

Homicide Crime Victimization and Grief, Trauma and Posttraumatic Stress Disorder

As a preface to this review, the information contained herein was provided by parents and survivors of homicide victims in response to their own experiences with the grieving process, and subsequent trauma or posttraumatic stress disorder.

In consultation with parents and other survivors of homicide victims, Canadian Parents Of Murdered Children and Survivors of Homicide Victims, Inc. (CPOMC) reviewed what is generally known about grief, trauma, and posttraumatic stress disorder. Based on that research, CPOMC has come to various conclusions concerning how psychological, physical, economic, and social experiences have been impacted when a person has suffered because of homicide crime victimization.

It is important to state that CPOMC's findings in this review are not intended to represent medically supported opinions or advice. Everyone will experience homicide crime victimization differently, therefore this information should be interpreted with that in mind.

CPOMC compiled its research data from parents or other survivors of homicide victims, who had been bereaved more than three years, and whose case had gone through the court process, as well as those who had been bereaved for more than three years but were still actively involved in the judicial process.

To understand the complexities and the impact that homicide crime victimization has on survivors CPOMC first needed to define grief, trauma, and posttraumatic stress disorder.

Grief is generally defined as a natural response to loss. It is the emotional suffering you feel when someone you love dies. Often, the pain of loss can feel overwhelming. You may experience all kinds of difficult and unexpected emotions, from shock or anger to disbelief, guilt, and profound sadness.

In certain circumstance, such as a homicide, people can experience an especially intense reaction. When this is the case, grief can be defined as the anguish experienced after a tragic loss of a loved one, which may include both physiological and psychological distress. This type of reaction can become life-threatening through disruption of the immune system, self-neglect, addiction and passive or active suicidal ideation.

If we look at some of the core principles associated with grief, we realize that to be human means that loss will occur at some point, and that all people, regardless of nationality, ethnicity, gender, sexual orientation, and socioeconomic status will experience loss and grief, but few will experience loss and grief resulting from homicide. We assume that while people have an innate capacity to adapt to loss without generally needing any medical interventions, this becomes a misassumption when "homicide" is the manner of death that led to the loss.

As much as grief is a natural response to death, adaptive and non pathological in nature, a "homicide narrative" changes that assumption. Because of that, it is deeply concerning, that without a clear understanding of how grief and trauma are interconnected when dealing with homicide, the pathologizing of grief often serves to marginalize this population by creating labels, stereotypes, and barriers for those individuals to overcome. Although grief is complex and complicated because people and relationships are complex and complicated, survivors who were consulted on this question expressed frustration that many were diagnosed as having a "mental disorder," when no such prehistory of a mental health condition existed prior to the homicide crime victimization.

Grief is a human distress, but not an illness.

Exploring this further, survivors of homicide victims stated that during the early days when they were struggling to process grief and trauma, if accessibility to grief-informed and trauma-informed programs were made available to them, they strongly felt that complications leading to further negative health outcomes such as posttraumatic stress disorder or other mental health diagnoses, or addictions may have been averted.

Grief resulting from a homicide is interwoven in a sociocultural context, influenced by family, and interconnected with other social systems that are far reaching affecting all populations. Since grief does not occur in a vacuum, it should not be seen as solely an individual experience.

Trauma depending on what source is quoted, can differ slightly, but all definitions are consistent in identifying trauma as the emotional response someone has to an extremely horrible event.

Therefore, it is accurate to say that the outcome in the case of a homicide of a loved one, may go on to interfere with a survivor's ability to live a normal life. Subsequent to that, is the correlation between the long-term effects of trauma that, if untreated, can morph into posttraumatic stress disorder.

The trauma of victimization in the aftermath of homicide is a reaction and manifests itself both physically and psychologically. The psychological effects are self-evident and are easily observed throughout the grieving process. However, the physical complications may not appear until much later, and are not as easily recognized or understood.

As a result, the trauma of victimization from homicide can cause both immediate and long-term psychological and physiological effects for parents of murdered children. Without early and appropriate interventions, these long-term secondary injuries may affect physical, economic, social, and spiritual health.

Although there have been many studies on the impact of trauma resulting from crime victimization in general, very little research has focused exclusively on the influence that homicide crime victimization has on survivors. The lack of empirical research in this area is therefore needed to create best practices for appropriate interventions. Homicide is a crime in a class all its own, and for that reason, the trauma experienced by survivors of homicide victims should be the subject of a comprehensive study.

Homicide is the ultimate violation for a victim of crime. The loss is eternal, and it leaves behind the victim's surviving family members to experience, as well as permanent loss, a personal violation.

As individuals we all have our own "state of equilibrium." How much that state of balance is affected differs for everyone depending on how extreme a crisis reaction manifests for that person, and how difficult it may then become to return to a state of equilibrium.

Trauma's effect on the brain has become of increasing interest to researchers, clinicians, victims, and victim advocates. Since advancements over the last decade in the field of neuroimaging, scientists are now better able to understand the structural, biochemical, and functional condition of individuals who have experienced trauma or posttraumatic stress disorder. However, the relationship between trauma and brain adaptation is not without controversy. What we do know, however, are a few facts about how very closely emotion and memory are related.

First, certain regions of the brain play an important role in learning and memory, emotional regulation and encoding of emotional memories, sensitization, and fear conditioning. They are all part of what is called the limbic system of the brain. As an example of this relationship, we tend to remember things that carry some emotional content. As in the case of homicide crime victimization, exposure to severe stress affects the memory and emotional regulation portions of the brain. These two factors play a role in trauma and in the development of posttraumatic stress disorder. It is also a fact, that other regions of our body are affected by trauma, such as abnormal levels of hormones when responding to stress, and these abnormal levels have a negative systemic effect on physical health.

What is important to note here is that posttraumatic stress disorder is a highly disabling condition associated with an extremely high rate of medical and mental health service use. In the opinion of those who were consulted in this review, if

they had received early interventions to address trauma it may have mitigated the psychological and physiological consequences, they went on to suffer long term after the event. If this is true, then early interventions for survivors of homicide victims may very well have eased the economic costs to society at large by reducing health care use.

Although information is constantly evolving, additional studies to examine how the brain functions will help researchers better understand the physiological impact of trauma on the brain. This research will, also, be invaluable to victim service providers regarding their understanding of the long-term impact of trauma better and, therefore, the importance of prevention.

Posttraumatic Stress Disorder (PTSD) is defined as a serious mental condition that some people develop after exposure to a shocking, and terrifying event. If after a homicide there are multiple stressful events that complicate one's grief and trauma, hindering the return to a state of equilibrium, then it is possible to develop PTSD. PTSD is associated with common struggles of fear, anxiety, sadness, guilt, and flashbacks of upsetting memories, as well as insomnia. The inability to control one's emotions is often accompanied by physical symptoms, such as headaches, dizziness, loss of concentration, chest pains, stomach upset or other idiopathic conditions.

Over forty percent of those who participated in this survey, reported that they have been diagnosed with PTSD. That is an alarming number!

Those who reported they had a PTSD diagnosis were asked if they had obtained psychological support services at the time of the homicide, and if not, why not? Most participants reported they did not have any specialized trauma health services. Those that did report having had some trauma support or treatment, indicated that it was time limited. What that meant, was that access to a psychologist or trauma specialist was limited to a very few sessions within the victim support services, and therefore were insufficient to address the survivors' needs. Furthermore, survivors stated that accessibility to privately funded counselling or treatment was prohibitive due to the high costs associated with that option.

Unfortunately, in the case of a homicide crime, intense feelings of guilt can manifest from the trauma. This review revealed that survivors can hold false beliefs about their role in the homicide. These beliefs are exaggerated or distorted ideas about their ability to predict or prevent the outcome, or perhaps they did something, or did not do something that may have contributed to it. Exploring the phenomenon of survivor's guilt and its symptoms is beyond the scope and expertise of this review. However, it should be noted that while it was once its own diagnosis, mental health professionals now include survivor's guilt as a significant symptom of PTSD. Survivor's guilt trauma results in altering the survivor's self perceptions. Once again, the consensus expressed by those who had gone on to be diagnosed with PTSD was that if the appropriate and sufficient psychological interventions had been available early on, it would have made a significant difference and may likely have prevented the progression from grief and trauma to the disabling PTSD. In many of the reported cases of PTSD, participants stated that they received this diagnosis several years after the homicide.

Further exploration of CPOMC's research identified an association between the frequency of additional life stressors, many of which were either directly or indirectly associated with the initial homicidal trauma, such as job loss, family breakups, substance misuse and addictions, and the development of PTSD.

Homicide crime victimization has significant, yet varying consequences, for surviving parents and their family members, as well as friends and the community in general. While it is reasonable to assume that the survivor's challenges in coping with the aftermath of the homicide is very different for everyone, it can also depend on existing extenuating factors, such as previous mental health problems, economic factors, or poor social support systems.

Victim support services and community outreach programs have evolved by recognizing the multidimensional impact of homicide on survivors, their families, and their communities. Crime victim organizations and other agencies provide resources to deal with many of the issues facing survivors of homicide victims and their families, however, much more needs to be done. Only with adequate funding, to meet the demands required to deliver the necessary care in a timely manner, can that be achieved.

Summary

Every homicide is unique, as is every parent and/or survivor of the victim.

Due to the multilayered influences of homicide crime, everyone is impacted, whether it is direct or indirect through increased fear, a lost sense of security, the financial impact of crime on an individual or a community, higher health care costs, or the human costs to victims and their families.

In relation to the dynamics of trauma, identifying the specific and immediate needs of the survivor(s), coupled with appropriate interventions, may prevent long-term complications that lead to a serious mental or physical illness.

Victim service providers are usually the first line of support for survivors of homicide victims, and any secondary victims within a community. It is therefore imperative that increased resources be made available to expand services that will address the psychological needs of homicide crime victim survivors and their families. Psychological health is the cornerstone, if those who have been harmed by the crime of homicide are to return to an equilibrium that is necessary to thrive. When survivors thrive, everyone benefits including the community at large, thereby reducing additional health care costs and impacts on other economic and social systems.

Resources and programs that address the misuse of substances is also greatly underfunded, along with programs to address suicide ideation, both of which can manifest when mental health deteriorates.

Survivors of homicide victims, who experienced complicated trauma and PTSD do not spontaneously recover without treatment. Unfortunately, many reported that they have never had access to any mental health treatment and sadly, they continue to deal with the intrusion of trauma in their day-to-day lives' years later.

Another outcome from homicide crime victimization is the deterioration of the family structure and the wearing away of financial stability due to interruptions in employment because of on-going physical and mental illness. Mistrust of social and justice institutions including access to mental health care services has led to an erosion of survivors' belief in protection and fairness.

if we are to have a fair and equitable support system for all Canadian crime victims and specifically, survivors of homicide crime victims, a national standard approach is necessary. This could be accomplished through the development of a holistic, grief-informed, and trauma-informed circle of care that engages victim support services, judicial, social, and mental health supports that is inclusive for all. This should include considerations of the culture and traditions of minority populations. No one is immune to becoming a victim of crime, or having their child, parent or loved one become a victim of homicide.

CPOMC thanks the survivors, who were very generous with their time, completing questionnaires and participating in subsequent telephone and video interviews, and for their courage in revisiting such a painful event, to provide CPOMC with the data to complete this review.

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