

130823

The Impact of Homicide on Surviving Family Members¹

2,500 Word Summary

Dean G. Kilpatrick, Ph.D.
Angelynn Amick, Ph.D.
Heidi S. Resnick, Ph.D.

Crime Victims Research and Treatment Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
Charleston, South Carolina 29425-0742
(803) 792-2945

August 1, 1990

130823

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this ~~copyrighted~~ material has been granted by
Public Domain/NIJ
U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~copyright~~ owner.

¹This research was supported by National Institute of Justice Grant No. 87-IJ-CX-0017. Points of view or opinions expressed in this report do not necessarily represent the official position or policies of the U.S. Department of Justice.

Introduction

Direct victims of homicide are a small fraction of all crime victims, and their deaths preclude them from having any contact with the criminal justice system. However, it is the contention of many experts (e.g., American Psychological Association Task Force on Victims of Crime and Violence Report, 1984; Attorney General's Task Force on Family Violence Report, 1984; Bard, Arnone, & Nemiroff, 1981; Klaus, Rand & Taylor, 1983; NOVA Bulletin, 1985; President's Task Force on Victims of Crime Final Report, 1982) that homicide produces indirect as well as direct victims. It can be argued that the direct homicide victim's surviving family members are particularly likely to become indirect victims and to experience considerable psychological trauma via several theoretical mechanisms. It can also be argued that survivors of homicide victims have a much higher probability than most crime victims of having sustained contact with multiple components of the criminal justice system and that there is reason to believe that their treatment by the criminal justice system has a major impact on the extent to which they experience psychological trauma. Finally, it can be argued that it is important to understand these indirect victims and their problems because they are small in number but place a disproportionate demand on criminal justice system resources.

Surprisingly, information is not available about the proportion of the U.S. population that has been indirectly victimized by criminal homicide. Unlike other crimes, almost all criminal homicides are reported to police and are reflected in the Uniform Crime Reports (UCR) statistics and in the National Center for Health Statistics reports on causes of death. However, neither the UCR nor NCHS collects or provides information about the number of family members indirectly victimized by each criminal homicide. The National Crime Survey does not ask respondents if they have had a family member victimized by criminal homicide. Thus, no empirical estimates exist about how many new cases of indirect victimization of family members secondary to criminal homicide occur each year (incidence) or about the percentage of U.S. citizens who have ever been indirectly victimized by criminal homicide (prevalence). Likewise, no good empirically-based estimates exist about incidence or prevalence of indirect victimization due to alcohol-related vehicular homicide.

Clearly, there is a need to gather accurate data about the number of Americans indirectly victimized by criminal homicide and alcohol-related vehicular homicide. Such information would eliminate the need to speculate regarding the number of indirect victims and would prove invaluable to those charged with attempting to deal with the problems of such indirect victims.

This project was conducted to provide answers to the following questions:

How many adults in the United States have ever had the experience of losing a family member to homicide? What differences are there between homicides of family members that result from criminal attack and those that result from the actions of drunk drivers? Do these two types of homicide have the same psychological impact on surviving family members? Does the criminal justice system treat surviving family members of criminal homicide victims differently than surviving family members of homicide victims killed by drunk drivers? What are the perceptions of these two types

of survivors about their treatment and about the offender's treatment by the criminal justice system? What can a careful study of family member survivors tell us about how to help prevent development of long-term problems? What can these survivors themselves tell us about things that helped and hurt them in their attempt to cope with the trauma produced by a family member's homicide? What suggestions do survivors have for improvement in the functioning of the criminal justice system and for improving the treatment of survivors in general? What types of services would survivors like to see provided in homicide cases?

Methods

Family member survivors of homicide victims were operationally defined as the homicide victim's grandparents, parents, siblings, spouse, children or grandchildren. Stage One of the survey was conducted by Schulman, Ronca, and Bucuvalas, Inc. (SRBI) as a part of ongoing national opinion surveys. Data collected during this stage of the study permitted us to estimate the prevalence of surviving family members of criminal and alcohol-related vehicular homicide victims within the U.S. adult population (i.e., the proportion of U.S. adults who have ever lost a family member to criminal homicide and/or alcohol-related vehicular homicide). In Stage 2 of the study, surviving family members and a comparison group of nonvictims completed a telephone interview that gathered information about current psychological adjustment, fear of and perceived vulnerability to crime, use of behavioral self-protection strategies, support for victim services, and attitudes about most appropriate criminal justice treatment of criminal vs. alcohol-related homicides. Victim survivors were also interviewed regarding details of the homicide and their experiences and satisfaction with the treatment of the homicide by the criminal justice system. The participation rate for the Stage Two interviews was 83.8%.

Major Findings

Prevalence of Indirect Victimization Based on Stage One Data

The lifetime prevalence of indirect victimization due to the homicide death of a family member was high. Based on a U.S. population estimate of 176.3 million, we project that approximately five million U.S. adults have lost an immediate family member to either criminal homicide (1.58% of sample, 2.8 million adults) or alcohol-related vehicular homicide (1.23% of sample, 2.2 million adults). Another 6.6 million adults (3.73% of sample) had lost other relatives to homicide, and an additional 4.9 million adults (2.77% of sample) are estimated to have lost a close friend to homicide. Thus, approximately one out of every ten (9.33%) adults in the United States, or an estimated 16.4 million, has lost a family member, other relative, or close friend to homicide.

Demographic Characteristics Based on Stage One Data

For the most part, surviving family members of criminal homicide victims reflected the demographic mirror image of criminal homicide victims. That is, they were disproportionately black, relatively educationally disadvantaged, and female (reflecting the fact that most criminal homicide victims are male). In contrast, surviving family members of alcohol-related vehicular homicide victims were remarkably similar demographically to the U.S. adult population.

Family Members' Experiences With the Criminal Justice System

According to surviving family members, most cases of homicide (94.7%) were reported to police, but cases were cleared by arrest in only 6 out of 10 criminal homicides and 4 out of 10 alcohol-related vehicular homicides. Respondents in criminal homicide cases were more likely than in alcohol-related vehicular homicide cases to have had personal contact with police (40.9% vs 22.0%).

Respondents reported that 55.7% of cases cleared by arrest and 28.6% of all homicide cases resulted in an adjudication of guilt. An adjudication of guilt was twice as likely to occur in criminal homicide than in alcohol-related vehicular homicide cases (38.3% vs 16.5%). Thus, the bulk of homicide cases of both types did not result in a perpetrator being apprehended and convicted. Results indicated that significant differences in disposition of cases between criminal and alcohol-related vehicular homicide cases is very discrepant from the attitudes of the majority of family members of alcohol-related homicide victims about how these cases should be treated. Sixty percent of all such family members reported that they believe that a person who kills another while driving after drinking has committed an intentional act, and 63% felt that perpetrators of alcohol-related vehicular homicide should receive the same legal treatment as perpetrators of criminal homicide.

In terms of In-depth interaction with the criminal justice system, defined on the basis of whether cases reached the trial or plea bargain stage, it was clear that a high degree of contact was not the norm in this sample of family member survivors. Only 37% of all cases reached the trial or plea bargain stage. Family members of criminal homicide victims were twice as likely to have had this contact (49%) as family members of alcohol-related vehicular homicide (22%). There were no significant differences between groups in terms of notification of trial, contact with the prosecutor and feelings about whether the prosecutor considered the victims opinions. In the subgroup notified about trial or plea bargain (70%), only 34% actually met with the prosecutor. In those cases, somewhat more than half (57%) of the respondents felt that their opinions were considered. Of the very small group of respondents who testified at trial (N=8), the majority (75%) reported being extremely upset by the experience. In no cases in which the defendant filed an appeal or was eligible for parole were family members offered the services of a victim witness advocate and only one respondent was made aware of the opportunity to make a victim impact statement at the parole hearing stage. Harsher sentences were reported by family member survivors of criminal homicide. The modal sentence reported in that group was at least 6 to 10 years

imprisonment, whereas the modal sentence reported in the vehicular homicide survivor group was 1 to 5 years imprisonment.

Family Members' Attitudes Towards the Criminal Justice System

Almost six out of 10 family members (56%) thought that the criminal justice system treated the defendant better than it treated them, and more than 6 out of 10 (61%) said that they felt mostly or totally helpless while the case was in progress. Almost two-thirds of family members (64%) were either somewhat (13%) or very (51%) dissatisfied with their treatment by the criminal justice system.

Most survivors who had experience with various aspects of the criminal justice system process were dissatisfied. Seventy three percent said that the sentence given was less than adequate with respect to fairness. Sixty three percent said the verdict was less than adequate and 61% said that their ability to have input into the legal process was inadequate. Fifty three percent said that efforts to inform them about case progress were inadequate. Forty six percent said that fairness of the trial was inadequate. Forty two percent said that efforts to apprehend the perpetrator were inadequate. However, only 32% for whom it was relevant thought that the case preparation was inadequate.

The vast majority of family member survivors thought that the criminal justice system should be responsible for providing a number of services to family members of homicide victims including case status information (87%), assistance in dealing with police and courts (84%), legal assistance (84%), personal protection (84%), social service referral information (83%), and emotional or psychological counseling (74%).

The types of services to which respondents were most likely to say that they had adequate access were legal assistance (33%), case status information (28%), and assistance in dealing with police or courts (26%). Lowest ratings were obtained for adequate provision of social service referral information (19%), emotional or psychological counseling (12%), and personal protection (10%). The greatest discrepancies between percentages reporting services desired and services actually received were observed for personal protection, (84% vs 10%), social service referral information (83% vs 19%), and emotional or psychological counseling (74% vs 12%).

These results indicate that family member survivors have strong expectations that the criminal justice system should provide each of the services in question. However, for each service, between one to two-thirds of family member survivors said they did not have adequate access to that service. Finally, only 12% of family member survivors had adequate access to emotional or psychological counseling services.

Family Members' Behavioral and Cognitive Adaptations

Almost one half (49%) of family members of alcohol-related vehicular homicide victims and over one-third (36%) of family members of criminal homicide victims stated that they were much more careful about their personal safety than they had been before the homicide

death. Almost two thirds of family members of homicide victims (64%) and three quarters of family members of alcohol-related vehicular homicide victims (74.7%) said they took some precautions to protect themselves from crime. An even higher percentage of the respective homicide groups (75.7% and 83.5%) said they took precautions to protect themselves from automobile accidents. Most frequently mentioned precautions were keeping doors or windows locked (26.2%), carrying a gun (11.7%), use of safety belts (65.7%), following traffic laws (39.1%), and driving defensively (23.7%). One potential behavioral adaptation that should be of concern to the criminal justice system is the possibility that family members might seek revenge against the defendant. A small proportion (16.4%) reported that they had seriously considered seeking revenge by attempting to harm the perpetrator in some way. Although the differences were not significant, those who were very dissatisfied with overall treatment by the criminal justice system were twice as likely as others to consider revenge (21.8% vs 11.3%) as were those who felt the defendant was treated better than the victim's family (21.1% vs 10.7%).

There was clear evidence that the vast majority of surviving family members had engaged in an attributional search for the meaning of their relative's homicide death. Less than one family member in ten (9.3%) said they had never asked themselves why the death occurred or had found themselves searching for some reason, meaning, or other way to make sense of the death. Less than one family member in five (23.8%) said that they were not currently engaged in a search for meaning, and more than one out of five family members (22.9%) were still searching for meaning always or frequently at the time they were assessed.

These results have implications for treatment of family member survivors of homicide victims by the criminal justice system and those who might provide counseling to family member survivors. Although the justice system cannot be expected to provide philosophical or spiritual "reasons" to family member survivors, better provision of information about cases and better closure in terms of adjudication might assist family members in their processing of what actually happened in the case. In addition, provision of normative information about the prevalence of this type of crime and the circumstances in which it occurs might be beneficial for survivors.

Victim/NonVictim Comparisons

With respect to measures of general psychological distress, surviving family members as a group did not differ significantly from the comparison sample as a group on the Perceived Stress Scale, the SCL-90-R short form, frequency of lifetime suicidal ideation or attempts, current suicidal ideation, having received psychotherapy in the past, or currently receiving psychotherapy. Thus, as a group, family members whose relatives were homicide victims on average of 16.5 years ago did not differ on these general psychological distress measures from the demographically matched comparison group.

Relationships between perceived vulnerability to crime or automobile accidents and psychological distress did not differ significantly as a function of whether one was a family member survivor or a comparison group member. However, for all respondents, there was a significant positive relationship between amount of perceived vulnerability to crime and

automobile accidents and amount of general distress as measured by the SCL-90-R. A similar positive relationship was found between fear of crime and automobile accidents and general distress.

Prevalence of Homicide Related Post-Traumatic Stress Disorder (HR-PTSD)

Serious threat or harm to one's close relatives is included in the diagnostic criteria (DSM-III-R; American Psychiatric Association, 1987) as a stressor that would be expected to cause significant distress in almost anyone and as an event sufficiently stressful to precipitate the development of PTSD. PTSD, classified as an anxiety disorder, is categorized as a syndrome that includes a pattern of symptoms characterized by intrusive reexperiencing (dreams, memories, flashbacks, dysphoria to reminders), persistent avoidance (avoidance of thoughts, feelings, activities, detachment, blunted affect, reduced interest in activities), and increased arousal (sleep disturbance, irritability, concentration difficulty, guardedness, exaggerated startle response, and physiologic reactivity to reminders) in relation to a traumatic event.

A major, important finding was that almost one surviving family member in four (23.4%) developed the serious mental health problem of homicide-related Post-Traumatic Stress Disorder (HR-PTSD). The two homicide survivor groups were strikingly similar in terms of prevalence of PTSD. Based on our previous estimate that approximately 5 million adults in the United States are surviving family members of homicide victims, we would estimate that more than one million adults have suffered from homicide-related PTSD at some time after the homicide death of their relative. In addition to these surviving family members who met all diagnostic criteria for HR-PTSD, a substantial proportion of surviving family members had developed some HR-PTSD symptoms of increased arousal, avoidance and reexperiencing of the traumatic event. At the time of assessment, about one out of every twenty surviving family members (5.1%) met full diagnostic criteria for current HR-PTSD. However, more than one surviving family member in five (22.4%) had at least some current PTSD symptoms. Thus, we estimate that approximately 255 thousand U.S. adults have HR-PTSD currently.

HR-PTSD Risk Factors

Findings indicated that the subset of family members who develop PTSD and currently have PTSD appear to be substantially more distressed than others on measures of general symptomatic distress, perceived stress, suicidality, and use of mental health services. Results suggest that these family member survivors are likely to have greatest need for provision of social service referral information, including referral for psychological treatment, and support during legal proceedings. A profile of characteristics that would assist the criminal justice system in identification of cases at risk for development of HR-PTSD indicated that one in four close family members most likely to come in contact with the criminal justice system (those whose family members were killed within the past two years) were likely to currently have HR-PTSD. On the basis of this high base rate, all cases should be screened for the presence of HR-PTSD. Other characteristics that fit the high risk profile were: Degree of relationship with the victim (parents, spouses or siblings were at highest risk); presence of

elevated fear of crime and automobile accidents; serious thoughts of taking revenge against the defendant; attributional search for some reason, meaning, or other way to make sense of the death of the homicide victim; history of suicidal ideation, suicide attempts and therapy seeking behavior; and presence of diffuse symptoms of psychological distress.

No specific aspects of criminal justice system experience or attitudes were related to HR-PTSD. The findings regarding the prevalence of lifetime HR-PTSD indicate that regardless of the specific characteristics of the crime, almost 25% of family members experience this disorder after the death of their loved one. It is most likely that the experience of having a close family member suddenly and violently killed is the primary factor in development of PTSD and that criminal justice system exposure is not independently associated with development of PTSD. However, it is possible that criminal justice system exposure might mediate the development and/or maintenance of PTSD in association with this traumatic stressor. Unfortunately, given the findings that the majority of family members were dissatisfied with several aspects of treatment by the criminal justice system and the limited contact in many cases, there may not have been an adequate range of experiences with the criminal justice system in this sample to truly examine potential mediating effects of criminal justice system exposure and treatment in association with this type of traumatic stressor.

Family Members' Opinions About and Recommendations For the Criminal Justice System

The largest category of respondents (42.2%) indicated that there was no aspect of the criminal justice system with which they were satisfied. Aspects of the criminal justice system with which family members were most satisfied included being treated with respect and consideration (19.0%), being informed about the case (13.6%), prompt arrest of the perpetrator (10.9%), appropriateness of sentencing (10.2%) and satisfactoriness of trial. Similarly, the aspects of the criminal justice system with which family members reported most dissatisfaction were lack of information about the case (20.1%) inadequate laws or punishment (17.1%), failure to arrest or charge the perpetrator (11.0%), lack of personal consideration in treatment by criminal justice system personnel (9.8%), inadequate investigation (9.1%), and inadequate sentencing (7.3%).

Most frequent recommendations for improved treatment by the criminal justice system of family member survivors of homicide victims were for provision of non-financial support/counseling (27.0%), harsher penalties (21.1%), better provision of information (16.2%), and more compassion for victims versus criminals (14.6%). Family members of alcohol-related homicide victims also recommended that in DUI cases there should be harsher penalties (25.7%), revocation of driver's licenses (10.8%), and educational programs about driving under the influence.

Implications of these satisfaction and dissatisfaction findings are clear. First, it is apparent that criminal justice system personnel can increase satisfaction by treating surviving family members with dignity, respect, and sympathy. Second, it is equally clear that satisfaction is related to being kept informed about case status. Third, taking prompt action to investigate the case and to make an arrest when appropriate is clearly related to surviving family members' satisfaction with treatment by the criminal justice system.

Conclusions and Recommendations

Surviving family members of criminal homicide and of alcohol-related vehicular homicide victims were more similar than they were different with respect to their experiences with the criminal justice system, their satisfaction with their treatment by the criminal justice system, and the impact of the homicide upon their lives.

In light of the increasing criminal homicide rate and the higher still number of deaths each year that occur due to alcohol-related vehicular homicide, it is important to remember that each homicide death can be expected to have a major negative impact on the victim's family members.

Surviving family members are likely to sustain substantial psychological injuries and are deserving of increased attention and support from the criminal justice system and mental health professionals. However, project findings indicate that family members have high expectations of the criminal justice system, generally do not receive the services that they expect the system to provide, and typically have limited contact with and receive limited information from, the criminal justice system. Most family members are extremely dissatisfied with a criminal justice system that they view as treating defendants considerably better than it treats victims' families. In their attempt to find meaning in their relative's death, family members may look to the criminal justice system process and outcome as a way to provide meaning to the homicide death or at least to prove that the death did not go unnoticed or unpunished by society. Clearly, the criminal justice system is powerless to restore the loss produced by the loved one's death. However, the criminal justice system is capable of improving its treatment of family member survivors.

A substantial number of surviving family members develop the serious mental health problem of HR-PTSD irrespective of whether the homicide death occurred due to alcohol-related vehicular homicide or criminal homicide or whether the relative was actually present at the scene of the homicide. This finding has implications for the criminal justice system, for mental health professionals, and for some aspects of public policy. With respect to the latter, it confirms the wisdom of changes in the Victim of Crime Act of 1989 regulations requiring states to include family members of both criminal and alcohol-related vehicular homicide victims among those eligible to receive crime victim compensation and/or services from victim assistance programs. For mental health professionals, findings imply that it is imperative for therapists to learn more about assessment and treatment of family members with HR-PTSD. The fact that family members with HR-PTSD were at much greater risk for suicidal ideation and for actually having made a suicide attempt suggests that it is important for clinicians to assess for HR-PTSD. The fact that so few family members said they had adequate access to therapy, a number that was much lower than the number of family members who had received therapy, confirms the need for therapists to improve their knowledge and skill in working with surviving family members. Implications for the criminal justice system are that criminal justice system personnel must learn to: a) identify those surviving family members with HR-PTSD; and b) establish linkages and good referral sources that include competent therapists and other victim service groups.

Major Recommendations were:

1) The Bureau of Justice Statistics should consider adding a section to the National Crime Survey screening for indirect victimization due to the criminal or alcohol-related vehicular homicide death of a family member.

2) Crime victims rights provisions for family members of homicide victims should be strengthened by passage of constitutional amendments giving victim's family members the right to be present and to be heard at all key stages in the criminal justice system process.

3) The criminal justice system should establish linkages and good referral relationships with interested mental health professionals and relevant victim assistance groups such as MADD and Parents of Murdered Children.

4) Improving the delivery of effective mental health services to family members should be a major priority.

5) Further research is needed in two major areas: a) assessment of family members in more recent homicide cases to evaluate the potential impact of increased availability of victim rights and services, and b) establishment and evaluation of treatment intervention programs for family member survivors.

REFERENCES

- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd edition). Washington, DC: American Psychiatric Association.
- American Psychological Association Task Force on Victims of Crime and Violence. (1984). American Psychological Association task force on the victims of crime and violence final report. Washington, DC: American Psychological Association, Inc.
- Attorney General's Task Force on Family Violence. (1984, September). Attorney General's task force on family violence final report. Washington, DC: U.S. Government Printing Office.
- Bard, M., Arnone, H. C., & Nemiroff, D. (1981, October). Homicide survivor-victims: Psychological theory and legal policy. Paper presented at the Biennial Convention of the American Psychology-Law Society, Cambridge, MA.
- Klaus, P. A., Rand, M. R., & Taylor, B. M. (1983). The victim. In M. W. Zawitz (Ed.), Report to the nation on crime and justice: The data (pp. 17-27) (Document No. NCJ-87068, October, 1983). Washington, DC: U. S. Department of Justice, Bureau of Justice Statistics.
- NOVA Bulletin. (1985, October). Survivors of homicide victims. Washington, DC: National Organization for Victim Assistance.
- President's Task Force on Victims of Crime. (1982). President's task force on victims of crime final report. Washington, DC: U.S. Government Printing Office.