



**Homicide Survivors, Inc.**  
**Support, Advocacy & Assistance**  
**For Families and Friends of Murder Victims**  
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## ***CHILDREN and HOMICIDE***

Beyond normal grief and bereavement, homicide survivors face burdens and complications that, for most, will change their lives forever. The word “survivor” is used to underscore the trauma that a person experiences when losing a loved one to homicide, the deliberate taking of a life. In 2003, there were 87 homicides in Tucson, Arizona. Of those, 17 were domestic violence related. According to Gail Leland, executive director of Homicide Survivors, “an estimated 85 kids lost either one or both parents” to homicide (as cited in Newell, 2003). The senselessness of murder almost guarantees a long term negative outcome for the surviving family, including the children, unless professional help and guidance is sought. Adolescent homicide survivors aged 13 to 18 encounter specific problems and could benefit by grief group counseling that is geared specifically for adolescent survivors of homicide. Further, as the willful destruction of a family member by another human being is so devastating to the family unit, it is almost impossible to consider the problems and needs of the children separately from those of the family. For this reason, information for both has been included.

Children perceive death differently at different stages of their development. Teenagers grieve more like adults and experience very powerful emotions. Teens are already dealing with inner changes that effect all parts of their lives. They have not yet developed the coping skills needed to get through an embarrassing situation, much less the death of a parent. Grief by homicide, where the death is violent, sudden, and traumatic, can cause even greater turmoil for a teenager. Anger and a desire for revenge are common initial reactions to the news of a homicide. Such feelings in a teenager could be very harmful if not handled properly. Adolescents may have suicidal thoughts or may express intense emotion through other forms of self-harm. Adolescents have powerful emotions which may lead them to question their identity and the meaning of life. They often have a sense of impending doom and of a foreshortened life...They may indulge in risk-taking behavior as life becomes ‘cheap’ or as a way of taking some control. Substance abuse may result as a way of escaping grief. Adolescents may reject adult values as life becomes more unpredictable. They may however go to the other extreme and question nothing, becoming over-compliant as they feel life has no meaning. Socially, there may be pressure upon them to take up more adult roles, particularly when a parent has died.

Trauma is a powerful shock with long-lasting effects; being exposed to an overwhelming event which renders a person helpless in the face of danger. In bereavement terms this could mean a horrific encounter with death, for instance witnessing a...murder...The usual techniques used to help someone through grief becomes useless. The trauma itself may have to be dealt with before grief work can begin.

Those traumatized often suffer intrusive memories of the fearful event and often cannot visualize memories of the face of the dead person without also visualizing the violence. While the bereaved dream of their loved ones, dreams which change over time as the loss is accepted, those traumatized suffer nightmares, experiencing terror rather than sadness and loss. They may express intense anger, are frequently irritable, easily aroused by threat or upheaval and liable to feelings of diffuse rage which cannot be focused. They may feel guilty that they did not do enough for their loved one and may feel guilty that they have survived when their loved did not. Generally the bereaved see grief as a tribute to their loved ones; those suffering trauma may repress their feelings and often have great difficulty in talking about what has happened to them.

Along with the traumatic grief reactions, the adolescent may begin to show symptoms of post-traumatic stress disorder (PTSD) which can be diagnosed at any age. The symptoms usually begin during the first 3 months after the trauma has been experienced, however some symptoms may not show up for months or even years afterwards. If adolescent homicide survivors are not treated for the trauma soon after it has been experienced, their psychological problems could follow them into adulthood.

### **Bereavement Complications of the Family**

1. Due to the overwhelming nature of the event, each family member tends to shut down and cope in his/her own way, causing breakdowns in family communication and mutual support.
2. Blame and assignment of guilt are common reactions as family members question what they or other family members could have done to prevent the murder.
3. Social support may be withdrawn due to the stigma of murder, which tends to blame and assign guilt to the victim.
4. Extreme anger and rage is felt by the survivors along with an intense desire for revenge and retribution. These feelings often convince survivors that they are "going crazy," and many fear that they will direct these emotions to other family members.
5. Survivors feel helpless, fearful, impotent, and vulnerable. The concept of personal control is severely damaged, sometimes irrevocably.
6. The murderer may not be identified or apprehended, leaving the family angry, frustrated, and fearful, sometimes for years.
7. If the murderer is apprehended, it can sometimes take many years to litigate the case through the justice system.
8. Lack of familiarity with the legal process further complicates normal grief. Interaction with the medical investigator/coroner, police, the prosecutor, and other participants in the legal system are unsettling and frustrating.

9. The trial experience itself can be traumatic as the family relives the murder, including photographs, autopsy reports, and details of the event.

10. Delays and appeals, inadequate sentencing, media coverage, and lack of public sympathy and support all contribute to protracted and complicated bereavement.

### **Bereavement Complications of Children**

1. As part of the family unit, children feel the tension, anxiety, confusion, lack of support, and apprehension, regardless of their developmental stage or ability to understand the event.

2. Parents may be so devastated by the murder that their ability to meet their children's emotional needs is limited. Often, this withdrawal of support is more devastating to the child than the event itself.

3. Most children will not complete the bereavement "tasks" at the time of the event, but will do so during each subsequent developmental stage until adulthood.

*Infants* may respond with heightened anxiety or agitated and aggressive behavior, *e.g.*, biting, crying, throwing objects, etc.

*Children 2 - 5 years* often act out traumatic events through play. In addition, they may demonstrate negative behavioral characteristics (clinging, demanding to be held, wanting to sleep with the parent, etc.) and regressive behavior (bedwetting, refusing to feed, wash, or dress themselves). Sleep disturbances and nightmares are also common. Changes in daily routines may be threatening.

*Children 6 - 10 years* may exhibit radical behavior changes. They may exhibit uncontrolled behavior, poor school performance, and physical symptoms such as headaches, stomach aches, and dizziness. Play is still the primary means of expression. Trust in adults may be diminished.

*Children 11 and over* are in the midst of adolescence, a confusing and troubling period. Younger adolescents may try to deny reality by suppressing their emotions and becoming judgmental about their behavior. Older adolescents become judgmental about others' behavior as well and become cautious and suspicious, especially about adults. Some may try to relieve their pain and gain control by trying to behave like an adult; others may regress to an earlier developmental stage.

# HELPING CHILDREN THROUGH GRIEF

## TALK

- As soon as possible after the death, set aside time to talk with the child.
- Give the child the facts as simply as possible. Do not go into too much detail; the child will ask more questions if they come to mind.
- If you can not answer the child's questions, it is okay to say, "I don't know how to answer that, but perhaps we can find someone to help us".
- Use the correct language, i.e., "dead", "murdered", etc. Do not use such phrases as "S/He is sleeping", "God took him/her to heaven", "S/He went away", etc.
- Ask questions. "What are you feeling?", "What have you heard from your friends?", "What do you think happened?", etc.
- Discuss your feelings with the child, especially if you are crying. This gives the child permission to cry too. Adults are children's role models, and it is good for children to see our sadness and to share mutual feelings of sadness.
- Use the deceased's name.
- Talk about a variety of feelings, e.g., sadness, anger, fear, depression, wishing to die, feeling responsible, etc.
- Talk about the wake/funeral, explain what happens, and ask the child if s/he wants to go. Include him/her, if possible.
- Talk with the child about your family's spiritual beliefs, including what happens to people after they die.
- Talk about memories of the deceased, both good and bad.

## THINGS TO DO

- Read to the child about death. There are many good children's books available.
- Read a book about children's grief so you have a better understanding what your child is experiencing.
- Help the child write a letter to the deceased.
- Help the child keep a diary of his/her feelings.
- Invite your child and his/her friends, family members, etc. to plan a memorial for the deceased.
- Discuss rumors, media reports, etc., with the child so that s/he can clarify information regularly.

## OBSERVE

- Be alert for reports or observations of "bad dreams". Talk about them with the child. Dreams are sometimes a way to discharge stress.
- Be alert for behavioral changes in your child. If they concern you, seek professional help.

## UNDERSTAND

- Understand your child's level of comprehension and speak at that level.
- It may take some time for your child to understand the concept, "gone forever", especially if s/he is very young.
- Your child may think that s/he caused the death because s/he had been thinking bad thoughts or had been angry with the deceased just before the death.
- The sudden and unexpected death of a peer is especially difficult for a child to comprehend; children tend to feel invulnerable.