SUPPORT GROUP EXPERIENCES OF FAMILY MEMBERS OF HOMICIDE VICTIMS

by

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Abstract

Support groups for individuals who have lost a family member to homicide can be extremely beneficial and comforting. However, few studies have been conducted on the effects of these groups on secondary victims of family homicides, and the results have been contradictory. This descriptive phenomenological qualitative study sought to determine the perceptions and insights of family members of homicide victims (FMHVs) on their support group experiences. Participants were recruited from four support group organizations and emailed a demographic and homicide-specific survey and a qualitative instrument of 12 open-ended questions. Fourteen secondary victims completed the surveys, primarily female and Caucasian. Four themes were identified: The Grief Never Goes Away, The Group Is a Lifeline and Solace, The Group Has Some Negatives, and Caring and Sharing. Findings should help support groups and healthcare and justice system professionals recommend resources and implement programs to help family members of homicide victims handle their grief.

Introduction

The number of reported murders in the United States totaled 14,827 in 2012 (latest statistics), a 1.1% increase over the previous year (U.S. Federal Bureau of Investigation, 2013b). In 30.2% of these homicides, the victims were murdered by an individual known to them, such as an acquaintance, neighbor, friend, boyfriend, or girlfriend, and family members murdered 12.5% of these victims (U. S. Federal Bureau of Investigation, 2013a).

However, these statistics are only of reported crimes, and no records are kept of the "covictims" (Armour, 2002a, p. 109) or secondary victims who are family members of homicide victims (FMHV). The number is estimated at 6 to 10 family members for every homicide (Condry, 2011). Yet little attention is paid to these secondary victims (Baliko & Tuck, 2008;

Condry, 2011). They are at risk for depression, post-traumatic stress, and complicated mourning (Amick-McMullan, Kilpatrick, & Resnick, 1991; Armour & Umbreit, 2007; Davis, Lurigio, & Herman, 2012; Laurie & Neimeyer, 2008). Complicated grief is generally a prolonged, intense mourning that can interfere with daily functioning and can last for many years (Bucholz, 2002; Malone, 2007; Rando, 1993).

The criminal justice system has been inadequate in responding to covictims, although various kinds of informal help, including local and national support groups, exist both locally and nationally (; Doka, 2014; Graham, 2009; Jordon & McIntosh, 2011; Laurie & Neimeyer, 2008; Thompson, 2007).

Support group attendance has often been recommended for FMHVs (Miller, 2009b; Shulman, 2012). As Murphy (2000) observed, among bereavement professionals "no gold standard" of services exists that eases bereavement (p. 585). However, lay support groups have served important roles. From the earliest stages of the homicide for as long as survivors feel necessary, support groups are widely acknowledged to help survivors mitigate the loss (Graham, 2009; Neimeyer & Burke, 2011). Support group members who have adjusted as much as possible to their losses may guide new members through the processes and offer them the hope that the pain will lessen (Feigelman & Feigelman, 2008; Saindon, 2011).

Support groups may meet regularly at intervals such as weekly or monthly. They may have auxiliary activities such as sponsored lectures and prayer vigils, commemorative services and community and fundraising events such as potlucks, and publications and DVDs (Saindon, 2011). All such activities serve not only to bond members in more meaningful ways but to increase community awareness of the prevalence of homicide and suffering of the FMHV (Miller, 2009a; 2009b; Neimeyer, Prigerson, & Davies, 2002).

However, literature on the efficacy of support groups has been sparse, and the results mixed. This study was conducted with a sample of secondary victims in four support group organizations with the purpose of determining their perceptions and insights on their group experiences. Results may aid in the services offered by support groups and the design of interventions to help FMHVs deal with their losses.

Literature Review

Secondary victims have received little research attention (Armour, 2002a, 2002b; Baliko & Tuck, 2008; Condry, 2001; Laurie & Neimeyer, 2008; Thompson, 2007), and the research on support groups has been contradictory (Asaro, 2001; Larson & Hoyt, 2009; Miller, 2009b; Saindon, 2011; Schut & Stroebe, 2010). On the one hand, homicide survivors may feel comforted and safer in support group environments. The group environment of others who have experienced similar traumas may provide members a refuge in the sharing of experiences and feelings and relieve their profound loneliness (Graham, 2009; Miller, 2009b; Saindon, 2011; Sharpe, Joe, & Taylor, 2012). New members may gain inspiration in observations of relatively normal functioning of older members. In a qualitative study with 38 primarily European American participants who had experienced the homicide of a family member, Armour (2002b) reported that in support groups some participants "felt received . . . they didn't have to meet anyone else's agenda but their own" (p. 376).

On the other hand, some survivors may "find they feel worse *after* attending group, because they are actively dealing with the feelings and issues that surround the trauma and the loss" (Asaro, 2001, p. 121). The group focuses on bereavement and loss associated with homicide, and studies have found that intervention and control groups actually hamper the healing and readjustment (Larson & Hoyt, 2009; Schut & Stroebe, 2010; Stroebe, Hansson,

Schut, & Stroebe, 2008). In other studies, mutual support has not significantly reduced depression, anxiety, or post-traumatic stress disorder (PTSD) among members (Armour & Umbreit, 2007; Schut & Stroebe, 2010). Such results indicate the need for further study of support groups for homicide survivors.

Many studies have been conducted on support groups for family members of suicide victims (e.g., Fiegelman & Fiegelman, 2008; Jordan & McIntosh, 2011), although the need still exists for research to assess their effectiveness (Cerel, Padgett, Conwell, & Reed, 2009). The research situation is similar with homicide survivors' support groups. Fewer studies have been conducted on any aspect of support group attendance than on other factors of FMHVs' grief (Thompson, 2007).

A review of 61 studies on bereaved individuals by Currier, Neimeyer, and Berman (2008) included 35 studies on violent loss and 25 studies with a majority of European American participants. The support group interventions included formal and informal means, from psychotherapy and counseling to informal family support, some with control groups. A total of 17% of the studies were of professionally organized support groups. Analyses of the effect sizes of the interventions over time showed that immediately after intervention participants demonstrated a small but statistically significant effect. However, at succeeding follow-ups, no effect differences were shown among participants in the various types of groups.

A subsequent study by Neimeyer and Currier (2009) utilized the same studies as the Currier et al. (2008) study for greater differentiation of effects. Although with many different theoretical bases, samples, and intervention modalities, all the studies focused on interventions to ameliorate the grief of a significant loss and support "problem solving for how to adapt to a

changed life" (Neimeyer & Currier, 2009, p. 353). The weeks of intervention varied from 1 to 36, mean 8.7, and the number of sessions varied from 1 to 30, mean 7.7 (Currier et al., 2008).

Findings of Neimeyer and Currier (2009) showed that weak to moderate effects were found for the grief interventions immediately after intervention compared to nonintervention controls. At 8 months postintervention, no significant intervention effects were found. On further analyses, a wide range of effectiveness was discovered: "some treatments showed little benefit or even negative effects, whereas other therapies enjoyed impressive effectiveness" (Neimeyer & Currier, 2009, p. 354). The authors observed that further study is necessary with differentiation of studies on clinical factors and modalities.

Relating specifically to FMHVs' use of support groups and systems, and in contrast to other studies (e.g., Armour & Umbreit, 2007), Sharpe (2007) found that African American survivors who used few or no support systems had a greater tendency to symptoms of traumatic stress than those who did use support systems, whether informal or formal. In a follow-up study, Sharpe (2008) conducted a qualitative study with five African American FMHVs on the support networks utilized by this population. Formal support groups were little used; rather, the informal social support networks of immediate and extended family and friends constituted the major means of support. Nevertheless, respondents recognized that some formal social support, such as clinical therapeutic interventions, could help them further deal with their grief.

In an additional study, Sharpe et al. (2012) conducted a qualitative phenomenological study of 12 African Americans for greater insights on their experiences and coping with the death of relatives from suicide and homicide. Participants were recruited from a community grief counseling agency in a northeastern city and Sharpe's prior knowledge of this population. Eight participants had lost family members to suicide and five to homicide. Among the eight themes

identified, “Survivor Support Groups” were recommended by all participants as especially helpful, primarily because they “have been through it” (p. 165).

With 10 participants who had suffered the loss by homicide of immediate family members or partners, Baliko and Tuck (2008) used qualitative descriptive phenomenological methods with in-person interviews to discover participants’ experiences of this event. The authors commented that this is “an experience shared by millions of people, yet one that is not well understood” (p. 28). The majority of participants were women, Caucasian (mean age 46), and support group attendees.

Responses varied about the efficacy of the groups. Several found them helpful, but others did not. Two participants had attended groups for over a year after their losses but then withdrew. One observed that her needs had changed and different places provided support for her. Another, a man, noted that he and his wife attended a support group and, although he found it helpful, his wife did not. He said that “her pain was such that she just almost found it easier just not to be around anybody” (Baliko & Tuck, 2008, p. 29). Other participants cited additional reasons for discontinuing attendance: the extreme emotionality of members, reluctance to engage in similar emotionality, a perception that repeating the details of the loss was unhealthy. However, many participants felt that their participation could help others and possibly somewhat relieve their own pain.

A support group for parents who had lost children, although to causes other than homicide, was studied with qualitative interviews by Umphrey and Cacciatore (2011) with 29 parents. In contrast to Baliko and Tuck’s (2008) finding, the parents gained solace from telling the stories of their children’s deaths. Further, a major theme was connecting with others in the group, and most parents credited the group with caring and helping them feel less alone.

Research Method

The research method chosen for this qualitative study was descriptive hermeneutic phenomenology, in which participants' life experiences regarding a particular phenomenon are explored in depth and interpreted by the researcher (Maxwell, 2013). In descriptive phenomenology, participants describe the essence of their experiences (Creswell, 2014). Interpretive hermeneutical phenomenology is based on the tenets of the philosopher Heidegger; interview methods draw out participants' deepest responses within their social contexts in relation to the study phenomenon, and the researcher attempts to understand the subjective meanings of the phenomenon to participants (Maxwell, 2013). In criminal justice studies, the qualitative approach has been little used (Copes, 2013), the reason I chose a qualitative method.

Individual personal interviews would have been optimal, either in person or by telephone so that I could use probing questions with participants (Miller, 2012). However, because participants volunteered from disparate support group organizations, I used the method of e-mailed open-ended interview questions. This method has the advantage of allowing participants time to respond (Meho, 2006). Online data collection has also been found to present no discernible differences in results from offline collection (Tolstikova & Chartier, 2010). The responses, as reported and discussed below, were forthcoming and heartfelt, and findings may shed additional light on the actual experiences of secondary victims toward greater aid in interventions, program designs, and services by the justice system.

Researcher's Role

In the interpretive phenomenological approach, researchers bring their own experiences to the interpretation of participants' responses (Creswell, 2014). I am a former practicing attorney and current police officer in an inner city area. Although I have not experienced the

homicide of a family member, I have witnessed many homicides of family members and covictims' shock and grief. In carrying out my duties, I have recognized that FMHVs constitute a greatly underserved population (Gekoski, Adler, & Gray, 2013; Miller, 2009a, 2009b). I have also helped secondary victims with referrals in the justice and legal systems, as well as providing resources for their coping with their relatives' homicides.

With my background and profession, I recognized that I had to acknowledge and "bracket" my own empathy and biases (Moustakas, 1994, p. 78). Thus, as I analyzed the data I made notes of my reactions to participants' responses and rechecked them several times so that my thoughts and preconceptions would not influence the final analyses (Creswell, 2014).

Instruments

The demographic and homicide-specific items were adapted from Armour (2002b), Baliko and Tuck (2008), and Sharpe (2007). The interview protocol was created with reference to Armour (2002b); Bailey, Hannays-King, Clarke, Lester, and Velasco (2013); Malone (2007); and Sharpe and Boyas (2011), and with input from directors of the support groups from which participants were drawn.

Data Collection and Analysis

I sent a letter sent to the directors of three national FMHV support groups and one local group informing them of the purpose of the study and inviting participation by their membership. The only criteria were that individuals have lost a family member to homicide, presently attended a support group, and could read and write English.

The directors placed announcement of my study, which included my contact information, in their newsletters. When interested members volunteered, I sent them the instrument consisting of a demographic and homicide-specific survey of 18 items and a qualitative instrument of 12

open-ended questions. In my cover letter, I assured potential participants of confidentiality and that their names would not be used in any published report. I also advised them that they could withdraw at any time with no negative consequences. When participants returned the completed instruments, I sent them notes of thanks.

A total of 15 participants requested the instruments and 14 returned completed instruments. As they were returned, I tabulated the demographic and homicide-specific survey responses for each item and analyzed and reanalyzed participants' responses to the qualitative questions for recurring phrases, thoughts, and patterns, in accordance with qualitative methods (Larkin, Watts, & Clifton, 2005; Saldana, 2013). In this iterative process, several themes emerged (Creswell, 2014). These are discussed and illustrated with appropriate verbatim quotations below (participants are identified by number only, e.g., "P5"). It should be noted that P2 requested but did not return the instruments. Participants are identified by all 15 participants.

Participant Characteristics

Demographic Characteristics

From the four support group organizations, 14 individuals responded, six from national groups and four from the local group. In addition, three individuals did not specify their group and one was independent. A total of 13 females and one male participated, with nine Caucasian, four African American, and one Hispanic. Half were married, three each single and widowed, and one divorced or separated. Five had a college degree, two had master's degrees, three each had some college or a high school diploma, and one had less than high school. The majority, nine, were employed full-time, three were employed part-time, and two were retired.

Homicide-Specific Characteristics

The time passed since the family member's death ranged from 2 to 19 years (mean 5 years), and participants' ages at the time of the death ranged from 17 to 53 (mean 28). For almost half the participants, six, the victims were sons, followed by father for three, brother for two, and one each for mother, husband, daughter, and sister for the remainder (one participant lost both father and sister). For 12 participants, the victim was male and for three female (including the double loss). Victims' ages at time of death ranged from 6 to 58 years (mean 31).

Ten of the participants knew who committed the murder, and four did not. The murderer was a family member for six participants and not a family member for eight. For eight participants, the perpetrator had been convicted, for three had not, and three did not know. Three participants witnessed the murder, and 10 did not. Regarding how fairly participants felt they were treated as victims by official organizations, five felt very fairly, two felt somewhat fairly, four felt somewhat unfairly, and three felt very unfairly.

Seeking Support and Support Group Attendance

Type of Support Sought

Participants sought help from a range of sources when they first learned of the murder of their family member: police, attorneys, and victim services; immediate families and "the church family" (P7), support groups in person and online, and individuals online. Surprisingly, formal support groups were not the first venue for many.

Some participants did not seek support at all.

> P1: No one. I went numb for years.

P6: At first I was in such a state of shock I didn't do anything. . . . I didn't want to always break down and cry and make everyone uncomfortable, so I didn't really ask for anyone's help.

One participant observed the extreme lack of recognition of the problems and needs of FMHVs in previous decades.

P7: There was no support offered in 1977. No therapy, nothing. In fact, PTSD wasn't even a dx [diagnosis] for another decade. There was no office of victim services, no help, nothing. You were just supposed to suck it up and move on!

For others, formal support took a feeling of readiness or persistent investigating.

P6: It was just survival mode for me for the first few years. It wasn't until the end of 3 years later that I decided I was comfortable enough to seek help myself, and I found [formal] support group.

P4: It took me a couple months to find [the formal support group].

Time of First Attendance After Homicide

Participants varied widely in the time after the homicide that they decided to attend a support group. Participants cited the 3rd week after the homicide (P3), 1 month (P11), 3 months (P4) or a few months (P12), 1 year (P13), 4 years (P6), "several years" (P9), 17 years (P1), and 34 years (P5).

Two participants did not attend because of related activities. P5, who began to attend 3 years after the homicide, had been in therapy for many years and finally "let go of the hate." She felt she was "pretty well healed" and might "be able to help others." P9 did not go until several years afterwards because of volunteer work with the local victim attorney.

P8 and P14 attended no groups. P14 "was not sure if any were out there."

Length of Support Group Attendance

The period for which participants attended support groups at the time of the study varied from 1 to 19 years (mean 4), with the highest number of members, four, attending for 2 years and the next highest, three, for 5 years. On frequency of attendance, four participants attended once a month, two when needed, two rarely, and six did not respond.

Findings: Themes

Four major themes were revealed from the interviews with regard to participants' perspectives of their support group attendance and experiences. The themes are organized as follows: (a) The Grief Never Goes Away, (b) The Group Is a Lifeline and Solace, (c), The Group Has Some Negatives, and (d) Caring and Sharing, with pertinent verbatim quotations from participants (referred to only by participant numbers to protect identities).

The first theme concerns the participants' overall feelings about their family member's homicide and living with the event. The other three show participants' views, insights, and perceptions of the role of the support group in their dealing with the sequelae of the homicide.

Theme1: The Grief Never Goes Away

With regard to the first theme, many participants agreed that, no matter how much time had passed, their grief did not lessened.

> P1: The pain never really lessens. You just learn to live with it.
>
> P10: I think of my husband every day and still long for his presence in my life.
>
> P13: I think about my family member every day and what would have been an amazing life.

Some participants admit that the grief has lessened with time, and others recognize the lessening is only intermittent.

P1: At times it's not as up front and center as at other times.

P3: I am not healed or will I ever be, but the daily pain of losing my son to murder has lessened.

P4: Yes, time does heal.

P6: [The grief] has changed. It can't be compared to the initial shock and devastation . . . but sometimes it still hits me just as hard. Sometimes it isn't as hard to deal with . . . . Some days are easier than others.

P9: You never get over it. You adjust and continually help others.

P10: Have the edges become dulled over time? Yes. But has the loss lessened? No, and it never will.

Theme 2: The Group Is a Lifeline and Solace

Pertinent to the second theme, most participants were very expressive about the support of their groups and how they have helped in the adjustment process. The single participant who did not acknowledge support was working instead with victims' attorneys in murder cases.

P4: No one likes to talk about murder unless they have the same experience. It's one of the only places I know of that everyone understand the pain, and you can talk without people making faces or not wanting to listen.

P5: The group has been wonderful for me. I just wished it existed in 1977. . . . It was actually incredible. I was expecting to help others, so I was really surprised when they helped me. . . . The group taught me how to find out . . . that both inmates were still incarcerated.

P6: Being in a room full of other people who know the feeling helped immensely to change how I view myself, that I am not crazy, that I don't need to "just get over it," that I am OK exactly where I am in the process of grief and trauma and recovery. . . .

P7: They [Group members] have helped me like a lifeline would a climber, with prayer, support, a listening ear.

P10: Meeting others who had experienced the unthinkable, unspeakable crime of murder was invaluable. Only those who have experienced the horror of murder can fully identify with the victims of violent homicide.

P13: It was very helpful and almost like a new family.

P15: It was sad to see others with the same issue but very helpful to me. . . . My support group has become my family, and without them I do not know what I would have done.

Theme 3: The Group Has Some Negatives

Relevant to the third theme, more than half the participants had no negatives to report about the group. Instead, they reiterated that it had helped them. However, several voiced inadequacies or negatives in terms of their own experience.

P1: Sometimes it hurts to know that nothing seems to stop people from hurting other people.

P3: By not having a licensed therapist on hand.

P6: Like all counseling or therapy, there are times when you leave feeling worse than when you came in. It is hard to hear all the pain in people's voices and hear about all kinds of violence, but in the end it is beneficial and helpful to all who come. . . . It might

be too much at first. Some people don't seek any support for 10-20 years. I've heard it is easier sometimes to pretend [the homicide] isn't real.

P10: The only negatives were much later [in attendance] when I was president of the organization and board member. People who are suffering indescribable grief can sometimes not be as effective in their positions of leadership.

P15: It was sad to see others with the same issue . . . .

P14 and P15, members of the same group, had no negatives but expressed concern over the lack of funding for the office and meeting rooms so the group could continue. Theme 4:

Theme 4: Caring and Sharing

In connection with the fourth theme, participants were very vocal on what they valued especially in their groups. Several cited "meetings and talking" (P4, P8), "discussing issues together" (P12), exchanging information (P5), gaining knowledge of the court system (P9), and knowing they are "not alone" (P1, P5, P7, P11, P15) as extremely valuable, and others offered more explanations. Other participants singled out officials in the justice system who spoke to their groups, gave needed information, and were otherwise helpful, such as victim attorneys, victims' advocates, a country prosecutor, and the founder and president of one of the groups.

Many participants cited the caring aspects of the groups and individuals in helping them deal with their grief.

P6: Another woman who also witnessed the murder of her loved one was most helpful. It isn't every day you meet someone like that. I felt like I was completely understood. . . . I know I have a group of people I can come to at ANY time who will be there to listen, who won't tell me not to feel a certain way or try to brush it under the rug. . . . It is very nice to have people who have gone through the justice system before.

P12: People care about us.

P14: I learned that people in the community care.

P15: I felt alone until I found the support group.

Participants also pointed out how sharing in the group and helping others helped them to adjust and move forward in their lives.

P6: Since everyone is in a different stage in their process, you get to help some, and others get to help you and reassure you that it will be OK, you will survive this.

P9**:** Share and care as only a victim of a homicide can do. Share your hurts, cry together, and help each other. . . . Yes, my family and I have healed but still hurt and care for others who are victims. . . . You just adjust and continually help others.

Some participants gave excellent advice about helping others who had similar experiences as a primary way to deal with their own grief.

P5: Give a victim impact statement. Get involved in helping others by attending the group and working toward more victims' rights.

P7: I am writing a book about the experience. . . . I hope to help others through this process and would like to start a support group for families who have lost a member to murder.

P10: Focus your anger and grief towards supporting others going through the journey of hell.

P11: What has helped me most is becoming a chapter leader to help others.

Most eloquent was P9, who verbalized the connection between helping and healing and saw a higher purpose in her relative's homicide.

P9: Volunteer to help others in the same position that you are in because it helps you heal and it makes your relative's death have a purpose, more than just a death. It turned out to be for a reason, to help others get through the trauma with your knowledge.

Discussion

Participants in this study sought a range of sources of support, similar to participants in Baliko and Tuck (2008), Currier et al. (2008), Sharpe (2008), and Sharpe and Boyas (2011). The present themes indicate that participants overwhelmingly recognized the positives of their support groups and expressed minimal negatives. They pointed out the ongoing benefits of the groups (e.g., support, encouragement, acceptance) and urged others with similar circumstances to seek out groups to help them deal with the aftermath of a family member's homicide. These responses supported some other previous studies and contradicted others.

Theme1: The Grief Never Goes Away

Previous studies have documented the "complicated grief" that are often part of FMHVs' experiences and that place secondary victims at risk of PTSD (Amick-McMullan et al., 1991; Armour & Umbreit, 2007; Burke, Neimeyer, & McDevitt-Murphy, 2010; Davis et al., 2012; Schut & Stroebe, 2010; Stretesky, Shelley, Hogan, & Unnithan, 2010). Present participants also acknowledged their grief never disappeared, whatever the length of time since the homicide of their loved one. Some admitted the grief abated (P3, P4) or intensity varies (P1, P6, P10), and two (P5, P7) acknowledged that they were at risk for PTSD.

Theme 2: The Group Is a Lifeline and Solace

Like members in previous studies, present participants attested the salutary effects of the group in support, information, similar experiences, and feeling they were not alone (Miller, 2009b; Neimeyer & Currier, 2009; Saindon, 2011; Sharpe et al., 2012). Participants also

recognized, like those in Armour's (2002b) study, that they could be accepted at whatever stage of grieving they were at and did not have to meet any external expectations of how or if they should be grieving. As P6 said, members wouldn't "tell me not to feel a certain way or try to brush it under the rug."

Theme 3: The Group Has Some Negatives

A very few participants felt the group was harmful in some way, contrary to previous studies (Asaro, 2001; Neimeyer & Currier, 2009; Schut & Stroebe, 2010; Stroebe et al., 2008) Present participants primarily experienced negativity about the extent of violence as they shared their stories (P1, P6), fulfilled their leadership roles (P10), noted lack of financial resources to keep their group active (P14, P15), and felt sad in the group (P15).

In relation to possible negatives, Baliko and Tuck (2008) pointed out that support groups, as well as other types of therapy, may help FMHVs at various times during their grief and not at others. The authors urged helping professionals (and, it might be added, other individuals) to "respect clients' autonomy by supporting and understanding their choices if they decline to participate" (Baliko & Tuck, 2008, p. 34).

Theme 4: Caring and Sharing

Like the present participants, those in previous studies found support groups, sometimes to their surprise, tremendously caring (Baliko & Tuck, 2008; Jordon & McIntosh, 2011; Sharpe, 2007; Umphrey & Cacciatore, 2011). The aspect of sharing experiences with others was less evident, although sometimes present. Participants in Baliko and Tuck (2008) showed positivity about sharing with others through their experiences and thereby helping them. One of the homicide survivors in Sharpe et al. (2012) pointed out how important it was to help others with similar experiences to admit their mourning and guide them to resources that were available.

However, no other studies were located on this aspect of secondary victims' healing process. The benefit of helping others to help oneself

Limitations

Several limitations are acknowledged for this study. Participants represented members of only four support group organizations from four geographical areas. Most participants were women and Caucasian, and although 14 is an acceptable number for qualitative research (Guest, Bunce, & Johnson, 2006), the number is relatively small. The use of e-mail rather than face-to-face or telephone interviews may have affected the depth of responses, because e-mail does not allow for researchers' follow-up prompts after responses to the main questions. However, an advantage of e-mail interviews is that participants may be more thoughtful in their responses and take more time to answer thoroughly (Meho, 2006).

Many participants were thoughtful and shared in-depth responses, as indicated by some of the quotations above. Nevertheless, these limitations indicate that the findings, although generalizable to some female FMHVs, may not be generalizable to all FMHVs, others in other geographic areas, or other support groups.

Recommendations for Further Research

As noted above, the few prior studies on support groups have shown mixed results of both positive and negative effects of attendance (Larson & Hoyt, 2009; Neimeyer & Currier, 2009; Schut & Stroebe, 2010). Building on these studies and the present results, this neglected issue should be carefully and extensively investigated with individual and multiple homicide victims' support groups. Thus, several recommendations can be made for further research.

Parallel studies could be conducted with participants from additional support groups throughout the United States. More diverse participants could also be sought, such as larger

percentages of men and ethnic groups in addition to Caucasian. One avenue would be follow-ups on studies of African American FMHVs, such as those conducted by Sharpe (2008), Sharpe and Boyas (2011), and Sharpe et al., (2012). Comparison of results could indicate the greater or lesser generalizability of the present study. Additional findings could further illuminate the effectiveness of support groups for FMHVs and lead to more informed interventions.

Given the acknowledged limitations of the present study, both e-mail and in-person studies could be conducted toward determination of the effectiveness of support groups through the Internet and in person. Feigelman, Gorman, Beal, and Jordan (2008) found with suicide survivors that participants in both modes demonstrated the same participation levels whether they were from urban, suburban, or rural locations. However, the Internet participants revealed greater levels of grief and depression than the in-person participants. Further research on a wide scale could help FMHVs determine which mode would best serve them in dealing with the aftermath of their relatives' homicides.

Results of further studies such as these could increase understanding of all helping professionals on the most effective ways to help the "invisible and neglected population" of FMHVs (Armour, 2002b, p. 380). If future findings confirm those of the present study, both healthcare professionals and FMHV advocates should be able to refer this underserved group to appropriate support groups for needed palliation and comfort in their grief (Jeffreys, 2011).

It was interesting that many participants cited their sharing with other FMHVs in the group and volunteering in related venues as a means to heal themselves. This aspect of grief coping and recovery has been little investigated. Future studies could do so with both quantitative and qualitative approaches. Findings could increase means by which FMHVs can be helped in the sequelae of a relative's homicide.

An innovative and promising pilot study was conducted by Tuck, Baliko, Schubert, and Anderson (2012) of a 2-day weekend retreat for FMHVs. Although the number of participants was small and inadequate for statistical significance, longitudinal results over 30 months on mind-body-spirit measures (e.g., depression, impact of event, PTSD, hope, spiritual well-being, forgiveness) were encouraging, and focus group responses were enthusiastic and positive. This study may be the first to assess such a retreat, and through support groups and other agencies, such retreats could be offered on a wider basis and studied for their effects on participants' lives.

Implications

The study findings should enable support groups, criminal justice agencies, healthcare professionals, and especially police departments and official organizations to increase assistance and resources to family members of homicide victims. Community organizations such as schools in their mental health programs and curricula, neighborhood church boards, and civic organizations, could also benefit. Study findings could help them create materials for knowledge and awareness of the special needs of FMHVs, especially in inner city locations (U.S. Bureau of Justice Statistics, 2011; U.S. Department of Justice, 2011), disseminate helping resources, and offer referrals to support groups (Miller, 2009b; Green & Roberts, 2008; Saindon, 2011).

Both private and nonprofit organizations for FMHVs 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). Study results could help these organizations offer tailored programs for FMHVs based on the study findings of aspects of the

group that are most and least helpful. As revealed by study findings, orientation programs for new members in terms of benefits and cautions could also be designed. Such programs could help FMHVs to locate appropriate support groups, decrease the intensity of their grief, and eventually help others to deal with their loss.

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