AFRICAN AMERICAN FAMILY MEMBERS OF HOMICIDE VICTIMS: COPING STRATEGIES, TIME SINCE HOMICIDE, AND RELATIONSHIP TO VICTIM

by

George Ackerman, PhD, JD, MS, MBA

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Abstract

In the last decade, African Americans have lost relatives from homicide up to 10 times more than other ethnic groups. African American family members of homicide victims (AA FMHVs) may cope differently than other ethnicities with their grief. This quantitative descriptive and correlational study used theoretical foundations of coping and Africentricism to examine the coping styles of AA FMHVs and their relationships to time since homicide and relationship to victim, two understudied factors. A demographic and homicide-specific questionnaire and the Africultural Coping Systems Inventory measuring four types of coping were administered. The 149 participants were members of a FMHV support group in a U.S. southeastern high-crime, low-income urban community. Of the sample, 93.3% were women (mean age 45.6) and 75.8% were single. Time since homicide ranged between -1 to 16+ years (mean almost 4). One third had lost a child and almost one fourth a cousin to homicide. Results indicated that participants used cognitive-emotional and spiritual-centered coping most frequently. Significant correlations were found between time since homicide and relationship to victim for all four coping strategies. Findings should prompt further research and provide information toward more effective interventions by healthcare and criminal justice system professionals to help this underserved population.

Introduction

In the last decade, Africn Americans have been subjected to loss from homicide up to 10 times more than other ethnic groups (Green & Roberts, 2008; Harrell, 2007; Kochanek, Murphy, Anderson, & Scott, 2004). In 2010, the year of most current statistics, of the 12,996 murder victims for which supplemental data were received, most were male, 77.4%, and 50.4% were African American (U.S. Department of Justice, 2011). Of the offenders for whom gender was known, 90.3% were men and 53.1% of the men who committed the murders were African American (U.S. Bureau of Justice Statistics, 2011; U.S. Department of Justice, 2011).

The number of "covictims" (as survivors are often referred to [Armour, 2002a, p. 109]) is necessarily higher than that of the homicide victims themselves; one estimate is 6 to 10 family members for every homicide (Condry, 2011). Yet little attention is paid to these secondary victims (Condry, 2011). The criminal justice system has been inadequate in responding to covictims, especially African Americans (Armour, 2002a, 2002b; Laurie & Neimeyer, 2008; Thompson, 2007). The effects of their grief often last for many years (Gross, 2007; Sharpe, 2007).

African American family members of homicide victims (FMHV) may grieve and cope with their grief differently from other ethnic groups (Rosenblatt & Wallace, 2005). An Africentric cultural viewpoint, beliefs, and values may influence their grieving and coping in contrast to the modes of covictims of other ethnicities (Burke, Neimeyer, & McDevitt-Murphy, 2010; Laurie & Neimeyer, 2008; Neimeyer & Burke, 2011; Sharpe, 2007). Despite such coping, research has revealed that African American FMHVs may experience higher levels of complicated grief than Caucasian counterparts (Laurie & Neimeyer, 2008).

Few studies have been conducted on culture-specific coping among African Americans, and how their coping strategies may be more effective than more traditional strategies in facing traumatic experiences. Further, few studies have explored WORD culture-specific coping among AA FMHV.

Study Purpose

To advance understanding of the coping strategies of AA FMHVs, this cross-sectional descriptive and correlational study was conducted with a sample of secondary victims in an urban support group to determine the prevalent ways they cope with their grief. A culture-specific instrument was used, the Africultural Coping Systems Inventory (ACSI; Utsey, Adams, & Bolden, 2000; Utsey, Bolden, Lanier, et al., 2007; Utsey, Brown, & Bolden, 2004). The ACSI has four domains of coping: Cognitive/Emotional Debriefing, Spiritual-Centered, Collective-Centered, and Ritual-Centered (Utsey et al., 2000, 2004). Also investigated were two homicide-specific variables: whether the different modes of coping were significantly related to time since family member's death and to the FMHV's relationship to the victim. Both of these variables have received little research attention or contradictory results in relation to the coping of AA FMHVs (Amick-McMullan, Kilpatrick, & Resnick, 1991; Laurie & Neimeyer, 2008; McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2011; Rynearson & McCreery, 1993; Sharpe, 2007). Findings of this study may add to the sparse literature on how AA FMHVs cope with their grief as well as provide understanding and information to developers of programs designed to help AA FMHV deal with trauma and grief.

Theoretical Framework

Coping Theory

Coping refers to individuals' cognitive, emotional, and behavioral efforts to overcome, tolerate, or reduce external and internal demands and conflicts they experience (Lazarus, 1993). Coping theory posits that individuals use mental, emotional, and behavioral strategies to deal with the external and internal stresses and demands of traumatic events (Lazarus, 1993; Lazarus & Folkman, 1984). Coping may focus on changing external events and/or ameliorating emotions causing the stress (Lazarus & Folkman, 1984; Sharpe & Boyas, 2011).

Secondary homicide victims may suffer special stressors because of the nature of the crimes against their relatives and may not be sufficiently prepared for coping (Thompson, 2007). African American secondary victims may have specific strategies for dealing with the trauma of the event (Utsey, Giesbrecht, Hook, & Stanard, 2008). The few studies on African Americans and African American secondary victims have shown their unique coping strategies (Sharpe, 2008; Sharpe & Boyas, 2011; Utsey, Bolden, Williams, et al., 2007; Utsey et al., 2008).

Africentric Theory

Africentric theory posits that African Americans have different values and perceive life and problems differently from Anglo Americans (Rosenblatt & Wallace, 2005; Utsey, Bolden, Lanier, et al., 2007). In contrast to an Anglo European worldview, the Africentric worldview has different touchstones and focus, emphasizing culture-specific traits, supports, and beliefs (Utsey et al., 2000). The Africentric worldview is surmised to have aided Africans in their emergence from slavery and attendant hardships. This worldview encompasses philosophic assumptions, principles, values, beliefs, and behavior different from those of Anglo Americans (Asante, 1998; Belgrave & Allison, 2009).

Africentric theory emphasizes the importance and closeness of the family unit and extended family; a belief in spirituality and a force greater than the individual; and collectivism, or emphasis on cooperation. Africentric values include a time orientation of equality and flexibility, that is, same importance to the past, present, and future; and orality, a preference for receiving of stimuli and information verbally rather than in written form. With reference to the present study, given these values, the few studies on African American FMHVs indicate they may cope with the grief of losing a relative to homicide differently from Anglo Americans (Laurie & Neimeyer, 2008; Sharpe & Boyas, 2011).

Literature Review

Coping of African American Family Members of Homicide Victims

African Americans may cope with grief in different ways from those of other ethnicities and may be influenced by the Africentric worldview for handling their grief (Burke et al., 2010; Laurie & Neimeyer, 2008; Sharpe & Boyas, 2008; Utsey et al., 2000, 2008; Utsey, Bolden, Lanier, et al., 2007). Further, AA FMHVs may deal with the traumatic aftermath of homicide with inadequate coping skills and thus be more at risk for complicated mourning (Laurie & Neimeyer, 2008; Miller, 2009a).

Utsey, Bolden, Lanier, et al. (2007) studied 361 African Americans from two Northeastern urban high-poverty and high-risk areas to determine how culture-specific coping influenced resilience and quality of life. Although this study did not deal specifically with AA FMHVs' grief, the findings are nevertheless instructive for African American coping with traumatic events. The ACSI and other instruments measuring stress and stressful events were used.

Multiple regression findings indicated that culture-specific coping, especially spiritual-centered and collective-centered coping (two domains of the ACSI) and quality of life were positively and significantly related. That is, when culture-specific coping was high, higher quality of life scores were predicted. All factors, especially spiritual-centered coping, were higher than traditional factors, such as family support and cohesiveness. However, several limitations were present in this study. As Utsey et al. (2007) noted, the cross-sectional correlational design precluded conclusions of causality among the variables. Many cases had missing data, and the sample was not random and was from only the Northeastern United States.

With specific regard to coping skills of AA FMHVs, in a sample of 44 AA individuals from victim support groups, mental health and community agencies, and social networks, with equal representation of men and women, Sharpe (2007) found that spiritual-centered coping (mean 13.61) was the most used of the four ACSI strategies. Participants used cognitive/emotional debriefing moderately (mean 13.14), collective-centered coping moderately (mean 12.40), and ritual-centered coping least often (mean 1.69). Thus, spiritual-centered coping was the strategy Sharpe's respondents used primarily.

Sharpe's (2007) study had several limitations, especially the small sample size ($N = 44$). Additionally, the study lacked a comparative sample of FMHVs of other ethnicities, which could add to understanding of coping across cultural groups. The majority of survivors were cousins, and generalizations cannot be made to other surviving family members. Sharpe also pointed out that the ACSI has been primarily used to measure the handling of stressful events for African Americans, and not traumatic events such as a family member's homicide. Sharpe thus called for an appropriate tool to measure AA FMHVs' coping behaviors.

Burke, Neimeyer, McDevitt-Murphy, Ippolito, and Roberts (2011) conducted a longitudinal study at 6 months apart specifically investigating positive and negative spiritual coping strategies of AA FMHVs, recruited from the support and advocacy group Victims to Victory, in an urban area in the South. Negative spiritual coping is characterized by anger toward God and spiritual community, feelings of spiritual abandonment, questioning of God's power, and attributions of outcomes to evil forces. Positive spiritual coping is characterized by an ongoing sense of spirituality, belief that life has meaning, feelings of security in relationship with God, and feelings of connectedness spiritually with others (Burke et al., 2011; Pargament, Smith, Koenig, & Perez, 1998).

A total of 46 AA FMHVs participated, with most female, 89.1%. More than the majority, 58.7%, were mothers; 15.2% were extended family members; and 10.9% were spouses. Time since loss ranged between 1.1 month and 58.3 months (Burke et al., 2011). Results of administration of a complicated grief measure and a spiritual coping measure (Pargament et al., 1998) indicated that at both time points, negative religious coping was significantly related to symptoms of complicated mourning. Positive religious coping, however, was found nonsignificant at both time points. This study was limited by a relatively small sample size (N = 46) and the use of only two assessments over time that precluded more sophisticated statistical analyses that may have revealed greater understanding of the relationship between and among variables. Further, only one instrument was used to measure religious coping (Pargament et al., 1998), which is an acknowledged multidimensional concept. Finally, the assessments were self-reports, which may have limited reliability (Holtgraves, 2004).

Coping of African American Family Members and Relationship to Time Since Homicide

The time since victim's death has been studied widely in bereavement literature in relation to its effects on grief and abnormal symptoms. The results have been mixed, however, with both significant and nonsignificant relationships found between time and extent of grief (Amick-McMullan et al., 1991; McDevitt-Murphy et al., 2011; Rynearson & McCreery, 1993). Further, no studies located have used the ACSI in relation to study of AA FMHVs' coping and time since the homicide. In the single study on coping and time since homicide reviewed above, Burke et al. (2011) found no significant relationships of time since loss to positive or negative spiritual coping at either of the two time periods studied. Thus, the current study may make a significant contribution to the literature on AA FMHVs and their coping strategies.

Coping of African American Family Members and Relationship to Victim

Relationship to the victim has been less studied than other homicide-specific variables, although some researchers have found the relationship significant in the extent of grief and degree of coping of survivors (Laurie & Neimeyer, 2008; Sharpe, 2007). Closer relationships indicated more prolonged and complicated grief (Burke et al., 2010).

Laurie and Niemeyer (2008) studied African American and European American participants with regard to grief and loss of immediate family members, with 11.6% of African Americans having lost a family member to homicide, compared to 2.4% of European Americans. Participants of both ethnicities who had lost immediate family members had significantly higher scores on a grief instrument than those who had lost extended family or friends, regardless of ethnicity. However, African Americans appeared to grieve more on losing extended family members than did European Americans.

The limitations present in this study included a sample of primarily college students (78% between 18 and 21 years of age), and approximately three fourths women. Further, socioeconomic status was not requested, and the measure used, the Inventory of Complicated Grief-Revised (Prigerson et al., 1995) had been tested on a primarily Caucasian sample. Thus, the construct of grief measured may have reflected Caucasians' experiences of grief rather than those of other ethnicities. Finally, a measure of religious coping with grief was absent, which, as the authors noted, "is a resource on which many grieving African Americans rely" (p. 188).

McDevitt-Murphy et al. (2011) used a sample of participants from a support group in which 56% were mothers of homicide victims. However, the researchers found no statistically significant differences between mothers and other participants on symptoms of complicated grief.

In the single study investigating with use of the ACSI investigating AA FMHVs' coping And relationship to victim, Sharpe (2007) found that the connection to the victim was positively related to all four coping subscales: cognitive/emotional debriefing (r = .54), spiritual (r = .47), collective (r = .36), and ritual (r = .36). These relationships indicated that FMHVs who were closer to the victim used these coping strategies more than those who were less close to the victims.

Method

A nonprobability convenience sampling method was used of FMHVs in a single survivor support organization for family members of homicide victims, Family Members of Murder Victims (FMMV; name changed for confidentiality). This organization is located in a city in southeast Florida which experiences high homicide rates yearly (Florida Department of Law Enforcement, 2011; U.S. Bureau of Justice Statistics, 2011; U.S. Department of Justice, 2011).

Almost all members are African American and female, with the majority of low-income socioeconomic status. The total murders experienced by the members at the time of the study were 140, of which 135 victims were male and 15 were female. The age range of 20 of the victims was 0 to18 and of 120 of the victims 19 to 30.

Although the FMMV members totaled approximately150, the total family members affected by the murders were approximately 1,000 (president, personal communication, February 9, 2012). The research site was chosen on the model of the studies by Burke et al. (2011) and Neimeyer and Burke (2011), who sampled members of a single support-group organization, Victims to Victory, a group which serves survivors of homicide victims in a large Southern city. Participation was voluntary, and recruitment took place at one of the group's bimonthly meetings. The researcher was introduced by the president, explained the study purpose and involvement, invited participation, and enumerated the criteria: between 18 and 65 years of age, African American, experienced a family member's death by homicide, and belong to the survivor support group.

Interested members were supplied an informed consent form and the researcher's contact information. Members not in attendance were emailed the study information by the president. Potential participants contacted the researcher, who administered the instruments individually at mutually convenient private locations.

Instruments

The Demographic Questionnaire was derived from Sharpe's (2007) instrument and included 10 items of general demographic information (e.g., gender, marital status, educational level) and 13 items of situational homicide-specific information (e.g., time since victim's death, participant's age at death, relationship to victim). For the time since victim's death, participant's

age at the death, and victim's age at death, participants were asked to insert the number of years and months at the time of survey completion. For relationship to victim, seven choices were supplied (spouse, parent, child, sibling, aunt/uncle, cousin, other). Relationships were converted to scale values, with lower numbers indicating closer relationships: 1 = Child, 2 = Spouse, 3 = Parent, 4 = Sibling, 5 = Aunt/Uncle, 6 = Cousin, 7 = Other.

For victim's gender, participants were asked to check one gender. For the general demographic results, frequencies and percentages were calculated. For the homicide-specific information, frequencies, percentages, and correlations of the relationship of the ACSI to time since homicide and relationship to victim were calculated.

The Africultural Coping Systems Inventory (ACSI; Utsey et al., 2000, 2004; Utsey, Bolden, Lanier, et al., 2007), reflecting the Africentric worldview, is a 30-item Likert-type self-report instrument created to measure how African Americans cope with stressful events. The ACSI has been used for measuring stress of various types in this population (Colbert, Jefferson, Gallo, & Davis, 2009; Constantine, Wilton, Gainor, & Kewis, 2002; Utsey et al., 2008) as well as studies involving how survivors of homicides cope with the event (e.g., Sharpe, 2007, 2008; Sharpe & Boyas, 2011).

The ACSI measures responses on four subscales to indicate the extent of African Americans' coping strategies: (a) Cognitive /Emotional Debriefing, an adaptive reaction to environmental stressors which stemmed from long racial oppression; (b) Spiritual-Centered coping, which draws on resilience from experience of a sense of harmony with the universe; (c) Collective-Centered coping, in which resolution and comfort are sought from others or a group; and (d) Ritual-Centered coping, which entails the performance of particular rituals to maintain a spiritual balance (Utsey et al., 2004). The ACSI is measured on a 4-point Likert-type scale (0 =

Did not use, 1 = *Used a little* , 2 = *Used a lot* , 3 = *Used a great deal*). All items are summed to create a measure of coping. The original study by Utsey et al. (2000) reported a Cronbach's alpha of .90 for the total scale, and a later study (Utsey et al., 2004) reported Cronbach's of .71 to .80 on the four subscales and a goodness of fit of .89, with low intercorrelations among the four subscales (Utsey et al., 2000).

Data Collection

Data were collected by the researcher's individual private administration at convenient locations. Informed consents were provided and participant protections explained. Participants were also advised they might feel some discomfort in responding to the items as they remembered their relatives' homicides and their own reactions. The researcher urged participants to inform him of such discomfort and request withdrawal, if they chose. He also provided a resource sheet listing local low- or no-cost telephone and in-person community counseling services. While participants completed the instruments, the researcher waited outside the room so as not to bias responses but remained available for questions or reports of discomfort.

Data Analysis

After data cleaning and recording of missing items, analyses were performed with the IBM SPSS 19 software package for frequencies and percentages of the Demographic Questionnaire responses and the means, standard deviations, and ranges of the ACSI subscales. Pearson product-moment correlations were performed for possible significant correlations between ACSI subscales and the selected homicide-specific variables of time since homicide and participant's relationship to victim.

Results

General Demographic Characteristics of the Sample

Of the total population of 151 members of FMMV at the time of data collection, 149 participated, response rate 98.7%. All were African American, a criterion of participation. Of the participants, 93.3% were female and 6.7% were male. The highest age range was 51-60 years, mean age 45.6. Most members were single, 75.8%, and the highest percentage, 40.3%, had an income level between $20,001 and $30,000. A total of 65.1% had a high school diploma, and 74.5% were employed full-time (Table 1).

With regard to religious/spiritual affiliation and practices, more than the majority stated they were Baptist, 63.1%, followed by Christian, 13.4%, and no response, 13.4% each. Most of the participants said they did not participate in spiritual/religious practices, 95.3%. Of those who did, the highest percentage, 1.4%, designated their participation was in church. All others at .7% each (total 3.3%) specified related activities, such as Bible study, singing with the group, prayer meetings, and missionary meetings (Table 1).

Homicide-Specific Characteristics of the Sample

Table 2 shows the participants' homicide-specific characteristics. For the highest percentage, 29.6%, the time since the family member's death was between 1 year and 1 year, 11 months, followed by between 2 years and 2 years, 11 months, with the mean time 47.67 months. Participants' age at the family member's death was between 41 and 50 for 32.9% of participants. For more than one third of participants, 38.3%, the deceased family member was their child, followed by a cousin, 21.5%. For the vast majority of participants, 95.3%, the victim was male. For over one third of participants, 36.2%, the victim's age was between 22 and 30, followed by 28.2% between 18 and 21 years of age, mean age 26.7.

Table 1

General Demographic Characteristics of the Sample (N = 149)

Characteristic	Number	Percent
Gender		
Female	140	93.3
Male	9	6.7
Age Range		
20-30	25	16.8
31-40	17	11.4
41-50	38	25.5
51-60	54	36.2
61 and older	10	6.7
Marital Status		
Single	113	75.8
Married	27	18.1
Widowed	2	1.3
Divorced/Separated	6	4.0
Income Level		
Below $10,000	16	10.7
$10,001-$20,000	34	22.8
$20,001-$30,000	60	40.3
$30,001-$40,000	24	16.1
Educational Level		
Less than high school	17	11.4
Some college	26	17.4
College degree	7	4.7
Master's degree or more	2	1.4
Employment Status		
Full-time	111	74.5
Part-time	11	7.4
Unemployed	15	10.1
Retired	6	4.0
Student	1	.7
Religious/Spiritual Affiliation		
Baptist	94	63.1
Methodist	7	4,7
Pentecostal	6	4.0
Christian	20	13.4
Other	2	1,4

No response	20	13.4
Participation in Spiritual/Religious Practices		
Yes	7	4.7
No	142	95.3
Types of Participation		
Church	2	1,4
Other (Bible study, singing, prayer meetings, missionary meetings)	5	3.3

Note. Missing data as follows: Age, *n* = 5, 3.4%; Marital status, *n* = 2, .7%; Income, *n* = 10, 6.7% ; Employment status, *n* = 5, 3.4%.

Table 2

Homicide-Specific Characteristics of the Sample (N = 149)

Characteristic	Number	Percent
Time Since Family Member's Death (to nearest month)		
Less than 1 year	1	.7
1 year-1 year, 11 mos.	44	29.6
2 years -2 years, 11 mos.	31	20.8
3 years -4 years, 11 mos.	25	16.8
5 years -6 years, 11 mos.	18	12.1
7 years -8 years, 11 mos.	15	10.0
9 years -11 years, 11 mos.	12	8.1
15 years -16 years, 11 mos.	3	2.1
Participant's Age at Family Member's Death		
Less than 18-21	21	14.1
22-30	16	10.7
31-40	19	12.8
41-50	49	32.9
More than 50	34	22.8
Relationship to Victim		
Child	57	38.3
Cousin	32	21.5
Aunt/Uncle	16	16.0
Sibling	23	15.4
Spouse, Parent, Other (close extended family)	20	16.1
Victim's Gender		
Women	5	3.4
Men	142	95.3
Victim's Age at Death		
Less than 18	13	8.7
18-21	42	28.2
22-30	54	36.2
31-50	21	14.2
More than 50	2	1.4

Note. Missing data as follows: Participant's age at family member's death, n = 10, 6.7%; Relationship to victim, n = 1, .7%; Victim's gender, n = 2, 1.3%; Victim's Age at Death, n = 11, 7.4%.

Results: Descriptive Results of Coping Strategies

The descriptive results for the four ACSI subscales are shown in Table 3. Participants primarily used two of the four coping strategies, the Cognitive/Emotional Debriefing and Spiritual-Centered coping strategies. The total possible range for the Cognitive/Emotional Debriefing strategy is 0-33. The mean of 17.26 indicated that these respondents used this coping strategy more than a little (11) and less than a lot (22). The total possible range for the Spiritual-Centered strategy is 0-24. The mean of 17.17 indicated that these respondents used this coping strategy more than a lot (16) and less than a great deal (24). Both strategies were used more than a lot and less than a great deal (Cognitive/Emotional M = 17.26; Spiritual-Centered M = 17.17).

Collective-Centered coping was used next frequently. With a total possible range 0-24, the mean of 16.23 indicated that these respondents used this coping strategy more than a lot (16) and less than a great deal (24). Ritual-Centered coping was used least. With a total possible range of 0-9, the mean of 3.93 indicated that these respondents used this coping strategy more than a little (3) and less than a lot (6).

The ACSI Cronbach's alpha for this study was .96. With the acceptable minimum of Cronbach's alpha .70 (Christmann & Van Aelst, 2006), the current alpha values indicate high reliability and internal consistency.

Results: Relationship of Coping Strategies to Time Since Homicide

Correlations for the relationship of the ACSI coping strategies to time since the family member's death was found to be significant for all four subscales of the ACSI ($p < .01$), as Table 4 shows. The time since death varied from less than 1 year to almost 17 years, with the highest percentages almost 2 years, 29.6%, and almost 3 years, 20.8%. The mean time was almost 4 years (Table 2). Nevertheless, as Table 4 shows, the relationship of participants' coping strategies to time since homicide was significant across all subscales of the ACSI.

Table 3

Participants' Use of the Four ACSI Coping Strategies

Coping Strategy	Mean	Standard Deviation	No. of Items	Range
Cognitive/Emotional Debriefing	17.26	10.49	11	0-33
Spiritual-Centered	17.17	3.92	8	0-24
Collective-Centered	16.23	5.28	8	0-24
Ritual-Centered	3.93	3.29	3	0-9

Table 4

Relationship of ACSI Coping Strategies to Time Since Homicide

ACSI Subscale	Time Since Homicide	
	r	*p*
Cognitive/Emotional Debriefing	.384	.000*
Spiritual-Centered	.335	.000*
Collective-Centered	.389	.000*
Ritual-Centered	.338	.000*

*$p < .01$ (2-tailed).

Results: Relationship of Coping Strategies to Relationship to Victim

Correlations for the relationship of the ACSI coping strategies to relationship to the victim were found to be significant for all four subscales of the ACSI ($p < .01$), as Table 5

shows. The most frequent relationships were that of child, 38.3%, which was also the closest relationship on the scale of values, and cousin, 21.5%, which was sixth closest relationship on the scale of values. The least frequent relationships in the sample were aunt/uncle, sibling, spouse, parent, and other, from 15.4% to 16.1 (Table 2). However, as Table 5 shows, the relationship of participants' coping strategies to relationship to victim was significant across all subscales of the ACSI.

Table 5

Relationship of ACSI Coping Strategies to Relationship to Victim

	Relationship to Victim	
ACSI Subscale	*r*	*p*
Cognitive/Emotional Debriefing	.665	.000*
Spiritual-Centered	.492	.000*
Collective-Centered	.541	.000*
Ritual-Centered	.579	.000*

*$p < .01$ (2-tailed).

Discussion

Data analysis revealed that two of the four coping strategies were used primarily by the participants. These were the Cognitive/Emotional Debriefing and Spiritual-Centered coping strategies. Both strategies were used more than a lot and less than a great deal (Cognitive/Emotional $M = 17.26$; Spiritual-Centered $M = 17.17$; Table 3).

These findings are interesting in relation to those of previous studies with the ACSI and African American participants, although specific direct comparisons cannot be made because of

different purposes. Utsey, Bolden, Lanier, et al. (2007) found with African Americans from high-risk urban areas, although not FMHVs, that the ACSI spiritual and collective coping domains were significantly related to quality of life. All of the ACSI domain scores, and particularly spiritual coping, were higher than traditional factors (such as family cohesiveness).

With AA FMHVs, Burke et al. (2011) found that at baseline and 6 months negative spiritual coping was significantly related to symptoms of complicated mourning, and at both time points positive spiritual coping was found nonsignificant. Although the Burke et al. (2011) study did not use the ACSI, the results are instructive in terms of the types of coping used by AA FMHVs in relation to grief. In the present study, negative religious coping was not explored. However, the positive religious mode of Spiritual-Centered coping was one of the two modes most often used by present participants in handling their grief.

Similar to present results, Sharpe (2007) found with AA FMHVs that Spiritual-Centered coping was the most used of the four strategies, followed by Cognitive/Emotional coping. Sharpe's means were all lower than those of the present study, but the distribution of coping was similar. Collective-Centered coping was third most frequently used, and Ritual-Centered was least used. Thus, present results were congruent with those of Sharpe relating to AA FMHVs' culture-specific coping modes.

Further, of Sharpe's (2007) participants, 25.8% reported they used prayer and 41.5% reported using a combination of prayer, church attendance, and Bible study. In contrast, most present participants, 95.3%, indicated that they did not participate in spiritual/religious practices. With this magnitude of response, it is somewhat puzzling that the results showed that Spiritual-Centered coping was one of the two most frequently used strategies.

With regard to time since homicide, in contrast to present results, Sharpe (2007) found no significant correlations between time since homicide and any of the ACSI subscales. Regarding relationship to victim, however, although the majority of Sharpe's respondents had lost cousins in contrast to the present participants' loss of children, Sharpe's findings concurred with the current ones: relationship to victim was positively significantly related to all four ACSI scales. That is, in the present study, whatever the relationship to the victim, FMHVs used all of the coping strategies. Additional studies should examine the degree of closeness to victim in relation to the ACSI coping strategies. Nevertheless, present study results corroborate AA FMHVs' use of spiritual-centered coping found by various previous studies. Moreover, the significant relationships found between all ACSI modes of coping and time since homicide and relationship to victim contribute to the sparse literature on the importance of culture-specific coping to deal with the death by homicide of a family member.

Limitations

As with all studies, several limitations are acknowledged for this study. The study shares limitations with previous research on AA FMHV, reviewed above. The geographical range was narrow, one urban southeastern city, similar to studies of Utsey et al. (2007), and the sampling frame was not random. like that of Utsey et al. (2007), encompassing only members of FMMV. In addition, 100% of the sample was African American and 90% were women. In Burke et al. (2001), Laurie and Neimeyer (2008), and McDevitt-Murphy et al. (2011), the majority of participants were also women. As with much survey research, social desirability was also a limitation (Kuncel & Tellegen, 2009) because of the use of the self-report, similar to the studies by Burket et al. (2011) and Sharpe (2007). This factor was minimized by the researcher's

informing participants that there were no "right" answer and that their responses were kept anonymous.

Like the study by Utsey et al. (2007), the present study was cross-sectional with a correlational design. This design precluded conclusions of causality among the variables as well as more sophisticated statistical procedures to investigate other variables. Further, the ACSI was designed expressly for African Americans (Utsey et al., 2000, 2004), although Sharpe (2007) observed that the ACSI was designed for stressful rather than traumatic events experienced by African Americans. Nevertheless, the present study may be the first to utilize the ACSI with AA FMHVs.

These limitations indicate that the results may not be generalizable AA FMHV in other geographic areas or to other support groups. However, the results may be generalizable to similar populations, especially of African American women FMHVs in similar high-crime urban areas. In any case, the limitations indicate the need for further research in this important area.

Recommendations for Further Research

This study may be considered one of the first to investigate AA FMHVs coping with regard to the traumatic event of their family member's homicide. Sharpe (2007) called for more of such studies. Further quantitative research could explore the relationships of the four coping strategies of the ACSI to both demographic and homicide-specific variables (Burke et al., 2011), especially with regard to religious/spiritual practices, time since homicide, and relationship to victim. Studies could also investigate the relationships and levels of closeness to victim to use of the ACSI coping strategies. Further, studies should be conducted with samples from support groups and communities in other urban and rural areas with more equal participants of both genders as well.

Qualitative studies could supplement quantitative results (Armour, 2002b; Pretorious, Halstead-Cleak, & Morgan, 2010; Sharpe, 2008). Sharpe (2007) used a mixed method and Sharpe and Boyas (2011) reported on qualitative findings of AA FMHVs. Members of support groups could be invited to participate in such studies to reveal their experiences as AA FMHVs (Burke et al., 2010; Laurie & Neimeyer, 2008).

For the study of coping with a non-African American sample of FMHVs, a coping instrument measuring similar strategies to the ACSI could be utilized. Results could be compared for additional information on possible or actual differences in grief levels and coping of non-African American and African American FMHVs.

Implications

The findings of this study have the potential to inform many groups that aid AA FMHVs. Study results of the coping modes of AA FMHVs could aid support group leaders and helping professionals such as social workers, counselors, psychiatrists, psychologists, clergy, and leaders of African American organizations in the education and training of AA FMHVs in various coping effective methods. Interventions could be designed relative to the primary coping strategies found for AA FMHVs.

Criminal justice professionals, including prosecuting and defense attorneys, paralegals, advocates, police officers, medical examiners, and judges, could also utilize the study results. As noted earlier, researchers have observed that the criminal justice system has minimal resources to help AA FMHVs (Bucholz, 2002; Burke et al., 2010; Condry, 2011; Karman, 2009). Thus, study results can guide agencies affiliated with the criminal justice system, such as the National Center for Victims of Crime, Offices of Victim Advocacy, witness assistance programs, law enforcement departments, court advocacy services, and social work agencies, in the development

and implementation of intervention programs and individual and group treatments to address grief and teach effective coping skills (Colbert et al., 2009; Hertz, Prthrow-Stith, & Chery, 2005).

For citizen organizations, implications for practice are also important. Such organizations as school mental health programs and curricula, neighborhood church boards, civic organizations, and African American community organizations would find the study results enlightening. Results could help them create materials for knowledge and awareness of the special needs of AA FMHVs, disseminate helping resources, and offer programs for AA FMHVs themselves and their families (Laurie & Neimeyer, 2008; Miller, 2009b).

Both private and nonprofit organizations for FMHV throughout the nation should benefit as well from study results. These organizations include but are not limited to Citizens Against Homicide (California), Families of Murder Victims (Nevada), Families of Homicide Victims and Missing Persons (Colorado), Homicide Survivors (Arizona), Justice for Homicide Victims (California), Parents of Murdered Children (national, headquarters Ohio), Survivors of Homicide (Connecticut), and Victims to Victory (Tennessee). As with the other groups mentioned, study results could help these organizations offer special programs for AA FMHVs based on the most utilized and culture-specific coping strategies. Such tailored programs could help AA FMHVs to handle their grief with broader coping skills, decrease the intensity of their grief and move forward in their lives.

Conclusions

The present AA FMHV sample utilized Cognitive/Behavioral Debriefing and Spiritual-Centered coping most often of the four ACSI coping strategies. The high use of Spiritual-Centered coping may not be surprising for African Americans, because previous studies have

documented extensive use of religious/spiritual practices (Burke et al., 2011; Sharpe, 2007; Utsey, Bolden, Lanier, et al., 2007). In addition, Sharpe's (2007) results showed, like those of the present study, almost equal use of Cognitive/Emotional Debriefing. Given these results, these two coping modes should be more widely investigated and utilized in programs for AA FMHVs.

The suffering of AA FMHVs and the effects of the murder of their family member are as traumatic and genuine as those of any other group (Green & Roberts, 2008). Perhaps the current study can serve as another of the few investigations into AA FMHVs' coping strategies in the face of trauma and grief. AA FMHVs deserve equal attention and consideration from research scholars, healthcare professionals, criminal justice system professionals and agencies, and legislative bodies. Such interest and respect should lead to effective individual and group interventions and programs to help to lessen the grief of African American family members of homicide victims.

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