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Spring 2020

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Recommended Citation

Pollard, Grae, "Examining the Experiences of Homicide Co-Victims to Inform a Survivor's Guide to Healing" (2020). *Williams Honors College, Honors Research Projects*. 1091.
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Examining the Experiences of Homicide Co-Victims to Inform a Survivor's Guide to Healing

Grae Pollard

The University of Akron

Introduction

In 2017, more than 19,500 people were victims of homicide and 47,700 died by suicide in the U.S. (CDC, n.d.). Families struck by these sudden and traumatic deaths that reside in Summit County, Ohio are served by Victim Assistance Program (VAP). VAP provides twenty-four-hour crisis intervention, advocacy, and education to victims of crime and trauma and the professional community who serves this population. In incidents of sudden and traumatic deaths, VAP sends victim advocates to the location of the surviving family members and then serves the client's immediate needs. However, the client's long-term needs, such as writing an obituary or releasing a media statement, are often not covered in the advocate's initial work. VAP identified a need for additional support for families as they navigate the aftermath in the days and weeks following the death of their loved one.

The goal of this research is to fulfill that need by creating a short resource guide that empowers families to move forward as they grieve the loss of their loved one. Although the workbook will be geared towards victims of all sudden and traumatic deaths, research will be primarily drawn from experiences of co-homicide victims which refers to individuals losing a loved one due to homicide. This is because this population's experiences tend to be applicable to many other types of unexpected death. In addition, co-homicide victimization had more research available than other types of unexpected deaths. This paper creates the platform of knowledge that the resource guide will be based from. To accomplish this, a literature review of 40 plus articles will provide insight on various aspects of a homicide co-victim's experience. This analysis first examines the tragedy's impacts on co-victims' physical health, mental health, and cognitive abilities and strategies to negate those impacts. Then, a co-victim's experience with

institutions, such as the criminal justice system, the media, and formal and informal community supports is also investigated.

Literature Review

Physical Health

As a result of exposure to trauma, research indicates co-victims often experience short and long-term physical symptoms. Immediately following the traumatic event, the body can enter a state of hyperarousal. This refers to an elevated state of alertness and increased intensity of defensive behaviors (Rosenbloom & Williams, 2012; SAMHSA, 2014). Some changes due to hyperarousal include sleeps disturbances, muscle tension, elevated heart rate, upset stomach, and fatigue (Rosenbloom & Williams, 2012; SAMHSA, 2014). However, exercise, good nutrition, relaxation strategies, and proper sleep hygiene have been proven in research to reduce symptoms of hyperarousal (Chery, 2010; Rosenbloom & Williams, 2012; SAMHSA, 2014). A recent analysis on literature examining the effects of homicide on victims' families from 1990 to 2015 indicate the following long-term health issues observed among co-victims: hypertension, diabetes, weight loss, obesity, anorexia, insomnia, phobias, thyroid disorders, gastric and cardiac problems (Costa, Njaine, & Schenker, 2017). In a 2014 SAMHSA's guide for trauma-informed practice, SAMHSA links the increase risk of health problems to somatization, which refers to the process where emotional distress is processed as physical ailments. As evident by literature, co-victims often will experience short- and long-term health symptoms as a result of their victimization.

Mental Health

The intuitive assumptions that a co-victim's mental health is adversely affected by the sudden and unexpected death of their loved is strongly supported by research. It has been well documented that co-victims often take on a negative affect, including fear; loss of trust in the world; rage; diminished self-esteem and sense of safety; numbness; isolation; grief and depression; guilt; and a slew of other feelings characterized by emotional distress (Rosenbloom et al., 2010; Connolly & Gordon, 2015). For example, one study found 66% of co-victims were angrier after the death of their loved one (Mezey et al., 2002). In a later studied, Vincent (2009) found surviving families tended to isolate themselves as a way of coping immediately after the murder. Due to the diminished sense of safety, victims reported difficulty driving, taking public transportation, and access needed services (Vincent, 2009).

Aside from the preliminary emotional reactions, the bereavement period unique to unexpected deaths is associated with an elevated risk for the onset of multiple psychiatric disorders, especially Major Depressive Disorder, Panic Disorder, and Post Traumatic Stress Disorder (PTSD) (Keyes et al., 2014). Aside from improving an individual's wellbeing, recognizing and treating PTSD is critical because the disorder reduces the probability of employment and is strongly associated to substance use (Leonard et al., 2011). Other studies solidify the high prevalence of PTSD and major depressive order among co-victims when compared to individuals that have lost loved ones due to natural causes. A national study found 39% of homicide co-victims ages 18-26 experienced symptoms associated with PTSD during the six months following the victimization, a rate four times higher than the general population (Zinzow et al., 2011). This trend is not new. A study thirty years prior found that approximately one in five homicide co-victims (23%) experienced PTSD in their lifetime (Amick-McMullen et al., 1991). Rheingold and Williams (2015) found a third (34%) of homicide co-victims in a

community-based sample were experiencing PTSD and half (49%) were experiencing major depressive disorder two years after the loss of their loved ones.

Alongside PTSD, homicide co-victims are at an elevated risk of Prolonged Grief Disorder (PGD), sometimes referred to as complicated or traumatic grief. In PGD, grief symptoms persist for an extended period after the death and significantly interferes with healthy functioning (Center for Victim Research [CVR], 2019). Among bereaved individuals, about 7-10% experience PGD (Kersting et al., 2011; Prigerson et al. 2009). However, among homicide co-victims in a community-based study, 23% met criteria for PDG two years after the murder (Rheinghold & Williams, 2015). In a meta-analysis of 24 academic articles that studied the prevalence of PGD following an unnatural death found that nearly half of the bereaved adults experienced PGD (Djelantik, et al., 2020). In addition, research on a community-based sample of Black adult homicide co-victims indicate 55% of participants experienced PDG six or more months after the murder (McDevitt-Murphy et al., 2012). Aside from enhancing an individual's well-being, recognizing and responding to PDG is critical because the disorder increases the risk of suicidal ideation (Latham & Prigerson, 2004). Given the research, it is clear co-victims experience adverse emotional affects and are at an elevated risk of developing psychiatric disorders, especially with PTSD and PGD.

Fortunately, there are strategies to reduce the risk of developing a disorder. Research findings indicate making sense of how their loved one died influenced the severity of PGD (Currier et al. 2006) and helped the family cope and accept the tragedy (Rejno et al., 2013; Currier et al., 2006). Co-victims stated the single most significant concern and most impactful factor on their healing was having relevant and timely information about their loved one's case (Connolly & Gordon, 2014; Carr, 2003; CVR, 2019), which provides a deeper understanding of

how the tragedy happened. Reports from co-victims that emphasizes the importance of making sense of the tragedy support new findings in neuroscience.

New research measured the development of emotionally distressing symptoms following exposure to a traumatic event between concrete and abstract processing. Concrete processing is characterized by understanding how an event happened and steps to achieve a goal (Wild & White, 2016). Abstract processing refers to generalized thoughts conveying an overall meaning and attempts to resolve unanswerable questions, such as why something happened and how the situation would have changed if something different happened (Wild & White, 2016). Defining traits of abstract thinking include worry and rumination, which is linked to PTSD and other disorders (Behar et al. 2012; Goldwin and Behar, 2012). Abstract processing is hypothesized to impede emotional processing of fearful imagery, strengthening anxious meaning and diminishing problem solving (Wild & White, 2016).

Shepherd and Wild's (2014) study on ambulance workers that utilized abstract processing styles during exposure to trauma reported lower levels of coping, indicating that abstract thinking during trauma may be harmful. In addition, individuals utilizing concrete thinking had a reduced emotional reactivity to trauma (Kornacha et al., 2016; White & Wild, 2016) and overall lower rates of impact from exposure to trauma when compared to participants applying abstract processing (Wild & White, 2016). These findings suggest concrete processing of traumatic events may protect against the development of intrusive memories (Wild & White, 2016). The self-reports from co-victims and new research in neurobiology support that sense-making, enabled by objective information about the death, helps reduce the adverse mental health impact from co-victimization.

In addition to concrete processing, other strategies, recognized by field experts and research, enhance resiliency among traumatized clients. One strategy to reduce the isolation and other maladaptive impacts of trauma is to prioritize connecting the individual to family, community, cultural, and spiritual systems immediately following the aftermath of the incident (SAMHSA, 2014). Research indicates family members and friends are a primary source of support for co-victims during this time (Sharpe, 2008) and an increased bonding with family promotes healing (Connolly and Gordon, 2014). Vincent, McCormack, and Johnson (2014) findings further support the importance of immediate connections to support systems. Results from their investigation suggest early intervention is a huge need of families surviving a homicide victim and that it can diminish the impact of PTSD (Vincent et al., 2014). An example of a formal support system found to assist co-victims is trauma-informed peer support groups (SAMHSA, 2014). The groups help normalize the reactions and challenge beliefs about being alone and different due to being damaged by the traumatic death (SAMHSA, 2014).

Practice knowledge and research suggest a critical part to building resiliency is helping co-victims gain a better sense of control over their lives by supporting autonomy, self-determination, and self-efficacy through offering information and choices (CRV, 2019; Rosenbloom et al., 2012; SAMHSA, 2014). One expert in the field (Chery, 2010) utilizes planning the funeral as a tool to promote self-determination and control. Research (Connolly & Gordon, 2014) also supports the positive effects of self-efficacy; families reported utilizing action-based strategies and personal problem solving to cope with their loss. In addition, SAMHSA (2014) recommends trauma-victims avoid idleness by creating an active and predictable daily routine that organizes sleep, eating, work, errands, household chores, and hobbies. A healthy daily routine is thought to diminish a multitude of negative impacts from

trauma, such as hyperarousal or loss of trust in the world. All these activities underscore that life continue (Rosenbloom et al., 2010; SAMHSA, 2014).

Cognitive Functioning

Exposure to such a traumatic event impacts a survivor's cognitive functioning, which refers to multiple mental abilities that allow individuals to carry out task. These abilities include learning, thinking, reasoning, decision making, task switching, attention, and memory (Robbins, 2011). This portion of the paper will analyze the impact common reactions to co-victimization has on different aspects of cognitive functioning, specifically problem solving, concentration, self-regulation, and memory.

Research indicates that negative affect common among co-victims (Rosenbloom et al., 2010; Connolly & Gordon, 2015; CVR, 2019; Wild & White, 2016) impairs many cognitive processes. Specifically, Bridgett et al. (2013) observed that a negative affect weakens working memory and effortful control. A diminished working memory thwarts the ability to follow directions, make sense of information to inform decisions, and keep track of tasks (Bridgett et al., 2013). An impaired effortful control means difficulty making decisions based on reason rather than impulse (Bridgett et al., 2013). Another study (Alvaro et al., 2013) found that negative affect also weakened the ability to shift attention from one stimulus to another, referred to as attentional disengagement. Results from the same study (Alvaro et al., 2013) also indicate that low attentional disengagement predicted lower emotional regulation, thus lower recovery from sad moods in response to stress. Research supports that negative affect common to co-victimization impairs concentration, problem solving, and self-regulation.

Unexpected and sudden deaths significantly impact problem solving skills as well. Leitch (2017) details how the hyperarousal state, common among co-victims (Rosenbloom & Williams, 2012; SAMHSA, 2014; CVR, 2019), impacts the brain's two processing speeds that are triggered by the perception of a threat. If the threat is deemed dire and imminent, the fast system releases neurochemicals that block problem solving processes in order to save precious seconds that could mean the difference of life and death (Leitch, 2017). Impulsively jumping out of the way of a moving car is an example of fast system processing (Leitch, 2017). In a hyper-aroused state, the processing system for threats that allows problem solving is bypassed, thus making the fast interpreting system the only one available (Leitch, 2017). This is problematic because individuals are prevented from utilizing their problem-solving skills.

However, Leitch (2017) states there is newfound evidence supporting that self-directed attentional practices, including but not limited to mediation, promotes resiliency by enhancing the ability to redirect and sustain attention (Leitch, 2017). Also, Cherry (2010) temporarily resolves a co-victim's reduced problem-solving skills in her survivor's resource guidebook by encouraging homicide co-victims to assign a "go to person." The point person is responsible for helping the family collect information and carry out their wishes. In conclusion, academia supports that a co-victim's problem-solving processes are greatly diminished by hyperarousal triggered by trauma, but that it can be reduced by self-attentional practices or bypassed by the help of a trusted person.

A co-victim's memory performance at the time of the incident and the impact the mode of information has on memory performance is of specific interest. Knowledge of these topics will produce a brochure for victims that is aware of the memory functioning associated with co-victimization. Although there is literature on the broad negative impacts co-victimization has on

memory (CVR, 2019; Rosenbloom et al., 2010), there is little literature on the relationship between memory recall and co-victimization at the time of the incident. In substitute for this research, conclusions will be drawn from literature investigating factors influencing memory performance of medical advice given after the delivery of highly distressing medical news. Also, practices and formats of a workbook for homicide co-victims will be studied.

Loved ones of individuals that suddenly and unexpectedly died from a stroke reported difficulty or the complete absence of memory of events surrounding the time of the death (Rejno et al., 2013). Kessels' (2003) investigation attributes the poor memory performance to attentional narrowing and state-dependent learning (Kessels, 2003). Attentional narrowing occurs when a perceived stressful or emotional stimulus becomes the primary focus and prevents any following information from being absorbed (Kessels, 2003).State-dependency refers to the inability to recall information if the environment or state of being at the time of recall is not similar to the time when the information was learned (Kessels, 2003). Kessels (2003) recommends providing material patients can take with them, which allows clients the opportunity to process the information when they are in a calmer state or environment, thus expanding the conditions that permit proper recall. Similarly, Chery (2010) uses this knowledge as the basis for her recommendation for co-victims to collect the contact information of all professionals present at the incident.

The mode of information delivery also impacts memory performance. The modes studied were written documents, verbal statements, or graphics. Research signals the combination of verbal and written information was associated with significantly higher rates of memory performance when compared to verbal instruction alone (Kessels, 2003; Watson & McKinstry, 2009). In addition, visual information, such as pictographs and cartoons, were linked with higher

memory performance among patients ranking low on literacy skills (Kessels, 2003). Kessels's (2003) analysis concludes that simple and specific information were better recalled than general statements. Also, in a workbook for homicide co-victims, the author (Chery, 2010) specifically chose a format where readers could write in professional's contact information that was involved in their loved one's case. Research from the medical field shows that exposure to traumatic stimuli weakens memory formation and recall. In addition, written materials and graphics seem to promote memory performance in most situations. These findings are applicable to the memory performance of co-victims around the time of the incident and will help inform an effective guide.

Criminal Justice System

Analysis of co-victims' experience in the criminal justice system will be broken up into two parts. First, information about Summit County specific criminal justice personnel and procedures immediately following the incident will be listed. Information and criminal justice personnel and procedures have been gathered by the author's firsthand accounts, discussions with seasoned victim advocates at VAP, VAP's policies and procedures, passages from *The Survivors' Burial and Resource Guide* (Chery, 2010), and discussions with Summit County criminal justice personnel, such a medical examiner and law enforcement officers. The second portion of this section will examine literature drawing from a national perspective to identify themes in a co-victim's experience in the criminal justice system.

Summit County Specific Experiences

Co-victims of unexpected deaths may start their journey navigating the system in a variety of settings, such as a hospital, a crime scene, or a death notification at their own home.

Unique to a hospital setting, co-victims will most likely interface with a doctor assigned to their loved one, possibly a clinical social worker or case worker, an EMT responder, or VAP victim advocate. At the scene of the crime, law enforcement officers (LEOs) are among the first of the criminal justice personnel to arrive. After securing the safety of the area, they will clear the scene of anyone not law enforcement, including loved ones of the victim. LEOs will attempt to obscure the deceased's body from public view as well. This can sometimes pose an issue if the family demands to see their loved one.

Another professional on scene is the victim advocate. First, a victim advocate will assess the victim's physical and psychological safety through crisis intervention based on the National Organization for Victim Assistance (NOVA) model. The advocate will determine if immediate emergency referrals are needed. If so, the advocate will transfer the client to an entity who can address their needs, such as a hospital or a crisis center. An advocate also verbally provides generic education on the role of the detective, process of case investigations and medical examiners' (ME) roles. Advocates will give victims a packet with general VAP information, including a brochure with VAP's hotline number, a VAP client rights handbook, and the advocate's business card. Victims are offered follow up services from the advocate, via the phone, typically within 24-48 hours after the incident. Follow up services at this time often involve information about funeral arrangements or educating victims about the criminal justice process if a suspect is identified. Contacts and information of relevant community resources are given to the victim verbally or written down by the advocate; advocates do not often bring a resource's brochures. The most common community resources given verbally include counseling referrals, victim compensation (depending on the incident), and crime scene clean up referrals.

As alluded to, MEs are also important professionals present during these circumstances. At the scene, MEs will take photos of the body and document anything on the person, such as keys, wallet etc. Then, a ME will transport the body to their office to determine the cause of death through an autopsy. The autopsy is usually complete within 48 hours. Shortly after, the medical examiner usually will call to inform the family that the body is ready to be released to a funeral home. The medical examiner will often hold the body at their office until the family has selected a funeral home. The family is never permitted to go to the ME's office and they will not be asked to identify the body. The only time co-victims can see their loved one's body is at the funeral home. In a death notification, either a ME, police officer, a victim advocate, or a combination of the two may delivery the news.

Themes Across the Nation

Reports from co-victims (Carr et al., 2003; Rejno et al., 2013), academic research (Connolly & Gordon, 2014; Currier et al., 2006; CVR, 2019), leading criminal justice agencies (International Association of the Chiefs of Police, 2014; Penn State & FBI, n.d.; National Sheriff's Association, Justice Solutions & National Organization of Parents of Murdered Children, 2011) and homicide co-survivor resource guides (Chery, 2010) all stress the importance timely and relevant access to information about the case. One of the most common experiences with the criminal justice system that negatively impacted the families healing process was difficulty accessing information about their case (Connolly & Gordon, 2014; CVR, 2019). Surveys from around 300 victims of juvenile crime (Carr et al., 2003) further support the importance of accessing information.

The results of the surveys indicated that regardless of basic demographic characteristics or the nature of victimization, a perceived positive interaction with the criminal justice, especially the prosecution team, was the only significant factor related to overall experience through the justice system (Carr et al., 2003). Positive interactions were identified as the victim receiving pertinent and timely updates from the case and feeling involved in the prosecution (Carr et al., 2003). Also, if a victim felt involved and informed, their contact with criminal justice professionals was enhanced (Carr et al., 2003). However, this is not to say interactions with law enforcement were overlooked. Initial contact with the police was identified as one of the most suspectable points in a victim's experience to be re-traumatized (Carr et al., 2003). Re-traumatization at this stage was associated to a victim's perception that the police were unsympathetic to their situation (Carr et al., 2003).

Outside of perceived unfavorable treatment from the police, the nature of the criminal justice system is retraumatizing. The investigation and prosecution team often must repeatedly expose co-victims to details of the death for months, sometimes years after the incident occurred. For example, the surviving family members may be expected to review autopsy reports, police reports, and crime scene photos (Homicide Survivors, Inc., n.d.; National Sheriff's Association et al., 2011). For the aims of this report, it is important to note that these retraumatizing activities are rarely practiced and are often discouraged in Summit County's criminal justice system. As mentioned earlier, the re-traumatizing nature of the criminal justice system can be reduced by transparent access to information. Co-victims reported information about the tragedy promoted understanding and coping (Currier et al., 2006; Rejno et al., 2013). In addition, sense-making was observed to influence the degree of severity of PGD (Currier et al., 2006). Leading criminal justice agencies (International Association of the Chiefs of Police, 2014; Penn State & FBI, n.d.;

National Sheriff's Association et al., 2011) are incorporating this research in their practice, as evident by their strong recommendations that police officers leave their contact information with co-victims and offer information about community supports and criminal justice resources.

The Media

Co-victims strongly responded to the media when the family perceived negative reporting on the case. Connolly and Gordon (2014) identified negative media reporting as one of the top five common experiences that negatively impacted bereaved families. News coverage failing to be culturally responsive; overly sensational or inaccurate reporting (Maercker & Mehr, 2006); perceptions of the deceased being portrayed in a negative light; and the co-victims' interactions with others on social media contribute to the media's harmful effects reported by co-victims (CVR, 2019). Research indicates highly graphic media coverage of the victim's death and trial diminishes the family's ability to grieve (Connolly & Gordon, 2014).

Also, negative media coverage and public perception has been found to isolate disadvantaged co-victims and prevent them from seeking assistance (CRV, 2019). Moreover, the formation of social stigma related to the death incident, especially if the co-victim or family members are suspects in the case, hinders healing (CVR, 2019). The media often draws the public's attention to the case early on but fails to follow the progression of the case, leaving the family feeling isolated and unvalued (CVR, 2019). Furthermore, a study conducted in Switzerland (Maercker & Mehr, 2006) found the predominant psychological reaction to the reports were negative; 66% expressed sadness and 48% expressed fear, with a significant increase in distress if the victim considered the media reports inaccurate. Maercker and Mehr's

(2006) data indicate a moderate correlation between negative reactions to media reports and level of PTSD symptoms.

Despite the majority of co-victims' reactions, a few participants reported positive responses (Maercker & Mehr, 2006). Additional positive effects from media coverage, as reflected by co-victims, include "humaniz[ing] co-victims and shed light onto their experiences, relay helpful information in emergency cases when the assailant is not known, and positively shift public perception (CVR, 2019, p. 13)." A qualitative study found that victims often felt the need to share their narratives and relied on the media or the justice system to meet the need (Pugach, Peleg, & Ronel, 2018). However, victims reported both systems failed to respond to their need to convey their messages (Pugach, Peleg, & Ronel, 2018). In order to avoid this and harness the benefits of the media, families should be informed on the process of reaching out to reporters, producing a media statement, and instructions on creating an obituary and notification letters (Chery, 2010). These tools empower the family to set the tone of the incident while mitigating the risk of the media's negative effects on the family.

Formal and Informal Supports

From a national perspective, formal supports are lacking in providing wrap-around services to co-victims, especially when they belong to disadvantaged communities. CVR (2019) and Vincent et al. (2015) identified that long-term wraparound supports, including advocacy in the justice system and links to community resources, was a major gap in services for families surviving a homicide victim. CRV's 2019 report also indicated that disadvantaged and often predominantly Black, Latinx, or Native American communities lacked "readily available, consistently funded and accessible formal support and programming for co-victims (p. 13)." This gap in services may have contributed to the high prevalence of grassroot grieving groups within

disadvantaged communities (CRV, 2019). In addition, black co-victims utilized formal supports at a much lesser level than informal supports, such as family or friends (Sharpe, 2008). The recent elimination of insurance coverage on bereavement services, which greatly reduced access to counseling and medical treatment, further deprives co-victims of services, regardless of their community background (CRV, 2019). Even in instances when service providers are available, CRV released in their 2019 report that co-victims are often re-traumatized by service providers acting in ways the neglect and diminish a co-victims' autonomy, self-determination, and agency, which are all important milestones of the healing process.

Unlike many places in the U.S., Summit County is home to a community agency dedicated solely to meeting the needs of victims of crime and trauma, Victim Assistance Program. Thus, many of the gaps in services and access identified by the national literature does not apply to the area were the brochure will be circulated. Regardless, understanding broad themes of a co-victims' experience with supports, such as the strength in grassroot support groups among minorities or reliance on family rather than mental health agencies, will help inform the production of the brochure. Despite this all, a national perspective about a particular formal support system is still highly applicable to the experiences of co-victims in Summit County, the Victims Compensation Fund.

Each state administers and regulates a Victims' Compensation Fund, with the purpose to cover any expenses incurred by the victimization. This financial support is greatly needed among victims of crimes, especially fatal incidents. Research concludes surviving family members experience financial hardships as a direct result of a violent and unexpected death of their loved one (Network of Victim Assistance [NOVA], 2016; Vincent, McCormack & Johnson, 2015). The immediate cost associated with a loved one's death, such as funeral arrangements, court

expenses, and time away from work to manage the arrangements often financially burdens the surviving family (CVR, 2019). For instance, one of the most expensive cost following the death of a loved one is the funeral. A funeral with a viewing and burial cost on average, $7,640 (National Funeral Directors Association [NFDA], 2019). That price does not include the thousands of dollars of related funeral purchases, such as a vault, cemetery plot, monument or marker or miscellaneous cash-advance charges, such as for flowers or an obituary (NFDA, 2019). This financial burden can often be exaggerated for homicide co-victims, as they are more likely to be a part of marginalized, socioeconomically disadvantaged, and underserved communities (CVR, 2019).

Even though the victim compensation fund can offset these expenses, many families do not take advantage of the fund, as evident by the persistent massive discrepancy between the number of violent crime victims and victims served by a victim compensation fund (Alvidrez et al., 2008). One estimates that for every fifteen homicide co-victims, one claim for compensation is filed (Evans, 2014). Lack of awareness or barriers to access are often blamed for the low filing rates (CVR, 2019; Evans, 2014; Alvidrez et al., 2008). A survey among the states' Victim Compensation administrators reported that victims were not aware of the compensation program nor was their education on compensation benefits (Office for Victims of Crime, 2013). Outreach to victims, particularly those who lack resources, about compensation and the process of accessing it, has been theorized to overcome the under-utilization of the fund (CVR, 2019; Evans, 2014). A 2008 study (Alvidrez et al.) found that outreach and provision of comprehensive services increased the number of victims who filed compensation claims and diminished disadvantages associated with youth, homelessness, and lack of education which traditionally reduces the likelihood of application.

However, outreach does not address the other factors limiting the utilization of the funds: ineligibility. In Ohio, families losing a loved one to suicide are not able to receive Victims Compensation. Although co-victims of homicide are covered, many factors can disqualify a family from receiving benefits. For example, victims are not eligible if it is deemed that they did not fully cooperate with law enforcement, had a felony conviction within 10 years prior to the crime, or if the deceased was engaging in criminal activity at the time of their death (Office of the Ohio Attorney General, n.d.). These disqualifiers can be especially challenging for communities most affected by homicides: Black, Latinx, and Native American communities (CRV, 2019; Herne, Maschino & Grahan-Phillips, 2016; Smith & Cooper, 2013).

For example, one study estimates that one third of African American adult males have a felony conviction (Shannon et al., 2017), therefore disqualifying a large group that are more likely to be homicide co-victims. Also, the loose interpretation "full compliance with law enforcement" can be difficult to meet for individuals belonging to communities with historically strained relations with the police. In addition, as established earlier, the trauma from the death diminishes cognitive functioning such as self-regulation and problem solving, which could result in co-victims displaying defiant behaviors and actions that go against complying with the police. In summary, low rates of victims of violent crimes apply and receive funds from Victims Compensation. Some theorize the under-utilization of funds is due in lack of awareness and barriers to access, with a special consideration of homicide co-victims belonging to marginalized communities.

Conclusion

This paper conducted a literature review of relevant articles in the field to gain insight on the experiences of co-victims after the death of their loved one in order to inform the production

of a resource guide and workbook. Experiences examined include the impact the tragedy has on an individual's physical health, mental health, and cognitive functioning and a co-victims' interactions with social institutions, specifically the criminal justice system, the media, and supports in the community. Research indicates the death of a loved one has a significantly negative impact on a co-victim: their physical health often deteriorates, are at a much higher risk of developing mental health disorders, and their cognitive abilities are greatly hindered. The literature also suggests the high risk of secondary trauma among co-victims interfacing with social systems and the lack of supports for co-victims belonging to disadvantaged communities. However, research suggested the risk of secondary trauma in the criminal justice system is greatly reduced when co-victims have access to information about the cases and are on positive terms with criminal justice personnel. Lastly, field experts and research conclude activities that support regaining control and establish self-efficacy are essential to promoting resiliency.

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