.

5.3.2 *Court attendance by participants*

Out of the 28 participants, 21 discussed their attendance at the courts. Just over two-thirds (19) of those who discussed the court proceedings, reported that they attended all of the court proceedings (i.e. the hearings, trials and appeals).

5.3.3 *Outcomes of the judicial process*

During interviews, all 28 participants discussed the outcomes of the judicial processes regarding the verdicts for the offenders involved. Of the 31 identified offenders, 17 were found guilty as charged by trial. Two offenders pleaded guilty as charged to the offences. The judicial outcomes for the remaining 12 identified offenders included: being found guilty by a jury of a lesser crime (5) (e.g., manslaughter not murder) or pleading guilty to a lesser charge (4) (e.g., pleading guilty to manslaughter not murder). One offender was acquitted (1); one was found not guilty due to insanity (1); and one was found not fit to plead due to insanity (1) and one offender remains unidentified, as the crime is unsolved.

5.3.4 *Judicial sanctions on offenders*

The judicial processes involving offenders resulted in various judicial sanctions (punitive measures) being imposed on 28 offenders of the 31 identified offenders. The reported types of judicial sanctions were varied; as shown below in Table 5-16. However, the vast majority of offenders (26) were incarcerated in a correctional facility (24) or a mental health institution (2). Two further offenders received good behaviour bonds served in the community (2). However, three alleged offenders had no sanctions imposed.

The duration of incarceration for offenders (24) ranged from two to 35 years. The two offenders incarcerated in mental health institutions were held at the Governor's pleasure²⁹. Participants also reported that approximately one-third (9) of the 26 offenders who were incarcerated had appealed their sentences, with two of these

²⁹ Which means there is no set timeframe for which they are held; rather it is until the state deems they are no longer a risk to the community.

appealing more than once. However, at the time of the interviews no appeal had been upheld. At the time of the study all but one of the offenders sentenced to incarceration were still serving their sentences.

Table 5-16 Judicial sanctions imposed on offender

Types of Sanctions	No.
Incarceration in Correctional Facility	24
Incarceration in Mental Health Facility	2
Community Sanction	2
No Sanction Imposed	3
Offender Unknown	1
Total	32

The one released offender was freed three years after the homicide. Four offenders were due to be released in the following 12 months. One offender had previously been released on parole but this was revoked due to breaches of release conditions. One offender had been granted day release. Finally, those two offenders sentenced to non-custodial terms such as community service orders had completed these without incident.

5.4 A snapshot of the participants and their experiences

These results have shown that typically speaking the homicides referred to in this study are just as likely to be current (less than 10 years ago) as historical (over 10 years) crimes and that the primary victims were typically the adult daughters of participants, killed during assaults. The location at which the crimes occurred was established in all but six instances and the bodies of two primary victims had not been recovered. There were 10 primary victims who did not die at the initial crime scene; five later died in hospital, however, it remained unclear as to where the remaining five died.

There were a number of ways participants learnt of the crimes. For example, the majority of participants (17) learnt initially that a crime had taken place, while others were initially informed of a death. Of those people informed of a crime, most were telephoned at home and told by someone other than the authorities. However, three people were present at the scene or later discovered the deceased. The group who learnt of a death were mostly told to their face by police when they were at home; however, again two people discovered the deceased's body. All the participants in this

study reported that they were not previously aware that the state takes control over the body of a primary victim of homicide and the state delaying reunification can have an impact on when death rituals and funerals can be held. Not every participant specified the length of the delay; however, those reported ranged from 14 – 90 days in England and from 4 – 28 days in Australia.

The offender was discussed in varying degrees with references made to what participants conveyed were key aspects of their experiences that needed to be understood in order to understand their experience of homicide. For example three victims were killed by more than one offender, thus 32 offenders were responsible for 26 deaths. The known offenders (31) were predominately reported to be adult males who had previous criminal histories, half of whom knew their victim prior to the crime, though not necessarily intimately, and half who did not. It is of note that nine specific references were made to offenders who were children (less than 18 years).

Though most offenders were identified and charged within a week and subsequently tried on those same charges, high levels of distress were reported in instances where this was not the case. Most secondary victims of homicide reported their personal attendance during the judicial processes that resulted in over two thirds of the offenders being found guilty of the initial charge (17) or a lesser one (5). The most common judicial sanction was being sent to a correctional facility (24) for between two and 35 years; a third of those convicted had unsuccessfully appealed their sentence. Only three known offenders had no judicial sanctions imposed and only one offender had been freed at the time of the study.

This chapter has discussed the characteristics of the forensic context and of the participants' experiences. The following chapter will go on to discuss the social support encountered by the participants following their experience of homicide.

Chapter 6

RESULTS: SECTION TWO

People travel to wonder at the height of mountains, at the huge waves of the sea, at the long courses of rivers, at the vast compass of the ocean, at the circular motion of the stars; and they pass by themselves without wondering. St. Augustine (n.d.)

6 Introduction: The support described and how it was experienced

The previous chapters have all highlighted the diversity of the secondary victims of homicide and the breadth of their complex forensic experiences. Throughout these experiences, secondary victims of homicide continue to exist in social settings and it is this interface that formed the major focus of this study. In addition to those in the forensic setting, the data provided detailed information and insight into the experiences of secondary victims of homicide within their broader social setting. The results in this chapter report on the analysis of the data on support systems and sources, including how helpful participants had found the diverse forms of support they had encountered. It is necessary to consider that the researcher defined a support source as ‘anyone who secondary victims of homicide felt should have provided them with some form of support be its informational, practical or emotional.’

An overview of the support systems identified is presented before reporting on the sources of that support and participants’ reactions and responses to the support they encountered.

6.1 Support encountered by participants

The semi-structured interview schedule utilised in the study did not impose categories of support upon participants. Rather the open-ended questions allowed participants to identify and describe what and how they experienced support following the homicide. The results of the analysis of the participant’s responses to these open-ended questions are presented in this chapter. Those results pertaining to participant support will be discussed under three general topics. Firstly, an examination of the main types

of support distinguished by participants. Nine categories of support systems were identified, ranging from family support systems through to government based services. Secondly, the analysis will examine the range of support sources. Participant discussions revealed that each of the nine categories of support systems often involved a range of support sources; in all 35 discrete sources of support were identified. For example, the family support system can be broken down into a number of support sources ranging from parents, to siblings and through to extended family.

Thirdly, the results will explore, in greater depth, the participants' responses and reactions to these support systems and their associated support sources. During the interviews, participants discussed their reactions to this array of support; their responses to these diverse supports were then categorised as being either:

- positive and helpful to them;
- negative and unhelpful to them; and
- ambiguous and containing both positive (helpful) and negative (unhelpful) aspects within the same experience.

6.2 Support systems identified by participants

The open-ended nature of the questions used in the semi-structured interview schedule in this study produced in great variation in the participant discussions of support. Some support sources experienced were discussed at length and in great detail, whilst others received fleeting or no mention. Despite the inconsistent references to support sources, the number and nature of all discussions were recorded and analysed. This variation dictated that the results had to be presented as 'the relative percentage or proportion of discussions being examined at the time.' For example, the first mentioned percentage below represents the percentage or proportion of the discussions of support that pertained to family, as opposed to the percentage or proportion of participants who discussed family.

The nine categories of support systems identified by participants through their 714 responses during the interviews are shown below in Table 6-1. The table illustrates that the family system was the most mentioned category representing 164 responses or almost one-quarter (23%) of all responses. This support system included various relationships to participants and ranged from parents through to extended family members. Each of these support sources for the family and other support systems will be discussed further in sections 6.3.1 and 6.4.1.

The crisis support system was the next most discussed category with 129 responses (about 18%). This support system spanned those involved in a crisis support role, from emergency services workers to health professionals.

Table 6-1 The support systems identified by participants

Support System	No.	%
Family	164	23.0
Crisis	129	18.1
Community	96	13.4
Justice	91	12.7
Friends	70	9.8
Therapeutic	59	8.3
Self-help Groups	52	7.3
Public	29	4.0
Offender Related	24	3.4
Total	714	100

Two further support systems, the community and justice systems, each had similar response rates (approximately 13%); the community (neighbours, GP's) 96 responses and the justice system (courts and post court services) 91. Friends as a support system accounted for 70 responses (almost 10%). Significantly, when combined, the family and friends support systems made up one-third of all responses relating to support systems.

Participants referred to the therapeutic support system, such as generic and specialist victim support service providers, in 59 instances (about 8%). Self-help groups such as specialised homicide grief support groups had a similar result, being mentioned in 52 instances (7%). The public and offender related support systems totalled 53 responses (under 8%). The public support system referred to that proffered by various members of the public, while offender support systems encompassed those that refer to the offender in some way; for example: other victims of the same offender (i.e. others victimised by a common offender), those associated with the offender (such as family and friends) and people who act as reminders of the offence.

6.3 Support sources identified by participants

This section presents a closer examination of the range of support sources that make up each of the nine previously discussed support systems. The identified sources of support are described below in Table 6-2.

Table 6-2 Support sources within each support system

Support System	No. Support Sources	No. Responses
Family	7	164
Crisis	4	129
Community	4	96
Justice	3	91
Friends	3	70
Therapeutic	4	59
Self-help Groups	2	52
Public	4	29
Offender Related	4	24
Total	35	714

6.3.1 Family support sources

The family support system was the most often mentioned of the support systems, comprising almost one-quarter of responses (23%), and involved a diverse range of seven support sources. These support sources and the number of references participants made to each during the interviews are illustrated below in Table 6-3. Several support sources are contained within each of identified support systems. Family had the most support sources (7) however, the majority of other support systems encompassed only three or four support sources. The range of responses relating to each of the support sources contained within each of the support systems will be now be detailed.

Parents, usually biological parents but occasionally step-parents, were the most commonly mentioned of the family support sources with 31 responses. Parents certainly played a pivotal support role for many participants.

After [my sister] died, we started saying we loved each other and we genuinely meant it and we still do; there was an appreciation of how brilliant my parents were. I just admire my family now in a way I didn't before. [Participant 10]

Table 6-3 Family support sources identified by participants

Support Sources	No.
Parents	31
Spouse	29
Siblings	24
Extended Biological Family	24
Children	23
Support Sources	No.
In-law Relations	21
Entire Family	12
Total	164

Following closely behind parents were spouses, with 29 responses. This included the participant's spouse at the time of the crime, ex-spouses and their current spouse. As with parents, participants spoke of their spousal relationships as important areas of support for them.

... I mean there were times where we [my husband and I] would talk, but I felt disappointed that he wouldn't approach me and say this is what I'm feeling today, how are you feeling? And then if I said to him I wish you would say I'm feeling shocking and then we could share this, he'd say oh but I don't want to put any more on you then is already there. ... He was very good, but I think I was very glad when I sort of found out from people here [the support group], that men and women do this differently, it enabled me to keep going, because I think there were certainly times I thought this isn't going to work. [Participant 18]

The next two categories of support sources siblings and extended biological family both had the same number of responses with 24 each. With siblings, individual participants identified both brothers and sisters as being important support sources.

I was really lucky. The house I lived in with my parents, although they had a house in [the city], so it used to be a true wog family: myself, my two kids, my husband, and both my brothers. So we all lived in the one house together. So I was really lucky that the night that the police came my brothers had just got home from work, so I wasn't home alone. And I often look back on that and think that I am so lucky that I had that. [Participant 17]

I must say both of my sisters were a great support, but in different ways. One of my sisters was the one who came to the house and did cooking and cleaning and made all the cups of tea for people and sort of was there doing all the work. The other sister was the one... kept taking my kids a lot down to her place, thinking she was looking after them and she was. So it was good for the kids to all be together, they're cousins all together and help each other. [Participant 23]

As a support source, extended family members comprised a range of family members but predominantly nieces, cousins, aunts and uncles. These closer members of the extended family, in some cases, were an integral part of the supportive process.

I met my niece on the way to [the victims house] and all I could say was find out which hospital [she] is in and we'll go straight to the hospital. But my niece already knew, [and I had been told she was dead] but it just didn't sink in. [My nieces] were very strong, they really were. They went through it with us and they were always with us. [Participant 8]

Children were referred to by participants as another important support source with 23 responses. Most often participants referred to their own biological children but in a few instances references were made to stepchildren. In some situations, the support of their children was as pivotal to participants as that of their spouse.

[Our son], he's a quiet boy like his father, but his heart and mind I think connected. Considering he's not my husband, he's my son, I would say [his support was] eight out of ten and [our daughter] was a nine, which considering we were the two that would be at logger heads throughout her life, my eldest daughter, that was quite something. [Participant 18]

In-laws made up the sixth support source category within the family system, with 21 responses. These included mostly mother and father-in-laws; brother and sister-in-laws, but in a few situations included the ex-in-laws of the participant themselves. Although not 'blood' relations, in-laws were often important support sources for participants, as is illustrated in the following quotation.

My in-laws were very good, but I suppose like a lot of people, they flounder because they don't know what to say or to do to help you. And I think some people are scared to say something in case they might upset you. After [he] died, they came, they just moved into our house for two weeks. When I think of it now, she did the washing, the cooking, the ironing and I don't know where I was at the time, but that never crossed my mind. And I think now, when I think back, I think we would have all starved because cooking was the furthest thing from my mind, let alone wash or iron; I think you just gravitate. [Participant 25]

Finally, in a smaller number of instances, 12 responses, participants identified the family as a whole, rather than individual family members, as a support source.

I think it gave me a comfort, my family, and friends being there for me. Mainly my family, they did give me a lot. I think what it did was it took part of my mind of it. While they were here talking and I'm having conversation all the time, it stopped my mind from going off onto other things. I didn't at the time, for some reason I felt I didn't want to be on my own, because I was frightened of what was coming into my head, I didn't want people to go away [Participant 3]

6.3.2 Crisis support sources

Following the family, the crisis support system and its associated support sources were the next most referenced by participants, accounting for about one fifth (18%) of responses. These responses related specifically to support sources that assisted the participants at the 'time of crisis', immediately after, or within a relatively short time after the homicide. The four types of crisis support sources identified are illustrated below in Table 6-4.

Table 6-4 Crisis support sources identified by participants

Support Sources	No.
Emergency Services	74
Spiritual/Religious Services	23
Health Services	16
Funeral Services	16
Total	129

By far, emergency service personnel made up the largest number of responses for this support source, with 74 responses (over 50%). These personnel included an array of professionals including police, police family liaison officers, ambulance officers, personnel attached to the coroner's office and emergency telephone operators among others.

I guess the officer in charge, he probably came at some stage, I can't remember when. Then [a family liaison officer came], who was the compassionate person that does the homicide, he came down. [Participant 20]

Other crisis support sources discussed by participants involved much lower response rates, with spiritual/religious support sources making up the next category with 23 responses. This group included such people as nuns, cannon priests, hospital chaplains, and clairvoyants.

The priest was very good. He came around as soon as he could... He came to the coroner's office with us when we went to see [her] and he stayed with us as long as we wanted him to. I mean that when we had the funeral, he was marvellous; he really helped us a lot. It was a very big affair and he arranged the hall for us for afterwards. He helped us arrange the service and he brought some light heartedness into it, as well, which [she] would have liked. He was very helpful and we've been back to the church since, because none of us live local anymore and he is very good. And I went to the school adjacent to the church, it was my primary school and the nuns there, the nun who taught me is

still there and they were at the funeral and afterwards as well. And when I've been back, they've always been very kind. [Participant 8]

I went there [to the clairvoyant] probably three weeks after she died and the lady stood up and she knew her name. I'd never been to this church before, my mum came with me and my sister in-law. She said the name [that starts with the same letter as her name] and I'm getting the name [and then she said her name]. She talked about heaps of things, about her being over the other side, she talked about her children and then when we went out the front she came up and asked me if she'd been stabbed. That's when I became a true believer. [Participant 26]

The final two crisis support sources account for a significantly smaller number of participant responses. Health services and funeral services personnel each comprised 16 responses. Health services included those personnel who had played a role such as emergency doctors, nurses, and hospital social workers. These personnel were integral in homicides where the primary victim was hospitalised prior to their death.

So a doctor finally came out and came over. He just walked in and shook his head and just walked off and never said a word; left me and mum standing there. [Participant 28]

Funeral services personnel referred to included the funeral directors themselves and/or others working in the funeral home.

Oh, she [the funeral director] was very good. I rang her up and I said 'I've got to arrange a funeral, how do I go about it?' And she said 'Come over and see me' and I went over and she said 'What's happened?' and I said 'My daughter got murdered and I've got to make the funeral arrangements.' She was very helpful. She's not in the funeral industry anymore; we sort of keep in touch with her a bit. She did tell someone that I knew, she said 'I've never forgot them.' [Participant 19]

We had seen him four weeks after he was killed at the morgue...and Mum put a rosary on him. It was [a total of] ten weeks til we got [his body] back to bury him. So they brought him home and we laid him out, even though we couldn't have the coffin open. The undertaker was nice; he remembered that he had been here [just] weeks earlier for my father's funeral. I asked if [my brother] was wearing anything and this chap [was honest], he said 'No, but he's got the rosary on' so we just put a photograph on it [the casket]. [Participant 11]

6.3.3 Community support sources

A more generic group categorised as 'community' attracted approximately 13% of the responses. This group comprised four main types of support sources: neighbours, GP's, places of employment and educational facilities. The responses are seen below in Table 6-5.

Table 6-5 Community support sources identified by participants

Support Sources	No.
Neighbours	39
General Practitioners	26
Workplace	22
Educational Facilities	9
Total	96

The participants referred to support from their local and more distant neighbours (i.e., those in their street, suburb and/or diocese) and, with 39 responses, this source of support was the most commonly recorded community support source. Participants revealed that they felt the level of neighbours' support often reflected society's judgements and attitudes to the homicide, the primary victim and toward them.

I'd see some neighbours, some people down the street who I knew, they'd look at me, and then they would carry on with their conversation. It was just a normal conversation no doubt, but I'd think they're talking about me, they're saying her son's been murdered. I couldn't face it and I'd go back home. Those were the sorts of things that went through my mind. [Participant 1]

While other participants, found the power of the neighbours as a support source very important in lobbying to achieve social change.

I thought that was the best way [to say the truth, tell my story] in the papers, people can see my point of view, and that I've had to live with it, the rumours, and that. I realised I had the support of the community, when I went around with my campaign [to amend the laws], because I'd do door to door and went to the pubs. I figured when they've had a drink they'd say their opinion; I thought I would find out then and everybody was great. [Participant 14]

GP's were identified as a support source in 26 of the responses, representing about one-quarter of the responses for this support system. At a time of much emotional distress, participants reported visiting the local doctor for health reasons.

We [the doctor and I] just talked about it for a while and he examined me and made sure I was ok. He said 'how you are feeling emotionally; I can give you something for it'. But I think I'm ok. [Participant 16]

She [the GP] gave us both a cuddle. And she was very lovely and said 'I think you're wonderful parents'. So that was very reassuring. But I think she found it very difficult to confront anything. [Participant 18]

Some participants also discussed having sought out the services of a second general practitioner for various reasons.

Well I couldn't get any support over there [at my GP] and the nearest, there's no counselling or anything where I was. So then, I phoned a women's health centre about a half an hour drive away and they used to come to me. They used to come and see me and talk to me, or I'd talk to them. They were very good. [Participant 24]

At 22 (almost 25%) responses, the workplace recorded a similar response rate to GP's. These included employees and employers at the participant's own workplace, and at those of their spouse and/ or the primary victim. Many participants spoke of the support of their work colleagues and employers in the context of whether or not leave was granted to allow for the traumatic grief associated with such a loss and the very time consuming nature of criminal justice processes.

I had just changed to another job. I'd been working for a company for about 8 years and I got fed up and I thought I'd get another job. I'd only been at the new company for two weeks when this happened and considering that, they were very supportive. 'You come back to work when you're ready.' But of course I knew I wasn't going to be ready to go back to work for a long time. I can remember going in and seeing them and saying 'I appreciate you holding my job, but I won't be working until I can cope.' And they were good; they said 'No look we understand.' So for a new company they were very supportive, but so was my old company. Because they eventually, after a month they said to me 'Would you like to come back to work here? Your job is now vacant again?' And I did go back, which was a big help. [Participant 25]

I started a job ... I was on a three month trial ... [my agency] said 'No they haven't called, there's no problems.' It got to about two weeks before Christmas, I'd had two weeks off because I had to go [away to take care of things] and my boss called me in and said 'I want to give you five hundred dollars for Christmas bonus and can you look for a new job next year. We don't think you're working out.' I said 'Yeah right, ok.' [I went on to] the company to court for unfair dismissal, which I won. [Participant 21]

Nine responses were made in relation to those involved with educational facilities. Support from those sources included the staff, parents and students at the schools participants had contact with through surviving children, either their own, or those of the primary victims'.

They were all fantastic at the school, the kids, the school Mum's and the school community. [Participant 26]

6.3.4 Justice support sources

The justice support system, also involving a little more than a tenth of responses (about 13%), included three support sources - the court, the press or media (involved in the reporting of the homicide and any subsequent trial) and the post court services

(such as criminal injuries compensation boards, parole boards and appeals panels). These support sources are illustrated below in Table 6-6.

Table 6-6 Justice support sources identified by participants

Support Sources	No.
Courts	44
Media	26
Post Court Services	21
Total	91

The court services (prosecutors, judges, lawyers, and general court staff) rated 44 responses, nearly half of all court related support source responses.

They were beautiful, right up to the men at the door. The ladies that volunteer, they were just beautiful. They brought us fresh cakes and make us coffee and sit and hold us when we cry. They had a man come with me, because I was one of the witnesses and he said 'I'll stay right here with you love, I won't leave the box.' Because I said 'Just don't leave me by myself in here.' They were fantastic, right down to the judge. The judge was the bomb, he was beautiful, the judge actually. He'd smile at me every now and again. [Participant 26]

The other thing, I can remember when we went to court and I think things have changed now, but his family was sitting in the same room as we were. I believe it's changed where people do have separate rooms now, whether that happens all over the country I don't know, but that's something that should be looked into, because that was very uncomfortable situation. I mean we were being stared at. [Participant 5]

At 26 responses, the press or media made up just over one-quarter of the responses. The media included all aspects including television, radio, and the print media, as well as individual reporters. The media has been presented in this section as most of the media response is in relations to the event, police media releases and the subsequent court case:

The press, [my sister's] death was all over the papers, all the national papers throughout the country, for weeks. My parents read these things and sometimes they put their daughter down. As if she was wrong, because he portrayed her as nagging him. And they tried to make her out to be not a good wife and believe it or not, not a good cook. Now [she] was one of the best cooks I've ever known. She loved cooking and she loved gardening. She was Mrs. Goodlife, wonderful. I used to wish I was so organised. And she was put down in the papers; I've got all the cuttings at home. I've got a magazine of stories. I think maybe they should become aware sometimes of what they're saying and the way they put things across. They always blaspheme the people who are innocent and it's not fair. I don't know what else to say. [Participant 5]

Post court services involved 21 responses and accounted for under one-quarter within this support system. These services were identified by participants who had contact with services such as appeals courts, the criminal injuries compensation board, victims' notification registry, probation services and restorative justice processes. Most of these services do not come into play until after the homicide has initially been dealt with in court (either criminal or coroners).

Criminal Injuries Compensation they were good, not that you ever saw them. You fill out a form, send it in, they send it back, said pick out a solicitor, we picked this guy out and he was pretty good and he goes to court with you. And then you went to a Magistrate's court in those days and that was it. You didn't have Victim's Assistance, well we helped to get that set up in the years afterwards, but there was nothing like that in those days. You just filled out this form, got the police to sign it, and sent it in and they did the rest. And you just, the funeral was paid for you, you didn't have to put your hand in your pocket at all or anything, so it was pretty good from that point of view. [Participant 19]

Most contact with these post court services for participants was dependent on the judicial outcomes. That is, if the accused was found not guilty or not tried, then the participants may have little or no contact. However, if the accused was found guilty then participants often had contact with the parole system and associated institutions.

Probation service, it's like I've got a probation officer and if I need to get in touch with her, she'll tell me where he's at in prison, he's gone to open prison, she lets me know what he's doing. If I phone her, she'll find out from the probation service down where he is. It's like a network... the assistant probation officer, is very helpful, albeit I deal with [another one now], but they're good. You need support like that. [Participant 5]

The high court was excellent, one of them, she was a top judge; she'd give the blokes a burst, I was very impressed with her. It's a pity she retired. [Participant 19]

6.3.5 Friends support sources

This support system involving friends (with just under a tenth of responses), included three types of support sources as shown in Table 6-7 below: the participant's existing friends, friends of the primary victim and the participant's new friends.

Table 6-7 Friends support sources identified by participants

Support Sources	No.
Existing Friends	55
Primary Victims Friends	9
New Friends	6
Total	70

Amongst the friends support sources, the existing friends were discussed as an important support source (55 responses), making up over three-quarters of this support system. This was the most dominant of support sources amongst friends.

It was terrific. I mean we hadn't seen each other for something like twenty-five years. He sent a card care of the funeral directors, who handed it on to me and it had his name and number and I was able to get back in touch with him. Now we're back again sort of mates. He was there every other day at the trial with me. [Participant 16]

My best friend was called, who I've been friends with since I was eight and she's an absolute rock and she came over. [Participant 2]

The remaining support sources, consisted of the friends of the primary victim (9 responses) and a few new friends (6 responses).

6.3.6 Therapeutic support sources

The next support system comprised therapeutic support sources and accounted for just under one-tenth of all responses (about 8% of overall responses). These were found to fall into four main categories: generic therapeutic services, specialist victims of crime services, community departments and forensic mental health services. These are outlined in

Table 6-8 below.

Table 6-8 Therapeutic support sources identified by participants

Support Sources	No.
Generic Therapeutic Services	28
Specialist Victims of Crime Services	23
Community Services Departments	5
Forensic Mental Health Services	3
Total	59

Of the 59 responses in this support system, the most significant involved the generic therapeutic services with 28 responses, nearly one-half, and the specialist victims of crime services with 23 responses. The generic therapeutic services (psychologists, psychiatrists, social workers, and counsellors) involved references to individuals who were not necessarily specialists in the trauma but nevertheless did provide services for them. These psychologists, psychiatrists, social workers, and counsellors had not worked specifically with clients dealing with post-homicide grief before working with the participant.

... it wasn't specialised support; I wasn't being counselled by anybody who had a specialism in that area or experience in that area. There seems to be very few with experience in homicide. But considering the limitations, I think she did the best she could. [Participant 10]

The specialist victims of crime services provided a significant support source. This support was provided by victim support service staff, court support volunteers and other specialised personnel. Unlike the generic therapeutic services, these people had been trained in the dynamics of criminal victimisation.

The police asked us, well the family liaison officer asked us if we wanted Victim Support and she was there the next day. She came in and she made us all a cup of tea. She didn't do much; she just sat there with the occasional question. And she got up and she said 'Well I'm going now' and she was there the next day. She was there every day for about a fortnight, for an hour and a half or an hour. [Participant 4]

A small number of responses referred to community service departments within other departments, such as social services and the public trustee and their staff (5 responses).

[Social services got involved within] a few weeks, about 6 weeks. I got a new flat and I moved in there for a few months and then I went to live with my Dad. They [actually] came as visitors the week after I lost [my daughter]. But they said they were just coming to see us [and support us]. They'd actually talk to my Dad and said they would step in and support the family. The social worker stopped with us for 10 years and she was really a good person. Even when she wasn't coming, she'd still send cards and things like that. She was the best support I had, a social worker. [Participant 14]

Finally, three responses related to specialist staff from forensic mental health services, who were responsible for looking after the interests of the community in cases where the offender was sentenced under mental health laws.

6.3.7 *Self-help support sources*

The next support system involved self-help groups (approximately 7%) and comprised of two types of groups shown in below in Table 6-9.

Table 6-9 Self-help support sources identified by participants

Support Sources	No.
Specialised Homicide Grief Support Groups	46
Generic Grief Support Groups	6
Total	52

The most dominant group, comprising of 46 responses, were those self-help groups specifically established to provide specialised homicide grief support. There were 13 different specialist homicide grief support groups across England and Australia referred to by participants. These included such self-help groups as homicide victims' support groups, support after murder and manslaughter, victims' voice, and victims of crime action league.

They knew what you were going through, whereas somebody who's not - they haven't got a clue. You just stop talking all of a sudden and you sit there for a few minutes and then start talking again, they don't mind. [Participant 4]

A much smaller number of six responses referred to generic support groups that provided support to those experiencing all types of grief. These included such groups as compassionate friends and church support groups.

6.3.8 *Public support sources*

This support system involved four different support sources based in the public arena, which were mentioned in only a small number of responses (4%). The responses related to individuals in both official and unofficial roles and to organisations and commercial firms. Those individuals who were community officials were of assistance in matters such as the custody of the primary victim's children, amending legislation, acquiring passports and so forth. Whereas responses for individuals not in official positions included passersby, onlookers and so forth, who were said to be in a unique position with the potential to assist in a way no one else could. Commercial firms were referred to in relation to issues associated with insurance policies, the payment of outstanding debts and so forth. The four support sources identified within this public support system are shown below in Table 6-10.

Table 6-10 Public support sources identified by participants

Support Sources	No.
Community Officials	12
Organisations	8
Individuals	6
Commercial Firms	3
Total	29

In nearly half of the responses (12), participants made references to community officials in public positions including the Attorney General, Members of the House of Lords and Members of Parliament.

There was the Attorney General, no not the Attorney General, it was the Victim's Minister then, and he was doing a speech. At the lunch break, he came past our table and...I just went 'Can you help me?' I just caught hold of his hand and I pulled him to the seat. I said 'Can I come and speak to these people who are going to debate? To put our case across as to why it should apply retrospectively'. He said, 'Will you do it?' and I said, 'Yes I will.' So he got me an appointment and we went. [Participant 13]

Organisations had eight responses, just over one-quarter; these involved encounters with public organisations contacted by participants when dealing with unique complexities in the aftermath of a homicide. Examples included the passport office, participant's unions, and the family court.

[The offender had a letter saying he should have custody of her daughter, so] we rang our solicitor immediately,...he said 'My advice is we go to [court] next week and see a counsel and see if we can ward her.' We warded her, made her a ward of the court, the following week, he was served with papers. So we got that started, the litigation started, in court the following week. [In total] it took nearly a year. [Participant 9]

There were a small number of six responses relating to individual members of the public. The individuals referred to included, members of the public approached for assistance at the time of the homicide and researchers studying the area. There were a minimal number of three responses relating to people in specific commercial firms, in the insurance, travel and finance sectors. This support source was encountered in extremely rare and unusual situations and circumstances, but given the nature of their work, they were pivotal in addressing presenting issues (e.g., being able to get an immediate flight home, to pay out life insurance and/or address estate issues).

When they found the bodies, I had to tell [the airline on the other side of the country], that I had to have police protection, or protection when I got off the plane, in case somebody found out that I was coming back, in case the media were at the airport when I got off the plane. They [the airline] wanted to know what was going on and I broke down and I said that my husband had been murdered and they just found his body. They were really great, on the plane one of the hostesses sat with me the whole time, they were really great. Then they took me off the plane, off the back end and took me into, I didn't even go through the tarmac or anything. [Participant 24]

6.3.9 Offender related support sources

These support source responses related to the offender, other victims of the offender, associates of the offender (e.g., parents, partners or other relatives) and people in the community who acted as a reminder of the offence, for example seeing homeless people, drug users, or the family members of other unrelated offenders. The responses relating to these support sources accounted for a very small number of responses (involving only 3%) but the researcher felt the need to include these to allow for total representativeness of the responses. Table 6-11 illustrates these results.

Table 6-11 Offender related support sources identified by participants

Support Sources	No.
The Offender	8
Other Victims of the Offender	7
Associates of the Offender	5
Reminder of the Offence	4
Total	24

The offender themselves were commonly discussed in about one-third or eight of the responses in relation to their court behaviour.

The 25 and 17 year old are brothers. I tell you what, that 17 year old is a nasty piece of work. Out of all of them, he is the one that gave me the biggest problem when we were in court. You could just see in his face that he couldn't give a flying toss; making a point of looking over at us in the docks and smirking. [Participant 17]

Likewise, participants referred to a number of encounters with other victims of the same offender in seven responses. The other victims included the parents of other homicide victims and primary victims, who had encountered or escaped the offender during the commission of other crimes.

Well that was the support that really meant a lot to us. To me they [the other victims' parents] are more important than an organisation, although I would have liked to talk to somebody about a child being murdered. But once I met [her] and she accepted, I had that [experience too]. Really, basically, [what was helpful] was talking to somebody who knew [the offender]. This was the big thing. [Participant 9]

Five responses focused on participants' experiences of associates of the offender, both in and out of the court.

She [the Mother] was the one that hobbled in on the arm of the Salvation Army and did the big swooning poor me kind of thing. I think the [other one's Mother] showed dignity, that's what it was. It was that thing that you can see, that we're willing to bear the brunt of what our son has done and we're really sorry and what can I do to make it better. Whereas she [the first one] was just like it's not my fault. It's just the way that it came across. Although she didn't say anything, it's just that thing of a harridan, that's the way she came across. [Participant 17]

Only four responses related to encounters participants had with certain community members, who acted as a reminder of the offence. That is that they reminded the participant of the offence, though they were not actually connected in any tangible way to the offence. Participants identified drug users, people with mental illness and associates of other unrelated offenders as reminders.

They [the offender] were Aboriginal. However, I'm not racist, I'll be honest. I hated all Aboriginals for quite a while after, but I know they're not all... the same. I'm so not like that now. They do scare me to look at them; they do scare me, because nine of his family members are in prison. I mean my Dad was black, my Dad's Samoan. So I'm not racist against all black people. [Participant 26]

6.4 The nature of participants' responses to support sources

The 714 responses made by participants were further categorised in this study to further reflect the nature of their responses to the support systems and sources they encountered. The nature of these responses was identified as one of three types, positive, negative, and ambiguous:

'Positive responses' conveyed by participants were made relating to the helpful nature of the support experience, for example, family members who were consistently on hand to provide practical and emotional support and/or service providers who were sensitive in their approach to participants and in offering assistance.

‘Negative responses’ conveyed by the participants were made relating the unhelpful nature of the support experience. For example, a coroners court official who when speaking to a key secondary victim of homicide about returning the primary victim’s body, noted that the deceased was without their brain said something to the effect of ‘the brain just turns to liquid and it’s nothing.’ This comment was described as a distressing and insensitive thing to say to someone who was grieving, especially when communicated by telephone.

‘Ambiguous responses’ conveyed by the participants were made relating to both the helpful and unhelpful nature of the support experience. For example, when police were initially very caring and helpful to a participant, but after the investigative process had been completed, the participant found the police had not accurately conveyed information about the crime during the investigation.

Each of the previously discussed support sources will now be explored in greater depth by examining the reaction and nature of the experiences described by participants and categorising them as being helpful, unhelpful, and/or ambiguous. As discussed earlier, the reader must be mindful that inconsistencies in the number of participants’ discussions about support meant that results had to be presented as ‘the proportion of the responses being examined at the time.’

6.4.1 Family support sources: Participants’ response types

The responses of participants to the family support source contained all three types of experiences – positive, negative, and ambiguous. These are illustrated in Table 6-12 below.

Table 6-12 Family support sources: types of responses

Types of Responses	No. for each Support Source						
	Parents	Spouse	Siblings	Extended Biological Family	Children	In-law Relations	Entire Family
Positive	23	20	16	18	19	15	6
Negative	7	7	6	6	4	6	6
Ambiguous	1	2	2	-	-	-	-
Total	31	29	24	24	23	21	12

6.4.1.1 Parents

As parents were the most frequently mentioned support source in the family support system, it is interesting to note that 23 out of 31 responses were positive in nature representing about three-quarters of responses. The remaining responses comprised seven negative and one ambiguous. These responses relating to parental support showed that participants generally found it supportive when their parents could be there and listen to them without talking too much about their own (the parent's) feelings. Parents' practical support was also a positive experience for many participants.

But as far as support goes, with the people who were with mother, my father, and me of course. They live not far from me and they were fantastic. They were there every day. Mum was making continual cups of tea and looked after people, greeted them as they came. [Participant 23]

My relationship with my mother is deep and we've always understood each other. I understood the pain and hurt that she experienced. I'm not saying others didn't, but I did and others can speak for themselves. We just talked about it and I knew, in talking to her, that I had a partner, in my mother, who understood the issues and was clear headed about it and wasn't talking about revenge, but was obsessed with justice. So what I had in my mother was the person who was close to me and shared similar political views and understood the facts as well. I mean she was also a fountain of knowledge on the question of her own daughter and the circumstances of her life ... [Participant 22]

Alternatively, for those who expressed negative responses, their parents' attempts at support were found at times to be very unhelpful.

She could have lived in South America. I have this mother who is three houses away and she never came near the place unless she had to. I can remember she got really angry with my mother in-law, because they came and stayed in the house with us. 'That is not your job', she said, 'That is mine.' and I said 'Well I don't see you here.' So she went. [Participant 25]

Although participants often understood that their parents were also grieving and tried to accommodate this, for one participant the support from their parents was considered to be ambiguous (sometimes helpful and unhelpful).

My mum would get upset, so I'd stop being upset to comfort my mother. Then I felt like I couldn't talk about things in front of them all because they'd all get upset. So I had to hold back a lot. Don't get me wrong, I love my mum, but we conflict a lot, because she's like oh my granddaughter, my granddaughter. Sometimes I felt like, as if, mum overtook all the grief. Like as if sometimes it was like it was her daughter, like she'd lost all this, so it was hard. [Participant 15]

6.4.1.2 Spouses

Spouses were mentioned almost as often as parents, with 29 responses. Overall, there were 20 positive responses representing approximately three-quarters of the responses in this group. These responses suggest that positive support included such things as being able to acknowledge one another's grief, to give each other space, to listen, to talk, to hug, and to share with each other.

All you do is to give one another a hug; you know you're there for them. And that's all we needed. We didn't need words, just a hug, I'm here for you, and that's it. [Participant 1]

He [my husband] was always very good to me and always said 'You're doing so well, I can't believe you're doing as well as you're doing.' and all that sort of thing, [even though] I think we dealt with it individually for quite a while.

Alternatively, when spouses were unable to respect and support each other's grieving processes, participants reported a total of seven negative responses.

My husband; I thought he would be more supportive because I found [our daughters body]. It was only later that I realised he wasn't supportive because he couldn't be, because he'd lost his daughter and the grieving process just didn't bring a couple closer together. It's like a brick wall comes down between you. Nine out of 10 couples, divorce after they've had a child murdered, whether it be a young child or an adult child, because you can't share the grief. He was the one I was most angry at, because I wanted him to be there for me. When I was having flashbacks and nightmares and I could smell her all the time, I wanted to tell him about it and talk about it and he didn't want to know. [Participant 13]

Being able to assist your spouse when you yourself are deep in grief was considered by some participants as extremely difficult and required a conscious and continual effort. This resulted in two ambiguous responses and reflected the sometimes-turbulent nature of this support.

We supported one another I think, when one of us was down the other tried to pick the other up. We're still really close. I mean we have ups and downs, don't get me wrong, but I don't think it's wavered. [Participant 18]

6.4.1.3 Siblings

Siblings received predominantly positive responses as supports to the participants with 16 responses, although this number was lower when compared to some other family support sources. Positive responses were associated with consistency of

support, having one's grief accepted, being non-judgemental of coping mechanisms, and providing both practical and emotional support.

Yes, ten out of ten for [both my brothers]. They'd check on me, like I said they'd ring from work. When they came home they'd put their head in the bedroom door and go 'Are you awake sis?' If I was they'd come in and sit down beside me and have a chat. So both of them were constantly [supportive]. [Participant 17]

Most participants grouped all of their siblings together, however, in some cases one sibling may have been supportive while other sibling(s) had not and participants discussed these separately. For the six negative responses that make up one-quarter of responses, participants felt that siblings had failed to provide any support at all. Sometimes this was explained by participants as being due to geographical distance, practical inability (e.g., due to work commitments) or physical inability (e.g., health issues). However, at other times this lack of support related to their sibling's fear of being judged by society, or having their professional and social reputations tarnished.

[My sisters] they were just there at the time... and it was just like after the court case, then the gossip started and then they just didn't want to know us because of the rumours. It was just like I was shoved to one side, because they didn't want this conversation to carry on around in the pubs about me. [Participant 14]

For the two ambiguous responses, participants felt that siblings may have tried to support them but often this was not the type of support they needed. For example, a sibling providing practical support with domestic chores did not provide emotional support to adequately discuss the grief that was felt by all.

She was a support in keeping me strong and sort of knew that I wasn't going to be pathetic. But also, it would have been nice for any one of us to have just cried a bit more. We did cry a bit, but probably not enough. It would have been nice if we could have been human, instead of trying to be super human. [Participant 10]

6.4.1.4 Extended biological family

The extended biological family including aunts, uncles, and cousins received 18 positive responses, three-quarters of the responses for this support source. The comments from participants included their being open to listening, available to assist both practically and emotionally and not judging the participant's own way of grieving.

A cousin who [also] had a property... [helped us] as we grew onions and carrots and vegetables on our property and [we] weren't in a fit state to look

after these vegetables and so my Dad and this cousin looked after [our] property and did what was necessary on the property. [Participant 23]

On the other hand, the remaining one-quarter (six) responses were negative. This occurred in instances when extended biological family members were unavailable, non-communicative, or showed no interest in the impact of the homicide on the participant. This was described by participants to be very distressing and isolating and compounded their initial loss.

The thing that hurt me the most though, was the fact that not a single one of my family, none of his aunts or uncles or cousins, not a single one of them came to sit with me during the trial. It was just a case of mass desertion. They didn't want to know us. That really hurt, almost as much as his death itself. Because we'd always been such a close family, always in touch. [Participant 16]

6.4.1.5 Children

Children, representing predominantly biological and stepchildren, had the highest rate of positive comments across the family support sources, with 19 out of 23 responses being positive. These responses indicated that children were actively supportive when they shared their parents sorrow and grief, talked openly with their parents and assisted with practicalities.

My daughter wasn't sleeping either, [so she] and I spent most of the night talking and crying and just generally talking about all the things they did when they were little. [Participant 2]

My daughter's... they're terrific. [They are now in] their early twenties. ... My eldest daughter reads what I write. There was a long time there where she didn't really want to know about it when she was in her teens. Maybe it was something about being a young woman. And that used to frustrate me, because I wanted her to understand it. And I've noticed in recent times, that her attitude is so different and she tells me what all her friends say and how they think it was a great article that your dad wrote. So it's really nice. [Participant 22]

Participants revealed that by providing a reason to for the participant to keep on functioning, children also played another positive role. As regardless of their own difficulties and struggles with their own feelings, parents needed to continue to encompass the needs and feelings of their children (whether adolescents or adults).

He is [supportive], but I think we've had to support him more than he's needed to support us, because he's the one that needed propping up. Because we were worried at one time, we were very worried about him, because he wouldn't answer the door to anybody, he wouldn't answer the phone, and we were concerned that he was suicidal. He really was at one point. [Participant 1]

The small number (four) of negative responses about children mainly reflected situations where a child had developed self-destructive coping mechanisms or risk-taking behaviour in response to the homicide. Example behaviours include, a total withdrawal from the family, excessive drinking and/or drug taking or acting violently towards others.

[Our son has been in prison for] drug related offences. And now, while he was in prison, he went on a drugs therapy course, turned his life around. My youngest daughter, she's 35 now; she's married with two children, but can't talk emotionally about [our other daughter]. We can talk about [her] generally, when she was a child and things that she did and everything, but to talk about how you feel, if I get upset she doesn't want to talk about it. We're all strangers. [Participant 13]

6.4.1.6 In-law relations

Of the 21 responses, 15 responses, approximately three-quarters were positive. Although many participants did not expect their in-laws to be so supportive, they found that in-laws could be a little removed emotionally from the primary victim and thus, were in a better position to listen objectively and offer practical support. This meant that in many cases, the in-law's own grief did not hamper or preclude them from being supportive,

My son's wife, her parents were fabulous, which was fabulous. His sister and her husband were pretty good and helped out with the legal stuff we didn't understand. [Participant 18]

However, six responses reported that in-laws had a negative impact on participants.

Actually it was a comment that my mother in-law made, she said she did not think I was very upset at all about [him] dying, because she hadn't seen me cry. I never had a chance to. I did the media release, I picked the flipping coffin, I wrote the eulogy, I chose the music, I chose the plot, I organised the damn funeral cars, when did I have time to do anything? So there was a resentment in there at that point, again my mother is one that says [she] just lost a son; my mother is very much like that. She said 'They've lost a son, cut them some slack.' But I wanted to be selfish for five minutes and I wasn't allowed to be. I didn't get a chance to be and I really wanted to at that point in time. I just wanted to carry on for a bit, but I didn't get the luxury of doing it, because I had to hold it down, people coming and going constantly and whatever. [Participant 17]

6.4.1.7 Entire family

Several participants discussed their family as the entire family group. For these responses, half were positive (six) and half were negative (six). As with previous

family support sources, participants felt the entire family provided positive support when family members were physically present, able to listen without comparing or judging each other's grief, and willing to offer practical and emotional support.

I think it gave me a comfort, my family, and friends being there for me. Mainly my family, they did give me a lot. I think what it did was it took part of my mind of it. While they were here talking and I'm having conversation all the time, it stopped my mind from going off onto other things. I didn't at the time, for some reason I felt I didn't want to be on my own, because I was frightened of what was coming into my head, but I didn't want people to go away. And I didn't want people approaching me. That was the other strange thing, I put myself in like a dance, and if somebody took a step towards me, I took a step back or sideways. I didn't want anybody coming near. I think the feeling was that if they'd done that, I would cry. [My family accepted and respected that but were still there]. [Participant 3]

They [family] couldn't understand everything and sometimes you feel you don't want to put on them all the time, but if I needed them, they would be there. [Participant 5]

On the other side, some participants found that their entire family were unhelpful and unsupportive and spoke negatively about them. Their statements implied that in these instances, the family had not been able to provide support of any sort, emotional, practical, or informational and as a result, they felt judged, misunderstood and isolated.

They [family] find it too hard. Which that's hard for me, because how can they support me and be there for me when they don't know exactly what I've been through? They don't know exactly how I feel about things. That's what's really hard. They've never read my police statement, ever, nobody, because they can't handle the fact that they can read it. Which I can sort of understand that in one sense but then I can't in another. So it's hard for me to come out and talk to them about it and to have support from them because of it, because they don't even understand it. They don't want to know because it's too hard for them. I understand that it might be too hard for them, but how hard do you think it was for me? I lived it. [Participant 15]

6.4.2 Crisis support sources: Participants' response types

Participants provided 129 responses relating to the four support sources for the crisis support system. Participants had contact with these support sources primarily in the initial days and weeks following the crime. These were emergency services, spiritual, funeral related and health professionals. Table 6-13 below provides an understanding of the participants' reactions and types of responses to their involvement with these support sources.

Table 6-13 Crisis support sources: types of responses

Types of Responses	Support Sources			
	Emergency Services	Spiritual	Funeral Related	Health Professionals
	No.	No.	No.	No.
Positive	44	15	10	10
Negative	27	8	6	5
Ambiguous	3	-	-	1
Total	74	23	16	16

6.4.2.1 *Emergency services*

By far, the emergency services accounted for the greatest number of responses in this support system. These included police, coroner, ambulance, fire department, and emergency telephone operators. This group received 44 positive responses, representing under two-thirds. When participants spoke positively of these emergency services personnel, their observations included that they were: going beyond the call of duty; assessing and meeting practical needs; explaining the situation and processes in honest and appropriate detail; going about their work in a humane manner and considering the feelings of family members; and attending trials and providing information, even after they had moved on to other roles.

Just the fact that they were, I think the most important bit was they were really good with my kids. They treated them like kids. They spoke cool to them. They respected the fact that they were children and didn't speak to them like police officers talk. They were brilliant. They were there. I just had to make a phone call and they'd come around. They organised the duress alarm for us, because we had threats from the [offender's] family. [Participant 26]

Over one-third of participants, 27 negative responses, conveyed negative experiences that were unhelpful. These included when emergency services were: not available; did not believe the family about the victim's nature or movements; did not provide correct and/or timely information; or did not do what they said they would.

The things that were bad, I think, was the family liaison officer promising me at the time and she broke her promise and that's what I always impress now on the police when we go and do any training, if you give somebody a promise you must do it. I would have accepted a phone call to say look I can't go yet. It would have been a call. It's just the not knowing and the waiting. [Participant 2]

Three responses about emergency service workers also conveyed the ambiguity some participants felt. They had expected emergency workers would know how to

respond to a crisis and to the participants. However, some emergency service workers were less responsive to the unique needs of a secondary homicide victim at the point of crisis. Although doing ‘their job’, they lacked empathy and awareness for the participants. For example, when the participant and their elderly mother were visibly distressed having just found the primary victim’s body, the response of the ambulance officers exemplified this ambiguity.

Well they just sat in the ambulance and we were standing out on the front lawn and they said ‘Don’t go in there’ and that was it. That was the only words they spoke to us. I thought they could have, well I don’t know what they should have done or whatever... [Participant 28]

Further exploration of negative or ambiguous participant experiences of emergency services related to actions that compounded the grief and trauma and were due to: the rigidity of investigative and criminal processes; the inability to donate organs; the way in which viewing had to be carried out; the extended time it often took to release the primary victim’s body; and/or the offer to return incomplete bodies. The following response reflects some of these issues.

That was three weeks after he was attacked and we got the funeral on the Wednesday. They brought the body back on the Monday and we were allowed the funeral on the Wednesday. Well the part that hurt me and still hurts me and I will never ever forget... it’s a fact, that having to wait two weeks for that post mortem, which was exactly the same as the [first] post mortem, the results, was blunt head trauma is what killed him. His body had decomposed and the undertaker had sealed the coffin, he didn’t let me see him, it was too much of a mess. How do I know that it’s [my son] in that box; that could be anybody in there. I feel robbed. To me, it degraded me, it degraded my son, but that was the lowest degradation he could have given to me. He robbed me from seeing my son in his coffin and that I will never ever forgive that ... [Participant 1]

6.4.2.2 Spiritual

The spiritual support sources discussed church personnel such as the general clergy, cannon priest, nuns, and hospital chaplain. Interestingly, many participants did expect that the spiritual personnel would provide support as part of their spiritual ethos. This was often the case, with 15 responses, approximately two-thirds, positive. Participants felt positively supported, when the life of the primary victim was respected, valued and important to the church and those within it.

When the priest stood up in the church and said he counted [our late son] as one of his best friends, I was so emotionally moved with that. I thought for the vicar to come out with that... [Participant 1]

However, in six responses, participants had a negative reaction to spiritual support. When spiritual personnel were unhelpful to participants, it was an extremely distressing experience.

We had a priest who didn't know anything about [my sister] he took liberties in talking about what had happened, in a way that I did not like. My parents were very unhappy about it and people in the congregation were unhappy about it. It should have dealt properly with the fact that she had been murdered, that it was a terrible injustice, but he kind of circled the issues. I can't remember it all, but we just knew at the time what was bad about it. It was a bit like that, a bit like the thing thou shalt not speak about it, murder within a family. [Participant 22]

Further, this spiritual support source also raised a further complexity of issues for some participants. These participants conveyed that in many instances the homicide itself and/or the reaction of spiritual personnel either strengthened or challenged their continuing faith.

6.4.2.3 Funeral related

The funeral related support source encompassed all staff at funeral homes and over two-thirds of responses (six) indicated experiences with that were positive. Participants found it to be very helpful and supportive when staff: provided unknown information gently and proactively; when they behaved in a caring and sensitive manner; and when they accommodated a family's need to be involved in the burial process despite the time delay and subsequent decay process.

I was glad they are family undertakers. What upset me the most was when she said that she was going to go to these undertakers, they told me that she would have to go in a sealed coffin because of the length of time it had been. So the undertaker said 'I'll find out about that.' The next phone call is the undertaker, very nice man and he said, 'She's here.' I said what they'd told me about the sealed coffin and I said 'I've got to have my time.' So he said right, 'I'll ring you back within the hour' and he did. He said 'You can come any time you like.' I was so relieved; I thought I'm actually going to be with her. So I was able to place things that family wanted to go in the coffin. I'd got her favourite teddy bear, which she'd always kept, we all wrote letters to her, and there were poems. There were ever so many things that I had to take for her. They'd even shampooed her hair and it was lovely, she always looked after her hair. I got to have my time with her and that was important. [Participant 2]

Alternatively, six responses representing just over one-third, indicated it was very distressing when funeral staff were unhelpful and unsupportive.

My Mum and Dad said could they view her. I knew they couldn't. We weren't allowed to because she was badly decomposed. The man at the funeral home said to me, 'Well we'll have to defrost her first.' I'll never forget that, because it

was like he was talking about a frozen chicken. I couldn't go and tell my Mum that, or my Dad, because it's their daughter, their first born child. But I have often thought that maybe they should become aware of how to speak to people and deal with these situations. [Participant 5]

Although participants realised that a homicide is not a death that even funeral support sources are likely to be familiar with, participants feel that funeral personnel and directors should at the very least be compassionate.

6.4.2.4 Health professionals

The health professionals - doctors, nurses and social workers received a range of responses. For about two-thirds of responses, (10) participants found health professionals to be positive and helpful. This was reinforced when the health professional provided accurate and timely information that was responsive to the immediate needs of the participant at the time. Responses indicated that it was helpful to be informed as to procedures, symptoms and events as they occurred, or where possible, in advance.

I think it was just their caring nature and explaining to us as a family, the only member of our family who didn't come to the ICU was our youngest daughter, because I just felt it was too traumatic for her. They were very caring and they were very good at explaining; like [telling us to] talk to our son. Because as they say 'We don't know if he can hear you or not.' So, we talked to him. They were very caring as our middle daughter, she came in and she collapsed; but they took care of her, they took her down to another section of the hospital and they looked after us emotionally. They were saying 'If you feel like going home, then go home, we'll look after him.' I couldn't. I just couldn't go. My husband did, because somebody had to go home with the girls. I can't fault them. They explained everything they were doing, why they were doing it, and the doctors were the same. They were fantastic. [Participant 25]

For those participants who provided the five negative responses, approximately one-third, reflected issues relating to a lack of timely information, the abrupt delivery of information and an overall lack of compassion.

Fucking useless, we never spoke to them [doctors]. They walked in and said 'We're sorry we can't stop the bleeding.' That was it. [Participant 22]

When it first happened, they actually took me and they actually put me in with this lady who worked along with the hospital or something up there, [perhaps] a social worker. They didn't have anywhere for me to stay that night, so she actually took me back to her home, with her daughter. But then that night she started telling me about her de-facto, or ex de-facto and the problems they had and he was abusive and this and that. Then the next morning when I woke up, he turned up for coffee. I just thought that was really the wrong situation to put

me in. I'd just lost my daughter [and had my life threatened at the hands of my ex] and she's telling me about this abusive relationship and then the next morning he turns up for coffee and she's sitting there having coffee with him like everything's ok. [Participant 15]

In one response, there was ambiguity as the same doctor who had initially been unhelpful was later helpful to the participant in relaying important technical information:

The ones that were looking after us, the doctors, were excellent and in fact, my wife didn't understand whether the right thing had been done switching off the [machine]...and the doctor was trying to explain to her that if you don't then everything will start collapsing anyhow. She always thought [about that]. Afterwards, it would have been four years later, she went back and saw this doctor and he explained to her what it was like back then, in terms that he could explain a lot better for her and she understood then, but she'd been worried about that for about four years. [Participant 19]

6.4.3 Community support sources: Participants' response types

The results for the community support sources involving neighbours, general practitioners, work places and education facilities are shown in

Table 6-14 below.

Table 6-14 Community support sources: types of responses

Types of Responses	Support Sources			
	Neighbours	General Practitioners	Work Places	Education Facilities
	No.	No.	No.	No.
Positive	30	18	18	8
Negative	8	8	3	1
Ambiguous	1	-	1	-
Total	39	26	22	9

6.4.3.1 Neighbours

For participants, their neighbours were most often referred to as a positive community support with 30 responses, three-quarters of all responses. These responses were based on the behaviours of their neighbours that involved: respecting participants' privacy; believing the offender was responsible; and not blaming both the primary and secondary victims for the crime. Further, they were often helpful in practical ways with financial support, meals, and cleaning.

The community assistance was just amazing. I mean the community raised [tens of thousands of dollars], just to help us out. That was done all over [the country]. It was amazing; I have got all the letters. And its letters, little old ladies who you can hardly read their writing, because they're so old and it was like [here you are my] dear, here's a five dollar note' and that would set the tears off again. I think I said in a newspaper interview that was great, because my faith in humanity was down the toilet at that point in my life. I mean I literally have four folders of these letters that I put in order and it's like wow, not everybody is a scumbag. [Participant 17]

Interestingly, some participants also discussed the positive and helpful aspect when neighbours and other community members recounted their memories and the attributes of the primary victim to the participant. Often, this information was new to the participants and was treasured information, showing that the primary victim had left a lasting positive influence on other people's lives.

There were eight negative responses regarding neighbours and their being unhelpful. This included neighbours who overtly or covertly avoided participants. For example: moving to a different aisle at the shops or crossing the road when they saw the participant; not attending funerals; and not inviting participants to activities that they had previously been included in.

First, the rumours start, so your friends didn't want to know you. It was rumours like I was in a pub drinking, I was a drug addict. I got that when I moved to where I am now. I mean everybody accepts us now. But it was 'She'll be selling drugs' and things like that and it just got really bad, the rumours. [Participant 14]

Because of what happened and it was a small village, a lot of people were thinking well, they were mates with him and they were saying he's innocent and he's not done it. So there was a lot of anger there. Some of it towards us and some of it towards him. So people picked which side of the fence they wanted to be on and stayed there. [Participant 6]

On the other hand, some neighbours were unhelpful by taking an opposite approach of trying to become too friendly only in order to find out information about the crime and to gossip with others about the crime.

No, there were people who just wanted to find out the story, the gore behind it all, rather than be a support to me. But whenever the phone went, I didn't answer it initially the first few weeks, [others screened my calls for me]. [Participant 2]

The one ambiguous response reflected the different ways that different people in the community behave in relation to homicide. While some people may be supportive, others can be very judgemental and exaggerate.

It's positive in some ways and then it's negative in other ways, because in a community you get a lot of people who've got to know all a little bit better than everyone else. And so the stories that were flying around and then came back to us, about what had actually happened, would be tenfold exaggerated and not really the truth. So I mean you have that element in a small community. But then overall, the majority of the people are pretty good. [Participant 19]

6.4.3.2 General practitioners

Participants' responses pertaining to their GP's or local doctors were predominantly positive with 18 responses, representing just over two-thirds of all responses. Doctors were discussed in a positive way when they: listened; asked participants how they were coping; provided grief and trauma education; and interestingly, refused to give tranquilisers before the funeral.

My doctor was our biggest help. He was probably the best help that I had. Basically, other than going to my doctors, I just couldn't cope and he'd just talk to me and say 'Look these feelings are normal, you're not going insane, it's quite normal for you to feel like this.' He said 'You just have to keep on' and I did. [Participant 25]

The eight negative responses from participants focused on the following behaviours and attitudes of some GP's: prescribing excessive medications (which often meant participants had no recollection of events); not mentioning or discussing the homicide; not allowing the time to get comfortable enough to discuss the loss; and/or judging the deceased as deserving of their fate.

He [the GP] is alright, he's Indian. He said, 'You know your husband would be shot if he was in my country with the drugs and things like that.' I mean people don't care. People don't deserve to die; I don't care what he was doing. You don't kill two people. It's just that negative approach that oh well, they deserved what they got because they were doing the wrong thing. I think it doesn't matter. [Participant 24]

6.4.3.3 Work Places

For work place support, participants reported 18 positive responses. The following factors were very helpful to participants within the workplace setting: the provision of grief and trauma education; work place counselling; allowing extra time off work; and/or reassigning/reassessing of workload.

The staff in my shop just sort of took over and ran the shop, because obviously, I wasn't in a fit state to think about or care less about what was happening with my shop. My staff were just fantastic. They just took that over and said, 'Don't worry about things.' They were terrific, they just looked after the business and

said, 'Don't worry about it.' I actually didn't go to work for four months. [Participant 23]

Also included in the work places support source were primary victims' places of work. These were reported to be supportive to participants when they recognised the primary victim's death, their good character and the value of the primary victims' life and contribution to the organisation.

I think I was reading one of these papers and there it is about this studio [the company she worked for] and [the] multi millionaire; that man [her boss] went even higher in my estimation, not because of the money, but because he was the type of person who thought she worked for me, so he sent a card. Then he came here giving his sympathy. Now he was so impressed with her photographic skills, he said, 'What I want to do is do a cup and present it every year to the most promising photographer.' Now this, again, you can't buy. So what's he doing, he's not only presenting that [a cup] to us and with the names of the winners, but every Christmas... [we] could go up there for a Christmas meal. This, again, was our strength. [Participant 7]

The three negative responses related to non-supportive workplaces in that they: failed to facilitate time off to deal with the trauma or to attend judicial processes or placed the participant back into a position that involved dealing with the public when they were not yet ready to do so.

I didn't have support at work really. It was during the holidays, the Easter break. They let me have an extra week off and I started teaching late. But the day before I went back to work at the University was a holiday...and one of my students had died [suddenly]. That was front-page news and [so was my sister's murder]...I had to go back to work the day after [the student] was buried and face the students in her group. [Participant 10]

The one ambiguous response indicated that some work places did try to accommodate the complex and unique needs of the participant but did not necessarily have a consistent approach to dealing with the situation.

My employer was, well it was a big company, the people up the top of the tree were very supportive, they couldn't care less if I had 12 months off. But the people in the middle that sort of relied on me were, well I mean they were under the pump because they were inexperienced, I wasn't there. I suppose they were putting the pressure on me to come back. [Participant 19]

6.4.3.4 Educational facilities

There were a relatively small number of responses relating to educational facilities as a support source. However, almost all were positive responses (eight) and showed the supportive nature of personnel in an educational facility (e.g., the school) when

they provided: counselling; an understanding environment; appropriate responses when children started acting out; and/or created a symbolic memorial for the primary victim (e.g., a tree planting or balloon release). The only negative response identified a lack of consistent long-term support and understanding and appropriate counselling for the remaining children (of the same family) and/or friends of the primary victim at an educational facility. .

The school that [my late daughter] actually used to go to, they were really good. The teachers, they were brilliant. Then when [our younger son] started going to school there he had some problems with school and I found that the teachers were still brilliant, but the principal and the counsellors were not supportive. [Participant 15]

6.4.4 Justice support sources: Participants' response types

An overview of participant's responses in relation to the justice support sources involving the courts, the press and other court services is illustrated below in Table 6-15.

Table 6-15 Justice support sources: types of responses

Types of Responses	Support Sources		
	Courts No.	Media No.	Post Court Services No.
Positive	27	15	6
Negative	16	11	15
Ambiguous	1	-	-
Total	44	26	21

6.4.4.1 Courts

Within the justice support sources, the courts received a mix of responses from participants. This support source encompassed all personnel associated with the court processes including judges, public prosecutors, defence lawyers, victim support services, court orderlies and more. The 27 positive responses, totalling under two-thirds of overall responses indicated the helpful elements of this support to participants. These included: personnel being caring and considerate; proactively offering correct and timely information; and going beyond the 'call of duty' to be of assistance.

In the court system, I was treated quite well. In that my family liaison officer said she would make sure I could go and have a look at one, so I could familiarise myself with it. Which was a good thing, because I've never been to court. So that was a positive side. I didn't have to worry about the killer's relatives and friends, because he had none, nobody came. [Participant 2]

In the sixteen negative responses, representing just over one-third of responses, participants spoke of the negative aspects, practices, attitudes, and behaviours. These included: no assistance with getting to court; the high cost of accommodation near the court; and unhelpful court personnel. Further discussed were court process including: insensitive direction of a jury; attacking the character of the deceased or witnesses; and the lack of inclusion of participants in the court process (e.g., physical space in court, notice of court dates and not being a privileged party to proceedings).

The DPP [Department of Public Prosecutions] came into play a little while after, I can't remember how long, after the victim assistance service, who actually contact you and help you through all the processes; they [victims assistance] actually never contacted me until fifteen months after the event, which was not the best thing either. They are meant to contact you a lot sooner than that, to just sort of help you with the process going on and everything else. The DPP, I had a lot of problems with them. I used to ring them, because I wasn't there for the hearings; they used to arraign³⁰ them on Friday, so I'd ring them late on a Friday afternoon to find out what happened and it was 'Oh no one's available.' Then I'd have to wait all weekend until Monday for someone to ring me back. For them it might not seem very significant, but to me, I used to go on an emotional roller coaster ride all weekend until it gets to Monday. So it was like a whirlwind. I just said to them 'If you could understand, I know it mightn't mean much, nothing might have happened, but just if you could give me that quick call on a Friday afternoon and let me know that nothing's happened.' [Participant 15]

Some participants also discussed the distressing nature from the situation when the offender can and often does, plead not guilty and then on the first day of a trial changes their plea to guilty. This was extremely distressing because: firstly, participants have to prepare themselves for a trial (emotionally and practically including travel, taking time off work and paying for accommodation). Secondly, as the result of the guilty plea participants and family may not get answers to the questions they may have about the crime. Thirdly, the guilty plea is seen by the court as an expression of remorse but participants felt that true remorse by the offender would have been reflected in a guilty plea made much earlier in the process.

The participants' comments on the final court sentence itself were of note. Predominately participants recognised that no court sentence would bring back the

³⁰ Within legal context this means to call (an accused person) before a court to answer the charge made against him or her by indictment, information, or complaint.

primary victims, but they felt that offenders should serve the full sentence handed down by the court and they often described this as being 'truth in sentencing'. This to them meant that the sentences handed down by the court reflected the severity of the crime and the offender having to serve the full sentence would reflect that legally; justice would then have been served.

Then you've got court cases and then you've got to deal with the press and you've got to deal with the judicial system. No matter what anyone is ever sentenced to, you're never going to be happy, because it's never going to bring back what you want. For me to turn around, even now, to think that by the time he can go for parole, my daughter would be thirteen years old. Her life was just starting and he can go off and start a new life again, but she's not here. [Participant 15]

6.4.4.2 Media

The press or the media was grouped within the justice system as it related predominantly to the media coverage that surrounded the crime itself and the trial. The media is perceived to be a key player in the criminal justice system as it has the ability to influence the way justice is administered. The involvement of the media was often perceived by participants as an integral component within this judicial system.

Just for a minute to have said her name, of such and such an age, that she was a young teacher, she was a netballer. Just something, to acknowledge, that she was a person who had been dealt with very terribly by the offender for no good reason at all. [Participant 18]

The responses of participants were mixed in relation to the media. However, only 15 responses (approximately 50%) were positive. Participants felt that it was helpful when the reporting of events: were accurate and non-blaming of the victim; raised community awareness of the social and judicial inequities and injustices; assisted in rallying public support for amendments that countered such inequities and inequities in the system; and ensured that the primary victim and/or the family of the primary victim were seen as 'real people'.

I would say that the press were more wanting to know all the details about the murder more than in terms of support. I think they moved away from supporting the family once she'd been found; it was like a murder investigation and they wanted to know why she hadn't been found [earlier] and all the details of the murder. I think it was a positive because the local press were asking why [our daughter] wasn't found [by the police earlier] and pressuring the police to answer. [Participant 13]

The 11 negative responses on the media as a support source reflected on attitudes and behaviours of members of the media and reporters when reporting on the homicide. This included: harassing the family at times of the crisis; mis-reporting the facts of the case; publishing photos and articles without forewarning the family; blaming the primary or secondary victim(s) for the crime; and/or only reporting the arguments and assertions the defence presented in the trial and not the prosecution's arguments.

The worst offence by the media was at the end of the trial, a woman wrote an article for my parent's local newspaper. It criticised [the primary victim] and the headline was 'Absent Heroes are No Use to Anyone'. It was comparing [the primary victim] to a man who had been killed who was chasing somebody, not exactly the same circumstance, but it happened. It was very critical and very ignorant of the actual details of the case. That was the day my dad had his first heart attack. [Participant 10]

6.4.4.3 Post court services

The final support source in the justice support system was the post court services (including compensation boards, appeals courts and parole boards) and the majority of responses were negative, rather than positive. The six positive responses revealed that participants found the services helpful when: the post court systems were open and accessible to participants; compensation was paid quickly and without appeal; parole boards were open to hearing the views of the secondary victims of homicide; and release dates and the conditions for offenders were provided to participants in consideration of their safety.

Well they were good, not that you ever saw them. You fill out a form, send it in, they send it back, said 'Pick out a solicitor.' We picked this guy out and he was pretty good and he goes to court with you. And then you went to a Magistrate's court in those days and that was it. You didn't have Victim's Assistance, well we helped to get that set up in the years afterwards, but there was nothing like that in those days. You just filled out this form, got the police to sign it, and sent it in and they did the rest. And you just, the funeral was paid for you, you didn't have to put your hand in your pocket at all or anything, so it was pretty good from that point of view. [Participant 19]

The 15 negative responses, making up almost three-quarters of responses cited a range of unhelpful difficulties with the post court services. These included: participants having to qualify, quantify and justify their grief in order to receive compensation; feeling frustrated by the lack of established processes and systems to inform, include and protect victims in post court proceedings (appeals, early release and day programs for the offender); and not having an established right to express victims'

concerns within these processes. There were also instances where staff in post court service did not have the correct information and did not listen or respect that participants may in some circumstances know more about the case relating to their loved ones death than staff did. The following two quotes relay these types of experiences.

The probation officer, this woman, her role was basically to tell us what was going to happen to him. And she's telling us 'Well he comes in as a [medium security] prisoner.' So we just laughed at that and said 'It will be your first break out.' Then she proceeded to say 'Well he's only a domestic murderer.' She was arguing about the type [of homicide it was]. You don't do that. Then [the probation worker] went on to say 'That it was only a domestic murder. There was nothing we could do once she turned 18.' So that's when we threw her out. To say that and she was buried the day before her 18th birthday. I actually complained to her boss. [Participant 4]

They keep having these reviews and there were a lot of mistakes. The Mentally Impaired Defence Review Board [MIDRB] are like a little culture of their own and they don't have to tell anyone anything. They've got no one to answer to. Of course, I'm on the Victim Notification Register [VNR]; they [MIDRB] feel like they don't need to let them [VNR] know everything. They [MIDRB] failed to tell [VNR] that they were letting him out after two years to go to the movies and to go out for coffee. Nobody let me know and I found out, because I ring and annoy people. ... I said 'How come people had forgotten to tell them [VNR?]', [and was told] that they don't have anything set up [no mechanism between the MIDRB and the VNR]; and you see I'm not important, even though apparently I'm on his next hit list. [Participant 28]

Some participants also discussed in greater detail their frustration with how the compensation processes and decisions were inconsistent and not explained to them. For example, why different family members may be compensated differently; how inadequately children are assessed in the compensation process; and the period of time allowable in which to claim and the sometimes long wait for payments.

For adults [Criminal Injuries Compensation] it's quite good, but I think for children [they should] look at the long-term effects, not just now. Because the fact is that's something you've got to live with forever. He's going to become a teenager, which I dread, teenage years I absolutely dread, I'll try and do the best I can now and see if we can get through those teenage years. It's just that sort of stuff. That's the major thing; because I don't think they assess them accurately. I think they should have more time with the parents. Some parents may rave on and say this and the other, but generally most parents, I don't think when they've been through something like that, they're not going to make up things. [Participant 15]

6.4.5 Friend support sources: Participants' response types

The three support sources within the friends' support system were existing friends of the participant at time of the crime; participant's new friends since the crime and those friends of the primary victims. Table 6-16 below, represents the responses of participants to this support source

Table 6-16 Friends support sources: types of responses

Types of Responses	Support Sources		
	Participant's Existing Friends	Primary Victim's Friends	Participant's New Friends
	No.	No.	No.
Positive	45	7	6
Negative	9	2	-
Ambiguous	1	-	-
Total	55	9	6

6.4.5.1 Participant's existing friends

As a support source, existing friends were positively reported in 45 responses, representing well over three-quarters of these responses. The helpful aspects of the relationship with existing friends described by participants included that they were able to be physically and emotionally available to participants without being intrusive or too voyeuristic. These friends were also able to assist participants to find a balance between the 'normal' functioning aspects of everyday living and yet not ignore the deeply distressing nature of the homicide and its long-term impact.

I had friends who would sit and listen, friends who would sit and cry with me. Friends who I knew around me at a time when suddenly I would start crying and I know they felt awkward, I mean I was so lucky I had so many friends really. They were very supportive. One in particular was close to me. I also found that because it was such a public thing, I suddenly had friends who were in touch with me that I hadn't seen since I left school, who'd lost contact and suddenly because of the media coverage, knew where we were and came around. [Participant 8]

The smaller number of nine negative responses highlighted the expectation of participants that these friends would provide support but found instead, it was not forthcoming.

I went up and saw him after it happened and I haven't heard from him since. Actually, on the day of [my sister's] funeral, I thought he'd come, because I

actually rang him up. He goes 'Oh no, I've got to go to the dentist tomorrow.' So it was like 'Ok, no worries.' And he knew [my sister] really well and they got on really well and he was my best mate. [Participant 27]

The one ambiguous response reinforced the changing nature of a friendship, as there was both positive and negative at different stages of the homicide experience.

No, the friends that I had then, we drifted apart. Whether it's because of any of this, I don't know. Even my best mate, he was trying to cope with his side of it, because to [my sister] he was like a brother. He was like my brother. We'd spend all our time together and I never understood what he was going through and I don't know if he could handle what I was going through. Whether that's caused us to drift apart, I don't know. [Participant 6]

6.4.5.2 Primary victim's friends

The responses of participants regarding the friends of the primary victims were predominantly positive with seven responses, representing about three-quarters of these responses. The helpful nature of these friends included: their recounting of pleasant memories about the primary victim; staying in touch (especially on significant events, such as the anniversary of the death and birthdays): and overall remembering the primary victim's life, their death, and their family. They also often affirmed that the primary victim was missed by others in the community.

They were wonderful. I mean it's like anything, in the early days they would come around, pop in, say hello, and see how you're going. And then, because their life moves on and there's only a couple that I see now, not even on a regular basis. But they will pop in and say hi, but that's it. They've all gone off and got married and got families... I do enjoy it. I actually feel honoured that they would think about us, even if it is just hi, come in, and say hi. A couple of them we don't see any more at all; I just think they found it too hard. [Participant 25]

With [my daughter's] friends, we didn't know them but they were coming around here and they were telling me what my daughter meant to them. I could not buy what people were telling me. This is the daughter who could wind me up like a spring. As I say she wasn't a religious girl, but [I learned how] if anyone out there needed help she would help them. [Participant 7]

6.4.5.3 Participant's new friends

The six responses relating to new friends were all positive in nature. New friendships were obviously only reported to have been forged with those who were both supportive and yet were emotionally distant from homicide; participants felt that this element of distance allowed for the provision of more helpful support than those closer to the primary victim.

She never had any of her own grief, so it was sort of easier for her to support me because it wasn't like...another person, even with my family, I used to get upset, and they would get upset, so I'd stop being upset to comfort them. And then I felt like I couldn't talk about things in front of them all because they'd all get upset. So I had to hold back a lot. I don't have to do that with her. [Participant 15]

6.4.6 Therapeutic support sources: Participants' responses

An understanding of participant's responses to range of four main therapeutic support sources is provided below in Table 6-17

Table 6-17 Therapeutic support sources: types of responses

Types of Responses	Support Sources			
	Specialist Victims Of Crime Supports	Generic Therapeutic	Community Departments	Forensic Mental Health Services
	No.	No.	No.	No.
Positive	17	13	3	-
Negative	6	15	1	3
Ambiguous	-	-	1	-
Total	23	28	5	3

6.4.6.1 Specialist victims of crime support services

This support source encompasses those professionals and trained volunteers who specialise in victimology. Of the 23 responses relating to specialist victims of crime support, 17 responses, nearly three-quarters were positive. The helpful characteristics of this support were identified by participants as: the staff's understanding and empathy of the enormity and dramatic effects of the experience on the participants and the subsequent changes to so many aspects of their lives.

He [the counsellor] did family counselling. At the time I felt like I was coping ok, we could contact him around the clock if need be. He was unbelievable! He went over and above what he should have done. He was actually my saviour in the end. I can say that now, I didn't think so at the time. He was fantastic. He pretty much kept me strong and kept everything as normal as he could. Then he said something to me, which was fantastic, I said, 'I want to live my normal life again.' And I said, 'I want the old me back.' And he said, 'Because you've been through an abnormal circumstance, you will have feelings you've got that are very normal, considering what you've been through is very abnormal.' He said, 'The old you is gone because of that, what you've been through. Learn to live and love the you that you are now.' That took me a long time to realise... [Participant 26]

The six negative responses, reflected situations when participants had felt staff were 'out of their depth' or that they had little in common with the people they were supporting.

The Victim Support Counsellor, she came to see us, she's an older lady, a retired teacher. She'd had no family, she couldn't relate to losing a child and she said, 'I've never been on a murder case before and I don't know how to handle things.' She said, 'If you need any practical information, I really don't think I can do much good for you.' So we were just left with, well... emotional support, we didn't have any. [Participant 13]

6.4.6.2 Generic therapeutic services

The generic therapeutic services included professionals such as counsellors, psychiatrists and psychologists, who did not actually practice as specialists in the area of victimology. Interestingly, there was almost an even balance of responses, 13 positive and 15 negative. These responses revealed that most generic therapeutic support personnel did their best to help participants, but given the extreme nature of homicide, most were ill prepared for dealing with secondary victims of homicide. The positive responses did indicate that it was supportive when generic therapeutic personnel were empathetic and understood that the reactions of the participants were 'normal', rather than 'abnormal' and both explained the grief processes and addressed all the trauma issues for participants.

[They helped me] to understand myself, what I was going through more. Then I found I was becoming so great at analysing myself, I didn't need a psychologist anymore. I still do it, I still analyse myself. [Participant 15]

In the negative responses, participants discussed a number of issues that were unhelpful to their experience with this support source including: the difficult logistics of attending sessions (transport, waiting lists, cost and location); the physical environment (often very clinical); the lack of available professionals who had post-homicide practice experience and an unwillingness to adequately address all the issues participants were experiencing.

I was seeing a psychiatrist and they told me to come back in ten years. He wasn't qualified to even have a conversation with us. I [also] went to see a counsellor, a loss and grief counsellor and she ended up crying ... [Participant 14]

He was a psychiatrist. I can remember the second time I went to him, I came out of there and I thought you're making me feel like it is my fault that my son died. Like he'd ask question about our son being drunk when he was killed [and

then question mine and the family's drinking habits]. I never went back after that. I thought if you're making me feel like there's something wrong with me; which there was something wrong with me [grief], it wasn't the fact that I had [caused the death of my child], so I never went back again. [Participant 25]

6.4.6.3 Community service departments

The number of responses for the community services departments was very low, indicating that few participants had contact with this support source. There were only five responses, of which three were positive, one negative, and one ambiguous.

The three positive responses indicated that it was helpful when community service departments were able to arrange practicalities such as: expediting access to new government assisted accommodation, government housing; arranging affordable respite care for unsupported carers; and supporting people in this type crisis situation to better respond to and care for young children. In addition, responses indicated that it was important that the community service workers had non-judgemental attitudes and a genuine interest in helping the participants.

The social worker stopped with us for 10 years and she was really a good person. Even when she wasn't coming, she'd still send cards and things like that. She was the best support I had, a social worker. I knew if I had concerns, I could talk to her. It was that trust in her. ... She was open from the beginning. She didn't judge us like that. Over the years, she's seen the person, [me] then, [as part of welfare she] knew that there wasn't anything to the rumours, because she was meeting us every week. [Participant 14]

6.4.6.4 Forensic mental health services

This support source received even fewer responses than the previous source and this again reinforces that few participants had contact with the forensic mental health services (including forensic mental health boards and independent review committees). In the opinion of those few participants who had interacted with this support source, the support was found to be unhelpful in all three responses.

They [the mental health board] wanted us to know that they were responsible for this guy [at the time of the homicide], they held an internal inquiry. The bottom line is they felt that they followed procedure. Which is fine, but all it tells me is that they need to look at their procedures and change them. Well we're now waiting for the results of an independent inquiry, which was supposed to be in last February. We've just been left dangling to the point where I've been in touch with the local MP and he wrote to them. They phoned me back and told me that they would write to me to make an appointment and that was supposed to be around [late] July. My brother got so angry that he sent them such an abrupt email that within half an hour of them receiving the email I got a phone

call and I'm going to see them [mid to late] August. But again, it shouldn't be like that. So many times, I phoned this guy and he never even bothered phoning back. [Participant 8]

6.4.7 Self-help group support sources: Participants' responses

Within the self-help support sources, the specialised homicide grief support was the most often discussed support; Table 6-18 shows this information below.

Table 6-18 Self-help group support sources: types of responses

Types of Responses	Support Sources	
	Specialised Homicide Grief Support	Generic Grief Support
	No.	No.
Positive	43	5
Negative	1	1
Ambiguous	2	-
Total	46	6

6.4.7.1 Specialised homicide grief support groups

These specialised homicide grief support groups received overwhelmingly positive responses, 43 in all, representing almost all the responses. These groups were seen as very helpful as they facilitated meetings and linkages with other secondary victims of homicide and decreased the participants' sense of isolation, assisting them to feel more 'normal'. These support sources also provided the opportunity for participants to learn about and link with such social systems and processes as the media, police, the courts and the criminal injuries compensation groups. Further, within these groups speaking about the homicide was not taboo as participants felt they had permission to discuss the homicide and the primary victim more freely than they did in other social situations.

Because I knew, I wasn't like the only one any more. I was standing back and looking at all this pain in the world. Then I went, alright then, so I've had something tragic happen, but some good's come out of it, because I've met these people. They opened my eyes. [Participant 14]

However, the one negative response to this support source reflected a concern that some organisations may not necessarily address the needs of participants but instead use the profile of a homicide case to gain credibility for their organisations.

I suppose I'm still a bit sceptical, because they [a certain organisation] tend to focus a lot on media and some of these people in other groups distrust them. They see them as being more media orientated and saying things like we're having a press conference next week and we're going to have such a body there. I'm learning people have become famous by being bereaved. ... People in the other organisations don't like this idea of people being famous because they've been bereaved. Name-dropping; there's a sort of name dropping that organisations go in for sometimes, that seems a bit tasteless. [Participant 10]

Within the very small number of ambiguous responses (two), it was suggested that specialised homicide groups were experienced differently at different points in participants' grieving processes. For example, while generally speaking groups were very helpful, early in the grieving process attending a support group had been overwhelming. Similarly it was upsetting and hurtful when people needed to talk but others in their group could not put their own experiences aside to listen, provided misinformation and/or did not offer any sense of hope about the future.

6.4.7.2 Generic grief support groups

Of the small number of six responses for this support source, five were positive. Participants reflected on the benefit of being able to meet with other grieving families (regardless of the type of bereavement) and doing so reduced the sense of isolation and increased awareness about the grief process. Responses also indicated that some generic grief support groups, such a father's group or church grief support, provided complimentary support to the specialised homicide grief support.

I didn't really realise how deep a man can grieve, until...we went to that national conference, we did workshops, and one of the workshops was 'A Father's Grief.' It was only for the men, but my husband, he wanted to go in it, but he wouldn't go in on his own, so I went in with about 150 men. I just said, 'I'll come in but I'll just sit quiet.' Which I've never been known to do. They said, 'We appreciate it, come in.' Because they wanted to tell me how deep they can feel. I couldn't believe it and they all said the same. The others [deaths] had all been illnesses and accidents and things. They said that because they don't talk about it, what they do is they tend to either go in the shower and have a good cry while they're in the shower and come out of the shower, get dry and brush yourself off and face your family as though you hadn't had a cry. Or they would drive the car somewhere quiet, play a tape, sit and have a good cry and think about the child they had lost. But they really did feel it. [Participant 13]

Responses certainly illustrated that the generic grief support groups³¹ were very helpful in providing grief education, friendly support and an understanding of another's grief. For the one negative response, it was not necessarily what the generic grief

³¹ These support groups provided support to anyone bereaved through any types of death, for example they were not specific to one form of loss or mourner such as cancer or being a widow.

support sources did or did not do but that certain factors were missing. Participants found the group to not be functioning effectively and the appropriate empathy and insight into each other's feelings was absent, especially for secondary homicide victims.

I went to this grieving [group], but I mean I couldn't stand up and say, 'My husband was [murdered].' I mean they would have all fallen on the floor. But I couldn't stand up in the middle of this group and say [that]... I mean I was a different case... they were normal; their deceased person had died of like sickness or whatever. There wasn't anybody there who'd had a crime. [Participant 24]

6.4.8 Public support sources: Participants' response types

The smaller number of responses for public support sources, community officials, organisations, individuals, and commercial firms, reflect situations where participants whose experiences of homicide had complicated or unique factors, which required special attention from differing individuals or entities within the public arena. Table 6-19 shows these numbers below.

Table 6-19 Public support sources: types of responses

Types of Responses	Support Sources			
	Community Officials	Organisations	Individuals	Commercial Firms
	No.	No.	No.	No.
Positive	6	2	4	1
Negative	4	6	2	1
Ambiguous	2	-	-	1
Total	12	8	6	3

6.4.8.1 Community officials

Of the responses relating to community officials (e.g. Attorney General, the Mayor and Parliamentarians), six were positive. It was helpful for participants when community officials were readily prepared to seek moral, legal, and legislative solutions to presenting issues and used their social position and social influence to do so. Those that were helpful also had the ability to listen and be responsive to the unique needs of the participants.

... I just went, 'Can you help me?' I just caught hold of his hand and I pulled him to the seat. I said, 'Can I come... and speak to these people who are going to debate, to put our case across as to why it should apply retrospectively?' He

said, 'Will you do it?' and I said, 'Yes I will.' So he got me an appointment and we went. I wrote a statement out, with the reasons why it should be changed. [Participant 13]

The four negative responses, one-third of responses, found community officials unhelpful when they did not offer the type of support identified in the positive responses – listening to participants and using their influence to bring about change.

I thought this was all false. This has just been a big inconvenience for her to come. When she kept looking at her watch, I thought she's not really interested in us. [I felt] used, for [them] to look like they're supporting victims. I knew she wasn't [genuine] because she kept looking at her watch and she just didn't seem interested when people were talking. [Participant 14]

The two ambiguous responses for community officials reinforced both the helpful and unhelpful nature of participants' experiences.

We had a meeting... which I thought was very good. I was pleased with it anyway; the meeting, that is and he had one of his senior prosecutors from the department with him, as well as one of his secretaries and [my advocate] and me. The meeting went for about forty minutes with [him] present and then he had to leave, which I thought was fair enough considering. From what I understood, you don't get that much time with a minister usually. The rest of the meeting went on for another fifteen or twenty minutes or something, with the prosecution chap. [The outcome was] he sent me a letter and this is the disappointing part, even though I was so pleased with the meeting itself, the letter I got back was not written by him, it was written by the prosecution chap. All he had in it was excerpts from the judge's summary of the sentencing. So there was no fresh thought put into it at all, which is what I was hoping for. It was only a public relations stunt as far as I'm concerned. [Participant 16]

My husband saw our local MP getting into the [train and] just said what had happened... she said, 'Well come to my office.' So we did. A few days later, we went to the office and we talked there. All we got out of it was a leaflet that she gave to me about how I could talk in schools about drugs. There was nothing, it was platitudes. It was the sort of thing that politicians come out with. [Participant 10]

6.4.8.2 Organisations

Both government and non-government organisations (e.g., income support, passports, and unions) had only a few responses, totalling eight, of which two responses, or one-quarter were positive. Participants pointed out the policies and procedures of the organisation were central to their feelings of how helpful they felt the organisation was for them. For example, when the policies and procedures lent themselves to being flexible and understanding of the participants' special circumstances this was helpful.

Well they [government income support] actually gave me [the deceased's child allowance], for eighteen weeks or whatever, which helped with the funeral. [Participant 15]

There wasn't a call from any of those agencies [crisis support], bar the Smith Family (the Smith Family is along the lines of the Salvation Army, in that they have counselling, they have the cheap shops). So they were the ones that said, 'Do you need help with food?' They rang up and said, 'Do you need help with food, or winter clothing? If you can't afford to buy clothes, come into our office and you get first choice.' ... I always just kind of thought of the Smith Family as the front line for people who didn't have enough, like I didn't realise they had that kind of service where they actually came out. Whereas with the Salvos I actually knew that. So she actually came out and everything like that and she was really nice and whatever. [Participant 17]

The six negative responses, representing three-quarters of responses were related to situations where participants found that the illogical system requirements including policies and procedures made life more difficult for them in dealing with the homicide.

I actually had a few problems with them [child support], because I went in to let them know what had happened and I had to see a social worker to actually stop child support, because he [the offender] was paying child support for the other children. What happened was, still three years later I was getting child support letters, for him to pay maintenance for the kids. So I went off my head and I lost it, because every six months I would get these forms telling me that I had to receive money from this man for my kids. Then the emotional roller coaster ride happens again; I mean I actually went in and saw a social worker, did everything and I still kept getting these and then they take money off of me because I was receiving maintenance. [Participant 15]

6.4.8.3 Individuals

The individuals support source encompassed the references made by participants about specific individuals that were significant for them, including bystanders at the scene and researchers. There were only six responses in this group, of which four were positive and two were negative. The positive responses related to those individuals who were eager to assist, non-judgmental and empathetic.

[Meeting that man who was at the scene was great] just to sort of know what had happened after that. Like to get some more details. And he just filled me in on the gaps and he helped with my media stuff. He actually helped to give interviews for me through the media. He helped my plight in pushing it across. And he didn't have to; he could have just walked away. But like I said, he's had problems since as well, because he spoke to this man [the offender]; he shook his hand, had a conversation with him, and thought he was a good bloke. And then to end up finding out that he picked up somebody who'd done what he'd done, he felt horrible for a long time. [Participant 15]

However, the two negative responses indicated that when there was an absence of empathy from individuals, participants found the experience very unhelpful

When I went to go to the toilet, he kept the kids with him; he wouldn't let me take them. So then, I was trying to tell people in the toilets but they just didn't [listen]... I was a bit distressed as well, but I was saying, 'He's murdered one of my children and he's got my other kids and I need to get help.' People just looked at me funny and then walked out the door and left me there. I mean, I couldn't do too much because he still had my kids; if he took off with them, what was I supposed to do. It was a really hard situation. Then I got back in the car again. [Participant 15]

6.4.8.4 Commercial Firms

Commercial firms had only three responses, with one from each of the categories, positive, negative, and ambiguous. The contact was with commercial firms that were primarily financial and insurance related companies. The responses related to the flexibility within companies policies and procedures to deal with the unusual circumstances of secondary homicide victims. For example, such procedures such as halting the sending of automated mail and continuity of information.

I get a monthly payment because of insurance and then just recently I came back [after five years away] and they messed it up, they started taxing it when they weren't meant to. I got a lady that wasn't my usual consultant... [Who] ...said, 'Well you're not entitled to get money if you've been away.' I said, 'What am I supposed to do? I said, 'My husband gets murdered and I'm supposed to tell every Tom, Dick and Harry that I'm leaving the country because I'm trying to get on with my life?' I said, 'That was the last thing on my mind.' She said, 'There's no point in getting all emotional now.' I said, 'Excuse me. You've just informed that I'm probably going to have to pay back the last five years worth of payments, because supposedly I was not entitled because I wasn't living in Australia. What difference would it make? The court ruled that I was entitled to that money. Who gives a flying fart where I was living?' But nothing came of that, so obviously she passed it over to the other consultant, who also knew that I'd been overseas, I'd been speaking to her all this time and it never went anywhere. But it was just the attitude, it was the well you were supposed to report and you'll probably have to pay it back. Ok it's five years down the track, but I still get very emotional about things. [Participant 17]

6.4.9 Offender related support sources: Participants' responses

Interestingly, participants often expected to receive something supportive from this category of support sources, that included the offender, other victims of the offender, associates of the offender and those individuals who were a reminder of the offence Table 6-20; represents these results below.

Table 6-20 Offender support sources: types of responses

Types of Responses	Support Sources			
	Offender	Offender's Other Victims	Associates of Offender	Reminder of Offence
	No.	No.	No.	No.
Positive	1	6	1	1
Negative	7	1	4	-
Ambiguous	-	-	-	3
Total	8	7	5	4

6.4.9.1 The offender

Only one participant expressed a positive response to the offender, the other seven responses were negative. Whether the offender gives themselves up³² was said to be important and viewed as a potential positive by participants as it reflected the degree of remorse an offender had for committing the homicide. Also, the offender's behaviours and demeanour, (facial expressions, where they look, how they speak when giving evidence) in the courtroom were important.

I tell you what, that [offender] is a nasty piece of work. Out of all of them, he is the one that gave me the biggest problem when we were in court. You could just see in his face that he couldn't give a flying toss; making a point of looking over at us in the docks and smirking. [Participant 17]

6.4.9.2 Other victims of the offender

A low number of seven responses related to offenders who had victimised more than one family. In these situations, the families of the seven other primary victims (homicide and other crimes) had had contact with one another. Six of these responses were positive, as other families were able to relate and empathise at a deep level with participants. Further, there was a deeper bond and gratefulness when evidence provided by the other victims added weight to a different court case.

I could ring and she and I could cry together, because we know. Because they've had to come to terms again with the fact that their daughter was probably murdered and they will never know how and that is absolutely horrendous. There's no closure there. So they were our support and our immediate family. [Participant 9]

³² Takes responsibility for their actions and behaviours

The only negative response related to a very brief contact, where there was no ongoing support, which evoked feelings of rejection and disappointment but not of hostility.

6.4.9.3 Associates of the offender

Also of significance were the behaviours of the associates of the offender, for example, an offender's parents, siblings, partners, and friends. Only one of the five responses was positive and reflected the presence of empathy and genuine concern for the participant. Interestingly, positive experiences of the associates of the offender were reported to be extremely significant and helpful, as they validated the injustice of the loss for participants.

One offender's parents asked if they could talk to me. I said, 'I'm sorry ...I'm not at that point, ask me in ten years time and I might be able to talk to them, but at this point in time no.' I said, 'Because their son, no matter what, he was there, he was a perpetrator as far as I'm concerned.' The parents just inclined their heads to us, she had tears coming down, and the messenger said, 'They just wanted to say how sorry they are for their son's part.' I said, 'Tell them I accept their apology, but make them understand that I just cannot talk to them yet.' I said, 'Under different circumstances, a few years down the track, we may be able to work with one another, but it was still too raw.' It was too open at that point and I don't know if I could be civil. But it meant a lot, because it was said in all sincerity. [Participant 17]

The remainder of four responses were negative. For participants, how the associates of the offenders behaved significantly affected the feelings they experienced due to the lack of remorse or empathy.

My other anger comes from the boy's mother. After the trial when the judge said he was going to prison for the rest of his life, she stood up and she said, 'They're locking my baby away, I need to see him, I want to see my son.' This is in the court and I couldn't believe I was hearing this. She said it again and I just tapped her on the back and I said, 'Excuse me, you can see him every month with a visitors order, but I can't see my son again.' She just shrugged away from me and stormed off, there was no, she wasn't sorry or anything. Yet after [my son was first killed] and I knew her son had been charged with murder, part of my thoughts were for the parents of this boy who had done this and trying to think and reverse the role and think if [my son] had done that to somebody, I couldn't have lived with myself. It would have taken me so long to come to terms that my son could take somebody else's life. Yet here was this woman concerned because they were putting her boy in prison. I mean he only killed somebody. [Participant 1]

6.4.9.4 *Reminder of the offence*

There were only four responses relating to people who reminded participants of the offence. These responses related to, people exhibiting similar behaviours to those of the offenders (e.g., drug users or those with a mental illness) and to associates of unconnected offenders (such as their mother). There was only one response that was positive, that changed the participant's attitude toward the offender and/or the offender's associates.

Up to that point, I hated the killer for killing my daughter, but I also hated anything to do with his family. His mother, his father, anything that was connected, I hated them. I found that talking in our support group there were other families that felt like this. But then there was another turning point, because we had a person at my work. She'd worked there a couple of years, but I didn't know much about her; a very inoffensive quiet person. As we sat in a coffee room one day...she said to me, 'You haven't half been through it, but I've been on the other side of things, my son murdered a girl in the local school.' He'd gone in the school with a knife and he'd just run amuck in the classroom stabbing children and killed a little girl. I couldn't believe that she was the boy's mother and I thought I couldn't hate her for what her son's done. So it made me stand up and think to myself I shouldn't really be feeling all this hate for other people other than the killer. So it made me change my mind. [Participant 13]

The other three responses were ambiguous, as participants found it hard not to become concerned about certain behaviours in the community, as they feared for their safety and that of the community.

As I walked home from work, I was regularly accosted by beggars and there were lots of drug addicts and so on around. People would have cans of special brew they were drinking on the street corners, it was very depressing. So we've moved to the countryside, which is wonderful and away from the drug addicts and the beggars. I go to counselling in the area where they are, I go counselling in the city centre where people have got mental illnesses of those types. That is right in the centre of the area where these people congregate, but I didn't want to live with them on my doorstep. [Participant 10]

6.4.10 *Participants' suggestions relating to secondary victims of homicide*

Over and above the above-mentioned 714 support responses reflecting on participants' experiences of support, in this study there were several responses on supporting future secondary victims of homicide. This section conveys the essence of these suggestive responses, related to three areas: support systems, secondary victims of homicide and 'the ideal support organisation'. There were responses relating to the following support systems: the community, crisis, justice, friends, and

family support systems. There were responses for secondary victims of homicide offering advice to secondary victims; tips on how to make it through a homicide. The responses that related to 'the ideal support organisation' provided suggestions as to what support should ideally be provided to secondary victims of homicide, how it could be offered and how 'the ideal support organisation' could contribute to the prevention of crime (see appendix 4 for a list summarising the central suggestions). All comments suggest that support needs to be non-judgemental, accessible around the clock, timely, affordable, holistic, reliable, and accurate. Further, it needs to address the emotional, practical, and informational needs of secondary victims of homicide.

These suggestions fundamentally reflect that social groups, organisations, service providers, and individuals need to be aware of the impact policy, actions and words can have on secondary victims of homicide. Further, secondary victims of homicide need to be active in trying to have their needs met and to remain open to suggestions and strategies offered to them. The following chapter will centre on discussion generated from the results presented in this chapter.

6.5 Conclusion results section 2

This chapter has provided insight into how secondary victims of homicide discuss their experiences of support. The initial analysis revealed that participants discussed 35 support sources that fitted within nine support systems and illustrated the relative frequency with which they were discussed. The effectiveness of the support experienced by the participants has been explored along with the suggestions they had about support and how it should be provided.

Chapter 7

DISCUSSION, RECOMMENDATIONS, FUTURE DIRECTIONS AND CONCLUSIONS

I have learnt silence from the talkative, tolerance from the intolerant and kindness from the unkind; yet strange, I am ungrateful to these teachers. Kahlil Gibran

7 Introduction: What the study revealed

This research study identified the totality of support sources experienced as discussed by secondary victims of homicide themselves and explored how secondary victims of homicide perceived the relative helpfulness of each support source. The study conducted in England and Australia validated and expanded upon existing understandings of formal and social sources. The subsequent analysis highlighted that a consistent community wide approach is needed to meet the complex and long lasting needs of secondary victims of homicide in order to overcome feelings of powerlessness and isolation.

This final chapter summarises the study's findings and proposes that an expansion of existing views of post-homicide support are needed, so that the dynamic dimensions of support experiences can be identified by formal and social support sources alike, and appropriate, effective and sustainable policies, programs, and supports can be developed to better support secondary victims of homicide.

An overview of the themes generated from the data analysis is presented followed by a response to the research questions in light of the study's findings. The findings are then discussed as they relate to three dynamic dimensions of the supportive experiences. Subsequent sections outline the significance of the study and offer recommendations relevant to formal and social support networks. Finally, the limitations of the study are described and suggestions for future research are presented for consideration.

7.1 Thematic Overview of the study's findings

The study represents an in depth exploration of the concept of support as experienced and discussed by secondary victims of homicide themselves. Beyond simply identifying the origins of support, the analysis has then categorised these support experiences as helpful, unhelpful or, less commonly, ambiguous. The research findings suggest that approximately two thirds of the support experienced was helpful and a third unhelpful.

This study revealed the immediate family to be the most consistent source of helpful support, other sources of helpful support included the crisis support system, the community and then friends in order of priority. The research findings support the findings of other trauma and grief theorists such as Herman (1992), Janoff-Bullman (1992), Taylor (2005) and Parkes (2006) who have identified that helpful support is characterised by the ability to be benevolent, restorative and does no additional harm. The findings also significantly expand upon these existing understandings of formalised support for secondary victims of homicide, clearly indicating that it is not only professionals within the formal support network who should be informed about the support needs of secondary victims of homicide, but also the social support sources such as family, friends, neighbours and employers.

The main themes presented below in Table 7-1 represent those issues consistently identified by participants to be important. Participants felt support would be enhanced and more helpful if those trying to support them understood and acknowledged:

- the elongated and pervasive nature of homicide experiences;
- the need to go above and beyond the normal call of duty;
- the injustice of homicide; and
- the need to restore secondary victims' of homicide faith in the goodness of human kind and in the benevolence of the world.

Table 7-1 Summary of thematic findings

Theme	Sub theme 1	Sub theme 2	Sub theme 3
1. Supporters need to be aware of the dynamic, complex and elongated nature of homicide experiences	Support is unhelpful when it fails to be aware of all the aspects of the experience	The profound re-traumatising effect of not being understood or having one support needs met	
2. Supportive behaviours that are unexpected or that go beyond the call of duty are profoundly helpful	Countering the trauma by recognising the injustice and restoring secondary victims of homicide faith in the goodness of human kind	Random acts of kindness appear to restore faith in benevolent world	Interpreted to indicate that the victim and family did not deserve their victimisation and that the situation is unjust and worthy of support
3. Family and friends are importance sources of support	Prevalence of these supporters: Family and friends made up 1/3 of all discussions	How underprepared family and friends are for the supportive role they are thrust into. Lack of information and education post the event.	The tension between having own needs met and awareness of, or responses to, other people's needs

Theme	Sub theme 1	Sub theme 2	Sub theme 3
4. The importance of not compartmentalising the types of support being provided	Informational support must be delivered in conjunction with emotional support, as must practical support	The type of support must be appropriate to the stage in the crisis event	

The study identified that family and friends are an important source of support for secondary victims of homicide. The findings document that the helpfulness of support was enhanced by ensuring that the different types of support (informational, practical, and emotional) are delivered cohesively and appropriately, at relevant phases of the homicide experience. Thus, this study also provides significant insight into who supports secondary victims of homicide and how helpful this support is to them. Discussed further in this chapter is the response to the question about how to best prepare family and friends for the unanticipated and unusual role of providing extended support to a secondary victim of homicide.

7.2 Responding to the research questions

There has often been an assumption in the community that because support is available in the aftermath of a trauma, it will always be helpful. For many secondary victims of homicide, this was not always the case. The depth of feeling of secondary victims of homicide as to how helpful or unhelpful, how supportive or unsupportive they found these different types of support systems is further explored in this discussion. The dynamic dimension of support experiences will also be considered. The next section will examine the responses to each of the five core questions the present study sought to answer.

7.2.1 Research Question 1: What are the sources of support secondary victims of homicide identify as being available following a homicide?

The secondary victims of homicide in this study identified a range of 35 diverse support sources available to them. These ranged from parents, spouses, siblings, in-

laws, police, counsellors, judicial staff, commercial company personnel, other victims, health professionals, offenders, through to members of the general public. These support sources in turn naturally fitted within nine support systems identified as the family, crisis, community, justice, friends, therapeutic, self-help, public, and offender support systems.

The origin of the support sources grouped within each of the nine support systems provided an innate delineation and suggests that the support experiences of secondary victims of homicide can also be understood in relation as to whether they were encountered via a newly encountered formalised support network or an existing social support network. These two networks provide the basis of a valuable typology to utilise when seeking to understand the systems and sources of support documented by secondary victims of homicide. Correspondingly, these networks are now referred to within this thesis as the '**social network**' and the '**formal network**'. The social network encompasses the family, community, friend, and the offender support systems and the formal network the crisis, justice, therapeutic, self-help, public support, and the offender support systems. The totality of the support sources available to secondary victims of homicide is illustrated below in Figure 7-1 in which the 35 identified support sources are classified according to these networks and documented systems.

The breadth of support sources identified in this study reflects the wide impact homicide has on families and communities, and clearly documents the diverse array of support sources available to secondary victims of homicide.

7.2.2 Research Question 2: Which sources of support are most frequently discussed by secondary victims of homicide?

The second research question provided insights into the supports that feature prevalently in the experiences of secondary victims of homicide. Participants had in excess of 700 discussions about the support available to them. The following sections explore the frequency of discussions about support, discussing how strongly each support network, each support system, and each support sources featured in this study.

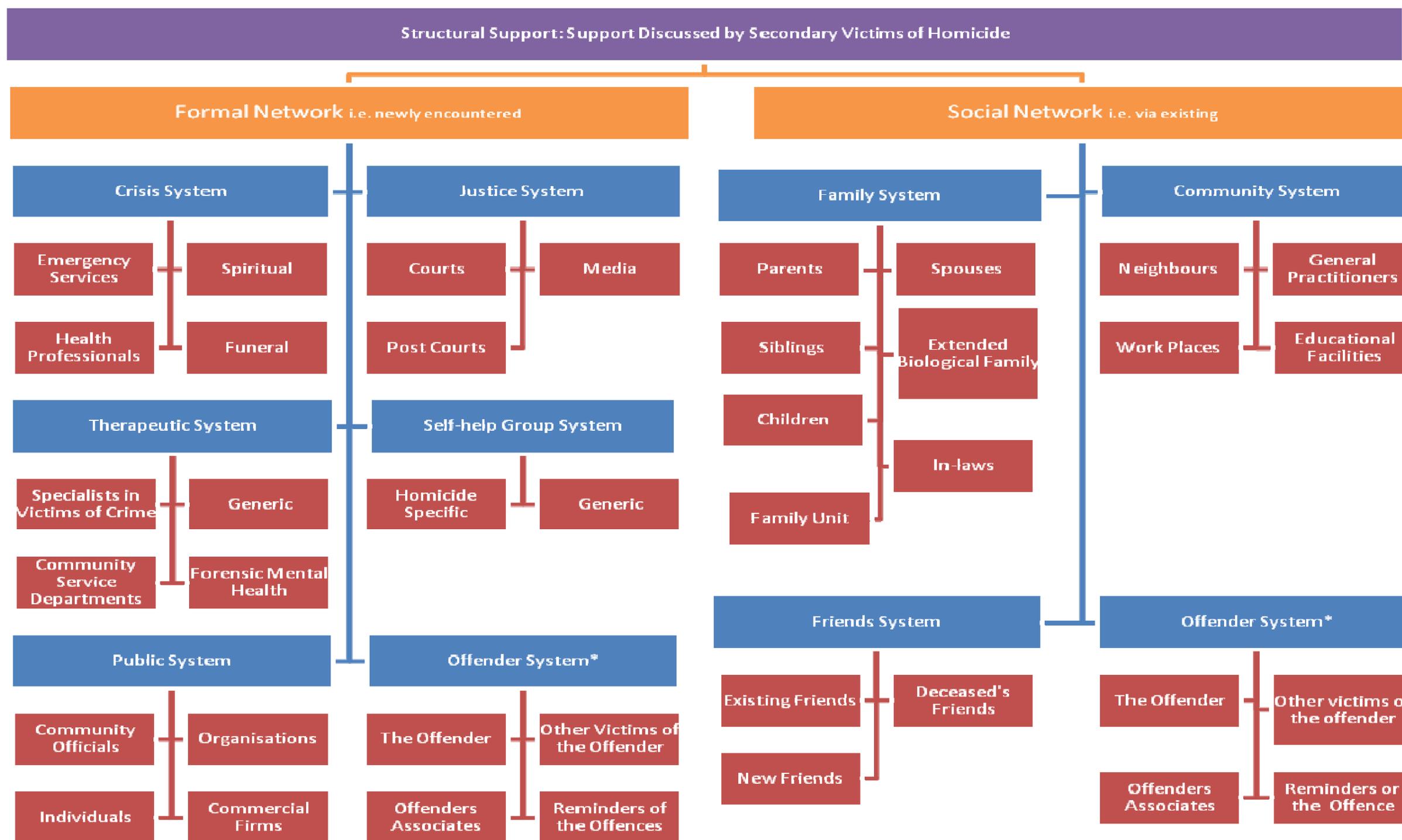


Figure 7-1 Sources of support identified by secondary victims of homicide shown by network, system and source

7.2.2.1 Support networks

As illustrated below in Figure 7-2, the analysis of the number of discussions relative to each of the identified support networks, documented that there was little variation in the discussions of formal and social support networks. It is recognised that offender related support could fit within either network. Having allowed for this by applying the discussions relating to the offender support system equally across the two networks, it can be seen that the formal support network was discussed in only 4% more instances than the social network. This indicates the significant and equal role both the formal and the social support networks play in supporting secondary victims of homicide. This finding is congruent with Morris et al.'s (2003) finding that nearly half the support for victims of violent crime comes from family, friends, neighbours, or relatives. This study's findings support the findings of several trauma studies that have identified that family, friends and community all play an integral role in countering trauma in post disaster communities (Almedom & Glandon, 2007; King et al., 2006; Ullmann et al., 2007).

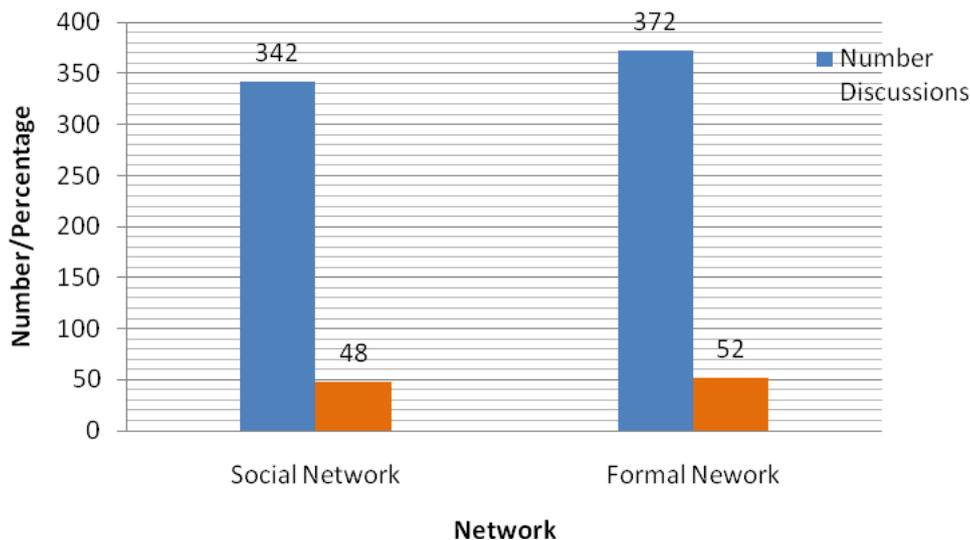


Figure 7-2 Ratio and number of discussions shown by support network

The present study in exploring the support identified by secondary victims of homicide, has made a significant original contribution and has answered calls by other researchers such as Maguire and Kynch (2000b) and Morris et al. (2003) for more detailed examinations of social or informal sources of support. It is also evident from the literature that the support stemming from family, friends, and community members has not previously been explored and grouped with any consistency. The findings of

the present study combine to clearly demonstrate that secondary victims of homicide rely almost equally on both formal and social support.

7.2.2.2 Support systems

The results provide significant insight into the frequency with which the nine support systems identified were discussed. The family and crisis support systems were discussed considerably more than any other support system. The community and the courts were discussed at similar rates, followed relatively closely by the friends, therapeutic and self-help systems. As seen below in Figure 7-3, in comparison, the public and offender related support systems were discussed relatively infrequently.

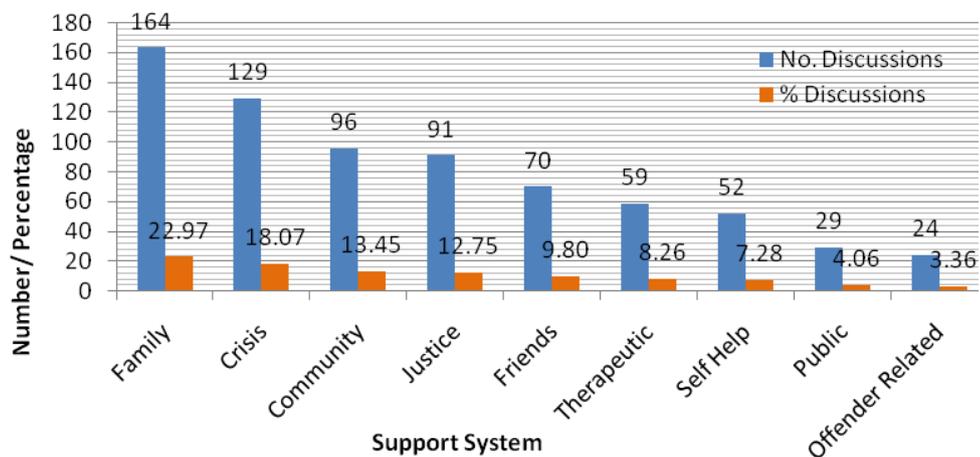


Figure 7-3 Ratio and number of discussions shown by support system

7.2.2.3 Support sources

Under each of the above-mentioned nine support system classifications were 35 different support sources (these are shown in context far above in Figure 7-1). The family support system covered seven support sources; these included parents, spouses, siblings, extended biological family, children, and in-law relations, and the entire family. Within the crisis support system, there were four support sources mentioned emergency services, spiritual and religious services, health services, and funeral services.

The community support system was also made up four support sources, neighbours, general practitioners, workplaces, and educational facilities. The justice support system consisted of three support sources, the courts, the media, and post-court

services. Friends as a support system included three support sources, existing friends, primary victims' friends and new friends.

The therapeutic support system incorporated four support sources, generic therapeutic services, specialist victims of crime services, community service departments and forensic mental health services. The self-help support system involved two support sources, specialist homicide grief support groups and generic grief support groups, while the public support system was made up of four support sources; community officials, organisations, individuals and commercial firms. Similarly, the offender support system encompassed four support sources, the offender, other victims of the offender, associates of the offender, and reminders of the offence.

The most discussed sources within the nine support systems were as follows:

1. parents and spouses (family);
2. emergency services and spiritual (crisis);
3. neighbours and general practitioners (community);
4. courts (justice);
5. existing friends (friends);
6. generic and specialised victims of crime therapeutic services (therapeutic);
7. specialised homicide self-help groups (self-help);
8. community officials (public) and the offender; and
9. family of other victims (offender related).

7.2.3 *Research Question3: Which sources of support do secondary victims of homicide most frequently discuss as being helpful?*

The study revealed that when considered in context of support networks, systems, and/or sources, the helpfulness of support could be experienced in different ways.

7.2.3.1 *Support network*

At the network level, there was a relatively small difference in the percentage of discussions that were of helpful; 32% of formal support and 36% of social was helpful. However, there was a more notable difference in the experience of unhelpful support provided from within the formal support network than from within the social support network.

7.2.3.2 Support system

Figure 7-4 below illustrates the helpfulness of each support system, shown in relation to their relative helpfulness. However, as noted earlier, caution is needed in relation to the number of positive discussions of the self-help support system. This concern stems from the potential skewing of the population arising from the sampling method. Duty of care and ethical considerations meant that secondary victims of homicide participants had to be in touch with a support organisation, most of which were self-help groups. Most participants maintained contact with the support organisation due to their positive experiences of it.

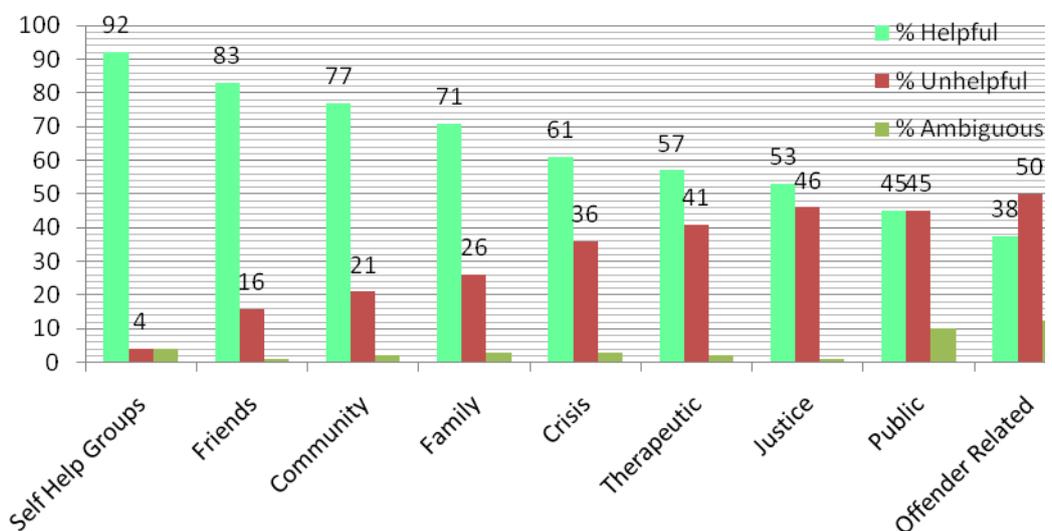


Figure 7-4 The relative helpfulness of support discussed: shown by support system and percentage

The crisis, therapeutic and justice support systems were helpful in many instances. However, these support systems were notably less helpful than friends, community, or family. The experiences of the public and offender related systems were less helpful than those of any other support system, their unhelpfulness outweighing their helpfulness. A notable proportion of the support provided by the justice, therapeutic and crisis system was documented as unhelpful. This is of particular concern, as the public perception is that these formal services are professionals who are trained to assist and support secondary victims of homicide.

7.2.3.3 *The helpfulness of support discussed in relation to support sources*

The usefulness of the support sources discussed was analysed relative to the number of discussions relating to each support source and revealed that the helpfulness of each support source varied considerably; a visual overview is provided below in Figure 7-5. The figure reveals that the most helpful sources of support for secondary victims of homicide were educational facilities, other victims of the offender, generic grief support, children and work places.

The forensic mental health services, the offender, the associates of the offender, organisations, post court services and generic therapeutic services were described as unhelpful in many instances. This finding may not be surprising when considered in relation to the offender or their associates. However, when considered in relation to formal services such as the forensic mental health services, the post court services (criminal injuries, parole, victims notification) and generic therapeutic services, the findings raise concerns that these professional service providers are not responsive to the needs of secondary victims of homicide. This is especially of concern in relation to post court services (compensation boards, appeals courts and parole boards), many of which have been established in response to the expressed needs of victims of crime.

7.2.4 *Research Question 4: What are the underlying reasons that secondary victims of homicide give for experiencing support as helpful or unhelpful?*

Supported by the literature (Amick-McMullan et al., 1991; Davis, 1987; Neimeyer, 2001; Neimeyer et al., 2006; Sims et al., 2006; Walsh, 2007), the present study highlights that formalised or social support provided to secondary victims of homicide, is most likely to be helpful when it is characterised by interventions that are restoring, benevolent and harmless.

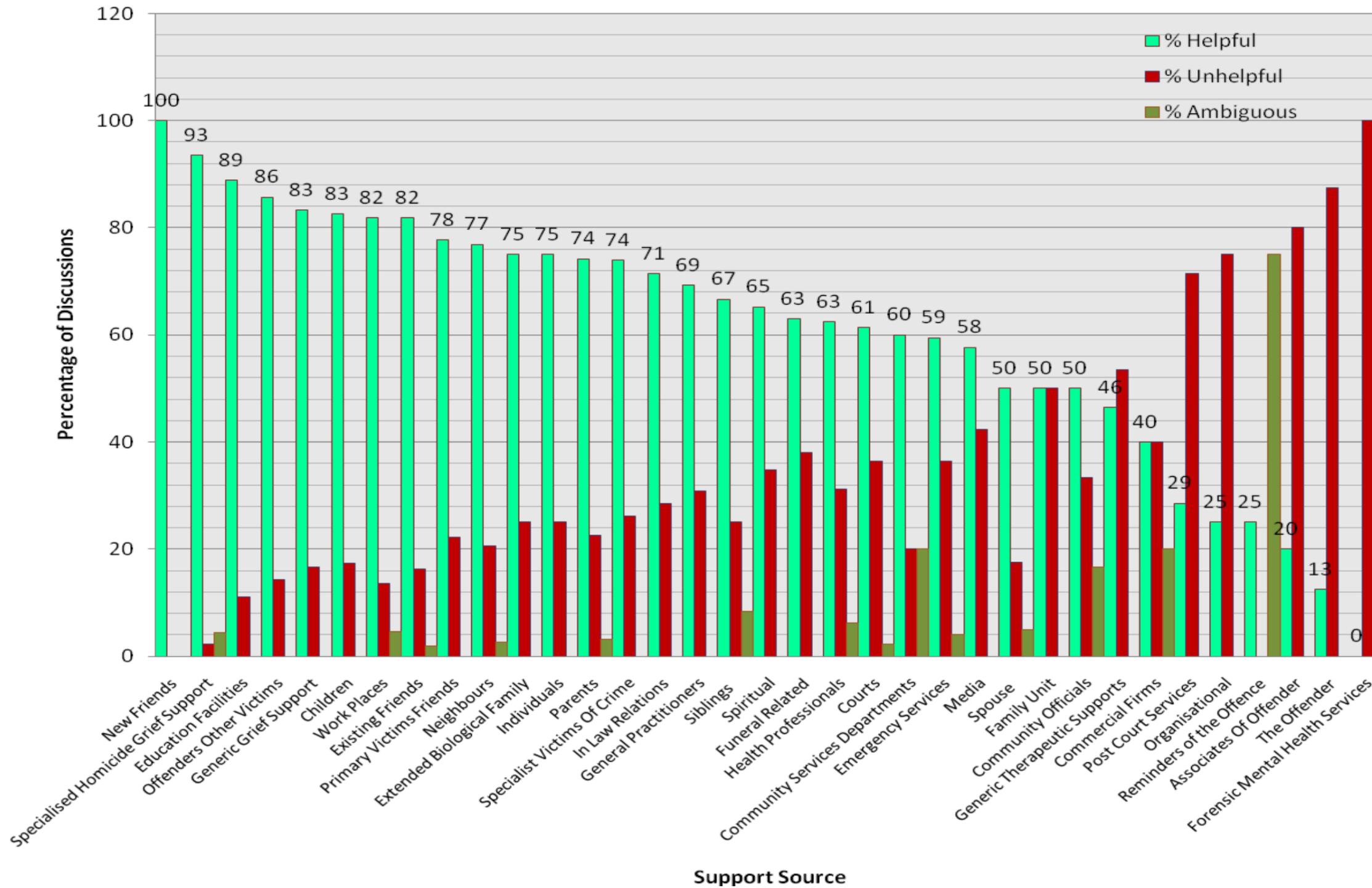


Figure 7-5 The relative helpfulness of support sources: shown by support source and percentage

The study has documented that support which respects people's privacy and confidentiality and which is provided in a timely, informative, proactive and non-judgemental manner, was helpful. Support that was appropriate to the age, culture, holistic (encompassing informational, psychosocial, spiritual, emotional and practical dimensions), reliable and consistent, informed about victims' experiences within criminal justice system processes (i.e. victimologically aware) and aimed at empowering secondary victims of homicide was considered to be the most healing and helpful. Table 7-2 below juxtaposes the helpful characteristics and elements of support with those identified to be unhelpful. Support was considered to be helpful when those providing the support had the ability to:

- Assist with mundane tasks like keeping phone records (numbers and messages), liaising with media, managing visitors, establishing where people have to travel to and the required route i.e. managing the logistics and directions, identifying correct departmental staff;
- Provide practical support without being intrusive and in consultation with key secondary victims of homicide, such as cooking, babysitting, washing, paying bills, shopping, making travel arrangements;
- Provide emotional support without a) avoiding issues relating to the homicide (grief, trauma or court processes) or b) allowing their own grief and trauma to dominate the support process; and
- Advocate and liaise in an inclusive manner i.e. without excluding secondary victims of homicide.

Table 7-2 The helpful and unhelpful elements of support

	Helpful	Unhelpful
Characteristics	Restoring	Revictimising
	Benevolent	Malevolent
	Harmless	Harmful
Elements	Private & Confidential	Public/ Unrestricted
	Timely	Untimely
	Informative/ accurate	Uninformative/ Misinformation
	Pro-actively offered	Reactionary
	Non-judgmental and non-discriminatory	Judgemental discriminatory
	Appropriate – cultural, age, ability	Inappropriate
	Holistic	Segmented
	Accessible	Inaccessible
	Reliable and Consistent	Unreliable and Inconsistent
	Victimologically aware	Victimologically unaware
Empowering	Disempowering	

These results document that support which exceeded the expectations of the secondary victims of homicide was profoundly helpful, instilling a sense of worthiness and was interpreted to be a validation that the homicide was an extremely unjust and inexcusable act.

7.2.5 Research Question 5: How can post-homicide support be improved according to secondary victims of homicide?

Secondary victims of homicide had ideas and suggestions relating to future secondary victims of homicide. Their ideas pertain to service delivery and the competencies of those who deliver them.

7.2.5.1 Service delivery: Characteristics, models and dimensions

Participants suggested that the ideal service delivery model for secondary victims of homicide would be a 24 hour, free service that provided proactive services, both in house and in the community, for the duration of the criminal justice system processes and beyond, i.e. in an ongoing manner, not for a fixed time period during the initial

crisis or solely tied to court processes. Thus, it was suggested that the support provided should comprehensively and seamlessly address the practical needs, informational needs and emotional needs of secondary victims of homicide throughout the period that problematic grief and/or trauma symptoms remain. As mentioned in the introduction to this thesis, human research and human service interventions are cognisant of Maslow's *Hierarchy of Needs*. Human beings have several basic needs, which include but are not limited to the following:

- Physiological needs - air, water, food, sleep and shelter;
- Safety needs – personal and financial security (re work, family, morality), protection from accidents and illness, and the adverse impacts, and experiencing justice;
- Love and belonging needs – sense of wellbeing, family, friends and intimacy;
- Self esteem needs – self esteem, confidence, respect of others, respect by others; and
- Self actualisation needs – morality, creativity, problem solving, lack of prejudice, and acceptance of reality (Simons et al., 1987; Taylor, 2005).

Secondary victims of homicide suggested that being mindful of basic human needs was essential to helping. Given what is known about victims' of crime experiences of justice, particular attention should be given to safety, which includes the need for justice to be experienced³³.

There was a strong desire, especially from male secondary victims of homicide for services, particularly therapeutic services, to be delivered in non-traditional or less formalised therapeutic environments. For example, using outreach models of service delivery whilst sitting outside (at the beach or in the park), walking, over coffee, in people's private homes or over a meal. In addition therapeutic services should be embedded in strength based perspectives (Cowger & Snivery, 2002; Saleebey, 2006) that recognised that secondary victims of homicide are not 'dysfunctional people' but are powerless people struggling to negotiate systems and processes.

³³ Recognising that there are five "kinds of justice - social, political, economic, moral and legal" Law Reform Commission of Western Australia (1999). The Law Reform Commission of Western Australia: Review of the Criminal and Civil Justice System in Western Australia: Consultation Drafts. Western Australian, Law Reform Commission of Western Australia.

7.2.5.2 Staff competencies

The proactive physical presence of support staff or volunteers who were non-authoritative, non-judgemental, and sensitive to both the injustice inherent in homicide and the emotional pain involved for the family members was strongly recommended. Such personnel therefore need to be trained to understand the dynamic dimensions of homicide experiences and to appreciate the complex interplay between the trauma and grief symptoms experienced by secondary victims of homicide.

7.3 The dynamic dimensions of support

This study is one of the few studies that explored the experiences of secondary victims of homicide. Studies by Harrison (2000) and Paterson et al. (2006) examined homicides and included the perspectives of secondary victims of homicide. However, the focus of these studies was on improving formalised (professional and paraprofessional) support services to secondary victims of homicide. It is possible to show that secondary victims of homicide experiences of support can be understood and discussed in relation to three interconnected and dynamic dimensions:

1. Buffers: the interactive factors that both present and protect secondary victims of homicide with or from risk or revictimisation, and thus denote support needs;
2. Sources: the support resources potentially available to secondary victims of homicide; and
3. Nature: the function of support. How helpful and unhelpful support is characterised and its inherent elements.

These dimensions form the major focus of this study and are discussed in following sections.

7.3.1 Buffering factors

Studies by Helgeson (2003) and Vaux et al. (1987) identified that support is buffered or moderated by several situational, intrapersonal, and interpersonal factors (these are sometimes referred to as variables). The present study explored and expanded upon the variables identified in these studies in ways not undertaken before in order to understand and to produce a homicide specific list of variables.

7.3.1.1 Situational factors

The situational factors surrounding an experience of homicide include the socio-legal characteristics, the phase of the stressful experience during which support is introduced, the severity of the stressor, and any resultant role changes (Harrison, 2000; Helgeson, 2003). The present study presented further information about these situational variables and the resultant need for informational, practical, and emotional support.

The brutal nature of homicide, and for some secondary victims the added knowledge that their loved ones suffered for a period of time, contributed to the traumatic nature of the grief experienced by secondary victims of homicide. Also shown to contribute to the emotional distress of secondary victims of homicide in this study was the location of the homicide. The overwhelming number of homicides occurred in the victim's home and this was particularly true in homicides when the victim and the offender knew each other, thus highlighting that home was often not the safe place in the case of the victims.

The results provide an insight into the initial experience of secondary victims of homicide when a crime had occurred. Studies by Harrison (2000), O'Connell and Nitschke (2000), O'Neill (2000) and Paterson et al. (2006) were some of the first studies to highlight a variety of situational variables that may surround a homicide. These include: the initial survival by the primary victims of homicide; being a missing persons case and the duration they remained missing for; the inclusion of sexual crimes in the homicide; and factors associated with the notification of secondary victims of homicide about the homicide, namely by what medium and the recipient's location.

Although this study did not concentrate on the judicial processes, the findings did provide insight into the inconsistent processes and outcomes secondary victims of homicide experienced within the judicial system. Secondary victims of homicide attending the court process often found that the judicial process is unclear in relation to pleas, verdicts, and sentences for homicide offences.

Although secondary victims of homicide felt a guilty plea seemed the most obvious course of action for offenders, a whole range of judicial pleas ultimately ensued. These outcomes ranged from pleading guilty to a lesser crime to being found not fit to plea. Similarly, the court verdicts and sanctions imposed were inconsistent and the

reasons for disparity were perplexing for secondary victims of homicide in this study. Studies by Cotton (2004), Mezey, Evans and Hobdell (2002) and Paterson et al. (2006) also identified that secondary victims of homicide felt a sense of frustration and dissatisfaction with the uncertainty of criminal justice system processes and outcomes.

In some instances, variables such as the legal rights of secondary victims of homicide, the policies and procedures of organisations and the cultural context against which homicides occur did not fulfil their intended buffering role. There were cases when experiences of the justice system, of grief and loss, and of trauma were shown to moderate experiences of homicide. The way in which support was experienced was shown to alter with the passage of time in that some support was experienced as unhelpful at one point, i.e. during the crisis stage, the transition stage, or the chronic stage, but was of value at a different stage.

Any change to family roles were also shown to add a dimension to the experience of homicide. Having to fill the role of another parent or becoming the sole financial provider for the family because of the homicide were discussed as variables that moderated and influenced experiences of support. The findings of this study reveal and document that situational variables including the socio-legal context of the homicide, the time since the homicide, the traumatic and life changing nature of the homicide and the role changes inherent within the experience, are important variables to be considered when understanding or providing those affected by homicide with informational, practical and emotional support.

7.3.1.2 *Intra personal factors*

The study findings provided a profile of the secondary victims of homicide. The profiles overwhelmingly highlighted that anyone could experience becoming a secondary victim of homicide. This traumatic event was not limited to a particular gender, age group, income, educational, or occupational level. Marital status, belief systems, and ethnic group also played no consistent part in determining the experience of becoming a secondary victim of homicide.

However, the results of this study suggested all participants continued to struggle with various personal, emotional and psychological ramifications of the experience. Thus, traumatic homicide events have lasting and on-going effects on the loved ones left behind, namely secondary victims of homicide.

Further, for those secondary victims of homicide whose child(ren) was/were the primary victim(s) of the homicide, the emotional distress was significant. Like most parents, the participants expected their children would out-live them.

Secondary victims of homicide often compared the homicide experience to other of trauma or grief experiences (some had occurred prior to the homicide, others subsequently) and expressed that homicide was a unique experience that could be helped or hindered by previous experiences. Similarly, some noted that the experience often amplified existing health and wellbeing conditions, while others noted that their social skills had been affected, both adversely and favourably. This study supports existing assertions (Helgeson, 2003; Tribal, 2000; Wilsey & Shear, 2007; Vaux et al., 1987) that intrapersonal characteristics of a secondary victim of homicide such as their resilience to trauma and grief, the other stressors in their lives, their appraisal of support, their psychological wellbeing and social skills, their personality characteristics and their demographic profile (social context) are important variables to consider when seeking to understand their support needs and experiences.

7.3.1.3 *Interpersonal factors*

The analysis highlights that an array of dynamic interpersonal variables connecting the primary victim/s, the secondary victims of homicide, the offender/s, and support sources mitigate supportive experiences. The findings in this study, unlike other studies into homicide, provided a different profile of the primary victims. In this study, most of the primary victims were identified as being female, rather than male. Coleman, Hird and Povey (2006), Mouzos and Houliaras (2006) and Najman (2000) like other researchers found the majority of primary victims of homicide to be male. The predominance of female primary victims in this study may in some way be associated with sample selection and the self-selective nature of involvement of secondary victims of homicide who were supported by self-help groups or victims of crime services.

The results document that in approximately half the cases, the primary victim knew the offender, such as a boyfriend, husband, or colleague. For the remainder, the offender was a stranger to the primary victim. The study also found that the offender(s) were predominately adult males over the age of 18. However, a small number of offenders were children. This added a significant emotional dimension for secondary victims of homicide, as they found out their loved ones had been killed by

someone who was still classified as a child. The disbelief that someone who was technically still classified as a ‘child’ could be involved in committing such a brutal crime was extremely hard to comprehend for secondary victims of homicide.

Additionally, the study revealed that the age of young and elderly primary victims of homicide was as a contentious factor. Secondary victims of homicide reported grappling with the fact that young and elderly victims were too vulnerable and could not protect themselves, and with the knowledge that the offender(s) had no empathy or appreciation for that vulnerability.

These findings sustain suggestions that interpersonal variables including the relationship between the secondary victims of homicide and the primary victim, the offender and the primary victims and the characteristics of the offender and the victim, all need to be considered when understanding experiences of support. The exploration of these situational, intrapersonal and interpersonal variables that buffer or moderate secondary victims of homicide experiences provide interesting insights into the dynamic filters through which available structural support available is experienced.

7.3.2 *Structural supports available and experienced*

Structural support is defined as the “mere existence of social relationships” (Helgeson 2003, p. 25). As discussed previously above within section 7.2.1 the present study identified there were 35 sources of support (or social relationships) available to secondary victims of homicide, grouped into nine support systems that fitted into two support networks, the formal and the social support networks.

This study has documented that access to the various support sources varies considerably among secondary victims of homicide. This variation relates to factors associated with their particular situation, intrapersonal characteristics, and interpersonal factors. For example, a single person does not have access to support from a spouse and may not have previous experience of death. Alternatively, an elderly person is unlikely to have access to parental support, but may have children who can support them and also have had several prior experiences of death.

However, this study has documented that when understanding and responding to the complex and dynamic experiences that follow a homicide, it is not enough to assess the presence of buffering factors, and the support sources available, without considering the types and nature of support secondary victims of homicide require.

Therefore, it is necessary to consider the third dynamic dimension of support, the type and nature of support experiences. The present study did this in relation to each of the identified support systems and their inherent support sources and the results are discussed in the following section.

7.3.3 Type and nature of support experiences

This study is one of the rare studies that has documented and undertaken an in depth exploration of how informational, practical, and emotional support was experienced by victims of crime. The research has reflected upon the experiences, thoughts, and feelings of secondary victims of homicide themselves in relation to the entire concept of support experienced by them throughout this traumatic event. The results identified that there were a significant number and range of potential support sources and systems available for secondary victims of homicide.

The overriding questions continuously explored in this study were “who supported secondary victims through this experience?” and “how helpful or unhelpful were the supports they encountered?” The concept of how helpful or unhelpful this support was for secondary victims of homicide will now be further discussed.

7.3.3.1 Family support system

Analysis revealed that secondary victims of homicide in this study identified that family was the most discussed support system. This is consistent with other studies that have examined support for generic victims of crime (Waller, 2003; Young, 2001). Unlike other support systems that may be made available to secondary victims of homicide such as crisis support sources, family represents a very personal source of support. In addition, family members were also going through the same psychological experiences of losing a loved one as the secondary victims of homicide interviewed for this study were. This shared grief and loss was at times a powerful support system for all secondary victims of homicide.

Lee (1996) and Harrison (2000) and The International Critical Incident Stress Foundation Inc (2006) assert that in situations of grief, family is often the most significant system in helping secondary victims of homicide through the experience. Neimeyer et al. (2006) examine the factors mitigating complicated bereavement experiences and confirm the powerful nature of support provided by the family. However, no previous studies have broken down the family support system into a range of different support systems. Further the term ‘family’ meant different individuals

for different secondary victims of homicide. By providing a breakdown of these different types of family members this study has highlighted that different family members can play differing roles in supporting their loved ones.

Parents and spouses were the most often-mentioned support source for secondary victims of homicide in this study. Siblings (both male and female), children (biological and step), other extended biological family (grandparents, aunts and cousins) and in-laws all played pivotal roles in the discussion of support sources. This finding is not necessarily surprising, as those often closest to adult-aged secondary victims of homicide would most often be their spouse and/or their own parents. Secondary victims of homicide in this study were all very clear the behaviours and responses from their parents and spouses were found to be most supportive and helpful or unsupportive and unhelpful.

This study confirms that when other family members, most often their parents and/or spouses, were able to focus on the needs of the participants in this study without allowing their own grief to overshadow these needs, secondary victims of homicide felt more supported. The ability to 'put aside' one's own feelings of grief at times to focus on the needs of participants was acknowledged as a difficult process – a delicate 'balancing act'. In order to assist the participant with their emotional needs others often had to place their own emotional needs in the background. Yet they were often dealing with the same degree of pain, loss, and grief as the secondary victim of homicide they were supporting. This balance for parents and spouses, between addressing their own grief and being able to focus on the needs of the participants, was crucial in allowing the participants to feel that their grief and loss had been heard and acknowledged. The ability to detach in some way from their own grief to focus on the needs of another in deep grief is an extremely difficult process and yet vital for participants.

In direct contrast, when family members, particularly those closest to the participants – parents and/or spouses – predominantly focused on their own grief and loss and therefore minimised the emotional needs of the participants, then the support offered by these family members was seen as unsupportive. These findings highlight that secondary victims of homicide have difficulty dealing with the grief and loss needs of other close family members. They were able to provide support to others on occasion, but a continuous need to acknowledge and support the grief of their parents or partner and not their own emotional needs was an extremely heavy burden for them.

Another critical component for secondary victims of homicide that reinforced their feelings of being supported by family members, particularly parents and/or partners, was an accepting attitude by family members.

The ability of close family to provide practical support, such as basic domestic chores – cooking meals, cleaning – at a time when the secondary victims of homicide in this study felt unable to do even the simplest of domestic chores, was seen as extremely helpful and supportive. Tunnecliffe (2004) in his work on trauma recovery identified that it is necessary to attend to the practical needs of the traumatised as well as the emotional ones; Maslow's hierarchy of needs supports this assertion. Curling (2002), in reflecting on responding to traumatised people in Namibia, also noted that needs of a practical nature took primacy over those that were emotional. Analysis revealed that secondary victims of homicide in this study identified that family was the most discussed support system. This is consistent with other studies that have examined support for generic victims of crime (Waller, 2003; Young, 2001). Family is one of the most important support systems for all types of victims of crime. Unlike other support systems that may be made available to secondary victims of homicide such as crisis support sources, family represents a very personal source of support. In addition, family members often were also going through the same psychological experiences of losing a loved one as the secondary victims of homicide interviewed. This shared grief and loss was at times a powerful support system for all secondary victims of homicide.

Overwhelmingly for those participants who had children, children were seen as an immense support. The ability of children to share their parents' sorrow, talk openly about the homicide and assist practically was found to be extremely beneficial. The dependent nature of parent-child relationships often meant that participants, regardless of their own grief and loss, had to continue to function, to respond to, and meet the emotional and practical needs of their children. This continuity of daily roles in some ways was one aspect of the inherently important role children played in assisting adult secondary victims of homicide in dealing with the grieving process and in giving them a reason to go on with their own life.

In the present study, childrens' self-destructive behaviours, including excessive drinking, drug-taking or total withdrawal, further diverted emotional strength of participants from dealing with their own grief and to having to focus on the complexities of the risk-taking behaviours of their children. This is confirmed in the literature where risk taking behaviours are not unusual in traumatised and bereaved populations (Anaya-Jackson, 1999; DeYoung & Buzzi, 2003).

Secondary victims of homicide often found that the in-laws were in a position of being 'a little removed' emotionally from the primary victim. This distance meant that their own grief was not always as intense as that of closer family members. This study highlights the often-overlooked pivotal role in-laws can play as supportive contributing members to assisting secondary victims of homicide. Thus, the family support system plays a powerful role in assisting secondary victims of homicide in dealing with their trauma, grief, and loss.

7.3.3.2 Crisis support system

The next most discussed support were the critical crisis services within the crisis support system that secondary victims of homicide encountered during the immediate crisis experience surrounding the homicide and the traumatic nature of the event. These crisis support sources ranged from emergency service workers through to health professionals, with four main sources of crisis support:

- emergency services;
- spiritual/religious services;
- health services; and
- funeral services.

The homicide experience forced secondary victims of homicide to interact with these crisis support sources. These included police, police family liaison officers and ambulance officers. The findings confirmed that their primary role in the homicide process was to focus on the primary victims of the homicide. Unlike the family support system, however, most personnel within the crisis support system were trained to deal with aspects of the crisis situations that surround homicide. One of the most crucial factors as to whether secondary victims of homicide found support offered by emergency services workers to be helpful or unhelpful centred on the concept of 'going beyond the call of duty'. When emergency personnel focussed totally upon their role and duties, without providing any empathetic responses to the secondary victims of the homicide, they were considered to be less supportive.

The critical aspects of support was that emergency service personnel communicated consistently and honestly with the secondary victims of homicide, not 'keeping them in the dark' about processes involved and provided them with relevant information. For secondary victims of homicide, communicating in a sensitive timely manner was pivotal to their perception of emergency support sources meeting their needs.

An extremely sensitive aspect was the lack of empathy to the needs of secondary victims of homicide in relation to the bodies of their loved ones. Returning incomplete bodies or retaining the primary victim's body for extended periods before releasing it for funerals were some of the most distressing aspects of the homicide experience for secondary victims of homicide in this study.

Although spiritual supporters were often responsive to those traumatised or the bereaved, at a time of heightened trauma and grief they were not always skilled in providing the support needed by secondary victims of homicide, and dealing with the complicated experience of grief and loss, and the homicide itself, was often outside the training of clergy and chaplains. The subsequent reaction of spiritual personnel to the secondary victims of homicide is often critical in either strengthening spiritual beliefs or challenging, and sometimes destroying, continuing faith.

Health professionals encountered when the crimes first occurred were experienced as helpful in many instances. The provision of accurate and timely information relating to the medical procedures, symptoms and events, and was responsive to secondary victims of homicide support needs (informational, practical and emotional) was what distinguished helpful support from unhelpful support.

Funeral personnel were also well trained to be extremely empathic and supportive. Unlike many other funeral situations, a homicide meant that the coroner's office was involved in the process relating to the primary victim's body and this affected the role played by funeral personnel.

The findings of this study dispel an assumption made by both the general public and secondary victims of homicide themselves - that the crisis support sources (mostly paid personnel) would be extremely supportive and helpful to secondary victims of homicide. Unfortunately, in many cases secondary victims of homicide frequently found that crisis service personnel were not supportive. This is consistent with other research studies into the trauma, grief and loss experiences of victims of crime such as those by Harrison (2000), Paterson et al. (2006) and Robinson (2003) which detail that there can be inconsistencies in the responses from ambulance officers, nurses, and doctors. What is clear within these present findings was that the helpful responses involved personnel being aware of the needs of secondary victims of homicide and acknowledging their needs and wishes in relation to deceased loved ones. This awareness was reflected in their ability to communicate in a sensitive

manner, and to provide them with information that increased their understanding and awareness of processes surrounding the homicide experience.

7.3.3.3 Community support system

The third most discussed support system in this study was the community support system. This support system received more positive comments of being helpful to secondary victims of homicide than others involved in the crisis support system. The community support system contained four types of support sources:

- neighbours;
- local general practitioners;
- those based in associated workplaces; and
- education facilities relevant to the primary victims and the secondary victims of homicide.

Neighbours, the general practitioner (GP), and workplaces often became significant contributors to the support of the secondary victims of homicide in the ensuing weeks, months, and years. Neighbours were the most discussed community support source and were identified as important; however research exploring their helpfulness or their role in assisting victims of crime is only just emerging (Breen & O'Connor, 2007; Hill, 2004; Norris et al., 1997; Walsh, 2007).

The responses and behaviour of neighbours were important for secondary victims of homicide in this study. Those neighbours who passed no judgements and did not assign any form of 'blame' to the primary victim or their loved ones for the homicide were overwhelmingly seen in a positive light and as helpful.

Secondly a neighbour's ability and offers to provide practical assistance at the time of crisis for secondary victims of homicide, including financial support, meals and cleaning and other household chores, were considered extremely beneficial.

Significant focus of support has concentrated on the emotional and psychological wellbeing for victims, and practical everyday support is often ignored. When such practical support such as shopping, cleaning and cooking are taken care of, secondary victims of homicide were often able to gain strength emotionally and focus on other activities surrounding the homicide involving courts, the coroner and the justice system.

The tendency has been to pathologise trauma and grief and there has been a recent shift that has seen the literature on trauma, grief and loss and the role of practical help develop as an emerging field of study (O'Connell & Nitschke, 2000; Paterson et al., 2006).

Another important aspect of support provided by neighbours is the provision of an additional 'link' to the primary victim that often enhanced and/or expanded existing memories of the deceased, which was so important for secondary victims of homicide. It was neighbours recounting their often positive experiences with the primary victim that frequently provided another way to keep the memory of the primary victim alive. In some instances, neighbours knew more about the primary victim than family members, who did not always live in close proximity to the primary victim.

Secondary homicide victims identified they often turned to their local GP during the crisis and beyond it. Seeing their GP as a possible source of support in dealing with the physical manifestations (insomnia, changes in appetite, somatic complaints, headaches, depression, anxiety), as well as the psychological and emotional aspects of their trauma and grief. The ability of the GP to acknowledge the emotional and psychological aspects of the grieving process beyond just responding to treating the physical manifestations was an important consideration for secondary victims of homicide. General practitioners who provided grief and trauma support and counselling, helped secondary victims of homicide understand the changes in their behaviour post trauma.

However, many GPs were perceived to be unsupportive and unhelpful by secondary victims of homicide. Their unhelpfulness revolved around issues of rushing secondary victims of homicide during the consultation; avoiding discussion of the homicide and emotional needs; and over-prescribing sedatives or antidepressants. The present study has supported existing research, echoing the need for GPs to receive training in managing post-traumatic grief symptoms, the appropriate use of medications, and on the wider social supports available to secondary victims of homicide.

Another type of community support, not commonly discussed but seen as helpful for secondary victim of homicide when it was, were those workplaces colleagues or those of the primary victims. In addition, when children were the primary victims, the people within the educational facility that they had attended – teachers, parents and others were identified as helpful. Secondary victims of homicide who were working had all had to make special arrangements with their place of employment during the

immediate aftermath of the homicide. Both the workplace settings and educational settings in this study were seen in a positive light and as helpful by secondary victims of homicide. The supportive aspects of workplaces and educational facilities included remembering and acknowledging the primary victim through a remembrance ceremony. For working secondary victims of homicide, the provision of counselling support and extra time off and re-assigning workloads were seen as extremely helpful and supportive.

7.3.3.4 Justice support system

The justice support system was the fourth most often mentioned of the avenues of support for secondary victims of homicide. Of all the support systems discussed in this study, the justice support system is the most researched. A large number of studies as detailed in Chapter 2 and 3 have examined various aspects of the justice system in relation to victims of crime. However, the present study examined a range of justice based support services beyond these. The three support sources examined in this study included the courts, the media, and the post court services as part of the justice support system.

The justice support system represented formalised processes and professionals, and secondary victims of homicide often felt inadequate when dealing with the justice support system and its personnel. Of the three justice system support sources discussed by secondary victims of homicide – the courts, media, and post court services – the most often mentioned were the court personnel themselves. These included prosecutors, judges, lawyers, and general court staff. Court processes are repeatedly confusing, unsupportive and frequently unhelpful. In relation to court services and professionals, there was a tendency to ignore the secondary victims of homicide, as most processes surrounding the court services did not cater for secondary victims of homicide.

Individuals working within the criminal justice system who proactively offered timely and accurate information about the court processes to secondary victims of homicide were viewed as considerate and helpful. Thus, predominantly it was not court services or any formalised judicial process that was reported as helpful by secondary victims of homicide, but individual personnel who made all the difference.

Another unhelpful component of the court processes rarely discussed in the literature is the many difficult practical aspects of victims' involvement with the court system.

These practical aspects included trying to get to the court itself, particularly if they live a great distance away; having to take extensive time off work; the high cost of staying in accommodation near the courts (often located in inner city areas). Many secondary victims of homicide had limited financial income due to the extended time they required off work (often without pay), and court processes often led to further financial stress and debt, compounding existing emotional and psychological distress.

Many secondary victims of homicide in this study discussed what they often referred to as no 'truth' in sentencing, as the sentence was not considered sufficient in relation to the horrific nature of the crime committed. Additionally, when a full sentence was handed down, for many reasons associated with prisoner reform and parole programs, the offender was released early or under supervision.

Within the justice support system, secondary victims of homicide also discussed the media and its role in influencing their experience of the homicide and surrounding events. The media was seen as intrusive and judgemental. However, this study highlights the potentially positive role and impact the media can have in assisting secondary victims of homicide attain a sense of social justice, especially in cases where the criminal justice processes are perceived to have failed to deliver any or adequate justice. Media coverage was found to increase and become more extensive when court cases were lengthy or related to unusual or controversial homicides.

Secondary victims of homicide found the media to be mixed in its ability to be supportive and helpful. Helpful instances reflected experiences where there was accurate reporting of facts; a non-blaming approach to the victim of the crime; acknowledgment of victims as 'real people' and not just another story; and raised community awareness of the issues surrounding homicide.

The media was found to be unhelpful when the family was harassed during the crisis and the court case; comments were constantly sought, photographs taken without consent, and inaccurate articles published without forewarning.

The third support source considered under the justice support sources are the post court services. These post court services occurred after the criminal court processes, had been completed. After having dealt with all services surrounding the homicide itself and the subsequent criminal court case, secondary victims of homicide had to deal with a further array of formal processes such as: appeal, criminal injuries

compensation, victims' mediation, victims' notification register, and the release of prisoners.

Limited research has investigated these post court services, which were dependent on the judicial outcomes from the criminal trial itself. Although many of these services were established to assist and support the victims of the crime and their families, for most secondary victims of homicide these post court services were regularly unsupportive and unhelpful.

For secondary victims of homicide in this study, having had to qualify, quantify, and justify their grief in order to receive victims of crime compensation was very distressing. This finding supported those of studies that explored compensation processes, finding that the eligibility criteria, application processes, and delays in decisions often turned what were intended to be supportive processes into revictimising ones.

In many cases, completion of the trial often marked the beginning of further post court services and processes, which further marginalised the secondary victims of homicide. These services lacked established and consistent systems to inform, include, and protect secondary victims of homicide during their proceedings. These proceedings included offender appeals, early release and day programs for the offenders that often did not even inform the secondary victims of homicide when the offender(s) had been released from custody.

Secondary victims of homicide felt that these services were heavily biased towards the needs of the offender. They were also concerned about the lack of information they received about the rehabilitative processes the offender had completed and pre-release programs. Further, they were often concerned about the ramifications of early release for safety reasons. Safety was particularly important where the offender had been an intimate partner of the primary victims of homicide.

7.3.3.5 Friends support system

Another social support system for secondary victims of homicide were friends. Friends were identified by secondary victims of homicide as being of three types: existing friends of the secondary victim, primary victims' friends, and new friends, often made as a result of the homicide. The study highlighted the high regard held by secondary victims of homicide of this social support system. Existing friends were the most often

discussed group by secondary victims of homicide, but all three groups remained enormously important sources of support when dealing with their grief.

Overall, the role of friends was summed up by the fact that they provided a balance for secondary victims of homicide in assisting them to continue to deal with and function in the 'normal' aspects of everyday life. However, they were also conscious of, and did not ignore, the distressing nature of the homicide and its long-term impact for the secondary victims of homicide. In many instances, friends were more able to emotionally distance themselves from the deceased than family were; this meant that a friend's grief and loss was not as likely to obstruct their ability to provide support and help.

This ability to be involved yet emotionally detached allowed friends to support and assist secondary victims of homicide in a positive way. One further point that this study highlighted was that the friends of the primary victim also provided secondary victims of homicide with reminders and memories of their lost loved ones. This was an important and helpful process described by secondary victims of homicide in this study. No other studies considering grief and loss known to the researcher have highlighted the importance of this connection between friends of the loved one lost keeping the memory alive for those that are grieving.

7.3.3.6 *Therapeutic support system*

The findings in this study found that the sixth most mentioned support system discussed by secondary victims of crime was that of therapeutic supports. These formal support sources consisted of generic therapeutic services and specialist victims of crime support services. Respectively examples are those counsellors, social workers or psychologists who do not work with victims of crime every day, and those who work only with victims of crime.

When both the specialist victims of crime supports and generic therapeutic services were discussed, it was obvious from the responses that the therapeutic supports that specialised in victims of crime support and victimology were seen as more supportive and helpful than generic therapeutic services. There were generic therapeutic supports sources that did not specialise in post homicide grief and included personnel such as psychologists, psychiatrists, social workers and counsellors that were identified as possible support sources. Many generic support sources lacked the relevant training to deal with these traumatic experiences.

Even though therapeutic services are designed to be available to concentrate on the needs of individuals, especially specialist victims of crime services, this was not always the case. Many therapeutic service providers have not been trained appropriately so are therefore underprepared for the support they were needed to offer in supporting secondary victims of homicide

7.3.3.7 Self-help support system

The seventh support system discussed by secondary victims of homicide were self-help groups. These consisted of two types of groups – specialist self-help groups specifically established to assist secondary victims of homicide; and generic bereavement self-help groups established to assist the bereaved regardless of cause of the death. Both generic and specialist self-help groups provided helpful support for secondary victims of homicide in this study. Existing research supports this study that clearly showed that specialist self-help groups concentrating on the needs of secondary victims of homicide were the more helpful of these two types of groups. These semi formalised support sources provided another service to secondary victims of crime not always found in the available highly formalised therapeutic services.

The ‘coming together’ with other victims at self-help groups decreased the secondary victims’ of homicide sense of isolation and assisted them to feel more ‘normal’ in what they were experiencing; that they were not going mad. This meant that secondary victims of homicide found that their feelings and reactions to the loss of their love one(s) was often very similar to those of others in the group and was all part of the traumatic and tragic events they had experienced.

These groups also removed the societal stigma (‘taboo’) about discussing the homicide and their deceased loved ones. Secondary victims of homicide often felt that they were unable to discuss their feelings surrounding the homicide experience as it often led to uncomfortable feeling for others (those listening). The self-help group environment actively encouraged secondary victims of homicide to discuss and express their feelings and the opportunity to express feelings and to be listened to without judgement were seen as very helpful.

A further aspect of these self-help groups identified in the findings was that the specialist self-groups for secondary victims of homicide also provided helpful learning environments and opportunities to better understand the criminal justice system, grief and trauma symptoms, and share strategies to cope with the aftermath of homicide.

The emotional and practical support and knowledge provided particularly by special self-help groups was invaluable to many secondary victims of homicide in this study. The role of self-help groups in normalising the experience and in providing information suggests that it is possible to conclude that alerting secondary victims of homicide about these groups and their potentially helpful nature as soon as possible is extremely beneficial.

7.3.3.8 Public support system

The discussions of this, the eighth support system, highlight that it is the often inflexible nature of the policies, procedures and processes secondary victims of homicide encounter that make no allowances for unusual circumstances that are revictimising, disempowering and unhelpful. Establishing that when homicide circumstances were complicated or atypical, the supportive role community officials, organisations (government and non-government), individuals and commercial firms played could be pivotal in having unique needs met. For example, community officials occasionally played a crucial role in assisting with the custody of primary victims' children, obtaining passports, or accessing funds in a timely manner.

7.3.3.9 Offender related support system

The ninth and, surprisingly rarely mentioned, final support system, was defined in this study as the 'offender related support system'. Discussions highlighted that secondary victims of homicide had experiences of the offender(s), other victims of the offender(s), associates of the offender(s), and people who reminded them of the offence. While it is not surprising to find that the offender(s) and the associates of the offenders were not helpful in most instances, it was notable how many secondary victims of homicide expressed that at very least they had expected a display of remorse or an apology from the offender(s) and those close to them. This aspect will have significance for future research on restorative justice.

7.3.4 Visual representation of the dynamic dimensions of support

As has been discussed above within section 7.3, this study has shown that there are three core dynamic dimensions of support, the:

1. Buffers: the interactive factors that both present and protect secondary victims of homicide with or from risk of harm or revictimisation and thus denote support needs;

2. Sources: the support resources potentially available to secondary victims of homicide; and
3. Nature: the function of support. How helpful and unhelpful support is characterised and its inherent elements.

All of which need to be considered when trying to understand the support experiences of secondary victims of homicide. These dimensions are represented pictorially far below in

Figure 7-6.

This model supports previous assertions (see McBurney & White, 2004; Mook, 2001), that in order to understand experiences of support it is necessary to assess the factors that present or protect from further harm (buffers), the availability of support resources, and how helpful and unhelpful support is characterised and its inherent elements.

It is hoped that the model depicting the dynamic dimensions of support for secondary victims of homicide will provide practitioners, researchers and perhaps even secondary victims of homicide themselves, with a tool to frame the experience, and assist understandings, assessments, interventions and/or appreciations of the diverse, complex and enduring nature of the experience and behaviours intended to be supportive.

7.4 Significance and contribution of the study

The results presented in this thesis indicate that many secondary victims' of homicide wanted to voice their experiences and their suggestions for the benefit of future secondary victims of homicide. This section presents the significance and contributions of the study.

7.4.1 Significance for secondary victims of homicide and the wider research community

This research study examined secondary victims of homicide experiences using their own voices and perceptions and has provided valuable insight into the lives of those who are affected by the murder of a loved one or loved ones and as such become secondary victims of homicide.

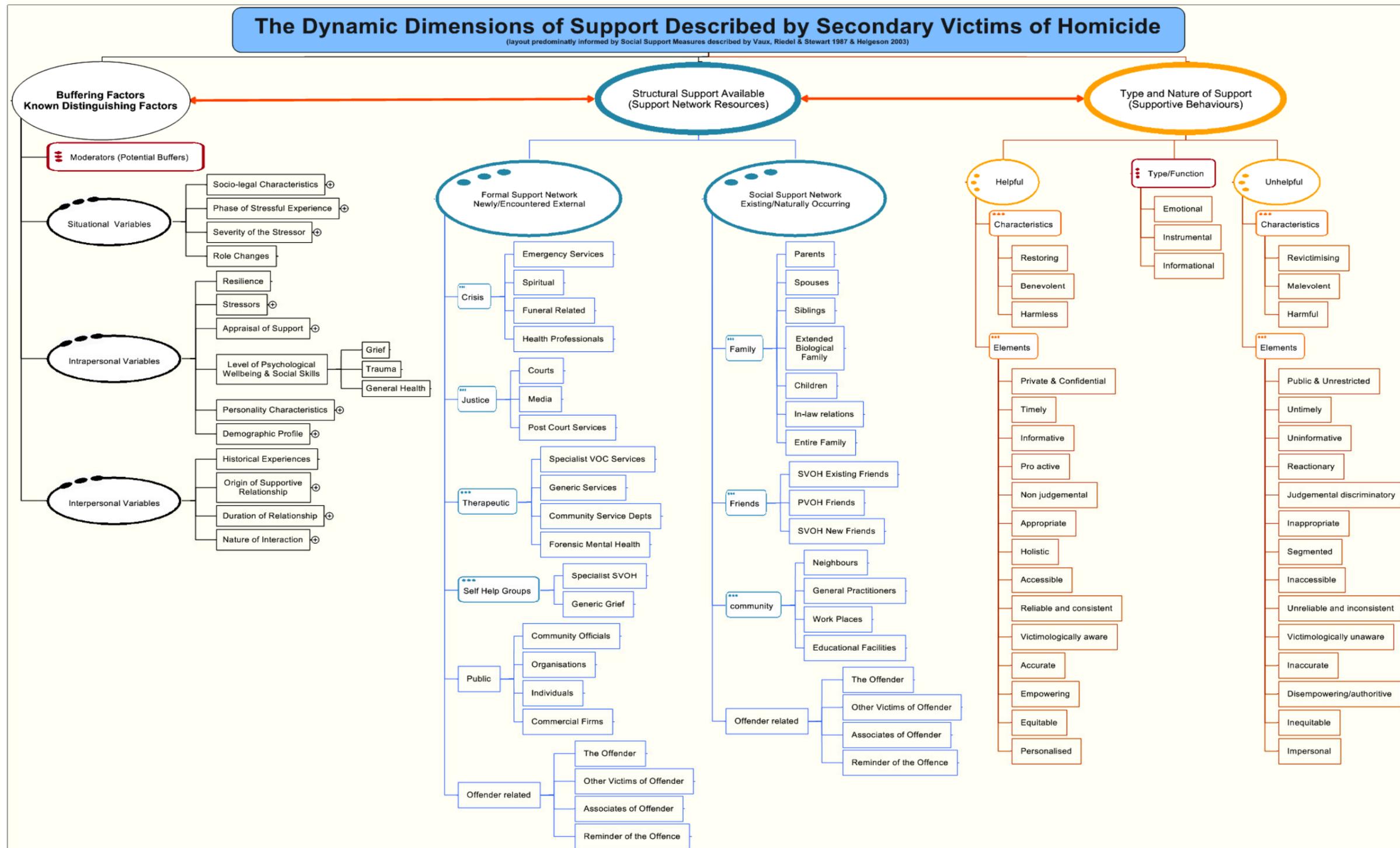


Figure 7-6 The dynamic dimensions of support for secondary victims of homicide

The results indicate that there is no particular pattern in the demographic profile of those who are affected by this traumatic experience. These findings also emphasised just how complex it was for secondary victims of homicide to navigate through the maze of formal organisations and processes integral to dealing with homicide and its aftermath.

The comments made by secondary victims of homicide within O'Neill (2000) and Patterson et al.'s (2006) studies document this and suggest that involvement in informed and inclusive research can assist secondary victims of homicide heal by providing them with an avenue for their voices to be heard and the totality of their experiences to be appreciated. In light of the fact that neither criminology nor victimology statistics identify or include the experiences of secondary victims of homicide, this cohort are keen to have a voice. These factors support assertions that this group of crime victims should be consulted and involved in future research that is conducted in a sensitive and informed manner. The study will contribute to the growing literature on secondary victims of homicide and it is hoped will add to understanding of support for secondary victims of homicide.

7.4.2 Significance for knowledge of secondary victims of homicide experiences of support

In exploring this complex experience, the concept of 'support' for secondary victims of homicide was thoroughly examined. As mentioned previously, the findings identified nine types of classifications of support systems, and a range of 35 support sources that were available for secondary victims of homicide. This study is significant in that it examined in-depth and systematically the support sources specifically relating to secondary victims of homicide.

Beyond identifying these support systems and sources, their helpfulness or unhelpfulness to secondary victims of homicide was also explored. These findings have numerous implications and provide clear indications for the future provision of support services to secondary victims of homicide. The future directions form part of the discussion in section 7.4 of this the final chapter of this study.

7.4.3 Significance for knowledge of formal support network

Secondary victims' of homicide contact with formal support predominately relates to processes and personnel relative to criminal justice system processes (investigation,

prosecution, incarceration and release), clinical processes associated with death and dying and/or resultant trauma and grief. The findings expand upon existing understandings of who provides support to secondary victims of homicide by providing a typology of support systems. The present study showed that secondary victims of homicide discussed the support provided from within the crisis support system services more frequently than that from the justice, therapeutic, self-help and public support systems. The significance of each formal support network is briefly discussed in this section.

Unlike any other study, the present study explored the context of the homicides experienced, highlighting that primary victims of homicide are discovered in various stages of death by strangers, police, or family members in a range of geographical locations (which may be public or private), having been gravely injured through different violent acts. This data documents that the circumstances of a homicide and the proximity of secondary victims of homicide to the crime scene influence the crisis supports encountered. This study expands the traditional victimological construct of crisis personnel from simply being emergency service personnel to include those responding to the spiritual, funeral and health needs arising from a homicide experience.

The rigid and complex nature of the court processes has been widely researched by various authors (Andrews & Lopez-DeFede, 1992; Baril, 1984; Cook et al., 1999; Freiberg, 2001; United States Department of Justice, 1998; United Nations, 1999). The results indicate that secondary victims of homicide capacity to observe justice system processes when they were not called to be a witness relies on the availability of: sufficient finances, leave from paid work, accommodation and childcare.

Characteristically the media has only been referred to within existing victimological research in relation to the misreporting, victim blaming and the harassing and intrusive strategies it employs and the negative impact these things have on victims of crime and secondary victims of homicide. Due to the media's inherent ability to challenge social systems (by drawing public attention to perceived injustices), it was identified in the present study as a component of the justice support system. This link has not been made in previous studies and needs further research.

Secondary victims of homicide want ready access to free therapeutic support that is provided by personnel who are aware of the processes and dynamics inherent in

homicide experiences. The present study provides insight into how secondary victims of homicide perceive the various therapeutic supports they encounter.

The support provided by specialist victims of crime services was more beneficial than that provided by generic therapeutic supports. When therapeutic supporters are ill prepared to deal with the issues surrounding a homicide, it often leaves secondary victims of homicide feeling helpless, guilty, judged and disillusioned. The results highlight that specialised training for those professionals providing support is important.

While, self-help groups specific to secondary victims of homicide were more prevalent in these discussions, both specialist and generic grief self-help were reported to be very helpful. Self-help groups provide the opportunity to link and share with others with similar experiences, providing osmotic processes of education and peer support, which is particularly important given that homicide is an unexpected and atypical experience.

7.4.4 *Significance for knowledge of social support network*

It is clear from the prevalence of discussions about the support of individuals from within secondary victims of homicide social networks that these individuals play an important supportive role. It is also evident that these individuals have little or no grief and trauma education nor any other preparation for the supportive role they undertake following a homicide.

It is well established that people's reliance on family members for support when dealing with trauma, grief, and crime is high (Wadsworth, 1993; Waller, 2003; Wilsey & Shear, 2007; Young, 2001). The present study shows that this is also true for secondary victims of homicide. While it was anticipated that secondary victims of homicide reliance on parents and spouses would be high, their reliance of such a vast range of family members was not. It was also highlighted that the inability of family members having difficulty with their own trauma and grief to provide helpful support is a source of considerable distress for key secondary victims of homicide.

The findings within this thesis are important as they clearly identify that the community consists of neighbours, general practitioners and people from within places of work and education, who each form part of a complex support system and often have a role to play when providing support to secondary victims of homicide.

The pragmatic role of existing friends together with their ability to bridge secondary victims of homicide sense of normalcy with the reality of their trauma and grief was clearly identified in this study as being helpful, as it has been in other studies (Maguire & Kynch, 2000; Morris et al., 2003). The helpful nature of friends' support was suggested in the present study to be due to their somewhat removed emotional positioning. In fact the helpful elements of the support provided by friends, both of the primary victims of homicide and the secondary victims of homicide, include being available, attentive to needs (practical and emotional) and continuing to share memories of the primary victims of homicide in a way that honours their lives and acknowledges the gap left in the community as a result of their homicide.

However, unexpectedly this study identifies that a small number of existing friends, often those previously very close to the secondary victims of homicide, do not provide support following the homicide; instead, they often withdraw either temporarily or permanently. This is described by secondary victims of homicide in this study to be another very distressing loss, one that amplifies and compounds the loss and trauma caused by the homicide. The high level of distress expressed at these rare experiences appear to intensify the loss of trust in people and a just world for a secondary victim of homicide.

Homicides are predominately committed by someone known to the victim (Coleman et al., 2007; Mouzos & Houliaras, 2006;) and therefore contact with offenders and those associated with them is most likely to stem from within secondary victims of homicide existing network. However, it is important to note there are those cases when this is not so. Regardless of which support network offenders are positioned in, it is noteworthy that secondary victims of homicide in this study expected that offenders and their associates would convey remorse and empathy for their loss. This has significance in light of the growing number of restorative justice programs that involve building empathy between offenders and victims (Bazemore, 2006; Eschholz et al., 2003; Taylor, 2005; Umbreit & Voss, 2000). Homicide has not traditionally been included in restorative justice programs. However, the results of this study suggest that further investigation into the potential to apply such programs to homicide cases is warranted, as is investigation into the inclusion of a family member to represent the offender.

7.4.5 *Significance for policy makers*

Policy makers across all of social sectors, be it health, law, employment, education, family, and religion, need to be informed about the complex and diverse array of buffering factors that moderate the dynamic experiences of secondary victims of homicide in order to truly begin to develop policies and procedures that are flexible enough to cater to the myriad of ways homicide experiences manifest. The development of informed policies and practices would minimise the risk of revictimising secondary victims of homicide, which in turn would leave them better positioned to process their trauma and grief in an appropriate and timely manner.

If policy personnel in the health and employment sectors were more cognisant of the fact that secondary victims of homicide often experience chronic PTSD which largely goes untreated, they could work with GPs and employers to develop standardised screening processes that promote the early detection and treatment of these symptoms and special industrial relations responses to people bereaved through homicide. These types of responses have the potential to significantly reduce the high rate at which PTSD impacts on secondary victims of homicide and their ability to function in the work place. This in turn would create a long term saving for the health system due to reduced chronic somatic complaints, increased workforce participation rates, and reduced burden on income support programs.

It has been well documented in the literature and in the present study that the criminal justice system fails to afford secondary victims of homicide with various protections; for example a dedicated space in the court, little or no protection from exposure to the offenders family or the media (especially when there is overt hostility), and no truly participatory role in the application of justice. It is hoped this study has highlighted to policy makers that these types of criminal justice system processes can significantly impact on the biological and psychological wellbeing of secondary victims of homicide and in turn increase the drain on health care systems. Thus the development and implementation of policies and procedures that buffer (or protect) secondary victims of homicide from these easily avoidable revictimising situations is paramount

7.5 Limitations of the study

7.5.1 *Limited resources*

This study involved populations in seven distinct geographical areas within two countries and the finite nature of resources for travel and accommodation prevented the researcher from staying longer than planned in each region to conduct interviews with potential participants that approached the researcher once they were physically in their area, many of whom were males. This influenced the number of interviews that could be conducted and the gender ratio of participants. Longer periods in each location and additional funding for travel and accommodation could in the future counter such problems.

7.5.2 *Accessing the study population*

The lack of centralised data relating to secondary victims of homicide makes accessing this population extremely difficult. Only those secondary victims of homicide who access support services were readily accessible. Given little is known about the this population, it is impossible to know if limited access to secondary victims of homicide impacted on the study's results and/or in what ways.

7.5.3 *The retrospective nature of the study design*

The anecdotal nature of the study revealed that there was significant variation in the times since the homicides had occurred³⁴. This inflated the potential for recall error to influence the findings. However, this is not considered to be a significant limitation as the study was an examination of subjective descriptions of experience and it is likely that time would have lessened the intensity of reactions to support experiences (both helpful and unhelpful). However, as the researcher observed, there was little variation in the essence of the experiences recounted, regardless of the time period lapsed. Perhaps the traumatic nature of homicide meant that the events were firmly etched in people's minds, thus countering the risk of recall error in some way.

7.5.4 *Time limitations of the research period*

Time constraints prohibited the testing of the proposed model. Testing could have verified the usefulness of the proposed model to all stakeholders. The limitations

³⁴ The times since the homicide ranged from 2 to 21 years, however half were 2 – 5 years prior to the interview while the remainder occurred 10 - 20 years prior.

caused by time constraints reinforce the need for more research to be undertaken within less restrictive timeframes.

7.6 Recommendations from the research

A variety of recommendations evolved from the study; inherent in them are the voices of secondary victims of homicide themselves. The following recommendations originate in suggestions, from this study and others, that increasing people's awareness of the needs of secondary victims of homicide and educating various sectors of the community would enhance the helpfulness of support, lessening the revictimisation rate.

Initially the recommendations below are divided and presented in relation to the support network they emanate from. However the order that they are presented in within each network corresponds with how important the researchers perceived them to be.

The results indicated that both networks featured strongly in participants' discussions of support and while the proportion of discussions of helpful support provided by each network were similar, there was a notably higher proportion of discussions that related to unhelpful support from formal support sources. It is for this reason that the formal support network is presented first.

Recommendation 1 Education and specialist training about the unique and diverse needs of secondary victims of homicide

Recommendation 1.1 Educating providers of formal support about the unique and complex needs of secondary victims of homicide

Support offered by those from within the formal support network could be greatly enhanced through competency based training programs that include core components that address:

- the need for professionals to understand this form of grief and loss;
- secondary victims' of homicide need for the clear communication of information throughout the criminal justice system processes as a matter of course as opposed to an optional extra; and
- the need secondary victims of homicide have for informational, practical, and emotional support to be provided in a timely fashion throughout the lengthy processes.

Recommendation 1.2 Providing specialist training to crisis support personnel about the diverse needs of secondary victims of homicide

Homicide is a form of bereavement that requires support and understanding that goes beyond traditional grief and loss training and knowledge. This is predominately due to the incredible challenge homicide presents to people's belief systems (those of the secondary victims of homicide and community members), the way criminal justice system processes and medical interventions impede trauma healing behaviours, and the inherently isolating and traumatic nature of homicide. It is for these reasons that all crisis service personnel, (police, fire fighters, ambulance officers, funeral services and emergency room staff) should be educated so that they are aware and responsive to the special needs secondary victims of homicide have at crime scenes and in emergency medical facilities.

Recommendation 1.3 Providing criminal justice system personnel introductory victim awareness training

The provision of training for all justice system personnel, especially those having significant contact with secondary victims of homicide, in victim empathy would be an important component in the development of a justice system that does not revictimise secondary victims of homicide.

Recommendation 1.4 Educating secondary victims of homicide and family on the courts, the media and the post court processes and providing education and information packages

Families who have experienced a homicide would be better placed to provide helpful support to victims of homicide if they were given access to education programs designed to assist them understand trauma and grief reactions and develop appropriate skills such as empathetic listening.

Similarly, the provision of an accurate information package about the criminal justice system and related processes would also reduce the risk of inaccurate information being shared and counter some of the comprehension issues associated with PTSD symptoms.

The provision of educative programs on the courts, the media and the post court processes would ensure that they are informed and prepared for their dealings with those within the justice support system. Given the integral role family have in

supporting secondary victims of homicide, it is vital that any provision of training programs should be extended to include them.

Recommendation 1.5 Developing and delivering community education programs to educate individuals about helpful support provision to secondary victims of homicide

There is no doubt about the important supportive roles individuals (family, friends, peers, social group members, general practitioners) within the social network play in supporting victims. It is therefore important that they have the opportunity to access training and guidance to assist them in their supportive roles, especially during times such as criminal trials, appeals and parole reviews, as well as during birthdays, anniversaries and other traditional family gatherings.

Recommendation 1.6 Training and resourcing general practitioners (GPs) to respond to or refer secondary victims of homicide appropriately

Once adequately trained, due to their position in the community and the high probability of contact, GPs have the potential to play an important role in screening for trauma, provide important information and education about this form of bereavement and refer secondary victims of homicide to appropriate specialised support services. It is for this reason that it is a priority that appropriate training programs and assessment tools are developed and implemented for GPs.

Recommendation 1.7 Educating teachers and employers about the needs of secondary victims of homicide

Resources and training should be developed for teachers and employers and human resource managers to assist them to understand the needs of secondary victims of homicide and ensure they meet their duty of care obligations and lessen the subsequent distress secondary victims of homicide experience.

Recommendation 2 A review and revision of policies procedures and practice models to better include and accommodate the practical needs of secondary victims of homicide.

Recommendation 2.1 A review and revision of the policies and procedures of the criminal justice system

The distress experienced by secondary victims of homicide suggests that strategies and programs such as subsidised accommodation, transport, special leave allocations, and carer support need to be developed in order to address the barriers

secondary victims of homicide face when trying to participate in the criminal justice system processes.

Recommendation 2.2 A review of the criminal justice system processes in their totality

The literature and the study revealed that trauma recovery models promote victim empowerment through inclusive processes and the provision of informational, practical and emotional support, and that adversarial criminal justice system processes traditionally control victims' access to information (even when requested, information was not necessarily provided in a timely or sensitive fashion). Therefore it is recommended that criminal justice system processes be reviewed and revised so that secondary victims of homicide are: proactively kept informed of progress of their cases; provided with a conduit to express their views and concerns about justice system processes; and are provided with protection (e.g. from the media and offender's family). This recommendation is particularly relevant for post court services who have extremely limited consideration for, or interaction with, secondary victims of homicide.

Recommendation 2.3 Key decision making and public service agencies need to be responsive to the complex and urgent needs of secondary victims of homicide

Due to the profound role public office personnel often play in rare cases of complex homicide that require special considerations, it is recommended that people at all levels of public office have ready access to victim awareness training and understanding of policies and processes. Similarly, public service agencies such as child protection, income support and immigration departments should ensure that there are provisions within their policies and procedures that allow them to be responsive to the unique needs of secondary victims of homicide.

Recommendation 2.4 Inclusion of practice modules on the clinical needs of secondary victims of homicide in therapeutic degrees of social work, community development, psychology, public health and nursing programs at the undergraduate and post graduate level

This recommendation reiterates those of Harrison (2000) and Paterson et al. (2006) and adds weight to the call from the United Nations (United Nations, 1999) that all personnel in therapeutic roles receive victim awareness training as part of their core curriculum.

- Recommendation 3 Awareness of self-help grief groups, referral and educative information
- Recommendation 3.1 Formal support personnel need to convey educative information to social support sources to enhance practical and emotional needs of secondary victims of homicide

Formal support personnel are often well placed to suggest to social support sources (such as family, friends and neighbours) that they assist with practical needs like screening phone calls, cooking, doing laundry, shopping, and the provision of basic educative information about grief and trauma to assist them to respond simultaneously to the practical, emotional and informational aspects of the victim's needs.

- Recommendation 3.2 Awareness of self-help grief groups, preferably homicide specific, in one's local area and assurance that referral information is provided to secondary victims of homicide

All personnel who have contact with secondary victims of homicide should be made aware of homicide specific self-help grief groups, preferably in their local area, and ensure that referral information is provided to secondary victims of homicide as soon as practicable. Thus providing secondary victims of homicide with the opportunity to connect with specialised self-help groups early in the homicide experience is recommended.

7.7 Participant suggestions

This section will present a concise summary of suggestions, applicable to any support system. See appendix 4 for a detailed list of key suggestions made to enhance helpfulness of support systems. The core suggestions were about *how* to do things as opposed to *what* the specific activities were. The central tenants which relate to how to do things in order to achieve best practices and processes to support secondary victims of homicide were as follows:

Suggestion 1: Participants suggestions about support sources and systems

Participants suggested that supportive individuals (paid, volunteer and individuals) should provide a proactive presence that is not authoritative, non judgemental and sensitive to both the injustice inherent in homicide and the pain involved for the family

members. Further, to minimise secondary victimisations, it was considered imperative that systems be developed that facilitate:

- an automated path to people with the authority necessary to act,
- the regular review of policies and procedures; and
- the establishment of multi-directional information channels.

The above must be underpinned by awareness and sensitivity to the fact that secondary victims of homicide are faced with unplanned encounters with unfamiliar systems that are difficult to access and understand. These difficult dimensions are amplified and mediated by the secondary victim's individual trauma and grief reactions.

Suggestion 2: Participants suggestions to other secondary victims of homicide.

Participants were eager to provide suggestions to other secondary victims of homicide (see appendix 4 for a list of the suggestions made); in fact, this was reported as a large motivator for responding to the invitation to be involved in the study. Participants wanted other victims of homicide to know that even though their specific circumstances are unique they will not be alone; however, it is normal to feel that they are isolated. Responses included strategies to assist in addressing the long term turmoil that follows a homicide:

- seeking out help (from friends, family, formal and self-help);
- using a diary;
- making sure one communicates their needs to others; and
- not being afraid to try new coping strategies (taking recommended prescribed medications, counselling).

Further, responses suggested it may be helpful to push the boundaries (within reason) and not accept passively what the existing systems dictate, to remain open minded and to take care of oneself and one's family.

Suggestion 3: Participants suggestions for the ideal support organisation.

Participants overwhelmingly suggested that a 24-hour free service needed to be available to provide intensive tailored support to the immediate family members during the critical periods in the homicide process, during the initial investigation, coroner's procedures, during criminal trials and during appeal processes. Appendix 4 provides a list of the notable specific suggestions. Responses indicated that the environment in

which support services interacted with secondary victims of homicide should be flexible and tailored to the age and resources available to key recipients. For example, services may be offered in home if someone cannot commute to the services offices or outdoors if the person is a young person who would not respond well to a business like (counselling) environment. Responses also suggested support should be based on the premise that most secondary victims of homicide react in normal ways to abnormal events and that there is nothing wrong with an individual who struggles with their post-homicide grief.

Thus, responses recommended that support should be accessible, appropriate and based from a strengths perspective not a deficit model, in so far as to build a person's capabilities and the resources available to them. Consequently, responses recommended that in order to establish a non-threatening rapport, professionals should first offer practical support (based on Maslow's hierarchy of needs) within 24 hours of the crime occurring which should then gradually be extended

Responses revealed that when involved, support staff should endeavour to be physically present or available during all identified stress points (investigation, funeral, inquest, trial, appeals). The following response is an eloquent summary of what participants suggested they wanted 'the ideal support organisation' to provide to future secondary victims.

If we're talking about homicide, you need to create some kind of representative, or person, whatever it is, that is a direct contact with the family where they enter the legal mechanism for dealing with the homicide. That's what I'd want. I'd want that person to have to deal with the family as an equal. It shouldn't be simply because you're educated or you have a public life like I have, or because it's a wealthy family; it should be because this is a fundamental right of the family and also it enables them so much better to deal with the process and do justice to the life of the [person] that they lost. Because so often what happens is people are alienated by the process and it just aggravates the situation and it makes it impossible to deal with your grief. The State intercedes, it takes the body, it shuts the door and it says we'll look after it in court. The family says but can't we talk about this? The family does need to talk. Now it might be that it's a lawyer, a social worker, or a psychologist, I don't mind that. I just don't want them thinking that it's their responsibility to talk me through my grief. [Participant 22]

Further, responses indicated that participants want 'the support organisation' to have a key role to play in crime prevention. Responses suggest the ideal organisation would engage in educative and awareness raising activities in the community (a list of suggestions is presented in appendix 4). Such activities would involve developing

programs to raise awareness and increase skills within the general community across the three key learning areas:

- 1) the impact and consequences of violence and antisocial behaviours;
- 2) life skills (e.g. communication, grief education, relationship dynamics, parenting);
- 3) the Criminal Justice Processes.

7.8 Future research

Expanding upon existing research, this research answers several questions about secondary victims of homicide and the support they experience; but in doing so a significant number of questions arise, indicating that further research is required to both validate and expand the present study. Specifically, there is a need for future researchers to examine the following facets of the experience in order to continue to expand our limited knowledge of this dynamic form of traumatic grief and the forensic and social context within which it exists.

7.8.1 Testing these results further

This study did not systematically explore the historical experiences of the people and organisations supporting secondary victims of homicide, or the duration of a supportive relationship, which were outlined by Helgeson (2003) as important situational variables that moderate experiences of support. It is therefore suggested that such analysis by future researchers would greatly enhance understandings of these variables and the role they play in moderating support experiences.

7.8.2 Further epidemiological research on secondary victims of homicide

As outlined in Chapter 2, there is the need to identify who secondary victims of homicide are and assess the prevalence of secondary victims of homicide amongst the general population and amongst the victims of crime population. As raised throughout the present study, investigation of the experiences of secondary victims of homicide who do not have contact with supportive organisations has been almost non-existent due to ethical concerns. However, it is important that scholars, especially those within the criminal justice system and health care systems, understand how the experiences of these secondary victims of homicide may differ from those who access victims support services. This type of knowledge is vital in exploring and establishing if

this population has a resilience that those who access services don't and if there are differences in the types and prevalence of traumatic grief symptoms they experience.

7.8.3 Future research on evaluating the helpfulness of support provided to future secondary victims of homicide

The results clearly identified the sources, systems and networks of support surrounding secondary victims of homicide, identifying that there is a dynamic interface between the support buffering variables, the structural support available and the nature of the support provided. Further exploration is needed in order to better understand how these three dimensions of support and their inherent components interact with and on each other. Further, there is a need for future researchers to explore, develop, and evaluate programs designed to deliver education and information within secondary victims' of homicide existing formal and social networks so as to enhance the helpfulness of the support afforded.

Additionally, the study indicates that there is a need to understand secondary victims of homicide expectations of support services in order to ascertain if the helpfulness of support is described in relation to what is actually delivered or in relation to what it was expected to deliver.

It is noteworthy that the researcher has also observed that secondary victims of homicide perceive and sometimes express that support services connected to the justice system are there to address their needs. However, in reality, these support services are delivered primarily as a way for the state to meet its obligation to administer justice and prevent crime, and addressing secondary victims of homicide needs is considered a secondary outcome. Conversely, many professionals express the view that family members have the capacity to focus on secondary victims of homicide needs. However secondary victims of homicide feel family cannot, or do not do this, as they themselves are in need of support.

Further investigation and deconstruction of these dimensions of support and perceptions of it may provide further insight into why support experiences are described in certain ways.

7.8.4 *Testing of the model outlining the dynamic dimensions of secondary victims of homicide experiences of support*

The model proposed to assist people understand the dynamic dimensions of secondary victims' of homicide experiences needs to be examined and tested in order to assess and enhance its usefulness as a teaching tool. The relationship between the known variables that buffer people's experiences of support following a homicide needs to be explored in order to ascertain the differing influences of the factors identified within this study.

This model might be tested by having it presented to relevant professionals, secondary victims of homicide (new and historical) and/or to social support sources in order to explore, document and analyse their comments, observations and responses to it.

Further, attention might be paid to how the dimensions of the experience influence and/or interact on one another, and what certain combinations of variables mean for secondary victims' of homicide experiences. For example, one might examine how the lack of the victim's body may influence the secondary victim's of homicide access to support sources or services.

7.8.5 *Exploration of the role the media plays in the justice experienced by secondary victims of homicide*

Future researchers should examine secondary victims' of homicide experiences of the media in greater depth to understand the perceived involvement of the media in the justice system and to maximise the potential for the media to be experienced as helpful by secondary victims of homicide.

7.9 Conclusion

The final chapter of this thesis has drawn together the research findings of this study and has provided the reader with an overview of the research process, the response to the research questions, and the significance and recommendations of the study. The findings have documented the types of support victims received and acknowledged. The model proposed illustrated the myriad of potential buffering variables inherent in conceptualising the support experiences of secondary victims of homicide.

The thesis commenced by providing valuable insight into the lives of those who are affected by the murder of a loved one and who thereby become secondary victims of homicide. Secondary victims of homicide are not a highly visible population of traumatised people. The in-depth review of literature and subsequent analysis indicated that there is no particular pattern to the demographic profile of those who are affected by this traumatic experience and that anyone can become a secondary victim of homicide. This result emphasised just how complex it was for secondary victims of homicide to navigate through the maze of formal organisations and processes integral to dealing with a homicide and its aftermath.

Ironically, the criminal justice system processes involved in secondary victims of homicide experiences of traumatic grief are diametrically polarised with sound models of trauma recovery. Trauma recovery models promote the timely provision of information and knowledge that allows the victim to understand and process the traumatic event and subsequently integrate it. However, the criminal justice system stereotypically:

- withholds information from secondary victims of homicide until after the trial (especially if they are witnesses);
- provides information during a trial that is filtered through court definitions and arguments of admissibility;
- in instances of a guilty plea little information is provided to secondary victims of homicide unless they specifically request it; and
- a trial can often take place up to two years after a homicide and in some instances longer;

The emotional distress of losing a child is further highlighted throughout the rest of the secondary victim's life. Many of the children who were primary victims of the homicide were in their prime young adult years. In the life cycle process, they were beginning to look at significant life milestones such as marriage, having children and developing their own career paths; all of which were tragically cut short. Secondary victims of homicide are no longer going to have the opportunity to see their children through these different milestones and are now never going to be grandparents to the children of their lost loved ones. This reflects what the literature reports about the impact lost dreams and hopes have on bereaved people.

On many occasions, secondary victims of homicide reported that support was malevolent and further damaged their faith in human kind. These experiences related

to instances when secondary victims of homicide felt that they were avoided; they or the deceased were judged. Alternatively new friends who understood were experienced as helpful. However when they were befriended only because of their loss through homicide, it was unhelpful and harmful.

Subconsciously people find ways to differentiate themselves from the primary victim of homicide and/or their family so as to manage their level of anxiety and thus not perceive they are vulnerable; this is because the mere thought of being affected by homicide is too confronting and thus avoided. For example, the rape victim who is perceived to have been raped because they wore a short skirt, or they were out alone late at night, serves only to make others feel safe because they don't wear short skirts or go out alone late at night.

In exploring this maze, this study also deconstructed the concept of 'support' for secondary victims of homicide. In analysing and deconstructing the concept of support nine classifications of support systems, emanating from 35 distinct support sources, were identified as being available to secondary victims of homicide. No other research specifically relating to secondary victims of homicide has provided an in-depth and systematic examination of supports sources. Beyond identifying these support systems and sources, this study went further and explored how helpful or unhelpful these supports were for secondary victims of homicide.

Secondary victims of homicide experiences of grief and trauma are very unique. Firstly, their status as secondary victims of homicide means that they may not have been present at the commission of the crime and are less recognised as victims of crime. Secondly, as griever and suffers of PTSD their related symptoms are mediated, and often exacerbated, by their interaction with criminal justice system processes. This results in them having a reduced degree of internal control over their symptom management and healing relative to other grievers or suffers of trauma (i.e. not crime related). Note it is evidenced in the present study and in the literature reviewed that, a) the combination and interaction of grief and trauma symptoms and b) being affected by criminal justice system processes, positions secondary victims of homicide experiences of grief and trauma outside of those of primary victims of crime and non-forensic related grievers.

What was clear in this study was that the term 'support' did not necessarily ensure that participants always found supportive behaviours to be helpful. The mere availability of a support source (resource) did not determine its helpfulness. Overall,

the more social or informal types of support involving family, friends, community and self-help groups were found to be more helpful and supportive than many of the formal or professionally based support systems including the emergency services, court services, post court services. This is poignantly expressed in the quote by a participant:

Grief is a natural thing to endure, you can't explain it away. What you need to do is give people rights and the capacity to properly participate in the process, because when you do people manage it better. All of my experience tells me this, the people I see, if they get good customer service, to put it crudely, as the market understands, they deal with it much better. [Participant 22]

An examination of the multi-faceted results in this thesis suggests that often it is not the lack of helpful support that secondary victims of homicide are most affected by, rather it is the revictimising aspects of unhelpful support that are particularly difficult for them. Similarly, it is not how much helpful support they experience following the homicide, it is their experiences of unhelpful support that exacerbates their trauma symptoms and jeopardises their bio-psychosocial wellbeing. Aggravating their grief and trauma symptoms in turn impedes their capacity to heal and function in society in the same way they did prior to the homicide of their loved one.

Closing comment

It is an honour to have been trusted by so many secondary victims of homicide, especially those who participated in this study, and it is hoped that this humble attempt to portray the complexities of their experiences and needs is accurate and respectful. The study documented the ability of secondary victims of homicide to trust total strangers, which is such a difficult thing to do given the extreme trauma they have experienced. The study portrays the resilience of the human spirit and the unique capacity of people to cope with the incomprehensible, to find strength to pursue life and to maintain hope when many of their dreams have been shattered through senseless human acts - all of which reinforces Paul Hawkin's quote that "We lead by being human. We do not lead by being corporate, professional, or institutional."

8 Epilogue

This research process has been a time of great learning. I have travelled to many countries, attended a variety of conferences, searched endless databases, read all the homicide related literature and talked to so many individuals and groups. All of which has led me to realise that this research was needed and that this study conveys new and valuable information.

There have been times when my enthusiasm has waned dramatically, I have at times likened the journey to an intense relationship, as there have been times when I have been immersed in the research and have enjoyed the research process and others when I have been frustrated and annoyed by it. There have even been times when I wanted to discontinue it for more exciting opportunities. However, it has been the trust that other secondary victims of homicide have shown in my work, together with the love that surrounds me that has seen me persevere through the research process despite enduring two operations, four deaths, three car accidents and various other life challenges thrown my way over these past few years.

Finally, it has been the knowledge that people are interested in what I am writing about, and say that they are glad someone is looking at this topic, that has provided me with the impetus to sustain myself through the final gruelling stages of the thesis writing process. I have learnt so much about the subject and the goodness of people and their desire to help others even though they have been so deeply wounded by their own experiences.

I have a new appreciation of my own abilities; to laugh, to be intellectual and to be disciplined and endure such an arduous and rigorous writing process. This last point is a special achievement for me, as someone who left school at the end of year 10 and for so long believed that they were dumb. This thesis is testimony that we can achieve anything as long as we continue to believe we can and seek out advice and strategies to overcome obstacles.

I am glad I did not have to walk this journey alone, I thank everyone who walked with me and believed in me - you have taught me to believe in me too.

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Every reasonable effort has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

10 Appendices

Appendix 1. Information for Organisations

Name of Organisation
Address

Dear [Name of previously identified key person],

Thank you for the opportunity to speak with you via telephone on [date]. I appreciate that your organisation is willing to consider assisting me in contacting people who would be interested in taking part in my research into the experiences of people who have lost a loved one through homicide. The research title is "Having a Loved One Killed through Homicide: Being a Secondary Victim of Homicide³⁵" and is being undertaken as a PhD thesis in the Centre for International Health, Curtin University in Western Australia. Knowing that your organisation has contact with people, your members, who have experienced the homicide of a loved, I am now writing to formally request that your organisation consider assisting me in this research.

The purpose of the research is to explore the effects of homicide, as identified by secondary victims of homicide in Australia and in England, on their lives and relationships and their experiences of social supports and services both formal and informal. Overall, the research will assist in identifying how to better meet the needs of secondary victims of homicide.

Your organisation, if agreeable, would assist in the research process in the following ways:

- A key representative from your organisation would participate in a telephone discussion with myself in order to identify the most appropriate methods to employ when accessing secondary victims of homicide.
- Your organisation would assist in identifying suitable members who are on your database and are currently in contact with your organisation and to post out information about the research to them.
- Your organisation would continue to provide support services and/ or to refer any of your members who participate in this research, as they request such services.

Considerations

In order to assist your organisation in determining to whom to send the information should be sent, an inclusion criteria has been established for this research as follows, all participants:

- Will be 18 years of age or over
- Have experienced the homicide event not less than two years previously
- Are not presently listed or likely to be listed as a witness in any legal proceedings
- Are able to partake in the interview without concerns that the interview will affect any legal proceedings at this time
- Are connected and actively engaged with a support service or organisation assisting secondary victims of homicide that can provide follow up counselling and/or support

Given the sensitive nature of this experience for participants, throughout the actual interview process I will be encouraging participants to seek support from their usual informal support systems and from your organisation. I further ask that you refer people to the most suitable source of support, should your organisation not be able to meet any request for support. In the unlikely event that regular support services are unable to meet the needs of participants or are not available free of charge, Curtin University of Technology is willing to consider contributing towards the cost of a counselling session if a person is sufficiently disturbed by the research session.

A further consideration for this research is the suggestion that a way of minimising any potential discomfort experienced by your members, caused by receiving an invitation unexpectedly in the post; may be to have your organisation mention in regular

³⁵ Secondary Victim of Homicide refers to the immediate family and intimate friends of someone killed through homicide.

communication forums, such as personal communications, meetings or newsletters, that members may receive invitations to participate in research about the experience of homicide by post.

I will provide you with all the necessary documentation for this research. I will meet the postal costs involved, if you require me to. In addition, a final summarised copy of the research will be provided to your organisation upon the completion of the research. I have attached an example cover letter for you to use as a template, should you agree to become involved.

This research has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, C/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning +61 (0) 8 9266 2784 (approval # 14/2004). I am also satisfied that this research meets all the United Kingdom standards set out in "Research Governance Framework for Health and Social Care".

If you have any further queries, please do not hesitate to email, call or write to me, my contact details are listed above. I thank your organisation for considering assisting me in this research and I look forward to forming a strong association with your organisation.

Should you agree to be involved in this research, please complete the enclosed consent form and return it to me as soon as possible, as I am only in the UK until early September 2004. I will then contact you to make all necessary arrangements. Thank you.

Yours sincerely,

Ann O'Neill
PhD Student
Centre for International Health
Curtin University, Western Australia

Ann O'Neill, BSW (Hons. 1)
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+61 (0)409 116 551
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**C/o 14 Manor Gardens
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+44 (0)797 0404342**

**Curtin University of Technology
Centre for International Health
Kent Street
Bentley, WA 6102
Australia
+61 (0)8 9266 3985**

Letter of Understanding to be involved in

HAVING A LOVED ONE KILLED THROUGH HOMICIDE: BEING A SECONDARY VICTIM OF HOMICIDE

Research undertaken by Ann O'Neill,

Curtin University of Technology, Perth, Western Australia

I [name] as the representative of [organisation name] have read, and agree to all the following points:

- The organisation is aware that the research has met ethical standards in Australia [approval #14/2004], and has considered and met English requirements.
- The organisation agrees to allocate a key representative from the organisation as the contact person, to undertake the task of mailing out correspondence to inform and invite members to participate in the research.
- The organisation is aware and accepts that none of the organisational obligations to members are transferred to the researcher as a result of us agreeing to participate in the research
- The organisation has agrees to provide support and appropriate referrals to members should they require and request support following involvement in the research.
- The organisation is aware and accepts that the research remains the intellectual property of the researcher, as a PhD student in the Centre for International Health, Curtin University, Western Australia.
- The organisation is aware that the researcher will not divulge to our organisation any information about members who have been participants in the research.
- The organisation acknowledges that the researcher has adequately addressed all our questions and concerns.
- The organisation is aware that the organisation will receive a summarised copy of the final report.

I [name] hereby on behalf of [Organisation Name] give free and informed consent to be involved in this research project.

Signed _____ dated _____

Witnessed (signature) _____

Full Name and occupation of Witness (clearly printed)

**Please fill in and post to
Ann O'Neill
PO Box 1348
South Perth WA 6951
AUSTRALIA**

Example Cover Letter

[Organisation Name and contact details]

Dear [Name]

We are writing to you in order to pass on an invitation to participate in research being carried out by Ann O'Neill. Ms O'Neill is a PhD student from Curtin University in Perth, Western Australian who is examining people's experiences of having a loved one killed through homicide. Ms O'Neill has herself experienced loss through homicide, and has previously researched and worked extensively in this area. Because of knowing how important your privacy is Ms O'Neill did not want to intrude on your life in any way, so she has asked us if we could forward this to you in order that *she does not have access to any of your personal details contained on our records.*

We as an organisation are supporting this research in the following way:

- A key representative from our organisation has participated in a telephone discussion with Ms O'Neill in order to identify the most appropriate methods to employ when contacting you.
- Our organisation has assisted in identifying, and in posting out information about the research to suitable members, such as you, who use our service and are currently in contact with our organisation.
- Our organisation will continue to provide support services to you, if you request such services.

We, however, do not have a stake in the research itself and your relationship with our organisation will not be altered in any way regardless of any decisions you make about accepting or declining Ms O'Neill's invitation to be involved. Our organisation will not know if you have accepted the invitation to participate, nor will we have access to any of the information that you share with Ms O'Neill other than that contained in the final report where all information will be presented as anonymously as possible. As an organisation we are assured that this research has met all ethical standards necessary and having liaised with Ms. O'Neill at length, we are satisfied that her reasons for doing this research are both sound and ethical. Whilst we are satisfied with all aspects of her research, this does not mean that our organisation endorses the findings of the final report.

Whether you do or do not decide to participate in this research, our organisation will continue to offer you confidential support services you in same way we always have. Alternatively we can refer you to other service providers should you prefer that. However, if you do decide to participate in the research and find that you want to talk to someone about it we look forward to responding to your need for support.

Yours truly,

[Key representatives name]

[Organisation

name]

Appendix 2. Information for Participants, to be passed on by organisations

Ann O'Neill, BSW (Hons. 1)
PO Box 1348
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E-mail: ann_oneill@westnet.com.au

Hello,

My name is Ann O'Neill and I am a PhD student in the Centre for International Health, Curtin University in Western Australia. The title of my research is 'Having a Loved One Killed through Homicide: Being a Secondary Victim of Homicide'³⁶. The purpose of the research is to explore the effects of homicide, as identified by secondary victims of homicide in Australia and in England, on their lives and relationships and their experiences of social supports and services both formal and informal. Overall, the research will assist in identifying how to better meet the needs of secondary victims of homicide. From my work in this field with other secondary victims of homicide, I am committed to promoting that people not be left alone to struggle following the death of a loved one. I believe that this research and your contribution will assist in helping to make a difference in the lives of other people affected by homicide and I would like to invite you to share your experience with me.

You may be wondering how I have come to be writing to you. Let me assure you that in respect of your privacy and feelings I asked the organisation that sent this to you, to forward this information on to you on my behalf. They have kindly agreed to do this, so I did not invade your privacy, so I reassure you that I do not have any personal information about you at all.

If you think you would like to be involved in the research and that you would like to meet with me in the near future to share your experience with me, then please read the information attached.

After reading the attached information if you still think that you may be interested in being a participant and have further questions, please feel free to telephone me and I can answer any questions you may have.

Finally, if you are still agreeable to participating in this research please sign the consent form and post back in the reply paid envelope enclosed as soon as possible and I will be in contact with you to arrange a suitable time and place to meet.

Thank you for considering being involved in this research.

You can contact me in your country via the details listed above (if you need to reverse charges please do)

Kindest regards

Ann O'Neill
PhD Student

Centre for International Health, Curtin University, Western Australia

³⁶ Secondary Victim of Homicide refers to the immediate family and intimate friends of someone killed through homicide.

FURTHER INFORMATION

*HAVING A LOVED ONE KILLED THROUGH HOMICIDE: BEING A SECONDARY VICTIM OF HOMICIDE*³⁷

Research undertaken by Ann O'Neill, for her PhD. Curtin University of Technology, Perth, Western
Australia

What is involved?

If you do choose to participate, we will arrange to meet at a time and place that is convenient to you during our meeting I will ask you a series of questions about your experience, centred around the purpose of this research. That is, to explore the effects of homicide, as identified by secondary victims of homicide in Australia and in England, on their lives and relationships and their experiences of social supports and services both formal and informal. In order to accurately record what you share I will be recording our conversation using a tape recorder. The tapes will only be listened to again by me and will be used to only to transcribe our interview.

Things to consider

- As far as possible, every attempt will be made to maintain your anonymity. All information you provide to me - names, places, and otherwise identifying information will be changed to increase this anonymity
- To be included in this research, however, there are several inclusion criterions that need to be met. These are that you need to:
 - Be 18 years of age or over
 - Have experienced the homicide event not less than two years previously
 - Not be presently listed as a witness in any legal proceedings
 - Be able to partake in the interview without concerns that the interview will affect any legal proceedings at this time
 - Be connected and actively engaged with a support service or organisation assisting secondary victims of homicide that can provide follow up counselling and/or support
- At the completion of this research, you will receive a summary copy of the final research report.

What to do to participant

If you choose to participate, please complete and return the signed consent form to me, as soon as possible, using the supplied reply paid envelope. I will then contact you to further discuss your participation and then make all the necessary arrangements to meet.

Please note that if at any stage during the process you then decide not to continue you are free to withdraw without any negative consequences.

If you have any further queries, please do not hesitate to call, email or write to me at my contact details listed above.

I thank you for considering participating in this research.

Yours truly,

Ann O'Neill

³⁷ Secondary Victim of Homicide refers to the immediate family and intimate friends of someone killed through homicide.

Informed Consent Form to participate in

HAVING A LOVED ONE KILLED THROUGH HOMICIDE: BEING A SECONDARY VICTIM OF HOMICIDE

Research undertaken by Ann O'Neill

Curtin University of Technology, Perth, Western Australia

Having read all the attached information, I understand the purpose of the research and agree to participate.

- I am aware that by returning this form I am giving the researcher permission to contact me using the details I have provided below.
- I am aware that I will participate in an interview with the researcher and interview will be audio taped.
- I am aware that my confidentiality and anonymity will be protected as far as possible with identifying information changed to increase anonymity.
- I am aware that I can withdraw from the research at any time without consequence.
- I am aware that the information gained during the study may be widely published.
- I am aware of how to contact the researcher to obtain any further information I may require.
- I am aware that the organisation that has sent the information to me will provide follow-up support services to me, if I require these services.
- I am satisfied with the information given to me.
- I am over 18 years of age.
- I am able to partake in the interview without concerns that the interview will affect any legal proceedings at this time
- I am connected with the support services provided by the organisation that sent the research information to me and can access these services after being interviewed for this research
- I am aware that will receive a summarised copy of the research report when it becomes available.

This research has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, C/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning +61 (0) 8 9266 2784.

Full Name: _____ Signature: _____

Country: _____ Date: _____

Contact Details on which the researcher may contact me: (PLEASE PRINT VERY CLEARLY)	
Name	
Address	
Telephone numbers	
Email address	
The best day and time to contact me is:	
Is it ok to leave a message for you	Yes / No

Appendix 3. Semi-structured interview schedule

Question schedule theme	Having a Loved One Killed through Homicide: Being a Secondary Victim of Homicide
Welcome/ circumstances of loss	1. Tell me briefly about yourself and your loved one
	2. Can you tell me a summary about yourself and your experience of homicide?
	3. What if anything do you think has made your experience of homicide unique?
<p>Support</p> <p>Definitions:</p> <p><u>Formal</u> – professional or trained volunteer support, allied health professionals, priests, paraprofessionals – advocates, peer support groups etc.,</p> <p><u>Social</u> – family and friends, work colleagues, church groups etc</p>	1. What were your sources of support? (can you tell me who helped you through all of this?)
	2. Were they the sources you had expected; please explain your answer?
	3. How (and when) did you learn about support available from other sources?
	4. How long was it before you accessed any of these other supports?
	5. What sorts of supports did you need?
	6. Which did you get and how; which didn't you and why not?
	7. How satisfied have you been with the support that you received? Scale of 1 – 10 (–) to (+)
	8. Do you make a distinction between the types of support you have received?
	9. If so, in how do you distinguish between supports?
	10. If I were setting up a support service for people in your position what would you tell me I should and shouldn't do?
	11. If you were advising a friend or family member of someone on how to support someone what would you advise them to do?
	12. What sorts of changes do you think are necessary in order to maximise the supports afforded to people?
Change	1. What, if anything, has changed in your life since the death of your loved one, and in what ways? (impact - external) (Positive or negative – impact)

Question schedule theme	Having a Loved One Killed through Homicide: Being a Secondary Victim of Homicide
	2. What, if any, impact has the death had on you yourself? (impact internal)
	3. What could have lessened any negative impacts for you?

Question schedule theme	Having a Loved One Killed through Homicide: Being a Secondary Victim of Homicide
Demographics	1. Marital Status
	2. Education level
	3. Occupation
	4. Income – self reported
	5. Religious affiliation never/low/med/high
	6. Importance of religion in life not imp/ somewhat imp/ very imp
	7. Urban v's rural residence
	8. Class self reported
	9. Ethnic Background self reported
	10. Number of Children (incl. deceased)
	11. Health poor/fair/good
Open Question	1. Is there anything else you would particularly like to say?

Appendix 4. Participants Suggestions

10.4.1 Suggestions to Support Systems

Participants understood that the community may not know what to do in order to provide support and suggested the following things to the corresponding sectors of the community.

Support /System Source	Advice
Employers	Try to provide work place support for people, particularly men as they tend to throw themselves into working
Church	Be there and be compassionate. State you are praying for the family Make sure the church conveys that the church/ parishioners is/ are not judging of them given the death is the result of a homicide. Be consistent and be persistent in your offers of support – make them by phone and face-to-face.
Close community	Offer to drive secondary victims due to their lowered concentration, Cook meals and help with household things initially and at times like the trial, etc

10.4.2 Suggestions to Justice Support System

Participants recommended that the different sub-groups within the justice support system would be better placed to support future secondary victims of homicide by addressing the following issues.

Courts	Truth in sentencing – balance the scales, not taking the offender’s youthfulness or good behaviours into account and do not accepting mitigating circumstances for offender as none of this is done for the victim. Proactive notification of sentencing outcomes, pending/ heard parole applications/ outcomes should be provided to families who want it. Making sure that when the primary victims’ parents are separated that they both receive notification of court
--------	---

processes/ results (if desired).

Having a place allocated in the court for the secondary victims to sit (priority) during proceedings.

Providing Court Support at all stages of the judicial process is essential, not just at the trial.

Media

Print things as they are, do not manufacture quotes that people didn't say. Do not sensationalise issues; actually use the media to create a forum where we can discuss solutions and better ways, not just to sell the newspapers.

Do not assassinate the character of the primary victim in the press, or blame them for their death. Certainly do not print the defence's allegations about the victim without printing the rebuttal given by the prosecution.

10.4.3 Suggestions to Crisis Support System

During the initial stages of a homicide participants spoke of how every detail was so important and described the importance of not having anything extra to deal with in that time. Whilst participants understood the importance and centrality of investigative and evidential issues but stressed the importance of empathy and sensitivity at this crucial stage of the grieving process. Thus, they made the following suggestions for the following support sources.

Police

Assign a local/ accessible Family Liaison Officer (FLO) assigned to the family ASAP (same day) who is available at all times initially; not just to the next of kin but to all key secondary victims dealing with the formalities.

Develop a process so that people are not having to continually repeat why you want to talk to an officer to counter staff (i.e. making staff aware of family name so direct access is assured)

Listen and acknowledge the difference between petty crime and homicide.

Proactively offer information, follow up and provide things when you say you will or at least advise family of changes ASAP.

Teach all investigators as a standard matter of procedure to collect evidence in a way that pre-empts and allows evidence to counter any the defence of provocation, especially in domestic homicides.

The police should be more aware of the relationship between the family and the FLO, and the FLO with the Senior Investigation Officer (SIO). Senior police must be aware that their job is really important, and be considerate to that of the FLO.

Church	<p>Make sure the person conducting the funeral asks the family how they want the fact the death was the result of a homicide handled.</p> <p>Ensure that religious rituals can occur and convey to family if/ and when they do/ are.</p>
Coroner & Funeral Related	<p>As above in Church section</p> <p>Consider having nicer surroundings at the morgue – including the entry areas.</p> <p>Ensure staff are sensitive in how they talk to families.</p> <p>Return the body as soon as possible,</p> <p>Make any identification or viewing more personalised, not behind glass if possible, even if the family cannot touch them.</p>

10.4.4 Suggestions to Therapeutic Support System

Participants wanted there to be 24 hour therapeutic support available to them at least by phone; they wanted the support to be affordable and without lengthy waiting lists; and they wanted to be able to access specialist counselling for adults, youths and children. The following points illustrate the nature of some specific suggestions to the counselling related support sources within this support system.

- I found with the counselling side, I had to go into the city once a week or once a fortnight. That is a real strain on somebody who isn't coping in life, drinking, doing drugs, whatever you're doing. It's a real strain. Just to get in that car and get there is really hard. So I think definite home calls. And they're comfortable. They're in their own surroundings. Starting off with home visits, for as long as it takes to get that person back into the public again. Because I found I was really scared. I got really bad anxiety going out in the public, knowing there were people out there that murder people. I knew there always was, but actually having homicide in your life, I think to me everyone was a potential murderer, and everybody scared me.
- When dealing with young adults do not practice in a stereotypical office with a leather couch setting, be creative, and get out of that environment as young people, men in particular, may not respond well to it.

10.4.5 Suggestions to Friends Support System

Participants recommended that friends be proactive and be there regularly (call on the phone and drop in); listen; don't say you understand or time heals; offer to screen phone calls; provide meals, help with mundane chores; and continue support long term – i.e. after the court etc., help to maintain a sense of connectedness and belonging to a community, offer to act as an advocate for your friend, offer to place the call asking for support on their behalf, and other such practical things. However, they also suggested several emotional aspects that needed attention from friends of secondary homicide victims; these can be seen in the dot points below.

- People would walk along the other side of the road; they wouldn't want to talk to you, because they didn't know what to say. But you don't have to say anything, just be there, or put your arm around somebody. You don't necessarily have to say a lot.
- Listen, and don't claim to understand, but try to, and let them know you're trying to. Don't make comparisons with your life and events in your life, when you lost somebody or whatever. Don't take them away from the events, let them dwell on them. A good friend is a good listener. And try to empathise, but knowing they will never get there. A good friend is acknowledging that there is no best thing to do.
- The major thing is trust. They're not going to trust you, but if you do anything to lose that one little bit of trust that they have, or the way that they feel, you'll never ever get it back again. So you have to be very careful how you tread.
- Just to listen. Don't sit there and say I know, I know this and you can do that. Just listen. Don't say I know, I can understand. You can't. Because that brings up the defence mechanism, because they know you don't understand it, they know you don't know. Then people cut off and they won't continue to talk and let out what they need to let out. I suppose just that regular, pick up the phone. And that was one thing, even they may not feel that they can contact you but maybe once every few days pick up the phone and say 'How are you going today?' 'How have you been?' And that's it. You don't have to go into detail, but just say, 'How are you today?' And then if they find that they need to talk, if I'm going to access that, then at least they've got that there.
- Be very open and honest, and a bit more confronting. Saying how are you going today? What can I do? Not skirting around - say things like do you want me to come to court with you today? Or how did that feel today, were you very distressed? Did you sleep alright last night? Just caring. Personal caring. And really confronting where you imagine that person is at.
- Listen. Give hope. Be realistic about not healing but help people to realise that they will survive it.
- Speak in the same tone of voice you are using now. So it wouldn't be heavy with anxiety or pain or anything like that.

10.4.6 Suggestions to Secondary Victims of Homicide

- Keep a diary, and then you can see the good and the bad and see what you are managing to achieve I really would recommend keeping a diary, in general, because you can actually see that that year was not all negative.
- Let your children see you emotional; then they know it is ok to show your feelings. Try to follow their lead as to whether they want to talk about it or not; but don't exclude them from the processes.
- Don't make any major decision for at least one year, like selling the house, moving etc.
- It is normal to be angry and not to sleep well for some time.
- I find I talk to women mostly, but I often ask them how's your husband coping, and it's oh well he doesn't say very much and he has nobody to talk to. Do you think he might like to talk to my husband? That would be wonderful. So ask how the man is coping, are they coping. You might find the women say they don't understand and we're at each others throats. It is such a different way of grieving.
- I think society gives you six months to get over these things, and you don't get over them in six months. It takes a few years. It's something you never get over, but you learn to live with it.
- When you get your results you come down pretty quick, so just take it easy, and go and have a bit of a holiday or something, and have a break, and don't be like me and fall in a hole at the end of it all.
- For the first 3 months you may be in shock, so don't be too hard on yourself, seek one on counselling if you can but don't seek group support before about 3 months
- Don't be afraid of support groups. I think if you sit amongst people that it's happened to already, then you feel like you're not the only person in the world that this has happened to. And you listen, I mean you don't have to say anything, if you

listen to other people's stories and what they've been through, you sort of calm a little bit, I suppose. That it only hasn't happened to you it's happened to other people. Because you're living your life quite normally for a long time, and then something happens that turns your world upside down.

- You've got to talk, you've got to remember and celebrate your loved ones life. ... Negotiate with family before making public statements about a loved one – it is important for everyone's grief.
- Involve children in age appropriate ways; don't exclude them from the processes. Children reprocess what has happened at every developmental stage they pass through. Accept this is normal and help them with it.
- Do not be quiet. Open your mouth and say what ever you want to say. Because you're always too worried to try and find out information. Don't care who you're going to offend or whatever, just open your mouth and say it. And that's mainly my thing. And don't be afraid of antidepressants.

Suggestions for the Ideal Support Organisation were as follows:

- Give people as much choice as possible over the type/ form and place of support they want/ receive; i.e. offer both individual and family counselling both in home and at an office.
- Make sure all staff stress that they are non-judging of the primary victims lifestyle choices/ activities especially when there have been illegal activities involved in the homicide case.
- Offer 24 hour phone support be made available – make sure that there is a system in place so that calls are not missed or put through to an answering machine.
- Ideally provide a one stop shop type of place, doctor, counsellor, social worker, financial practical aide etc all available
- Deliver grief education/ literature – gender and age appropriate; provide several copies of any literature so all family members have access to it, not just the key secondary victim of homicide. For someone to talk to the extended family and help them to process it and work through it.
- Develop and use assessment tools professionals can utilise to identify the people most affected by the homicide – both key and other secondary victims of homicide.
- Make available transport to the identification site (morgue)
- Provide transport to support group and/ or counselling appointments for those who can't drive or don't have the resources.
- Offer timely financial support.
- Have services that support the children affected; with initial and ongoing support throughout childhood into adolescence.
- Proactively offer counselling specialised services (rather than having to be requested).
- Have a continuity of worker were ever possible or at least a hand over period where this cannot be done.
- Develop and utilise an exit strategy for clients (jointly negotiate when it is activated); to avoid issues of being abandoned through either services ending or counsellors leaving the service or taking leave or promotions.
- Maximise the consistency in what is promised and what is delivered.
- Offer access to non-intimate hugs, massage, stress reduction/ management classes.
- Provide access to legal education and advice.
- Provide a media advocate and education - Intermediaries to link the bereaved with the media or avoid a link with the media. Just to act as a spokesperson for the bereaved and not have to be hassled by the media. Perhaps we could run a course for people... Or make up packages for people, so that they can know the different processes. It's quite a scary thing, to do the media. So outline how things may work, how the interview process may happen, different things. Maybe give people some advice on if you want to contact the media, who's the best people to contact, and

the best organisations. Maybe even make a training video with people who have been through it on how to do things.

- Provide free or low cost accommodation near courts for relatives.
- Offer free or low cost child care - respite and for court attendances
- Develop and deliver a proactive peer-support/ mentoring program (by people trained in counselling following their loss) starting individually/ family and then moving toward group (self-help), on at least a monthly basis for at least 12 months and at anniversaries and birthdays. Pair up people by age, gender, and circumstances where possible.
- Provide respite accommodation (free or reduced fee)
- Offer emergency support, like accommodation and clothing for instance especially when the home is the crime scene.
- Develop a system that facilitates an automatic channel with the DPP and the victim; a witness assistance program is meant to be something that actually confers between the two.
- Establish working protocols and relationships with people in authority who could offer their condolences to the family in a way that sees they feel their loss is recognised by the community, and help to counter the feelings that the community has abandoned you in turn reducing the chance of becoming an offender e.g. prime minister, local minister, community role model/ sports person.
- Hold events like Christmas Easter and memorials services.
- Offer services in a range of area's i.e. not just centralised due to duration of time, cost etc., to travel to city
- Have a high profile in the general community so that people automatically know of the organisation.
- Prevention of Crime Aspect of the Ideal Organisation's Services
- The following type or activities in addition to those mentioned above.
- Develop an aspect of the organisation that really looked at preventative strategies and positive role modelling across the age groups.
- Teach children and young people through schools about the effects of violence, and the repercussions – involving secondary victims of homicide.
- Have as one of your goals that the reactive service division that dealt with people affected by the crimes, would become smaller, and the prevention division helping to prevent homicide becomes a bigger due to reduced need and success.
- The media have got a lot to answer for, have the organisation network with, and utilise the media to get out there and promote preventative messages.
- Develop and implement programs to education the public the holistic picture of homicide. The positive as well as the negative. There's too much of the negative.
- Run a public media campaign about the court process, to inform the community
- Develop and run life skills programs (such as parenting and communication) for families where there is or has been violence and abuse.
- Lobby for the implementation of mandatory parenting classes for teenagers.
- Establish and implement bullying and aggressive behaviour programs i.e. getting the aggressors in and helping both them and their parents to deal with it.