

Homicide co-victims are people who have lost a loved one to homicide, including family members and friends of the deceased.

FAST FACTS

- About **1 in 10 Americans** will lose a loved one to homicide during their lifetime.
- Black and Latinx individuals are more likely to lose a loved one to homicide and also face more barriers to support services.
- Police and court advocates can assist victims but lengthy investigations and trials may cause further ("secondary") trauma.
- **Few services** specifically address homicide co-victims' needs, and even fewer have been evaluated. One exception is Restorative Retelling—a group therapy program that has shown promise at improving victims' psychological wellbeing.



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- The field needs wraparound services to fully address homicide co-victims' needs—including help navigating the media and criminal justice system. It also needs better evaluation to determine which services are effective.

HOW MANY CO-VICTIMS ARE THERE?

Each year, an estimated 64,000 to 210,000 people in the United States lose a family member or friend to homicide.

- Scholars assert that **each homicide affects 3–10 loved ones**.¹
- In 2016, there were over 21,250 homicides, including both criminal homicides (81%) and alcohol-related vehicular homicides (19%).^{2,3}

Lifetime Prevalence

During their lifetime, 9% – 18% of the U.S. population experiences co-victimization.^{4,5}

- Adolescents report higher rates of homicide co-victimization than adults, suggesting they are either more vulnerable or more likely to report co-victimization.
- Additionally, those in **marginalized and disadvantaged** communities experience the most homicides. Specifically, Black adults and adolescents and Latinx adolescents are at increased risk of homicide co-victimization.
- Less is known about rates of co-victimization among Native American communities, though practitioners are increasingly focusing on these issues.

WHAT HARMS AND CONSEQUENCES DO CO-VICTIMS EXPERIENCE?

Psychological Harms

Homicide co-victims are at risk for experiencing a number of psychological harms, particularly post-traumatic stress disorder (PTSD) and prolonged grief.

- More than **1 in 5 immediate family members experience PTSD⁵** in their lifetime, over three times the rate in the general population.
- Some co-victims develop prolonged or complicated grief—an extended preoccupation with or longing for the victim that may interfere with healthy functioning.
- For adults grieving any loss of a loved one, about 7% experience prolonged grief.⁶ However, for adults grieving a loss due to homicide, at least **23% experience prolonged grief** two years later.⁷
- Homicide co-victims are also at risk of developing psychological disorders such as depression, anxiety, substance abuse, and other behavioral disorders.

Physical Harms

Psychological harms in turn can lead to physical health challenges for homicide co-victims.

- Co-victims who suffer from prolonged grief are at **increased risk for serious health issues**, including heart problems, high blood pressure, and suicidality.
- Practitioners report that homicide co-victims tend to experience a range of maladies, including problems with sleeping and eating, digestive complaints, and cardiovascular disorders.

Research should explore the frequency at which co-victims experience these and other physical harms compared to the general population.

Economic Harms

Homicide co-victims often face a number of economic harms as a direct result of their loss.

- In the immediate aftermath of a homicide, loved ones often incur unexpected burial or funeral expenses.
- Additionally, in cases where the deceased was a breadwinner or substantially contributed to household income, family members can face dramatic **economic or material hardships**.
- Homicide co-victims may also suddenly find themselves without domestic labor, childcare, or caregiving essential to household functioning.
- These challenges can be compounded by the unexpected nature of the loss.

Social Harms

Numerous social harms are also associated with homicide co-victimization.

- Depending on circumstances of the homicide, co-victims may face scrutiny and **social stigma**.
- In some cases, co-victims or their family or friends may be a suspect in the case, making the loss especially challenging, fueling conflict and loss of social support.
- Co-victims may experience **social isolation**, especially if they do not receive adequate support.

More research is needed to understand how frequently and to what extent homicide co-victims experience economic and social harms.

WHAT SERVICES ARE AVAILABLE AND DO THEY HELP VICTIMS HEAL?

Few services have specifically focused on homicide co-victims. Those that do include grief support groups, grassroots self-help groups, and police and court services.

Similarly, few evaluations have focused on the effectiveness of these services at helping co-victims heal.



[What] helped us survive and eventually thrive again [was] the rich mixture of all sources of support – from short simple conversations over coffee with a friend to sessions with our psychologist to whom we brought the most serious issues.

~ Grieving parents at Compassionate Friends support group



Grief Support Groups

Grief support groups, the most widely available psychosocial intervention, can offer quick and free assistance to co-victims of homicide.

However, most support groups are not tailored to those whose loved ones died violently, and facilitators may have limited familiarity with the complexity of homicide grief.

Restorative Retelling

One promising exception is an intervention called Restorative Retelling, a type of group therapy that has been successfully applied to address the psychological harms of homicide co-victims.

- Evaluations of Restorative Retelling have demonstrated its effectiveness at improving co-victims' **psychological wellbeing** and maintaining high service engagement among participants.⁸
- Yet, evidence on the impact of Restorative Retelling on addressing prolonged grief has been mixed.

While Restorative Retelling may not address the full spectrum of co-victims' needs, it has been paired with an intervention called Criminal Death Support Groups.

- These groups provide psychological treatment, trauma support, and training on navigating media and the criminal justice system.⁹

Moving forward, **wraparound services** tailored to vulnerable populations should be considered.

Access to Services for Vulnerable Populations

Despite the higher rates of homicides that disadvantaged and often predominantly Black or Latinx communities experience, formal supports for co-victims are frequently not readily available or accessible—sometimes because of historically strained relationships with law enforcement.

- As an alternative, Black co-victims in some neighborhoods have organized **grassroots self-help groups** such as “mothers of homicide victims” to share experiences with others who have similarly suffered.
- Some Latinx co-victims may not be able to access services due to **language barriers** or a lack of grief support groups in Spanish.
- It is also unclear to what extent low-income Latinx take advantage of victim compensation funds to offset funeral and burial costs—prominent traditions in Latinx families.
- Similarly, Native American communities have a variety of grief and **healing traditions** that are not necessarily reflected in most general grief support groups.

Justice System Processes

Many homicide co-victims must interact with the justice system following the loss of their loved one. Given the complex issues involved, co-victims can experience **secondary traumatization** as they navigate the system.

- Interactions with the justice system may be prolonged by lengthy criminal investigations and trials.
- Co-victims may be suspects in the crime.
- Co-victims may not achieve the closure they seek.
- Police departments are increasingly training officers to resist promising “closure” and to instead **match victims with advocates** who can help them navigate court processes more effectively.

Penn State University, in collaboration with the Federal Bureau of Investigation, National Association of Sheriffs, and International Association of the Chiefs of Police, has developed training and guidelines to help first responders reduce secondary traumatization for homicide co-victims, although adoption rates are unclear.¹⁰

WHERE DOES THE FIELD NEED TO GROW?

Although homicide cases receive heightened attention from media and the criminal justice system, research and services to address co-victims' complex needs in a culturally responsive manner are lacking.

Research

Many studies of homicide co-victimization focus on the psychological harms associated with it, while far fewer examine the individual-, household-, and community-level risk factors that contribute to its likelihood.

The victim services field needs:

- up-to-date national estimates of **prevalence**
- more information on **risks** among vulnerable populations (particularly, Native Americans) and
- expanded studies on homicide's effects on the **physical health** and **economic wellbeing** of co-victims.

Practice

Along with greater understanding of homicide co-victims' needs, the field needs a better understanding of which services best help co-victims heal and move forward.

- **Some of the most widely available interventions are not well studied.** It remains unclear, for example, to what extent grief support groups are effective for loss due to homicide as compared to natural causes.
- The field needs to identify and make available comprehensive, evidence-based services.

Policy

Variations in state policies affecting homicide co-victims mean that **co-victims can have a different grieving experience depending on where they live.**

- All states compensate eligible co-victims for funeral and burial expenses in varying amounts. Some states also reimburse co-victims for financial counseling, medical

treatment, or travel expenses related to the crime.

- Other policy issues surround classification of bereavement as a justifiable reason for counseling (based on the Diagnostic and Statistical Manual of Mental Disorders V), which can affect the way in which providers offer co-victims counseling.¹¹

In sum, the evidence base for homicide co-victimization is young and growing. Moving forward, the field should focus on understanding how to address all co-victims' needs for all types of vulnerable populations.

SELECTED REFERENCES

- 1 Vincent, N., McCormack, J., & Johnson, S. (2015). A comprehensive conceptual program model for supporting families surviving a homicide victim. *Child & Adolescent Social Work Journal*, 32(1), 57–64.
- 2 Federal Bureau of Investigation. (2016). *Crime in the United States, 2016*. Washington, DC: US Department of Justice.
- 3 National Highway Safety Traffic Administration. (2017). *Traffic Safety Facts, 2016 Data*. Washington, DC: US Department of Transportation.
- 4 Rheingold, A., et al. (2012). Prevalence and mental health outcomes of homicide survivors in a representative US sample of adolescents: Data from the 2005 National Survey of Adolescents. *Journal of Child Psychology & Psychiatry*, 53(6), 687–694.
- 5 Amick-McMullan, A., Kilpatrick, D., & Resnick, H. (1991). Homicide as a risk factor for PTSD among surviving family members. *Behavior Modification*, 15(4), 545-559.
- 6 Kersting, A., Braehler, E., Glaesmer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. *Journal of Affective Disorders*, 131(1-3), 339-343.
- 7 Rheingold, A. & Williams J. (2015). Survivors of homicide: Mental health outcomes, social support, and service use among a community-based sample. *Violence and Victims*, 30(5), 870-883.
- 8 Rheingold, A., et al. (2015). Restorative Retelling for violent death: An investigation of treatment effectiveness, influencing factors, and durability. *Journal of Loss & Trauma*, 20(6), 541-555.
- 9 Rynearson, E., Fanny, C., & Tackacs, L. (2015). *Accommodation to Violent Dying. A Guide to Restorative Retelling and Support*. Fourth Revision. Virginia Mason: Separation and Loss Services.
- 10 Federal Bureau of Investigation & Penn State University. (n.d.). *We Regret To Inform You...* Washington, DC.
- 11 Attig, T., et al. (2013). *When Does a Broken Heart Become a Mental Disorder?* The International Work Group on Death, Dying and Bereavement.

For more references and methodology, visit [CVR's website](#).

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vision²¹
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