

AFRICAN AMERICAN FAMILY MEMBERS OF HOMICIDE VICTIMS: GRIEF,
TIME, RELATIONSHIP, AND SUPPORT

by

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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) are underserved by the criminal justice system and at high risk of extreme grief and posttraumatic stress syndrome. Despite study of various factors, additional research is needed. This nonexperimental quantitative cross-sectional regression and descriptive study used theoretical foundations of complicated grief, coping, and Africentricism with AA FMHVs to examine the relationship of grief and time since homicide, relationship to victim, length of support group attendance, and coping styles. The 149 participants (response rate 98.7%) were members of a FMHV support group in a U.S. southeastern high-crime urban community. Of the sample, 93.3% were women (mean age 45.6); 75.8% were single, and 40.3% had an income between \$20,001 and \$30,000. Time since relatives' death ranged between -1 to 16+ years (mean almost 4). One third had lost a child and almost one fourth a cousin to homicide. Length of group attendance varied from 1 to 6+ years (mean 2.6). Four research questions and null hypotheses were formulated: There is not a statistically significant influence on AA FMHVs' extent of grief of (a) time since the homicide, (b) relationship to victim, and (c) length of support group attendance. (d) None of the four coping strategies (cognitive-emotional, spiritual-centered, collective-centered, ritual-centered) will be used primarily by AA FMHVs. A demographic and homicide-specific questionnaire, the Africultural Coping Systems Inventory, and the Texas Revised Inventory of Grief were administered. All hypotheses were rejected. Significant influences were found on AA FMHVs' extent of grief of time since homicide, relationship to victim, and length of support group

attendance ($p < .01$). Participants used cognitive-emotional and spiritual-centered coping most frequently. Regression analyses indicated that the Hypotheses 1-3 variables predicted from 11.6%-19.5% and three additional homicide-specific variables predicted from 16.2% to 24.4% of the variance in participants' extent of grief. Findings should add to the literature, prompt further research, raise public awareness, and provide information toward more effective interventions by healthcare and criminal justice system professionals to help this underserved population.

Dedication

This study is dedicated to all of the victims of crime who have gone unnoticed, ignored, and forgotten.

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There is no doubt in my mind that without the continued support and counsel of the following people I could not have completed this process. I acknowledge the inspirational instruction and guidance of Dr. Michael Webb, my mentor and chair, who supported me and encouraged me to never give up. I thank also my committee members, Dr. Scott Mire, Dr. Ayn Embar-Seddon O'Reilly, and Dr. Thomas Page, for their incisive input to make this dissertation more scholarly. I am grateful to the scholars who gave permission to use their instruments: Dr. Tanya L. Sharpe (Demographic Questionnaire), Dr. Shawn O. Utsey (Africultural Coping Systems Inventory), and Dr. Sidney Zisook (Texas Revised Inventory of Grief).

I acknowledge too the support and assistance given me by the research site organization and its president for her time, dedication, and continued fight for family members of homicide victims. Under her guidance, the organization's mission is to assist parents or guardians of murder victims and is dedicated to providing quality programs for youth impacted in a violent society.

I thank also the members of the organization who volunteered to participate in this study. Risking the reliving of their traumas and reopening old wounds, they had great courage and were a major part of this study.

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Although it may appear that perpetrators of crime are the main focus of the criminal justice and legal systems, surviving victims around the world have suffered from the loss of loved ones as well as receiving very little support from the criminal justice system and society as a whole. It is hoped that this study will provide help and hope to the surviving victims so they know there are individuals who will continue to fight for them, support them, and stay always on their side.

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CHAPTER 1. INTRODUCTION

Introduction to the Problem

Death by homicide presents a different social and personal context to survivors than death by other causes. In homicides, institutional and societal needs and strictures generally take precedence over the personal needs of family survivors (Armour, 2002b). Homicide is defined as the willful and conscious killing of one human being by another and includes murder and nonnegligent manslaughter (U.S. Bureau of Justice Statistics, 2011a). This study explored the experiences of grief and related situational factors of African American family members of homicide victims in a metropolitan community in the southeastern United States.

Although the homicide rates in the United States decreased from 1980 to the present (U.S. Census Bureau, 2012), partly as a result of preventive initiatives, much progress remains to be made (Douglas & Bell, 2010). 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, 2011b). 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, 2011b; U.S. Department of Justice, 2011a, 2011b).

In the last decade, African 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). The most recent statistics indicate homicide as cause of death of 37.1% of African American males, compared to 11.2% of Hispanic males and 5.4% of European American males (U.S. Department of Health and Human Services, 2010). These figures indicate that African Americans have a high prevalence of homicide (Jones-Webb & Wall, 2008; Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009). These statistics documenting the prevalence of African Americans as homicides victims contributed to the study focus on African Americans.

More homicides took place in metropolitan areas, a not unexpected finding because of higher concentrations of population. Between 1970 and 2000, the percentage of African Americans in large cities also increased considerably, a population shift that has been associated with a disproportionate increase during the late 1980s and early 1990s in youth homicides (Bell & Jenkins, 1990; Browne, Strom, Barrick, Williams, & Parker, 2010). Moreover, the “homicide epidemic” during this time disproportionately involved especially African American and Hispanic youths (Browne et al., 2010, p. 20). Additionally, homicide, robbery, and aggravated assault trends for both juveniles and young adults escalated in the 1980s, followed by a decrease through the early 1990s, and then a significant increase in the more recent years.

In the mid-2000s, murder, robbery, and weapon offense arrests combined increased less than 5% for European American youth but more than 20% for African American youth (Browne et al., 2010; Butts & Snyder, 2006). According to the U.S.

Federal Bureau of Investigation, European American perpetrators murdered 85% of the European American homicide victims, and African American offenders killed 92% of the African American homicide victims (U.S. Bureau of Justice, 2010; U.S. Department of Justice, 2007).

In addition, it was posited that murderers generally know their victims. Acquaintances commit 45% of homicides, family members 30%, and strangers 24% (U.S. Bureau of Justice, 2010; U.S. Department of Justice, 2008). The most recent statistics indicate that in homicides in which relationships of murder victims and offenders were known, in 53.0% of the cases the victims knew the offenders (relationships included acquaintance, neighbor, friend, or boyfriend), and 24.8% of the victims were murdered by family members (U.S. Department of Justice, 2011b). However, few statistics are available on family members of homicide victims (Armour, 2002a, 2002b; Thompson, 2007).

Background of the Study

Although the crime rates have decreased nationwide, including in Florida, the state of the research site, the total violent crimes reported throughout the state for the 2010 year were 101,906. Of these, the preponderance were burglary and larceny, with 987 murders. This was a decrease of 2.9% from 1,017 murders in 2009 (Florida Department of Law Enforcement [FDLE], 2011a, 2011b). According to the Federal Bureau of Investigation crime reports of 2010, the state capitol, Tallahassee, was the eighth most dangerous city in the United States (Guiffo, 2011).

In Palm Beach County in Florida, despite national decreases, the number of violent crimes, including homicides, has remained high. In 2006, the homicide rate rose 26% from the previous year, 101, the highest since 1994 (*Palm Beach County Homicide Rate Up 26%*, 2007). With a population of 1.2 million, in 2009, the county had 93 homicides, and this number rose to 97 in 2010 (Florida Department of Law Enforcement [FDLE], 2010; U.S. Bureau of Justice, 2010; U.S. Department of Justice, 2007; U.S. Department of Justice, 2008).

For the city of the research site, the violent crime rate in 2009 was higher than the national violent crime rate average by 109.15%. The city violent crime rate was also higher than the violent crime rate in Florida by 46.64% (*West Palm Beach Crime Rate Report [Florida]*, 2011). For the city, the number of murders for 2009 and 2010 remained constant at 19; rapes increased from 2009 (49, 42, respectively); robberies decreased (284, 376); aggravated assaults decreased slightly (457, 468); and burglaries decreased (1,246, 1291; Campbell, 2011; FDLE, 2010; U.S. Department of Justice, 2007). Only 12% of all crimes were cleared in 2010 (FDLE, 2010, 2011b).

Although statistics are kept on primary murder victims, no official records are kept of the “covictims” of homicides, who are most often family members (Armour, 2002a, p. 109). The number of homicide covictims is necessarily higher than that of the homicide victims themselves; one estimate is 6 to 10 family members for every homicide (Vessier-Batchen & Douglas, 2006). Yet little attention is paid to these secondary victims (Armour & Umbrecht, 2007). In the city, 90% of the victims were African American and 98% were from low-income families (FDLE, 2010).

Many of the survivors feel neglected, marginalized, or invisible (Armour, 2002b). However, research has not reflected the high percentages of African American homicide victims (Browne et al., 2010; Horne, 2003; U.S. Department of Justice, 2007; U. S. Department of Justice, 2011a, 2011b). In Armour's (2002a) review of covictim literature, of 20 studies, only one third was comprised predominantly of African American samples.

The ethnicity of family members of homicide victims (FMHVs) has been explored in recent studies, especially African Americans (AA). They may grieve and cope with their grief differently from other ethnic groups. 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; Sharpe & Boyas, 2008; Utsey, Adams, & Bolden, 2000; Utsey, Bolden, Lanier, & Williams, 2007; Utsey, Giesbrecht, Hook, & Stanard, 2008).

Research has also been sparse on family members of homicide victims. One of the earliest empirical studies with covictims of homicide was conducted by Rinear (1988) with members of Parents of Murdered Children support groups (Armour, 2002a). Rinear's (1988) findings indicated that psychosocial stressors threatened participants' personal beliefs in meaningfulness, invulnerability, and self-worth, from which they were at high risk for traumatic responses. Rinear's specific study has not been replicated or expanded on. However, further studies have been conducted on a range of factors of covictims.

For example, grief-related distress and psychological symptoms have been found more persistent for survivors of homicidal death than other survivors (Holland &

Neimeyer, 2010; Malone, 2007; Parkes, 1993; Rynearson & McCreery, 1993).

Demographic characteristics, spiritual issues, psychological issues, other mental health issues, and social support have been investigated in relation to African American ethnicity, grief theory, grief manifestations, and coping (Burke et al., 2010; Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Hampton, Crowel, & Gullotta, 2010; Holland & Neimeyer, 2010; Neimeyer & Burke, 2011; Peterson, 2008; Sharpe, 2007; Zinzow et al., 2009). In addition, African American FMHVs may have inadequate coping skills to deal with the trauma of homicide (Laurie & Neimeyer, 2008; Miller, 2009a; Peterson, 2008).

However, additional study of factors is needed. Three specific factors in relation to level of grief have received little research attention. These are time since homicide, relationship to victim, and support group attendance. Study of these factors in relation to level of grief is important toward design of appropriate helping resources and interventions by criminal justice agencies and healthcare professionals for this underserved population (Armour, 2002a; Jones-Webb & Wall, 2008; Miller, 2009a, 2009b; Sharpe, 2008; Shulman, 2012).

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 grief (Amick-McMullan, Kilpatrick, & Veronen, 1989; Amick-McMullan, Kilpatrick, & Resnick, 1991; Holland & Neimeyer, 2010; Keesee, Currier, & Neimeyer, 2008; McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2011; Rynearson, 1984;

Rynearson & McCreery, 1993; Thompson, Norris, & Ruback, 1998). Such mixed results indicate the need for further study of FMHVs.

The relationship to the victim has been found significant in the extent of grief and degree of coping of survivors. Closer relationships indicated more prolonged and complicated grief (Burke et al., 2010; Sharpe, 2007). With homicide the leading cause of death for African American men aged 13 to 25 (Boyd-Franklin, 2006), study of the FMHV's relationship to the victim is an important consideration the extent of grief and coping for African American FMHVs.

Attendance in support groups is often recommended for FMHVs (Miller, 2009b; Shulman, 2012). Joining a group and length of attendance in support groups may influence the FMHVs' bereavement and help them mitigate and cope with their grief, both past and present (Graham, 2009; Miller, 2009b; Neimeyer & Burke, 2011). Nevertheless, fewer studies have been conducted on this factor in FMHVs' coping with their grief than the other factors. Neimeyer and Burke (2011) conducted a longitudinal study of African American members of a survivor support group, but the focus was not on length of attendance and its effects but on relationships between religious coping and bereavement distress.

Other research has considered attendance at support groups, and results have been contradictory. Murphy (2000) observed that among bereavement professionals "no gold standard" of services exists that eases bereavement (p. 585). Support group members who have dealt with their losses may shepherd new members through the processes (Graham, 2009). Support groups may provide a welcome haven for homicide survivors to share

experiences, feelings, and progress, and new survivors may gain hope from observing the resumption of functioning of other survivors (Neimeyer, 1998).

On the contrary, groups may also hinder the healing and adjustment (Schut & Stroebe, 2010). Nor may attendance diminish development of depression, anxiety, or PTSD (Armour & Umbreit, 2007). 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, 2001b, p. 121). Such results, like those for time since the homicide, indicate the need for further study of the effects of length of attendance at survivor support groups.

Statement of the Problem

Family members of homicide victims, especially African Americans, are at high risk of extreme grief and posttraumatic stress syndrome (PTSD; Amick-McMullan et al., 1991; Asaro, 2001a; Boyd-Franklin, 2006; Laurie & Neimeyer, 2008; Shook, Jones, Forehand, Dorsey, & Brody, 2010). Although various factors have been studied with this population (Laurie & Neimeyer, 2008; Peterson, 2008), additional study is needed. More specifically, three factors in relation to level of grief have received little research attention. These are time since homicide, relationship to victim, and support group attendance.

Purpose of the Study

The purpose of this study was to examine possible influences on FMHVs' level of grief of the selected situational factors of time since the homicide, relationship to victim, and length of attendance in a support group. Studies have been sparse on family members of homicide victims, with emphasis instead on retributive justice by state systems (Armour, 2002a, 2002b; Gross, 2007; Thompson, 2007; Zinzow et al., 2009).

In this study, both past behavior and present feelings and emotions of grief were investigated, focusing on the influence of the three selected variables on participants' grief. Because the research site members were African Americans, investigation also took place of the ways African American FMHVs cope with their grief using four specific strategies. These are cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered (Utsey et al., 2000, 2008; Utsey, Brown, & Bolden, 2004).

Rationale

Crime victims' bills of rights exist in the federal government and most states, but the United States Department of Justice does not keep statistics on secondary homicide victims (Armour, 2002a). Studies show that the criminal justice system has been inadequate in responding to covictims (Armour, 2002a, 2002b). Because the majority of homicide victims in the United States are African American (U.S. Census Bureau, 2012; U.S. Department of Justice, 2011b), a preponderance of African Americans are covictims of homicide, and this population is relatively little studied (Armour, 2002a; Laurie & Neimeyer, 2008; Sprang, McNeil, & Wright, 1993; Thompson, 2007; Thompson et al., 1998).

Grief-related distress and psychological symptoms have been found more marked and persistent for survivors of homicidal death than survivors of death by natural causes (Holland & Neimeyer, 2010; Malone, 2007; Parkes, 1993; Rynearson & McCreery, 1993). Many factors contribute to FMHVs' responses to grief and coping. However, three factors have been recognized as especially important for African American homicide survivors. These are time since homicide, relationship to victim, and support group attendance (McDevitt-Murphy et al., 2011), which are the factors of interest in this study.

As noted above, time since homicide has been studied widely in bereavement literature in relation to its effects on grief and abnormal symptoms. However, results and conclusions have been mixed (Amick-McMullan et al., 1989, 1991; Holland & Neimeyer, 2010; Keesee et al., 2008; McDevitt-Murphy et al., 2011; Rynearson, 1984; Rynearson & McCreery, 1993; Thompson et al., 1998). In addition, in the relatively few studies on FMHVs, the other two factors of relationship of FMHVs to victim and length of time in support group have only occasionally been considered in level of grief. Other situational factors have been more frequently investigated, such as age of family member at the homicide, whether the family member witnessed the homicide, and whether the perpetrator was known (McDevitt-Murphy et al., 2011; Miller, 2009a; Sharpe, 2007). Thus, the current study was undertaken to increase understanding of FMHVs' experiences of grief as influenced by the three factors of time since homicide, relationship to victim, and support group attendance.

Research Questions and Hypotheses

One primary research question and three subquestions and one secondary research question and one subquestion were formulated for this study. The primary research question of this study was the following:

Is the extent of grief of AA FMHVs influenced by the selected situational factors of time since homicide, relationship to victim, and length of attendance in a support group?

The three subquestions and hypotheses were as follows:

Subquestion 1: Is there a statistically significant influence of AA FMHVs' time since homicide on their extent of grief?

Null Hypothesis 1: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief.

Subquestion 2: Is there a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief?

Null Hypothesis 2: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief.

Subquestion 3: Is there a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief?

Null Hypothesis 3: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief.

The secondary research question of this study was the following:

What are the primary coping strategies AA FMHVs use to deal with their loss?

Subquestion 4: What are the primary coping strategies used by AA FMHVs among the cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered coping strategies?

Null Hypothesis 4: None of the four coping strategies will be used primarily by AA FMHVs.

Significance of the Study

This study is significant in three primary ways. Results are applicable to theory, research, and practice with reference to AA FMHVs. The significance in each of these areas is discussed next.

Theory

The three theories of complicated grief, coping, and Africentrism were tested in application to the grief and loss of African Americans as a result of the homicide of a family member. Although these theories have been used in studies on other topics, relatively little research has been conducted with application to AA FMHVs (Burke et al., 2010; Karman, 2009; Sharpe, 2008). With reference to the theories, this study should provide knowledge and understanding about FMHVs' level of grief, extent of coping, and impact of the situational factors of time, relationship, and support group attendance. Because these factors have been little studied in combination as applied to African Americans (Zinzow et al., 2009), the study should also add insight about the processes African Americans particularly experience as FMHVs (Laurie & Neimeyer, 2008; Peterson, 2008).

Research

The research of this study should provide empirical testing of the theories of complicated grief, coping, and situational factors in the Africentric context. As a quantitative study, this study should add further information to those in which these theories have been used (e.g., Laurie & Neimeyer, 2008; Sharpe, 2008; Utsey, Bolden, Lanier, et al., 2007; Utsey, Bolden, Williams, et al., 2007; Utsey et al., 2008). This study should also complement the existent qualitative studies, providing for comparison and contrast (Armour, 2002b; Mitchell et al., 2009; Peterson, 2008; Sharpe, 2008; Vollum & Longmire, 2007).

Applications to Practice

Improvement is needed for development and delivery of palliative and preventive resources for this population (Siegel, 2008; Sharpe, 2008). As noted above, no consensus has been reached on an agreed-on best combination of interventions among bereavement clinicians, although it is recognized that violent death “is a major public health problem in the United States” (Murphy, 2000, p. 585). Minimal resources are in place in the criminal justice system to help AA FMHVs (Bucholz, 2002; Burke et al., 2010; Condry, 2011; Jones & Beck, 2007). Thus, practical applications of study results include the dissemination of knowledge about the influence of time since homicide, relationship to the victim, and time in support group on AA FMHVs.

The study results can also be used by many agencies for the training of healthcare professionals and design and development of intervention programs and individual and group treatments to address grief and teach effective coping skills (Armour, 2002a,

2002b; Campesino, 2007; Colbert, Jefferson, Gallo, & Davis, 2009; Douglas & Bell, 2010; Hertz, Prothnow-Stith, & Chery, 2005; Shoham, Knepper, & Kett, 2011).

Organizations include social service agencies; criminal justice system agencies (e.g., National Center for Victims of Crime, Offices of Victim Advocacy, witness assistance programs, law enforcement departments, court advocacy services); school mental health programs and curricula; neighborhood church boards; civic organizations; and African American organizations.

Based on the theories, study results could also provide guidelines for public and private agencies and organizations and mental health professionals in greater awareness of FMHVs' development or tendencies toward complicated grief, PTSD, and other dysfunctional psychological responses (Saindon, 2011; Schut, Stroebe, van den Bout, & Terheggen, 2001).

Collaboration with law enforcement and helping professionals is necessary for identification of most effective services and coordination of resources for the greatest aid in helping FMHVs to heal (Saindon, 2011). Professionals interested in and impacted by study results include state federal and state legislators, prosecuting attorneys, defense attorneys, paralegals, and law enforcement officers. Additional professionals include social workers, counselors, other mental health professionals, religious and spiritual leaders, psychologists, psychiatrists, and leaders of African American organizations (Green & Roberts, 2008; Laurie & Neimeyer, 2008; Miller, 2009b).

Further, private and nonprofit FMHVs' organizations throughout the nation should benefit (Miller, 20009b). Organizations include Families of Murder Victims

(Nevada), Justice for Homicide Victims (California), Parents of Murdered Children (national, headquarters Ohio), Survivors of Homicide (Connecticut), and Victims to Victory (Tennessee). Potential effects of such programs can help AA FMHVs cope better with their losses, decrease the intensity of their grief, reduce their risk of severe depression, PTSD, and suicide, and move forward in their lives.

Definition of Terms

For the purposes of this study, the following terms were used with the specific definitions below.

Africentric coping. This term denotes for specific coping strategies, supported by research, for handling traumatic events, including grief, by African Americans. These are cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered coping (Utsey et al., 2000, 2004; Utsey, Bolden, Lanier, et al., 2007). These strategies were measured by participants' responses to the Africultural Coping Systems Inventory (ACSI).

Africentric worldview. This term refers to the specific outlooks and values of African Americans, in contrast to mainstream European-European American outlooks and values. The Africentric worldview, also called Africentrism, emphasizes the culture-specific traits, supports, and beliefs of African Americans, such as importance of family unit, collectivism, spiritual and religious supports, time orientation, and views of nature (Boyd-Franklin, 2006; Laurie & Neimeyer, 2008; Utsey et al., 2008). The Africentric worldview is reflected in the instrument used in this study to measure the coping

strategies of African American FMHVs' coping strategies, the ACSI (Utsey et al., 2000, 2004; Utsey, Bolden, Williams, et al., 2007).

Complicated grief. This term refers to grief in which feelings of loss are more intense and of longer duration than generally anticipated and are more debilitating than those considered normal. The individual does not experience the widely-accepted progressive or overlapping stages of grief toward reconciliation with the loss (Kubler-Ross, 1969; Rando, 1993).

Coping skills. This term indicates the cognitive, emotional, and social strategies an individual uses to deal with the stress of a traumatic event (Folkman, 2010; Lazarus & Folkman, 1984).

Covictim. This term refers to a family member of a homicide victim, sometimes referred to as "secondary" victim or "covictim" (Armour, 2002a, p. 109).

Family member of homicide victim. This term refers to the type of blood relationship or constant proximity of the family member to the murder victim. Family members may be husbands, wives, partners, mothers, fathers, sons, daughters, brothers, sisters, grandmothers, grandfathers, aunts, uncles, nieces, nephews, cousins, or other relations connected by blood, marriage, or live-in status (Amick-McMullan et al., 1991; Armour, 2002b; Miller, 2009a; Sharpe, 2008).

Grief level. This term refers to an individual's extent and duration of grief at the homicide of a family member (Sharpe & Boyas, 2011; Zisook, DeVaul, & Click, 1982). Participants' levels of grief were measured by their responses on the Texas Revised Inventory of Grief (TRIG; Faschingbauer, Zisook, & DeVaul, 1987).

Relationship to victim. This term refers to the specific family relationship of the participant to the homicide victim, as defined above in *Family member of homicide victim*. Participants' relationship to the victim was measured by item 13 of the Demographic Questionnaire.

Support group attendance. This term refers to length of time an individual has attended a support group specifically for family members of homicide victims. These groups are highly recommended for helping FMHVs to cope with their grief, both past and present (Miller, 2009b; Neimeyer & Burke, 2011; Shulman, 2012). Participants' length of time attending a support group was measured in years by their responses to item 23 of the Demographic Questionnaire.

Time since homicide. This term refers to the amount of time that has elapsed since the homicide of the family member and when participants take part in this study. Time since the homicide was measured in years and months by participants' responses to item 11 of the Demographic Questionnaire.

Assumptions and Limitations

Assumptions

Three types of assumptions were made for this study. These were theoretical, topical, and methodological assumptions. Each is clarified below.

Theoretical assumptions. The theories used were based on scientific realism, in which numerical data are produced that represent constructs and variables (Lodico, Spaulding, & Voegtle, 2010). The three theories that grounded this study were

complicated mourning, coping, and the Africentric worldview. All of these theories have been repeatedly empirically tested and were thus viable for the specific population (Boyd-Franklin, 2006; Laurie & Neimeyer, 2008; Neblett, Seaton, Hammond, & Townsend, 2010; Utsey, Bolden, Lanier, et al., 2007; Utsey Bolden, Williams, et al., 2007).

Complicated grief theory assumes that bereavement is more severe and longer than generally observed. The grief decreases the mourner's ability to function normally and may develop into psychosis or PTSD (Laurie & Neimeyer, 2008; Rando, 1993). Coping theory assumes that individuals use mental, emotional, and behavioral means to deal with the stresses of traumatic events. Coping may focus on changing the external events and/or to ameliorate emotions causing stress (Lazarus & Folkman, 1984; Neimeyer, 1998; Sharpe & Boyas, 2011). Africentric theory assumes that African Americans deal with and approach life events differently from European Americans. Areas include importance of family, spiritual support, and orientation to time and nature (Boyd-Franklin, 2006; Neblett et al., 2010; Utsey et al., 2000). The theories used may not have accounted for every aspect of participants' reported behavior and feelings, and conclusions and definitions of the theories may be subject to further testing (Leedy & Ormrod, 2012).

Topical assumptions. Five topical assumptions were made for this study. First, FMHVs are not well served by the criminal justice system (Armour, 2002a, 2002b; Condry, 2011). Second, FMHVs are at high risk of prolonged and unhealthy grief (Amick-McMullan et al., 1991; Sharpe, 2007, 2008; Shooke et al., 2010). Third, grief

coping skills of FMHVs may be inadequate toward their eventual healing (Jones & Beck, 2007; Miller, 2009a; Peterson, 2008). Fourth, African American FMHVs are at very high risk of unhealthy grief (Boyd-Franklin, 2006; Laurie & Neimeyer, 2008). Fifth, African American FMHVs may cope with their grief in culture-specific ways (Sharpe & Boyas, 2011; Utsey et al., 2008).

Methodological assumptions. The underlying methodological assumption was the positivist approach, based on the ontological and epistemological views that reality is objective and phenomena can be captured and decoded into testable hypotheses in statistical or numerical forms (Blanche, Durrheim, & Painter, 2008; Tashakkori & Teddlie, 2010). Objective reality can be measured from the senses and experience. Deductive reasoning and statistical methods are used to reach conclusions and make generalizations. Quantitative research is thus conducted to explain, predict, or control stated phenomena (Leedy & Ormrod, 2012; Lodico et al., 2010). Ontologically (relating to the nature of being), a single reality exists and is measurable in units.

Epistemologically (relating to the nature of human knowledge), the researcher's and participants' responses and influences are independent. Axiologically (relating to values and ethics), the research should be value-free; the researcher's values are not transferable to participants' and thus influence their responses (Tashakkori & Teddlie, 2010). However, some researchers combine the positivist and postpositivist, or interpretive approaches. Multiple realities and subjective experiences are acknowledged as well as strict measurements (Leedy & Ormrod, 2012).

Limitations

Four limitations were acknowledged for this study. First, the study took place in one urban southeastern city with members of a single support group, an organization of family members of homicide victims. The sample was a convenience sample, with recruitment of all members of this organization. The sample may have been subject to the bias of self-selection, and random representation was not possible (Creswell, 2011). These aspects could not be improved because the population was specific to the research subject. In addition, the inclusion criteria applied to all members, and permission for data collection was given. However, results may not be generalizable to FMHVs in other geographic locations or similar organizations.

Second, the findings may be relevant primarily to African American populations. This is because the majority of the membership of the sampling frame was African American. Further, the coping instrument, the ACSI, was created specifically for African Americans (Utsey et al., 2000, 2004). Thus, again in conjunction with the research questions, the sampling frame was necessarily limited.

Third, other factors than the three independent variables may have influenced responses. These factors included participants' witnessing of the homicide, conviction of the perpetrator, participants' other direct experiences with crime, and their current support outside of the group. Although regression analysis was conducted on some of these variables—participant's age at homicide, level of closeness with the victim, and victim's age at homicide—these and other factors may influence participants' extent of grief.

Finally, the possibility of social desirability, that is, participants' tendencies to respond to instrument questions and statements in ways they assume is favorable to others, including the researcher, may have influenced results (Kuncel & Tellegen, 2009; van de Mortel, 2008). This factor is an unavoidable one in self-report survey research (Holtgraves, 2004) and can be mitigated by assurances to participants that there are no "right" answers. To further minimize social desirability, they can be assured that their responses will be anonymous, that their identities will not be revealed, and that reporting of results will be in group form only (Creswell, 2011).

Another aspect of this limitation was that the researcher collected the data, with an introduction and opportunities for participants to ask questions. His presence could have added to their tendency for social desirability. However, if the surveys had been administered by another individual, such as the president or a neutral other party, that individual may not have been equipped to respond to questions or clarify procedures. Thus, the researcher reiterated the protective features above and counted on the forthright intentions of participants to respond with honesty.

Theoretical/Conceptual Framework

The theoretical/conceptual framework was comprised of three theories appropriate for this study. These were associated with the dependent variable of grief of FMHVs and the three selected independent situational variables of time since homicide, relationship to victim, and length of participation in a support group. The three theories are complicated grief theory, coping theory, and Africentric theory.

Complicated Grief Theory

Complicated grief theory holds that grief is abnormal in which loss and mourning feelings and behaviors are more intense and longer than generally expected and clinically observed. The grief most often interferes with an individual's functioning and daily activities. It is experienced as intensified, prolonged, inhibited, or delayed in relation to normal bereavement (Bucholz, 2002; Rando, 1993).

The individual bypasses the recognized progressive stages of grief toward reconciliation or remains fixated in a highly grieving stage (Kubler-Ross, 1969; Rando, 1993). Thus, complicated grief can lead to severe depression, suicidal ideation, PTSD symptoms, and even psychotic breaks as an individual attempts to reconcile with the traumatic loss of a loved one (Laurie & Neimeyer, 2008; Neimeyer, 1998). With reference to the current study, African Americans, especially survivors of homicides of family members, have been found at high risk of complicated grief and attendant symptoms (Armour, 2002b; Laurie & Neimeyer, 2008; Miller, 2009a; Zinzow et al., 2009).

Coping Theory

Coping refers to individuals' mental, emotional, and behavioral efforts to overcome, tolerate, or reduce external and internal demands and conflicts they experience. Coping is meant to cushion the individual against the harmful effects of stress and this cushioning serves two main functions. The first is to manage or change the person-environment relationship from which the stress emanates, and the second is to regulate emotions that arise from the stressful situation (Lazarus & Folkman, 1984).

Secondary homicide victims may suffer special stressors because of the nature of the crime and may not be sufficiently prepared for coping (Karman, 2009). The few studies on African Americans have revealed their unique coping strategies, especially with homicides of loved ones (Sharpe & Boyas, 2011).

To manage the person-environment stress, a major mechanism of coping is problem-focused. In this mechanism, the individual uses energies to manage or regulate the stressful situation by such means as planning and direct action. To manage or buffer the emotional stress, the coping mechanism is seen as emotion-focused, in which the individual uses energies to regulate the emotional response by such means as verbal venting, emotional restraint, or psychological disengagement (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984; Utsey, Bolden, Williams, et al., 2007; Utsey et al., 2000, 2008).

The few studies on African Americans have shown their unique coping strategies (Sharpe & Boyas, 2011). An instrument has been developed, the ACSI, especially to measure African American coping in four domains (cognitive-emotional, spiritual-centered, collective-centered, ritual-centered; Utsey et al., 2000, 2004, 2008). This instrument was used in this study.

Africentric Theory

African American life has been studied as distinctly different from mainstream European American lifestyles (Boyd-Franklin, 2006; Utsey et al., 2008). Africentric theory holds that African Americans view the world in ways different from those of other cultures, specifically European American and European individuals. The Africentric

worldview is posited to have aided Africans in their emergence from slavery and attendant hardships. This worldview consists of philosophic assumptions, principles, values, beliefs, and behavior in areas such as spirituality, collectivism, time orientation, and relationship to nature different from those of European Americans (Belgrave & Allison, 2009; Jackson & Sears, 1992; Neblett et al., 2010).

Africentric theory emphasizes several central principles that may not be given high value in Eurocentric culture. These include the importance and closeness of the family unit and extended family; a belief in spirituality, a force greater than the individual; and collectivism, or emphasis on cooperation. In addition, the Africentric values include a time orientation of equality and flexibility, that is, same importance to the past, present, and future; and orality, or preference for receiving of stimuli and information verbally in contrast to written or pictorial transmission.

Africentric theory also has identified a particular sensitivity to others' emotional and feeling states and behavior. This sensitivity is marked by verve, rhythm, and creativity. Further, the theory values a balance between mental, physical, and spiritual states, and this balance is often in concordance with nature (Asante, 2000; Neblett et al., 2010; Waite, 2009). With reference to the present study, and based on Africentric theory, African Americans may experience the emotions of grief and coping differently from how mainstream individuals experience grief (Laurie & Neimeyer, 2008; Rosenblatt & Wallace, 2005).

Organization of the Remainder of the Study

This study was organized as follows. In Chapter 2, the researcher reviewed relevant literature pertaining to the phenomenon of the grief of FMHVs and the selected variables. In Chapter 3, the researcher described the study methodology, including rationale, research design, sample, data collection and analysis, and ethical protections. In Chapter 4, the researcher reported the study results, both demographic profile of the participants and study results, organized by hypothesis and accompanied by appropriate tables. In Chapter 5, the researcher discussed the results, especially in comparison with previous literature, drew conclusions, suggested implications, and offered recommendations for further research.

CHAPTER 2. LITERATURE REVIEW

Introduction

In the last decade, African Americans have experienced loss from homicide up to 10 times more than other ethnic groups (Green & Roberts, 2008; Harrell, 2007; Kochanek et al., 2004). Moreover, in 53.0% of cases in which relationships were known, the offenders knew the victims (such as acquaintance, neighbor, friend, or boyfriend), and 24.8% of the victims were murdered by family members (U.S. Department of Justice, 2011b). However, few studies have been conducted on family members of homicide victims (FMHV) and how they handle their grief (Armour, 2002a, 2002b; Thompson, 2007). Thus, this study investigated possible influences on FMHVs' level of grief relating to three selected situational factors of time since the homicide, relationship to victim, and length of attendance in a support group.

The chapter is divided into the following sections: (a) theoretical framework; (b) a review of recent research literature, specifically in relationship to the study variables of family members of homicide victims, African American grief, time since homicide, relationship to victim, and length of support group attendance; and (c) a review of methodological literature. Next, a synthesis of research findings is discussed in both

content and methodology, followed by a critique of previous research in relation to the current study. A summary concludes the chapter.

For this study, many databases were searched to access the most relevant and current works. Databases include EBSCOHost, National Criminal Justice Reference Service, Office of Juvenile Justice and Delinquency Prevention database, ProQuest Central, PsychLit, PsychInfo, Questia, Social Science Research Network, SocIndex, Criminal Justice Periodicals, and SocIndex. Individual journal indexes were also searched relating to bereavement, African American grief, and covictims of homicide. Keywords and phrases included *bereavement, grief, complicated mourning, African American homicide, homicide covictims, murder support groups, time since homicide, and relationship to victim.*

Theoretical Framework

Three major theories formed the theoretical framework for this study, dictated by the subject and study variables. These theories were complicated grief theory, coping theory, and Africentric theory. The three theories were appropriate for the participants, African American FMHVs, because the phenomena of interest were their strategies for dealing with grief and methods for coping with it. Further, the theories undergirded the study variables: the dependent variable of FMHVs' grief, and the three independent situational variables: time since homicide, relationship to victim, and length of support group attendance.

Complicated Grief Theory

Complicated grief theory posits that a survivor's bereavement over a death is more severe, debilitating, and protracted than generally expected by clinicians. Moreover, the depth and duration of the grief decreases the mourner's ability to function normally. Consequently, complicated grief can lead to severe depression, suicidal ideation PTSD symptoms, and even psychotic breaks (Laurie & Neimeyer, 2008; Neimeyer, 1998; Prigerson, Vanderwerker, & Maciejewski, 2008). Complicated grief is also different from other psychological disorders and so-called normal grieving by "symptoms of yearning and longing for the deceased, more pervasive painful reminders of the death, and guilt focused on interactions with the deceased" (Zinzow et al., 2009, p. 25).

In complicated grief, the bereaved individual does not experience the widely-accepted progressive or overlapping stages of grief toward reconciliation with the loss (Kubler-Ross, 1969). Rather, the grief is considered abnormal and is experienced as intensified, prolonged, inhibited, or delayed in relation to normal bereavement (Bucholz, 2002; Rando, 1993). Psychological interventions may provide little relief for sufferers of complicated grief (Schut & Strobe, 2010). Further, with application to the present study, survivors of violent loss, such as homicide, may have longer periods of disbelief that the event occurred before final acceptance than survivors of loss from natural causes (Holland & Neimeyer, 2010). In addition, African Americans, particularly those who have lost family members to homicide, have been found at high risk of complicated grief and psychological pathologies (Armour, 2002b; Laurie & Neimeyer, 2008; Miller, 2009a; Zinzow et al., 2009).

Coping Theory

Coping theory posits that individuals use mental, emotional, and behavioral strategies to deal with the external and internal stresses and demands of traumatic events. The most well-known theory of coping and stress was formulated and revised by Lazarus (Lazarus, 1991; Lazarus & Folkman, 1984). Stress is conceptualized as a transaction or relation between individuals and their environments and how they manage or cope with the events. “Psychological stress refers to a relationship with the environment that the person appraises as significant for his or her well being and in which the demands tax or exceed available coping resources” (Lazarus & Folkman, 1984, p. 63).

Coping may focus on changing external events and/or to ameliorate emotions causing the stress (Lazarus & Folkman, 1984; Neimeyer, 1998; Sharpe & Boyas, 2011). Coping skills are the cognitive, emotional, and social responses of individual to handle the stresses of events perceived as traumatic (Krohne, 2002; Lazarus, 1993).

Coping is meant to cushion the individual against the harmful effects of stress (Folkman, 2010; Lazarus & Folkman, 1984) and serves two main functions. These are to manage or change the person-environment relationship from which the stress emanates and to regulate and normalize emotions that arise from the stressful situation (Folkman & Lazarus, 1980).

To manage the person-environment stress, a major mechanism of coping is problem-focused, in which the individual uses energies to manage or regulate the stressful situation by such means as planning and direct action. To manage or buffer the emotional stress, the coping mechanism is emotion-focused, in which the individual uses

energies to regulate the emotional response by such means as verbal venting, emotional restraint, or psychological disengagement (Lazarus & Folkman, 1984; Utsey et al., 2000, 2008). Coping strategies may include denial, rationalization, distancing, support of others, invoking of religious beliefs, and many other strategies (Burke et al., 2010; Folkman, 2010; Karman, 2009).

With reference to the current study, secondary homicide victims may suffer special stressors because of the nature of the crime and may not be sufficiently prepared for coping (Karman, 2009). Moreover, African American secondary victims may have specific strategies for dealing with the trauma of the event (Utsey et al., 2008). The few studies on African Americans have shown their unique coping strategies (Sharpe & Boyas, 2011; Utsey, Bolden, Williams, et al., 2007; Utsey et al., 2008).

Africentric Worldview

Africentric theory posits that African Americans have different values and perceive life and problems differently from European-European Americans (Boyd-Franklin, 2006; Neblett et al., 2010; Utsey, Bolden, Lanier, et al., 2007). In contrast to a European worldview, the Africentric worldview has different touchstones and focus, emphasizing culture-specific traits, supports, and beliefs (Asante, 1998; Utsey et al., 2000). These outlooks developed, it is conjectured, when Africans were enslaved; they used the beliefs for survival and sustenance in the hardships oppressive surroundings they found themselves (Neblett et al., 2010). The worldview and values have been transmitted through the generations (Asante, 1998, 2000; Belgrave & Allison, 2009).

These include the importance of spirituality, the family, collectivist and group orientation, time orientation, oral traditions, and views of nature (Boyd-Franklin, 2006; Utsey et al., 2000, 2008). Spirituality is a fundamental characteristic, the belief in a metaphysical force greater than oneself, and informs all other aspects of life. In contrast to the Eurocentric view in which the material is more highly valued than the spiritual, in the Africentric tradition, the spiritual and material are equally valued. Further, self-knowledge in relation to the spiritual is also valued.

The family unit is of extraordinary importance, including extended family members, and demands a fierce loyalty. Others' emotional needs are connected to and influence one's own. Moreover, sensitivity to others' feelings is considered a necessary component of interaction, taught and cultivated, and highly valued (Asante, 2000; Belgrave & Allison, 2009; Boyd-Franklin, 2006; Neblett et al., 2010).

Relating to these values, collectivism and group orientation are also extremely important, with emphasis on cooperation and interdependence, in contrast to the Eurocentric high valuing of individualism, competition, and independence. The welfare of the group is considered first in individual decisions. Time orientation also differs. Whereas the Eurocentric view is oriented to the future, compartmentalized, and inflexible, the Africentric view holds that the past and present are equally important and time is seen as flexible and subjectively experienced (Belgrave & Allison, 2009; Utsey et al., 2000, 2008).

The importance of orality is also emphasized in transmission of knowledge and traditions. That is, there is a preference for representation and information through verbal

means rather than written words or images. Finally, the relationship of humans to nature, like the outlook of other minority groups (e.g., Native Americans), is seen as one of harmony and balance rather than control or conquest. This view of living in harmony with nature leads to respect of creatures and humans in all of nature (Asante, 2000; Belgrave & Allison, 2009; Jackson & Sears, 1992; Neblett et al., 2010)

Africentric theory was used as a basis for this study. It was thus posited that African Americans experience grief and cope with it differently from mainstream European American individuals (Laurie & Neimeyer, 2008; Rosenblatt & Wallace, 2005; Waites, 2009). The instrument used in the present study, the ACSI (Utsey et al., 2000, 2004; Utsey, Bolden, Lanier, et al., 2007), reflects the Africentric worldview and measured the coping strategies of African American participants.

Review of Research Literature and Methodological Literature

Review of Research Literature

Grief of family members of homicide victims: Risk of complicated mourning.

Family members of homicide victims have been an understudied and underserved population (Armour, 2002b; Armour & Umbrecht, 2007; Currier, Holland, Coleman, & Neimeyer, 2008). Statistical records are kept on the murder victims themselves.

However, no official records are kept of secondary victims, who are most often family members and constitute a larger group than the primary victims (Bucholz, 2002).

Individual attention has been “subsumed by the state’s agenda for retributive justice” (Armour, 2002a, p. 109), with additional confusion on what constitutes retributive justice

(Policek, 2007). Few studies have investigated the prevalence of covicims of homicide or the relationship of the homicide to survivors' psychiatric disorders (Zinzow et al., 2009). Nevertheless, the sparse studies conducted on FMHV indicate they are at high risk of complicated grief, mental illness, PTSD, and even suicide ideation (Davis, Lurigio, & Herman, 2012; Malone, 2007; Miller, 2009a).

An early study with FMHV was conducted by Rinear (1988) with 237 members of branches of the national support group for parents of children who were homicide victims, Parents of Murdered Children. Rinear's purpose was to investigate how the stress from this traumatic event threatened their beliefs from the standpoints of personal invulnerability, meaningfulness in the world, and the parents' sense of self-worth. Surveys were administered to both mothers and fathers, and Rinear (1988) found that psychosocial stressors threatened these three factors for the majority of participants. Some of the parents blamed themselves for their child's murder, and one fourth reported that they feared for their own safety and that of other children in the family and adult family members. From these results, Rinear (1988) suggested that positive personal beliefs of these parents had been seriously eroded and they were at risk for traumatic stress.

Amick-McMullan et al. (1991) studied 19 survivors of family homicide from a victim witness program and a victim rights organization for post-traumatic stress symptoms. The respondents were primarily women, 68% ($n = 13$) and White, 84% ($n = 16$), and married, 79% ($n = 15$), with annual income over \$25,000. Of the family

members, 68% ($n = 13$) were parents, mothers 47% and fathers 21%. The mean time since the homicide was 2½ years.

Two instruments were used, the Symptom Checklist to measure psychological distress (SCL-90-R; Derogatis, 1983) and the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979). Fourteen respondents completed the SCL-90-R, and of these 64% ($n = 9$) met the "caseness" criterion, defined by Derogatis (1983) as an indicator of psychiatric impairment sufficient to warrant further assessment and treatment" (Amick-McMullan et al., 1991, p. 29). The symptoms most frequently meeting this criterion, as indicated by subscale scores, were depression, somatization, anxiety, and phobic anxiety. However, caseness was not related to gender, amount of time since the homicides, or relationship to the victim.

In the Amick-McMullen et al. (1991) study, 16 participants completed the IES, and all reported a degree of event-related symptomatology characteristic of PTSD, such as intrusive thoughts and feelings and avoidance behaviors. Correlation analysis indicated no relationship between time since homicide and IES scores ($r = 0.06$) or relationship to gender ($r = 0.10$). Correlation of symptomatology to relationship to victim was not conducted or reported. Further, the majority was dissatisfied with the criminal justice system and the SCL-90-R subscales of depression and anxiety were highly correlated with degree of satisfaction.

A similar study was conducted by Rynearson and McCreery (1993) to investigate FMHVs' responses to the event and the intensity and relationship of the trauma to certain factors. In an outpatient clinic, 18 participants were administered the TRIG

(Faschingbauer et al., 1987, used in the current study), the IES, and the Dissociative Experiences Scale (Bernstein & Putnam, 1986). Of the sample, 67% ($n = 12$) had lost a child to homicide. The results indicated that 67% ($n = 12$) had a high frequency of antecedent psychiatric disorder and an idealized attachment to the deceased. Moreover, images of violent dying recurred as dreams and disorienting flashbacks. The results also showed generally higher levels of intensity of such emotional events than in normal subjects and other cohorts of bereaved subjects.

The experiences of FMHV were studied by Armour (2002b) with 14 families in a phenomenological qualitative study to explore and describe participants' experiences and interpretations of their experiences. Open-ended interviews were conducted with each family for 2 to 4 hours. The total number of participants was 38, and the majority was European American, with the mean time since the homicide was 7½ years (range 18 months-23 years).

Six themes were revealed that reflected participants' feelings and appraisal of the traumatic event: (a) "This Is a Nightmare You Don't Wake Up From," (b) "I Feel Betrayed by Those I Thought Cared," (c) "What Rights Don't I Have Anymore?" (d) "Belonging Relieves My Alienation and Loneliness," (e) "I've Stopped Waiting for Things to Go Back," and (f) "The Intense Pursuit of What Matters Is the Meaning in My Life" (Armour, 2002b, pp. 374-376). As Armour concluded, the findings showed that the criminal justice system and social context contribute greatly to the posthomicide experience and societal institutions can take precedence over personal needs. At the same

time, participants experienced extreme grief and posttraumatic stress that sometimes lasted for years.

Participants in the Armour (2002b) study also experienced significant personality changes, including a heightened sensitivity and reactivity to events, greater tolerance for others' pain and suffering, and an appreciation for and intensity in their living. Armour (2002b) concluded that family members of homicide victims "are an invisible and neglected population whose needs have been limitedly addressed under the lens of posttraumatic stress" (p. 380). Armour suggested that interventions take into account the larger social context and implications of these covictims of homicide.

A large cohort was studied by Zinzow et al. (2009) for the frequency, demographic distribution, and mental health relationships of loss of a family member or close friend to homicide. Structured telephone interviews were administered to a national random sample of 1,753 young adults, part of the National Survey of Adolescents (NSA). Males comprised 50.2% of the sample and females comprised 49.8%. The age range was 18 to 26 (mean age 22.12). The majority of the sample was European American (73.7%), with 13.0% African American, 7.9% Hispanic, 1.8% Asian-American, and 3.6% other. Most participants, 94.2%, had completed high school, and almost the majority, 47%, were employed full-time, with 17.6% were employed part-time, and 21.5% students. The questionnaire items measured exposure to violence, mental health diagnoses, and loss of a family member or close friend to vehicular homicide or murder.

The results indicated that almost 7% of the participants reported loss of a family member or close friend to vehicular homicide and 15.2% reported loss from criminal

homicide, affecting approximately 3.2 million young adults in the United States. That is, close to 1 in 10 respondents reported the loss of a family member or friend to criminal homicide. The majority of homicide survivors were European American, 57%, followed by African Americans, 29%, and African Americans were more highly represented among criminal homicide survivors than vehicular.

Findings from logistic regression analyses showed that even when demographic variables were controlled for, homicide covictims were significantly more likely to report past year posttraumatic stress symptoms ($OR = 1.88$ vs. none). In addition, covictims were at greater risk than nonvictims for major depression ($OR = 1.64$ vs. none). Homicide survivors were also at greater risk to report past year drug abuse or dependence ($OR = 1.77$ vs. none), although not for alcohol abuse or dependence. Thus, Zinzow et al. (2009) concluded that homicide survivors were almost twice as likely to experience PTSD, depression, and drug abuse or dependence in the past year. Therefore, in contrast to Armour (2002b), Zinzow et al. (2009) posited that loss of a family member to homicide may be best described by PTSD than a general grief reaction.

These studies indicate that grief-related distress and psychological symptoms of FMHV have been found severe and persistent, often more than for survivors of other types of death (Malone, 2007; Parkes, 1993; Ryneerson & McCreery, 1993; Zinzow et al., 2009). Ryneerson (1996) observed, “After a homicide, those surviving family members who fail to recover and present for therapy are unable to adjust to the trauma of the dying” (p. 47). The next section reviews studies of the ways FMHV attempt to cope with their grief and the homicide of their family member.

Grief of FMHVs: Coping skills. The coping skills of FMHVs have been studied in various ways by scholars in the last two decades, although only more recently have African American FMHVs been a special focus of attention (Laurie & Neimeyer, 2008). This section reviews FMHVs' coping skills without special reference to African Americans. An early study was conducted by Videka-Sherman (1982, as cited by Crandell, 1985) with Chicago self-help groups involving 194 parents of murdered children 1 year after the event. Coping strategies ranged from the least to most effective. Denial and preoccupation with the deceased child, resulting in chronic parental depression, were the least effective, and the most effective were adaptive, externally directed, and involved action. These included literal replacement of the deceased child by adoption, pregnancy, or befriending of another adult's child; and figurative replacement by immersion in work and development of altruistic concerns, such as working with scholarship committees or founding support groups for similar parents.

In an unusual qualitative study, positive rather than pathological outcomes of the trauma of a murdered child were studied by Parappully, Rosenbaum, van den Daele, and Nzewi (2002). Sixteen parents (age range 35 to 75) were selected from 65 volunteers to explore whether they could identify and experience positive outcomes from their traumatic events and the underlying processes and resources. In this phenomenological study, open-ended, semistructured, and in-depth interviews were conducted individually with the parents.

The researchers identified four thematic processes that contributed the parents' positive experiences. These were acceptance, finding meaning, personal decision making,

and compassionate reaching out to others. Six resources were also synthesized that additionally contributed to the positive outcomes for the majority of the participants: personal qualities, spirituality (prayer and rituals), a continuing bond with the victim, social support, previous coping experience, and self-care. The identification of these processes and resources, Parappully et al. (2002) suggested, could be utilized to design and enhance support and intervention strategies for parents of murdered children in helping them cope with the tragic event and find positive meaning in it.

With mothers only, Anderson, Marwit, Vandenberg, and Chibnall (2005) studied 57 participants who had suddenly lost their children to investigate the relationships between their psychological coping strategies, religious coping, and grief. For 59.6% ($n = 34$) of the participants the death was from homicide and for 40.4% ($n = 23$) the death was from accident, especially vehicular. Participants were recruited from a number of national support groups, such as Parents of Murdered Children, Mothers Against Drunk Driving, The Compassionate Friends, and Bereaved Parents of America.

Demographically, the participants' mean age was 50.6 years, almost all were European American, 96.5% ($n = 55$), and the majority were married, 68.4% ($n = 39$), with the remainder divorced, separated, or widowed. The majority had a high school degree, 35.1% ($n = 20$), and almost three fourths were Christian, 73.7% ($n = 42$). Almost equal percentages had lost a son, 52.6% ($n = 30$), or a daughter, 47.4% ($n = 27$). The mean age of the deceased was $20\frac{1}{2}$ years, and the mean years since the child's death was $4\frac{1}{2}$.

Three instruments were used: for grief, the Revised Grief Experience Inventory (RGEI; Lev, Munro, & McCorkle, 1993); for psychological coping, the Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1990); and for religious coping, the Religious Coping Activities Scale (RCAS; Pargament, Smith, Koenig, & Perez, 1990). The psychological coping strategies measured were task-based, emotion-based, and avoidance-oriented. The religious coping strategies measured were positive (e.g., prayer, interpersonal religious support) and negative (religious avoidance, discontent, pleading).

Results of correlation analyses indicated that grief scores were significantly correlated with number of years since the child's death ($r = -0.32, p < .05$), but other demographic or situational factors were not. Mothers who coped with emotion-based strategies (self-criticism, anxiety, and anger toward others) reported significantly higher levels of grief. This finding was not surprising.

However, mothers who coped with avoidance strategies reported lower levels of grief. This finding was somewhat surprising, since avoidance coping may be related to the nature and type of loss and time since death. Generally, in the early stages of grief, avoidance coping may be effective but problematic at later stages (Miller, 2009b). Task-oriented coping was found to be not statistically significant. This finding was also surprising because former findings have suggested that task-oriented coping is generally effective in coping for grief-stricken parents (Videka-Sherman, 1982). However, the interaction of task coping and positive religious coping was associated with lower degrees of grief. These findings support the importance of examining coping strategies

from a larger perspective in terms of both psychological and religious coping toward incorporation in bereavement support programs.

A review of literature on the risk of complicated grief and coping strategies of homicide and suicide survivors was conducted by Vessier-Batchen and Douglas (2006). Findings revealed that homicide covictims use a wide variety of coping strategies. These included participation in court proceedings and other criminal justice system processing, meaning-making, and counseling interventions, although some of the results were contradictory. The researchers concluded that no definite support was indicated for “greater or lesser adaptive coping by any specific group of survivors” (p. 30). Further, the range of studies of various and often limited participants precluded wide generalization and indicated the need for additional studies with more varied populations on how the death of a loved one impacts the survivors and their coping strategies.

Finally, a qualitative phenomenological study of the coping of women who had lost brothers to homicide in South Africa was conducted by Pretorious, Halstead-Cleak, and Morgan (2010). This region has a mortality rate from homicide higher than the global average (Pretorious et al., 2010). Three women participated in the study, age range 21 to 39, one African, one Asian, and one European American. In-depth, semistructured, open-ended interviews were conducted by Halstead-Cleak.

Seven themes were revealed from qualitative data analysis: (a) Shock and Disbelief; (b) Recollection, Guilt and Self-Blame; (c) Rupture and Fragmentation; (d) Support; (e) Justice and Revenge; (f) Reformulation; and (g) Resilience, Healing, and Growth. Participants showed resilient ways of coping with their grief, such as immersion

in work and study, accomplishing various professional goals, and healing “painful scars from their grief experiences . . . they had grown out of their experiences into more compassionate and sensitive people who appreciated life more fully” (Pretorius et al., 2010, p. 8). Although this study explored the lived experiences of only three participants, they were of different ethnicities and yet had had similar experiences in coping and handling their bereavement. The themes, as the authors observed, indicate the complexity of bereavement at the murder of a sibling and suggest tailored individual and family interventions to help covictims of homicide in the healing process.

Grief of African American FMHVs: Risk of complicated mourning. The study of Pretorius et al. (2010) on South African FMHVs was unusual in focus on a sample from one country. As noted earlier, in the United States, African American FMHVs have been increasingly studied in recent years, although research has not reflected the high percentages of African American homicide victims (Browne et al., 2010; Horne, 2003; U.S. Department of Justice, 2007; U. S. Department of Justice, 2011b). For example, Armour (2002a) reviewed covictim literature and found that of the 20 studies, only one third used primarily of African American samples.

A study of African Americans and European Americans who had lost a significant family member was conducted by Laurie and Neimeyer (2008). The study purpose was to investigate how African Americans experience grief and the risks of complicated mourning. The participants were bereaved college students, 641 African Americans and 940 European Americans ($N = 1,581$). Of the sample, 75% were female and 25% male, with 94% under 30 years old (range 18-60, mean age 20.8 years).

The participants completed two instruments, the Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001) and Continuing Bonds Scale (Field, Gal-Oz, & Bonnano, 2003). In addition, responses were requested to questions on demographic and situational factors. These included as the nature of the relationship with the deceased (immediate family, extended family, friend), cause of death (accident, homicide, suicide), and length of time since death.

Results of descriptive statistics revealed that of the causes of death, a higher percentage for European Americans was accident, 23.9%, compared to 10.9% for AA. A higher percentage was reported of homicides for African Americans, 11.6%, compared to 2.4% for European Americans. Further, analysis of variance showed that the African American participants reported significantly stronger and continuing bonds with the deceased, regardless of relationship. Although both African American and European American participants indicated similar grief responses to losing immediate family members and friends, African Americans also showed greater grief for the loss of extended family, such as a grandparent, aunt, uncle, or cousin, than immediate family members. This result may have been a possible reflection of the importance of extended family in the AA culture (Boyd-Franklin, 2006).

Finally, results of regression procedures showed that AAs spent less time talking about the loss than European Americans, and that a significant effect was evidenced between time spent and ethnicity. Laurie and Neimeyer thus observed that “an African American who spent little time talking about the loss would be expected to show the poorest grief outcome” (p. 185). The authors concluded that the study results provided

empirical support for the distinctive process of grieving for African Americans, who also showed a higher propensity for complicated grief than their European American counterparts (p. 185).

In the study by Zinzow et al. (2009) reviewed above, the authors studied mental health relationships of loss of a family member or close friend to homicide. Although African Americans comprised 29% of the sample compared to 57% European Americans, the results revealed interesting characteristics regarding the African American cohort. The homicide survivors were more likely to be female and list their ethnicity as African American compared to nonhomicide survivors or nonvictims. Females were 63% criminal homicide survivors, 54% homicide survivors from vehicles, and 49% non-victims. African Americans were 35% of criminal homicide survivors, 11% of homicide survivors from vehicles, and 9% of non-victims.

Further, regression analyses indicated that homicide survivors were at risk for PTSD during the past year ($OR = 1.88$), a major depressive episode ($OR = 1.64$), and drug abuse or dependence ($OR = 1.77$). Study results overall suggested that African Americans were more likely to be survivors of homicide than those of other ethnicity. This was true especially regarding criminal homicide, and African Americans are at greater risk than other groups for extreme grief reactions such as PTSD (Zinzow et al., 2009).

A mixed-method study of how African Americans cope with a family member's homicide was conducted by Sharpe (2007) to determine coping strategies and relationships with demographic and homicide situational factors. Participants were 44

AA individuals from victim support groups, mental health and community agencies, and social networks. The sample was comprised of 59% females and 41% males, with an age range of 18 to 61, mean age 30. Of the sample, 36.3% had a high school degree or more, 47.7% had some college or a college degree, and 15.9% had a master's degree or higher.

Regarding income, the mean annual income was reported at \$25,001 to \$30,000, with over 65% indicating income between \$25,000 and \$50,000. Of the sample, 52.3% were employed full-time, 18.2% were employed part-time, 36.7% were students, and 11.4% were unemployed. The majority, 59.1% reported that they were the primary household provider. Religions were declared as follows: 36.4% Baptist, 22.7% as Spiritual, 13.6% as Catholic, 11.6% as Protestant, and 15.7% as others.

In the quantitative component, three instruments were used, the IES (Horowitz et al., 1979), the ACSI (Utsey et al., 2000, 2004), and the TRIG (Faschingbauer et al., 1987), the latter two used in the present study. In the researcher-designed demographic component, participants supplied information on their backgrounds and homicide-related situational factors. These included time since victim's death, age of participant at the time, relationship of victim to participant, level of closeness, knowledge of perpetrator, whether perpetrator was convicted of other violent crimes, victim's gender, victim's age, participant witness of the murder, participant coping with violent death of other close individual, and whether participant is receiving support. The demographic and situational questionnaire of the present study was adapted from Sharpe's (2007) instrument.

Pertaining to complicated mourning or traumatic grief, correlational analyses indicated that participants' relationship to the victim was positively related to both past

and present domains of the TRIG ($r = .40$). Further, the level of closeness was positively related to the IES ($r = .55$). This relationship meant that participants who felt close to the victims had greater possibilities of more traumatic symptoms of grief than participants who felt less close. However, negative relationships were found between the relationship closeness and both past and present TRIG ($r = -.63$; $r = -.55$, respectively). These findings indicate that, possibly paradoxically, survivors who had moderate or minimal degrees of closeness to the victims had more traumatic grief symptoms than survivors who reported higher degrees of closeness.

In addition, a positive relationship was revealed for participants who knew who committed the murder and the IES ($r = .341$), indicating decreased degrees of traumatic grief in comparison with participants who did not know the perpetrator. For participants who knew the perpetrator, a negative relationship was found with the TRIG past ($r = -3.1$); that is, knowledge of the murderer reduced traumatic grief symptoms in comparison with participants who had no such knowledge. Finally, with respect to complicated mourning, a positive relationship was found between participants who witnessed the murder and the IES ($r = .45$), indicating that these participants experienced greater degrees of traumatic grief (Sharpe, 2007). In the next section, the coping strategies of AA FMHVs are more thoroughly reviewed.

Grief of African American FMHVs: Coping skills. Research has indicated that 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; Peterson, 2008).

However, other studies have found that AA FMHVs deal with their grief and traumatic events from largely Africentric perspectives. A study of 361 African Americans from Northeastern urban high-poverty and high-risk areas was conducted by Utsey, Bolden, Lanier, et al. (2007) to determine how culture-specific coping influenced resilience and quality of life. The authors noted that African Americans have been found at greater risk than other groups “for experiencing life stress and adversity” (p. 76) and that in general and in comparison with European Americans, African Americans are more likely to “be incarcerated” and live in a high-crime neighborhood” (p. 78). Although this study did not deal specifically with AA FMHV grief, the findings are nevertheless instructive for African American coping in traumatic events.

Of the sample, 45.7% were men and 54.0% were women (0.3% missing), age range 18 to 69, with mean age 25.7. The majority, over 58%, lived below the poverty line. Almost a quarter, 23.1%, had not completed high school; 27.2% had completed high school; 32.0% had completed some college; 15.8% had attained a bachelor’s or higher degree (1.0% missing). A packet of survey questionnaires was administered, which included the ASCI, three instruments measuring resilience factors (cognitive processing, social support, family factors), three for risk factors, and one for quality of life.

Of interest to the present study are the ASCI and the risk factor surveys. First was the Daily Stress Inventory (DSI; Brantley & Jones, 1989). Next was the researcher-

designed Life Events Rating Scale (LERS) measuring stressful life events likely to take place with African Americans (e.g., “Victim of police brutality,” p. 81). Finally was the Index of Race-Related Stress–Brief Version (IRRS-B; Utsey, 1999). Through structural equation modeling, culture-specific coping was tested for its contribution to predict more positive quality of life beyond traditional resilience factors.

The findings of multiple regression indicated that culture-specific coping, especially spiritual and collective coping (two domains of the ACSI) and quality of life were positively and significantly related ($\beta = .34, p < .05$). That is, when culture-specific coping was high, higher quality of life scores were predicted. All factors, especially spiritual coping, were higher than traditional factors. However, traditional factors were also significantly related to quality of life ($\beta = .24, p < .05$). That is, when family cohesiveness and adaptability were high, higher quality of life scores were predicted. Thus, for the African Americans in this sample, both culture-specific and traditional coping skills were used and predicted higher quality of life and resilience. However, it must be noted that the culture-specific coping had a higher statistic than that of traditional coping, (.34, .24, respectively).

With specific regard to coping skills of AA FMHVs, the results of Sharpe’s (2007) study with the TRIG and ACSI are relevant. Sharpe’s quantitative results indicated that grief was positively related to religious practices ($r = .37$), indicating that FMHV who coped with their grief with spiritual strategies had greater grief symptoms than those who did not use religious strategies. With reference to the homicide-specific variables and ACSI coping strategies, relationship 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.

Sharpe (2007) also found that spiritual coping was the most used of the four strategies. For spiritual coping (range 0-24), the mean was 13.61; for collective coping (range 0-24), the mean was 12.40; for cognitive/emotional (range 0-33), the mean was 13.14; and for ritual coping (range 0-9), the mean was 1.69. Thus, spiritual coping was the strategy used primarily, collective and cognitive/emotional coping were used moderately, and ritual coping was strategy used least.

In the qualitative component of Sharpe's (2007) study, eight participants volunteered from the full sample for in-depth interviews with seven open-ended questions about the survivors' experiences of coping with the homicide. Two major domains were revealed, the Culture of Trauma and the Culture of Homicide (Sharpe, 2007). The themes of each reflect two themes recognized today, the hardships African Americans have experienced throughout their history (Asante, 1998, 2000; Belgrave, 2009; Neblett et al., 2010) and the prevalence of homicide (Browne et al., 2010; Harrell, 2007; Horne, 2003; U.S. Department of Justice, 2007; U. S. Department of Justice, 2011a, 2011b). The Culture of Trauma included Ancestral Survivorship and Anticipated Hardship. The Culture of Homicide included the sociopsychological components of stigma and shame, blame (of self), and lack of justice, aspects that carry high risk for complicated mourning.

The Culture of Homicide in Sharpe (2007) and as refined also by Sharpe and Boyas (2011), included four major coping themes were spiritual coping and meaning making of the event through “a relentless faith in God” (Sharpe & Boyas, 2011, p. 861); maintaining a connection with the victim through photographs, objects, and memories; collective coping through reliance on family and friends others and caring for others; and concealment and avoidance of grief feelings so as not to “burden” others and to disassociate from the pain of the loss (Sharpe & Boyas, 2011, p. 864).

In another qualitative study, Peterson (2008) studied six AA FMHVs. Peterson found that participants experienced intense and complicated emotions, used many coping strategies, suffered from prejudice and indifference of the law, and used informal support systems to cope with their grief. Within coping, three themes emerged: escape, street justice, and spirituality. For the respondents, corroborating Sharpe (2007) and Sharpe and Boyas (2011), for Peterson’s respondents spirituality was by far the most used.

A study specifically investigating spiritual and religious coping strategies of AA FMHV was conducted by Burke et al. (2011) with African American FMHVs in an urban area in the South. Recognizing that this population relies on spiritual coping in such traumas and is also at high risk for complicated mourning, the authors explored relationships between complicated mourning and positive and negative spiritual coping and how each could predict the other. Negative spiritual coping is characterized by as anger toward God and spiritual community, spiritual struggle, 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 et al., 1998). Participants were recruited from a Christian-oriented support and advocacy group founded in 1995, Victims to Victory, and word-of-mouth referrals.

A total of 46 AA FMHVs participated in the study. Most participants were female, 89.1%, and the remainder male 10.9%. The age range was 19 to 71, with a mean age of 50.23. Equal percentages were married and single, 26.1%, with 30.4% separated or divorced and 17.4% widowed. Regarding education, 37.0% had some college, 19.6% had a college degree, and 26.0% had a high school or equivalent diploma. Close to half, 45.6%, had annual income between \$20,000 and \$50,000, with 37.1% under \$20,000 and 17.3% over \$50,000. Regarding relationship of survivors to victims, 58.7% of survivors were mothers, 15.2% were extended family members, 10.9% were spouses, 8.7% were sisters, 4.3% were stepfathers, and 2.2% were fathers. Time since loss varied between 1.1 month and 58.3 months (Burke et al., 2011).

In this quantitative longitudinal study, participants completed two instruments 6 months apart. The Inventory of Complicated Grief–Revised (ICG–R; Prigerson & Jacobs, 2001) measured symptoms of grief possibly indicating complicated mourning and dysfunction. The Brief RCOPE (Pargament et al., 1998) measured religious-oriented coping. The results indicated that at both time points, negative religious coping was significantly related to symptoms of complicated mourning ($r = .41$, $r = .48$, $p < .001$, respectively). Positive religious coping, however, was found nonsignificant in relation to complicated mourning at both time points ($r = .03$, $r = -.14$, $p < .05$). Burke et al. (2011)

observed that these results were unexpected and could prompt further research and interventions by clergy and mental health professionals toward helping AA FMHV deal with their losses more effectively over time. Relating to the present study variables, relationship to the victim was not investigated in terms of extent of grief. Time since the homicide was found nonsignificant at both time points ($r = -.23$, $r = -.15$, respectively).

Time since homicide. The time since the death of a family member friend has been studied widely in bereavement literature in relation to its effects on grief and development of psychologically detrimental symptoms. Studies include both homicide and nonhomicide survivors. Some studies found no relationship (Amick-McMullan et al., 1989, 1991; Holland & Neimeyer, 2010; Keesee et al., 2008; Thompson et al., 1998). Other studies found that symptoms continued for many months and years after the event (McDevitt-Murphy et al., 2011; Rynearson, 1984; Rynearson & McCreery, 1993). Such mixed results indicate the need for further study of FMHV, especially with African American participants.

In Sharpe's (2007) study, reviewed earlier, the average time since the homicide of an AAFMHV was 5 years. Correlation analyses were conducted with situational factors and the TRIG (Faschingbauer et al., 1987, used in the current study). With the situational factor of time since victim's death, correlation analyses revealed no significant relationships between grief and the time since the victim's death.

Parents of deceased children were studied by Keesee et al. (2008) for relationships between severity of grief, situational factors, and meaning-making. A total of 157 parents participated, 81% mothers and 19% fathers. The age range was 23 to 77,

mean age 49.41. Participants were recruited from 32 states in the United States, two provinces in Canada, and Australia. Most, 93%, were European American, with 4% African American, and 3% Hispanic or biracial. Children had been lost from six causes: miscarriage or stillbirth, 6%; natural and expected illness, 12%; natural and sudden illness (20%); accident, 45%; suicide, 11%; and homicide, 6%. The time since death ranged from 0 to 40 years, mean time 6 years.

Two instruments were used, the Inventory of Complicated Grief (Prigerson et al., 1995) and the Core Bereavement Items (Burnett, Middleton, Raphael, & Martinek, 1997). Multivariate analyses since loss significantly predicted grief symptoms on the Core Bereavement Items instrument, specifically with violence of the death, child's age at death, and length of bereavement. Time since the death was negatively correlated with grief symptoms. That is, the longer the time, the less severe were the symptoms. However, pertinent to the current study, parents of children who had died violent deaths reported that they made less sense of the experience than parents who had lost children to other causes.

Associations between the time since loss and stages of grief were investigated by Holland and Neimeyer (2010) with a diverse sample. These researchers examined associations between time since the loss and five grief indicators of survivors' grief in the stage theory of bereavement: focusing on disbelief, anger, yearning, depression, and acceptance. The 614 participants were psychology students at a large, ethnically diverse mid-Western university. All had lost a loved one or friend in the last 2 years, either from natural causes ($n = 441$) or violent causes, such as homicide, suicide, or accidents ($n =$

173). The sample was comprised of 71.8% women and 28.2% men, mean age 21.3. Of the sample, 55.4% were European American, 39.6% were African American, and a total of 5.0% were Native American, Asian American, Hispanic/Latino, or other. The average time since participants' loss was 11.1 months. Participants completed two questionnaires on the five indicators of grief, the Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001) and the Core Bereavement Items (Burnett et al., 1997), as well as a 1-item question on sense-making.

Linear regression models were applied separately to the subsamples of participants who lost loved ones to natural and violent causes. For purposes of the present study, those suffering losses from violent causes are reported. The researchers found a statistically significant linear association between the time since loss and scores on the disbelief indicator, accounting for 11.1% of the variance ($R^2 = .111$, $p < .001$); the depression indicator, accounting for 4.1% of the variance ($R^2 = .041$, $p = .03$); and the acceptance indicator, accounting for 5.1% of the variance ($R^2 = .051$, $p = .01$). No statistically significant results were found for the anger or yearning indicators or the sense-making item. Disbelief and depression peaked at approximately 0-2 months postloss, and disbelief decreased but depression peaked at approximately 22-24 months. Acceptance peaked at approximately 16-19 months.

Corroboration of the stage theory in a linear fashion of grief was not wholly supported; grief and acceptance fluctuated over time among all participants. However, important for the present study, the negative grief Indicators were higher for participants who had lost loved ones to violent causes, in comparison with those suffering

bereavement from natural causes. Further, disbelief was a major response at 3 months or less, “highlighting the difficulties faced by this population of griever” (Holland & Neimeyer, 2010, p. 115).

AA FMHVs were studied by Burke et al. (2010), reviewed earlier, for positive and negative religious coping at a 6-month interval. For the 46 participants, the time since loss varied between 1.1 and 58.3 months (Burke et al., 2010). With the two instruments, the Inventory of Complicated Grief–Revised (Prigerson & Jacobs, 2001) and a religious coping instrument, the Brief RCOPE (Pargament et al., 1998), the results of multivariate analysis indicated that negative religious coping was significantly related to complicated grief. However, at either time of instrument administration, no significant relationships of time since loss were found to either positive or negative coping.

The psychological impacts of bereavement from homicide, especially depression and PTSD, were investigated with an African American sample by McDevitt-Murphy et al. (2011). Participants were recruited from a mid-Western metropolitan survivors’ support group, Victims to Victory. A total of 54 individuals participated, 63% parents, 88.9% women and 11.1% men. Ages ranged from 19 to 71, mean age 48.61.

On marital status, 26% were married, 29.6% single, 26% separated or divorced, and 18.5% widowed. On educational level, 29.6% had completed high school or a GED, 38.9% had attended some college, 22.3% had completed college or had gone further, and 9.3% had less than a high school education. On income level, 18.5% had an annual income exceeding \$50,000; 46.3% had incomes between \$20,000 and \$50,000; and 35.2% had annual income of less than \$20,000.

For the participants, the time since the homicide ranged from 29 days (almost 1 month) to 58.30 months (almost 5 years). The mean number of months was 20.93 (almost 2 years). Of the sample, 81.5% were bereaved for 6 months or more.

Four instruments were administered, two for depression, one for complicated grief, and one for PTSD symptoms. These were the Beck Anxiety Inventory (Beck, Brown, Epstein, & Steer, 1988); the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996); the Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001); and the PTSD Checklist-Civilian Version (Weathers, Litz, Herman, Huska, & Keane, 1993).

The results of descriptive statistics indicated that 54% of the participants showed positive for at least mild depression, 46% for at least mild anxiety, and 18.5% for PTSD. For those who experienced the homicide 6 months prior to participating, 54.5% showed positive for complicated grief. Regression analysis showed that the 2-year mark of the homicide seemed important; participants experiencing the loss less than 2 years had significantly higher levels of anxiety and PTSD than those more than 2 years. However, depression and complicated grief levels did not differ significantly between these groups.

Regression analyses also revealed that time since the homicide was a significant predictor for anxiety ($r = -.35, p < .01$) and approached significance in predicting PTSD ($r = -.28, p < .05$). However, time since homicide was not significantly associated with either depression or complicated grief. The researchers observed that these results were somewhat surprising and suggested that African American homicide survivors may seek formal psychological support less than other groups and may communicate or admit the

extent of their distress less than others. Thus, future studies were recommended to investigate various types of support, including informal grief support groups.

Relationship to victim. The relationship of homicide survivors to the victims has been studied less than some other variables, although results have indicated significant relationships between the extent of grief and degree of coping of survivors. Closer relationships have shown more prolonged grief and tendency to complicated grief (Burke et al., 2010; Sharpe, 2007). Especially in African American families, family support and closeness are strong and often multigenerational (Hampton et al., 2010; Shook et al., 2010; Waites, 2009). With homicide the leading cause of death for African American men aged 13 to 25 (Boyd-Franklin, 2006), such closeness can place African American homicide survivors at great risk of debilitating or complicated grief. Thus, study of the FMHV's relationship to the victim is an important consideration the extent of grief and coping for African American FMHVs.

In Sharpe's (2007) study, reviewed earlier, of AA FMHVs, close to the majority of participants were victims' cousins (45.5%). Spouses and partners of victims comprised 11.4%, children 2.3%, grandparents and grandchildren 4.5%, extended family members 4.5%. Siblings, aunts and uncles, and nieces and nephews each comprised 9.1%, and 4.5% did not respond. Using the TRIG (used in the present study), Sharpe found that the relationship to the victim, of any type, was significantly related to both past and present grief, (past, $r = .35$, $p < .05$; present, $r = .40$, $p < .001$).

As Laurie and Neimeyer (2008) pointed out, the loss of family members in primary relationships, such as parents, spouses, and children, has been found to involve

deeper grief than loss from secondary losses, such as extended family members and acquaintances. However, studies confirming this difference have been conducted primarily with European American populations. Studies with African Americans may show different results (Boyd-Franklin, 2006; Laurie & Neimeyer, 2008; McGoldrick et al., 2004). For African Americans, extended family members may be as close and significant as those in nuclear or blood-related members. Further, the loss of a member may affect all others deeply, whatever the formal relationship labels (Belgrave, 2009; Neblett et al., 2010).

Laurie and Neimeyer (2008) sought to corroborate this observation and studied African Americans and European Americans pertaining to their relationships with a deceased family member (reviewed earlier). In their sample of 641 African Americans and 940 European Americans, of the African American sample, 11.6% had lost a family member to homicides, compared to 2.4% for European Americans. Although participants' specific relationships to the deceased were not reported, Laurie and Neimeyer tested three levels of the relationship: immediate family member, extended family member, and friend.

On the immediate family and friend relationships, Laurie and Neimeyer (2008) found no appreciable differences between the ethnicities. Further, ANOVAS revealed that participants who lost immediate family members had significantly higher scores on the grief instrument than those who had lost extended family or friends, regardless of ethnicity ($F[2, 884] = 50.30, p < .0$). However, comparative results indicated that African

Americans appeared to grieve more on losing extended family members than did European Americans (mean difference = $-.124$, $p = .02$).

In the McDevitt-Murphy et al. (2011) study, reviewed earlier, of the 54 African American participants from a support survivors' group, Victims to Victory, 63% were parents of homicide victims, including mothers, fathers, and stepfathers. A total of 13.0% were siblings, and 13.0% also were grandmothers and aunts. The category of spouses comprised 9.3%, and 1.9% categorized their relationships as others, which included friends, coworkers, or community members. Of the total, 30 participants were mothers. McDevitt-Murphy et al. compared mothers to all other participants, based on research indicating that especially mothers of homicide may respond more severely and persistently to loss of their children to homicide.

With mixed-model ANOVAs, although all participants tested positive for depression, PTSD, and complicated grief, concerning relationship to the victim, the researchers found no statistically significant differences between the 30 mothers and the 24 other participants. In addition, when the women in the sample only were tested, the results were similar: no statistically significant differences were found between the 30 mothers and the 18 other women on all symptoms.

With reference to the current study, Hibberd, Elwood, and Galovski (2010) reviewed literature on the external factors of cause of death, relationship of survivor to the victim, and social support and their relationships to grief. The findings showed little evidence that survivors of different causes, such as suicide, accident, and homicide, differed in the intensity or duration of their grief. Pertaining to relationship to the

deceased, the studies reviewed generally concurred that the closer the relationship, especially with bereaved parents, the greater the prediction for grief and depression. Social support in terms of support of family members, rather than more formal means such as churches or support groups, was found in the studies examined to mitigate PTSD and extended grief.

Holland and Neimeyer (2011) studied relationship to victim and cause of death with African American students, the same sample as that used for the Laurie and Neimeyer (2008) study and described in Currier, Holland, et al. (2008). The instrument used, as in previous studies, was the Inventory of Complicated Grief-Revised (Prigerson & Jacobs, 2001). Results of multiple regression revealed that, in comparison with natural or sudden death or suicide, homicide as cause of death was significantly related to grief ($p < .001$). This conclusion was in contrast to that of Hibberd et al. (2010). Similarly, in comparison with death of extended family or friends, death of immediate family members (no further breakdowns reported) was significantly related to grief ($p < .001$).

It can be seen that the influence of AA FMHVs' relationship to the victim on extent of grief has produced mixed results. Sharpe (2007) and Laurie and Neimeyer (2008) found significant results. However, McDevitt-Murphy et al. (2011) found no significant relationships.

Length of attendance in a support group. Support group attendance has often been recommended for FMHVs (Miller, 2009b; Shulman, 2012). Although, as Murphy (2000) observed, among bereavement professionals "no gold standard" of services exists that eases bereavement (p. 585), lay support groups have served important roles. From

the earliest stages of the homicide for as long as a survivor feels is 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; Graham, 2009).

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).

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). New members may gain inspiration in observations of relatively normal functioning of older members. In a qualitative study with 38 primarily European American participants in 14 families, 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. . . You know they know” (Armour, 2002b, p. 376)

However, 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, 2001b, p. 121). With their focus on the bereavement and loss, studies with intervention and control groups have been found to actually hamper the healing and readjustment (Larson & Hoyt, 2009; Schut & Stroebe, 2010; Stroebe, Hansson, Schut, & Stroebe, 2008). In other studies, the mutual support has not been found to reduce significantly depression, anxiety, or PTSD among members (Armour & Umbreit, 2007; Schut & Stroebe, 2010). Such results, like those exploring the time passed since the homicide for survivors, indicate the need for further study of the effects of length of attendance at survivor support groups.

Many studies have been conducted on support group for suicide family members (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. However, some studies have been conducted on the fact of support group attendance, with mixed results.

After an extensive literature search, no studies were located on the length of support group attendance and its influence on FMHVs’ grief. A review of 61 studies on bereaved individuals by Currier, Neimeyer, and Berman (2008) included 35 studies that included 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 subsequent follow-ups, no effect differences were shown.

A follow-up study by Neimeyer and Currier (2009) utilized the same studies as the Currier, Neimeyer, 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, Neimeyer, 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 AA FMHVs’ use of support groups and systems, and in contrast to other studies (e.g., Armour & Umbreit, 2007), Sharpe (2007) found that

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 AA 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. Length of time attending any support network was not studied. The current study may thus be the first to consider length of attendance in a support group as a possible influence on AA FMHVs' extent of grief.

Review of Methodological Literature

This study was a quantitative, cross-sectional, nonexperimental study with the use of regression analysis to answer the research questions. A quantitative approach was appropriate because it is used to collect information about trends or characteristics of a specific population, with numerical summaries and explanations of relationships among selected variables. Generalizations about the full population can then be made with high statistical probability. The study was nonexperimental because no interventions or treatments, such as courses or treatments, were administered to the group of participants (Gall, Gall, & Borg, 2009).

In using regression analysis, the “researcher is interested in the extent to which two variables (or more) co-vary—where variance or changes in one variable are reflected in variance or changes in the other” (Creswell, 2011, p. 358). Thus, regression compares

effects of independent variables on dependent variables (Lodico et al., 2010). In this study, regression analysis investigated the influence of one dependent variable, extent of grief, on three independent variables, time since homicide, relationship to victim, and length of attendance in a support group. Thus, especially concerning public safety factors and criminal justice, this quantitative regression analysis approach was considered appropriate for this study to collect data from the identified population of African American FMHVs (Maxfield & Babbie, 2010).

The instruments used were the TRIG and ACSI. The TRIG has been extensively tested and validated (Faschingbauer et al., 1987; Futterman, Holland, Brown, Thompson, & Gallagher-Thompson, 2010). Likewise, the ACSI has been repeatedly tested and validated for use (Utsey et al., 2000, 2004, 2008; Utsey, Bolden, Lanier, et al., 2007; Utsey Bolden, Williams, et al., 2007).

Previous studies have used quantitative approaches and regression to investigate grief in various populations, and especially that of AA FMHVs. Sharpe's (2007) quantitative component examined relationships between respondents' grief and coping strategies as well as their primary coping strategies with the TRIG and ACSI, the instruments used in the present study. Laurie and Niemeyer (2008) investigated differences in grief coping between African Americans and European Americans with two other instruments, reporting statistically significant relationships of the two ethnicities and relationship to the deceased as well as descriptive results. Sandler et al. (2010) used the TRIG and two other grief measures in a longitudinal study to determine the effectiveness of a bereavement program on primarily European American children

and adolescents. Sullivan and Monagle (2011) used the TRIG to explore parents' responses to autopsies of their deceased children.

Quantitative studies have also investigated African American populations in terms of grief and coping. Constantine, Wilton, Gainor, and Lewis (2002) used the ACSI to measure coping in relation to religious participation and spirituality in AA students. Colbert et al. (2009) did not study AA grief but rather their psychological well-being as it related to religious beliefs and demographic characteristics. With an AA sample, Utsey et al. (2008) investigated the stress from events and racial prejudice in relation to psychological, cultural, and sociofamilial palliative resources. With the ACSI and a population of African American from high-risk urban communities, Utsey, Bolden, Williams, et al. (2007) explored the role of spiritual well-being in coping and quality of life. Also with the ACSI, Utsey, Bolden, Lanier, et al. (2007) used regression to investigate culture-specific coping and resilience in an AA urban population.

Relationships and associations have been investigated in several studies with regression analyses. Zinzow et al. (2009) studied survivors of homicide, who were found significantly at risk for past year PTSD, major depressive episodes, and drug dependence and abuse. A similar research design was employed by Holland and Neimeyer (2010), who found that time since loss was not significantly related to indicators of grief over the homicide but finding meaning was a stronger predictor of the indicators.

In the study by Burke et al. (2010), the quantitative regression design indicated that size of social support networks, number of negative relationships, and various types of grief-specific support showed correlations with of complicated grief, PTSD, and

depression. Also with regression techniques, Burke et al. (2011) found that negative religious coping was significantly related to complicated grief.

Sharpe (2007) found significant relationships between AA FMHVs' grief and coping. Sharpe also found significant relationships between one of the three situational variables focused on in the present study, grief and the relationship to victim, although no significant relationships with time since the victim's death. Colbert et al. (2009) found significant relationships between age and other demographic variables and religiosity in their AA subjects. In the studies of Utsey, Bolden, Lanier, et al. (2007) and Utsey, Bolden, Williams et al. (2007), regression analyses were used. With a European American and African American sample, Holland and Neimeyer (2011) found significant relationships between homicide as cause of death and immediate family relationships and prolonged grief.

Thus, a range of studies have used the instruments employed in the current study, quantitative approaches, and regression analyses to study bereavement, grief, coping, and ethnicity. In addition, these methodological approaches have also been used to study the variables in relation to situational variables related to victims' deaths. This body of previous literature supplies the rationale and models for the current study.

Synthesis of Research Findings

The theoretical orientation of this study draws from three theories: complicated grief theory, coping theory, and Africentric theory. These theories are particularly appropriate to the topic and sample. AA FMHVs have greater percentages of loss from

homicide than other ethnicities (Browne et al., 2010; U.S. Department of Justice, 2007; U.S. Department of Justice, 2011a, 2011b). However, these theoretical orientations may not account for other aspects of the AA FMHV experience. These may include theories of as prejudicial treatment, poverty, and residence in at-risk urban areas (Hagan, 2010; Siegel, 2008), African American psychology (Belgrave & Allison, 2009), or African American personality theory (Kambon & Barton-Reid, 2010). Such theories could prove additionally insightful into the experiences of AA FMHVs.

The literature reviewed indicates that, although many studies have been conducted on complicated grief and coping, relatively few studies have been conducted with AA FMHV (Burke et al., 2010). Moreover, even fewer have been conducted with a focus on the three situational variables of the current study, time since homicide, relationship to victim, and especially length of attendance in a support group. However, the studies reviewed support the precept that African Americans are at great risk of complicated grief (Boyd-Franklin, 2006; Sharpe, 2007; Zinzow et al., 2009). Their methods of coping may be different from European American FMHVs (Laurie & Neimeyer, 2008). Dealing with the loss may also reflect the Africentric culture (Burke et al., 2010; Sharpe & Boyas, 2008; Utsey et al., 2008).

Pertaining to the three specific variables of the current study in relation to AA FMHVs' grief, time since homicide, relationship to victim, and length of attendance in support groups, previous findings show mixed results. In several studies, no relationship was found with time since homicide (Burke et al., 2010; McDevitt-Murphy et al., 2011;

Sharpe, 2007). In others, grief symptoms persisted for years following the event (McDevitt-Murphy et al., 2011; Rynearson, 1984).

Regarding family relationship to the victim, results were mixed. A number of studies found statistically significant relationships between grief and family affiliation (Hibberd et al., 2010; Holland & Neimeyer, 2011; Laurie & Neimeyer, 2010; Sharpe, 2007). However, in another study, no significant relationships were found (McDevitt-Murphy et al., 2011).

Focusing on support group attendance, although support groups have been recognized generally to help survivors (Graham, 2009; Miller, 2009b; Neimeyer & Burke, 2011), some studies found that support group attendance was actually detrimental to amelioration of grief (Larson & Hoyt, 2009; Schut & Stroebe, 2010; Stroebe et al., 2008). Regarding length of support group attendance, few studies have investigated this variable for FMHVs. One of the few, a literature review by Neimeyer and Currier (2009) on various modalities with mixed populations, found mixed results, with a wide range of effectiveness. As noted earlier, after an extensive literature search, no studies were located that considered length of support group attendance in relation to AA FMHVs' grief.

In relation to the literature, the current study had several strengths. It added to the relatively sparse literature on AA FMHVs, an often neglected and underserved population (Armour & Umbrecht, 2007; Jones-Webb & Wall, 2008; Laurie & Neimeyer, 2008; Miller, 2009a, 2009b; Sharpe, 2008). The current study also investigated important situational variables pertaining to AA FMHV, specifically, time since homicide and

relationship to victim. The study especially explored a variable not studied before, length of attendance at a support group.

However, the present study has certain weaknesses in relation to the literature. As noted in Chapter 1, results were limited because participants were drawn from a single homicide-bereavement support group in a single location. They were mostly female, 90% (President of FMMV, personal communication, October 9, 2011). Demographic composition was reported, but because of the limited hypotheses, no investigation was conducted of the relationship of demographic variables to participants' grief, coping, or the stated situational variables. Further, no exploration was made of the relationship between participants' grief and coping.

Methodologically, however, this study was based on previous research, as discussed above. Use of the TRIG and ACSI are in accord with prior studies of AA FMHVs (e.g., Sandler et al., 2010; Sharpe, 2007; Sullivan & Monagle, 2011; Utsey, Bolden, Williams, et al., 2007). The hypotheses exploring relationships through regression also followed previous research of similar or parallel variables with AA FMHVs (Burke et al., 2010, 2011; Holland & Neimeyer, 2011; Sharpe, 2007). Thus, this study was conducted in the tradition of accepted research on AA FMHVs.

Critique of Previous Research

Many methodological strengths and weaknesses may be found in previous research. The strengths involve acknowledgment and foundation of previous studies and the use of validated instruments (e.g., TRIG, ACSI, Inventory of Complicated Grief-

Revised, Brief RCOPE), as well as appropriate statistical procedures for the stated research questions and hypotheses regarding variables studied. The procedures include detailed descriptive statistics and inferential statistics, such as correlation and regression methods. Further, previous research focuses on highly differentiated populations, such as bereaved parents, homicide survivors, members of support groups, and different ethnicities, such as African Americans.

However, many weaknesses are also evident in previous studies, often pointed out by the researchers themselves. These generally involved small, homogeneous, and nonrepresentative samples, single geographical locations, and self-reports which presume bias of social desirability responses (van de Mortel, 2008). The following paragraphs present weaknesses of studies reviewed by subtopics in this chapter. Because some studies apply to more than one subtopic, references to the studies are repeated.

Grief of FMHVs: Risk of Complicated Mourning

Amick-McMullan et al. (1991) had a small and nonrepresentative sample, with a single measure (Impact of Events Scale), and the victims were mostly children. Armour (2002b) interviewed primarily European American families who were homicide survivors and who used helping services. Similarly, Zinzow et al. (2009) used a sample of primarily European American females who were young adults and had high income.

Grief of FMHVs: Coping Skills

Parapully et al. (2002) recognized that their interview questions requesting positive outcomes may have biased responses. In the Anderson et al. (2005) study, the sample was small, primarily European Americans, and only mothers belonging to support

groups for loss of children. In the Pretorius et al. (2010) study, only females who had lost a brother were interviewed.

The literature review on coping of Vessier-Batchen and Douglas (2006) contrasted studies of various types of coping. However, this study did not seem to go far enough in exploring many the types of coping that can be used, as did Anderson et al. (2005). Further, no aspect of coping theory seemed to be addressed (e.g., Folkman & Lazarus, 1984) or the latest findings reported as discussed in, for example, Stroebe et al. (2008).

Grief of African American FMHVs: Risk of Complicated Mourning

AA FMHVs' grief and the risk of complicated mourning, Sharpe's (2007) sample was relatively small (44) and from a single state (Massachusetts). Over three fourths of Laurie and Neimeyer's (2008) sample were traditional college-age students and female. No information was collected on support resources or related to socioeconomic status for comparison with the general population. Finally, although participants were African American, the Inventory of Complicated Grief-Revised was originally derived from a mainly European American population.

Grief of African American FMHVs: Coping Skills

Utsey, Bolden, Lanier, et al. (2007) used a nonrandom sample of African Americans from two urban areas in the Northeast and employed a cross-sectional correlational design, which cannot infer causality among the variables studied and outcomes. Burke et al. (2011) had a relatively small sample, 46, from a high-homicide

Southern city, and two assessment instruments that precluded more detailed statistical analyses among the variables, especially changes over time.

Time Since Homicide

In Sharpe's (2007) study, as noted above, the sample size was small and in one geographic location. Only African Americans were sampled, and the genders were not equally represented. Participants in the Keesee et al. (2008) study were primarily European American. In Holland and Neimeyer (2010), half were European American, three fourths were women, and participants were young and likely to have become bereaved by a friend as young. In the Burke et al. (2011) study, as noted above, the AA participants, as many, were known to use spirituality for coping. They were all from a Southern city with twice the homicide rates of the nation. In the McDevitt-Murphy et al. (2011) study, the AA sample was small, 54, mostly female, and recruited from a single, faith-based support group in a city in the Midwest with high religious involvement.

Relationship to Victim

In Sharpe's (2007), close to the majority of AA FMHVs were cousins, 45.5%; interestingly, there were no mothers or fathers. In Laurie and Neimeyer (2008) and Holland and Neimeyer (2011), the same sample was used, Although large, 1,581, most were college students, there were one third more European Americans than African Americans, three fourths were between the ages of 18 and 21, and three fourths were female. Specific family member relationships were not reported. In the McDevitt-Murphy et al. (2011) study, parents comprised the majority of survivors, 63%, and of the total 30% were mothers.

Length of Attendance in a Support Group

Although no studies specifically addressed length of support group attendance in relation to grief, some studies addressed attendance. The weaknesses noted above in Sharpe (2007) apply to this subtopic as well. The three literature reviews on bereavement resources and interventions also had several weaknesses. Currier, Neimeyer, et al. (2008); Currier, Holland, et al. (2008); and Neimeyer and Currier (2009) included noncontrol studies, many types of samples, and various grief therapeutic modalities. Thus, conclusions on study findings could not be generalized. Another literature review on social support in bereavement, of Hibberd et al. (2010), included an uneven distribution of studies and different causes of death, with underrepresentation of survivors of homicides, natural disasters, and terrorist attacks. Few of the studies reviewed compared survivors of violent death from different causes or the relationship of victim to survivor. Many studies were correlational, and intervening variables may have contributed to the outcomes. Finally, the studies reviewed encompass those only to 2008, and important later studies (e.g., those by Neimeyer and colleagues) were not taken into account.

Following from this critique of previous research, the current study shared some of their limitations, as noted above. The sample was drawn from a homogeneous population in a single high-crime location and from a survivor support group in which the participants were mostly females. Generalizations to other populations and locations must be made with caution. However, this study also shared strengths. The research design has rigor, with specific hypotheses using independent variables with the dependent variable

of extent of grief and modeled on previous research. The quality of the instruments used is high; they have been validated and widely used instruments in studies of bereavement and AA FMHVs. The statistical procedures, specifically descriptive statistics and regression to determine possibly significant relationships between the dependent and independent variables, are reliable and used in many bereavement studies. Moreover, the anticipated sample size was higher than that in many of the studies, approximately 100.

This study, therefore, provided a step forward in research on AA FMHVs. It added to the relatively sparse literature on AA FMHVs. It built on previous studies of AA FMHV grief. Findings can be compared with them for support or contradiction. Findings should also help identify variables that are significant in helping AA FMHVs to deal constructively with their grief. This study should then lead to further studies of the underserved population of African American family members of homicide victims.

Chapter 2 Summary

This chapter has reviewed pertinent literature for this quantitative, nonexperimental study on the relationship of selected situational variables to the grief of AA FMHV. Three pertinent theories provided the study foundation: complicated grief theory, coping theory, and Africentric theory. Grief-related distress and psychological symptoms have been found more persistent for survivors of homicidal death than other survivors (Holland & Neimeyer, 2010; Malone, 2007; Parkes, 1993; Rynearson & McCreery, 1993).

A large percentage of African Americans are covictims of homicide, yet this population is relatively little studied (Armour, 2002a; Laurie & Neimeyer, 2008; Thompson, 2007; Thompson et al., 1998). Studies reveal that African Americans are at high risk of complicated grief and posttraumatic stress syndrome (Amick-McMullan et al., 1991; Boyd-Franklin, 2006; Laurie & Neimeyer, 2008; Shook et al., 2010). Further, African American FMHVs may have inadequate or single coping skills to deal with the trauma of homicide (Laurie & Neimeyer, 2008; Miller, 2009a; Peterson, 2008). African Americans may also grieve and cope with their grief differently from other ethnic groups, from an Africentric perspective (Burke et al., 2010; Laurie & Neimeyer, 2008).

Although various factors have been studied with this population (Laurie & Neimeyer, 2008; Peterson, 2008), three specific factors in relation to level of grief have received little research attention. 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 and sometimes contradictory (Amick-McMullan et al., 1989, 1991; McDevitt-Murphy et al., 2011; Rynearson, 1984; Rynearson & McCreery, 1993). Some studies found significant relationships (Burke et al., 2010). No relationship was found in some studies (Sharpe, 2007); in others, symptoms lessened with time (Keesee et al., 2008); and in others grief fluctuated over time (Holland & Neimeyer, 2010). Such mixed results indicate the need for further study of FMHVs.

The relationship to the victim has been found significant in the extent of grief and degree of coping of survivors, with closer relationships indicating more prolonged and complicated grief (Burke et al., 2010; Hibberd et al., 2010; Holland & Neimeyer, 2011;

Sharpe, 2007). However, studies have also found no significant relationships (McDevitt-Murphy et al., 2011). With homicide the leading cause of death for African American men aged 13 to 25 (Boyd-Franklin, 2006), study of the FMHV's relationship to the victim is an important consideration for African American FMHVs.

Attendance in support groups is recommended for FMHVs (Miller, 2009b; Shulman, 2012). Joining and length of attendance in support groups may help FMHVs' bereavement cope with their grief, both past and present (Miller, 2009b; Neimeyer & Burke, 2011). However, studies have also found detrimental effects for survivors in support group attendance (Asaro, 2001b; Larson & Hoyt, 2009; Schut & Stroebe, 2010; Stroebe et al., 2008). In support of the current study, no studies were located that addressed the relationship of length of support group attendance and AA FMHVs' grief.

Study of these factors in relation to level of grief is important toward design of appropriate helping resources and interventions by criminal justice agencies and healthcare professionals for this underserved population (Armour, 2002a; Jones-Webb & Wall, 2008; Miller, 2009a, 2009b; Sharpe, 2008; Shulman, 2012). Thus, the present study was undertaken.

In Chapter 3, the researcher describes the study methodology, including justification for the methodology and design, description of the population, sampling procedure, and instruments used. In addition, the researcher discusses validity and reliability of the data collected and describes data collection and analysis procedures, as well as the ethical provisions of the study for the sample.

CHAPTER 3. METHODOLOGY

Introduction

Although homicide has decreased in recent years in metropolitan areas, in the state of Florida, and especially Palm Beach County, violent crimes have remained high, with 97 homicides in 2010 (FDLE, 2010; *Palm Beach County Homicide Rate Up 26%*, 2007; U.S. Bureau of Justice, 2010). In the city of the research site, in 2010 135 female family members and 25 male family members were murdered, with the total family members affected numbered approximately 1,000 (FDLE, 2010). In the city, 90% of the victims were African American and 98% were from low-income families (FDLE, 2010).

However, research has not reflected the high percentages of African American homicide victims and covictims, the family members (Browne et al., 2010; U.S. Department of Justice, 2007; U. S. Department of Justice, 2011a, 2011b). Studies have emphasized retributive justice by state systems rather than other important aspects of the plight and grief of FMHVs (Gross, 2007; Thompson, 2007; Zinzow et al., 2009). Thus, additional study of factors is needed. The present study was undertaken to help fill this gap.

This chapter describes the study methodology. Topics include the research methodology and justification, research design, description of the population, sample, and

sampling procedure, and the instruments used to carry out the study. Validity and reliability of the data collected are also described, followed by data collection and analysis procedures and a discussion of ethical considerations and provisions of the study.

Statement of the Problem

Family members of homicide victims (FMHVs), especially African Americans (AA), are at high risk of extreme grief and posttraumatic stress syndrome (PTSD; (Amick-McMullan et al., 1991; Boyd-Franklin, 2006; Laurie & Neimeyer, 2008; Shook et al., 2010). Various factors have been studied with this population (Laurie & Neimeyer, 2008; Peterson, 2008); however, some factors have been largely neglected, and additional study is needed. Three specific factors in relation to level of grief of AA FMHVs have received little research attention. These factors are the time since homicide, participant's relationship to victim, and length of attendance in a support group for homicide survivors.

Research Questions and Hypotheses

One primary research question and three subquestions and one secondary research question and one subquestion were formulated for this study. The primary research question of this study is the following:

Is the extent of grief of AA FMHVs influenced by the selected situational factors of time since homicide, relationship to victim, and length of attendance in support group?

The three subquestions and hypotheses are as follows:

Subquestion 1: Is there a statistically significant influence of AA FMHVs' time since homicide on their extent of grief?

Null Hypothesis 1: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief.

Subquestion 2: Is there a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief?

Null Hypothesis 2: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief.

Subquestion 3: Is there a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief?

Null Hypothesis 3: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief.

The secondary research question of this study is the following:

What are the primary coping strategies AA FMHVs use to deal with their loss?

Subquestion 4: What are the primary coping strategies used by AA FMHVs among the cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered coping strategies?

Null Hypothesis 4: None of the four coping strategies will be used primarily by AA FMHVs.

Research Methodology

The research methodology used in this study was quantitative. Quantitative approaches are used to collect information about characteristics of a population, and the study results are summarized numerically (Lodico et al., 2010). These approaches describe, explain, and generalize about a specific population in terms of trends among groups of individuals or explanation of relationships among variables (Creswell, 2011; Tashakkori & Teddlie, 2010). The approaches are in contrast to qualitative methodologies, which seek to understand phenomena from the views and feelings of a limited number of participants (Lodico et al., 2010).

The intent of quantitative research is the gathering of data from a large sample which represents the population studied with high statistical probability (Creswell, 2011; Bordens & Abbott, 2010). The researcher seeks as many participants as possible, and they are identified as the sample to test the hypotheses with inferential questions. If the sampling is conducted properly, inferences from the sample to an entire target population are likely to be correct within a small margin of error (Creswell, 2011).

In quantitative approaches, the research questions are relatively narrow and specific. Hypotheses are formulated from the research questions, with particular variables identified (Lodico et al., 2010). Instruments, such as surveys and questionnaires that have been demonstrated to have good reliability and validity, are used to collect the data necessary to answer the questions and test the hypotheses with the sample. The questions are preset and close-ended (Creswell, 2011).

With the current study purpose, research questions, and hypotheses, a quantitative methodology was chosen as most appropriate. In terms of the research questions and hypotheses, numerical descriptions and relationships were sought of FMHVs' grief and the three understudied selected situational variables. These are time since homicide, relationship to victim, and length of attendance in a support group (Hagan, 2010).

Quantitative approaches have been widely used in previous studies of FMHVs. Although some qualitative studies have been conducted (e.g., Armour, 2002b; Goodrum, 2008; Peterson, 2008), most studies use quantitative approaches. One of the earliest studies was that of Rinear (1988), who investigated psychosocial responses of parents to their children's murders. Coping differences among AA FMHVs were studied by Sharpe (2007) in a mixed-method study in which two instruments (quantitative) were used as well as interviews (qualitative). Differences in coping with grief between African Americans and European Americans were studied by Laurie and Niemeyer (2008).

A national sample of youth, in which AA were the preponderant homicide survivors, was studied by Zinzow et al. (2009) for emotional and mental health associations of violence and loss to homicide of a loved one to homicide. Relationships between time since lost of the loved one, indicators of grief, and finding meaning in the loss were studied with an AA sample by Holland and Neimeyer (2010) with quantitative methodologies. AA grief from homicide and its relationship to coping and social support were studied by Burke et al. (2010). AA positive and negative religious coping, complicated grief, and the relationships to psychological distress were studied by Burke et al. (2011). Thus, the current research followed in the tradition of choice of quantitative

approaches for the study of AA FMHVs and their responses to and coping with grief from various standpoints.

Research Design

This study was of a nonexperimental quantitative cross-sectional regression and descriptive design. The design was nonexperimental because no interventions or treatments (e.g., course, workshop, tutorial, counseling sessions) were administered or measured; the participants were not randomly selected; and independent variables were examined (Gall et al., 2009). The independent variables in this study were the three situational variables pertaining to the family members' murders. Further, as in other nonexperimental survey research, close-ended survey items were used with the three instruments (the Demographic Questionnaire, TRIG, and ACSI).

The design was cross-sectional because in the current study, participants were surveyed at a single point in time with the three instruments. The design used regression techniques because they are used when an examination is made of possible significant relationships between and among more than two variables (Cohen, Cohen, West, & Aiken, 2003). Further, in regression analytic designs, the research often involves a single group without experimental treatment conditions (Bordens & Abbott, 2008), the case in the present study. Regression "compares the size of effects of the independent variable[s] . . . on the dependent variable (Lodico et al., 2010, p. 213). Moreover, regression "is a flexible technique that allows the use of categorical and continuous variables . . . one of the most powerful techniques" in statistical analysis (Plichta & Kelvin, 2012, p. 283).

The design was also descriptive because data were collected on participants' demographic characteristics (Demographic Questionnaire). From the data, a participant profile was rendered. In addition, data were collected on four coping strategies of participants (ACSI).

Correlation and regression analysis was appropriate to answer the first three research questions and test the corresponding hypotheses. These research questions investigated the influence of one dependent variable, extent of grief, on three independent variables, time since homicide, relationship to victim, and length of attendance at support group. Descriptive analysis was appropriate to answer the fourth research question and test the corresponding hypothesis. This question investigated the primary coping strategies of AA FMHVs. Thus, especially concerning public safety factors and criminal justice, a quantitative regression and descriptive design was considered appropriate for this study to collect data from the identified population of African American FMHVs (Maxfield & Babbie, 2010).

Studies cited above in relation to quantitative methodologies and reviewed in Chapter 2 have used similar research designs. The TRIG and ACSI were used by Sharpe (2007) in the quantitative component which explored relationships between respondents' grief and coping strategies as well as demographic and situational variables specific to AA FMHV. The TRIG was also used in other studies by Sandler et al. (2010) and Sullivan and Monagle (2011) to investigate aspects of grief on various populations.

Also as cited above, the ACSI has been used by researchers to assess African Americans' coping with a range of stress-related conditions. Constantine et al. (2002)

studied coping in relation to religious participation and spirituality. Utsey, Bolden, Williams, et al. (2007) investigated spiritual well-being in coping and quality of life. Utsey et al. (2008) explored AA stress in relation to psychological, cultural, and sociofamilial resources. Colbert et al. (2009) studied psychological well-being in relation to religious beliefs and demographic characteristics.

Regression analysis was used in several studies in relation to homicide survivors, also as discussed above, with different variables. Zinzow et al. (2009) found that homicide survivors were significantly at risk for past year PTSD, major depressive episodes, and drug dependence and abuse. Holland and Neimeyer (2010) found that time since loss was not significantly related to indicators of grief over the homicide. Rather, finding meaning in the event was a stronger predictor of the indicators. Burke et al. (2010) found that size of social support networks, number of negative relationships, and various types of grief-specific support showed correlations with complicated grief, PTSD, and depression. Also with regression techniques, Burke et al. (2011) found that negative religious coping was significantly related to complicated grief.

In consideration of the descriptive component of the current study, all the previous studies cited provided summaries of participants' demographic characteristics. In addition, Sharpe (2007) used descriptive analysis to determine participants' primary coping strategies, as did the present study. Thus, the research design of this study was aligned with the research questions and hypotheses and supported by similar research designs of previous literature for examination of AA FMHVs, their coping with grief, and the influences of selected situational variables.

Target Population, Sample, and Sample Size

Target Population

The population that is the focus of this study was family members of homicide survivors. Organizations for FMHVs exist throughout the nation, both private and nonprofit. The characteristics of members of FMHV support groups include members who are generally African Americans, who experience disproportionately more violent crime than other segments of the U.S. population, and who may likely be females and single mothers (Burke et al., 2010; Douglas & Bell, 2010; Laurie & Neimeyer, 2008; Sharpe & Boyas, 2011; Thompson, 2007).

Sampling Method, Recruitment, and Criteria

Sampling method. The sampling method for this study was a nonprobability convenience sample of FMHVs in a single FMHV support organization, Family Members of Murder Victims (FMMV). The name has been changed to ensure participant confidentiality and integrity of the research. This organization is located in an urban county of southeast Florida which experiences high homicide rates yearly (FDLE, 2011a, 2011b; U.S. Bureau of Justice Statistics, 2011b; U.S. Department of Justice, 2011b).

Recruitment. Participation was voluntary, and recruitment took place at one of the group's bimonthly meetings. Permission to conduct the study at this site was given by the founder/president. At the meeting, the researcher was introduced by the president of the organization and briefly explained the study purposes and what would be involved in participation. The researcher requested members' voluntary participation and answered any questions members had. For interested members, the researcher supplied the

informed consent form for their review prior to arranging a meeting for instrument administration. He also provided members with his phone number and e-mail address and the phone number of the Capella Research Integrity Office for additional questions and concerns they might have had concerning the study or informed consent.

For members not in attendance, the president e-mailed the study information and informed consent and requested their participation. Members who wished to participate contacted the researcher by phone or e-mail. He administered the instruments individually at mutually convenient private locations, such as a private room at the organization's offices or participants' homes or offices.

Criteria. The inclusion criteria were as follows. Participants must (a) be between 18 and 65 years of age, (b) be African American, (c) have experienced a family member's death by homicide, and (d) belong to the survivor support group. The exclusion criteria were as follows. Participants may not (a) be of an age other than between 18 and 65, (b) not be African American, (c) have experienced homicidal death of individuals other than a family member, (c) and not belong to the survivor support group.

Sample Size

The ideal sample size for this nonprobability convenience sample would be all members of the organization, approximately 150 members or 100%. However, it was unlikely that all members would participate because some members could be absent or decline. Although random selection would have yielded greater representation of the population, convenience sampling is widely used in educational and public safety research. A convenience sample also ensures that participants are accessible and meet the

study criteria (Creswell, 2011; Maxfield & Babbie, 2008). In fact, Highhouse and Gillespie (2009) recommended that “we must abandon our simple heuristics (e.g., convenience samples are bad) and substitute them with the following question: ‘Did the research question contain a specific and well-defined population?’” (p. 261).

For study purposes, an a priori power analysis was conducted for the minimal sample size for regression studies to avoid a Type I error, the probability of rejecting a true null hypothesis; or Type II error, the probability of accepting a false null hypothesis (Leedy & Ormrod, 2012). The power analysis revealed the following. The level of significance (p) was set at .05, the power ($1 - \beta$) at .95, and the effect size (f^2) at 0.15, predicated on unidirectional hypotheses (Buckner, Erdfelder, & Faul, 1998; Lipsey, 1998). The estimated sample size to ensure an adequately representative sample for the statistical analyses was a minimum of 107 to test for significances (R value) in influence of independent variables on the dependent variable (Lodico et al., 2010). Nevertheless, as many participants as possible were encouraged to take part in this study.

Sample Setting and Characteristics

Setting. The setting for this study was a city in Southeast Florida, in which the FMMV headquarters is located. The city has a different demographic profile from the county as a whole, as displayed in Table 1.

Table 1

General Demographic Characteristics of County and City in Which FMMV Is Located

Characteristic	County	City
Ethnicity		
African American	17.3%	32.2%
European American	73.5%	58.1%
Other	9.2%	9.7%
Median Age	42.0	36.7
Median Household Income	\$49,660	\$40,800
Educational Level		
High School Diploma	86.6%	81.8%
Bachelor's Degree or More	31.3%	29.8%
Below Poverty Line	14.4%	18.1%

From: U.S. Census Bureau (2010a, 2010b).

Note. Most recent poverty line in 2011 for a family of four was \$22,350 (U.S. Department of Health and Human Services, 2011).

As can be seen from Table 1, in comparison to the county, the city has a larger percentage of African Americans, lower educational level, smaller median household income, and larger percentage of families below the national poverty line. In this city, residents are more affected than in the county overall by crime, including homicide (FDLE, 2010; *West Palm Beach Crime Rate Report*, 2011). FMMV was founded in response to the high percentage of crime, especially homicides, in the city.

The research site was the office of FMMV, located in a strip mall in the city (O'Connor, 2010). Founded in 2003 by a woman who lost a close nephew to violent death, FMMV now has over 150 members and meets bimonthly. The group is a victim support group for individuals who have lost family members to homicide and is open to all of both genders and any ethnicity. FMMV's stated mission "is to assist parents or guardians of murder victims. We also are dedicated to providing quality programs for youth that will turn them away from violent acts" (FMMV, 2012, p. 1).

Despite its name, the group does not focus on perpetrators but on helping members cope with their losses, often funding funeral costs, and also sponsors a children's summer camp and food drive, as well as supplying schools with materials and Christmas gifts for surviving families (FMMV, 2012; O'Connor, 2010). The 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.

Characteristics. The organization's membership from which participants were drawn totaled approximately 150 members in early 2012. Of the total, 94% were female and 6% were male. In terms of ethnicity, 99% were African American and 1% European American. The median age was 40, with 75% in the highest age range of 50-59 years. Most members were single, 87%, and the majority, 53%, had an income level between \$20,001 and \$30,000. Almost all, 93%, had a high school diploma. Regarding employment status, the majority of members were unemployed, 56%, and 33% worked full-time. Members varied in occupations: sheriff officers, social workers, teachers,

secretaries, clerks, cashiers, computer technicians, certified nursing assistants, and child care workers. Some received governmental assistance. Selected demographic characteristics of the members prior to data collection are displayed in Table 2.

In addition, the total murders experienced by the members at that time were 140, of which 135 were male and 15 were female. The age range of 20 of the victims was 0 to 18 and of 120 of the victims 19 to 30. Although the FMMV members totaled approximately 150, the total family members affected by the murders were approximately 1,000 (A. Williams, personal communication, October 9, 2011).

Instruments

Variables. The study variables aligned with complicated grief, coping, and Africentrism theories because of previous findings that AA FMHVs are at greater risk of complicated grief than those of other ethnicities (Laurie & Neimeyer, 2008; Sharpe, 2007; Utsey et al., 2008). Culture-specific modes of coping may affect the bereavement of AA FMHVs (Sharpe & Boyas, 2011; Utsey et al., 2004). Previous findings on time since homicide and relationship to victim indicate that these variables may be especially important in theory application (Holland & Neimeyer, 2010; Keesee et al., 2008; McDevitt-Murphy et al., 2011). Length of attendance in support group has been less studied in relation to grief (Graham, 2009; Miller, 2009b; Neimeyer & Burke, 2011).

Table 2

General Characteristics of Family Members of Murder Victims Members (N = 150)

Characteristic	Number	Percent
Gender		
Women	141	94
Men	9	6
Ethnicity		
African American	149	99
European American	1	1
Mean Age	40	---
Age Range		
20-30	2	1
31-40	6	4
41-50	20	13
51-60	112	75
61 and older	10	6
Marital Status		
Single	130	87
Married	3	2
Widowed	3	2
Divorced/Separated	8	5
Living with partner	6	4
Income Level		
Below \$10,000	38	25
\$10,001-\$20,000	20	13
\$20,001-\$30,000	80	53
\$30,001-\$40,000	10	7
\$40,001-\$50,000	2	2
Educational Level		
High school diploma	140	93
Some college	10	7
Employment Status		
Full-time	50	33
Part-time	10	7
Unemployed	84	56
Retired	6	4

From: President of FMMV, personal communication, October 9, 2011.

Three instruments were used to test the hypotheses of the present study and measure the selected variables. These instruments were the TRIG, ASCI, and Demographic Questionnaire. This study sought to investigate the influence of three situational variables on extent of grief with reference to African American FMHVs. To answer the first three research questions and test the hypotheses, with the TRIG and Demographic Questionnaire, the researcher ascertained African American FMHVs' (a) extent of grief (dependent variable). He collected data on the selected situational variables of (b) time since the homicide, (c) relationship to the victim, and (d) length of attendance in support group (independent variables). To answer the fourth research question and test the hypothesis, the researcher used the ASCI to measure the coping strategies AA FMHVs employ to deal with the stressful event of a family member's homicide.

Africultural Coping Systems Inventory (ACSI)

This 30-item self-report instrument (Utsey et al., 2000) was created to measure how African Americans cope with stressful events. The instrument was originally designed to assess responses to daily stressful situations from an Africentric worldview. Utsey et al. (2000) observed that “there is a need to develop valid and reliable measures that capture the culture-specific coping strategies employed by African Americans during everyday stressful situations” (p. 4). The ACSI has been used for measuring stress of various types in this population (Constantine et al., 2002; Colbert et al., 2009; 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 is measured on a 4-point Likert-type scale (0 = *Did not use* to 3 = *Used a great deal*), which produces interval data. Responses indicate the extent of various coping strategies with four subscales (cognitive-emotional, spiritual-centered, collective-centered, ritual-centered) employed by African Americans. These strategies are Cognitive /Emotional Debriefing, an adaptive reaction to environmental stressors which stemmed from long racial oppression; 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). All items are summed to create a measure of coping (range 0-90).

Validity and reliability have been established. 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. These Cronbach's alphas are within the acceptable limits in the literature (Christmann & Van Aelst, 2006; Santos, 1999). Low intercorrelations among the four subscales indicated that they "can best be conceptualized as measuring a related, yet distinct, construct associated with the culturally relevant coping behaviors of African Americans" (Utsey et al., 2000, p. 204).

Results of the ACSI with the study sample were used to describe the overall and individual means and standard deviations for the AA FMHVs' use of the four coping strategies (cognitive-emotional, spiritual-centered, collective-centered, ritual-centered). The ranges of each strategy were also described. These analyses revealed the primary

coping strategies of the participants (Research Question 4). The researcher received permission to use the ACSI.

Texas Revised Inventory of Grief (TRIG)

This 21-item self-report instrument (Faschingbauer et al., 1987) was created to measure symptoms associated with grief of a loved individual, especially unresolved or possibly pathological grief (Kristjanson, Lobb, Aoun, & Monterosso, 2006). The TRIG has since been used for many studies involving death of loved ones as well as grief of homicide survivors (e.g., Futterman et al., 2010; Laurie & Niemeyer, 2008; Rynearson & McCreery, 1993; Sandler et al., 2010; Sharpe, 2007).

The TRIG is measured on a 5-point Likert-type scale (1 = *Completely true* to 5 = *Completely false*), which produces interval data. Responses indicate the extent of grief with two subscales. The first subscale of 8 items measures participants' past grief and their and actions at the time of the death, such as effects on emotions, behavior, and relationships with others. The total possible range is 8-40. The second subscale of 13 items measures participants' present grief at the time of instrument administration, such as continued emotional distress, inability to accept the death, and agonizing memories (Faschingbauer, 1981). The total possible range is 13-65. All items are summed to create an overall measure of grief (range 21-105). Higher scores indicate lower grief (Faschingbauer, 1981).

Validity and reliability have been established. The past subscale has been reported with a Cronbach's alpha of .77 and a split-half reliability of 0.74 (Faschingbauer, 1981; Faschingbauer, Devaul, & Zisook, 1977). The present subscale has been reported with a

Cronbach's alpha of .86 and split-half reliability of .88, all acceptable statistics of reliability (Hansson, Carpenter, & Fairchild, 1993; Zisook et al., 1982). Construct validity has also been reported with criterion group analysis and factorial validity have also been confirmed (Faschingbauer et al., 1987; Futterman et al., 2010; Mick et al., 1991; Wilson, 2006).

Results of the TRIG were used to describe the overall and individual means and standard deviations of the past and present subscales. The ranges of each subscale were also described. Second, overall means of the TRIG were used to conduct regression analyses for influence of the selected situational factors of time since homicide, relationship to victim, and length of attendance in support group (Research Questions 1, 2, 3). Third, although not part of the research questions, results of the TRIG were also used to conduct regression on the other homicide-specific situational factors in the Demographic Questionnaire for possible statistically significant influences on participants' extent of grief (e.g., age of participant at time of murder, level of closeness to victim, age of victim). To avoid confusion in participants' responses and data analyses, the instrument was numbered consecutively throughout (Past: 1-8, Present: 9-21). The researcher received permission to use the TRIG.

Demographic Questionnaire

This instrument was derived from Sharpe's (2007) 21-item instrument requesting demographic and situational homicide-specific information from respondents. A number of modifications were made to the original for additional clarity and precision of responses.

In the Sharpe (2007) instrument, Item 5 on annual income has increments of \$5,000. These were extended to increments of \$10,000. Item 7 on primary household provider was revised to refer only to the deceased. Items 8 and 9 on religion and spiritual/religious practices were open-ended instead of prescribed lists of choices. The order of items 17 and 18 regarding the victim was moved closer to other items on the victim. Items 12 (“Who was murdered?”) and 13 (“What is your relationship to the deceased?”) requested the same categorical information (spouse, parent, child, sibling, aunt/uncle, cousin, other). These appeared redundant, and therefore item 13 was omitted, with the instrument renumbered.

Item 15 (“Do you know who committed the murder?”) had a subquestion (“Was the person a family member?”). For clarity and accuracy of scoring, this item was separated into two and renumbered. Item 16 on perpetrator convicted of other violent crimes was revised to conviction of the murder. Item 20 (“Not including your family member’s death, have you had to come with the violent death of someone else close to you?”) also had a subquestion (“How many times have you had to cope with the violent death of someone else close to you?”). For additional clarity and accuracy of scoring, this item was separated into two questions and renumbered. Item 22 on support from individuals was deleted because of the added item on the support group. In addition, an item was added on marital status (4.) and another based on the importance of the variable of length of support group attendance (Miller, 2009b; Neimeyer & Burke, 2008): “How long have you been attending the support group?” (23.) Thus, the revised Demographic Questionnaire had 23 items. The items and data types are listed below.

General demographic information (items 1-10): 1. Ethnicity (categorical ordinal), 2. Gender (categorical nominal dichotomous), 3. Date of birth (continuous interval), 4. Marital status (categorical nominal), 5. Highest educational degree (categorical ordinal), 6. Annual income (continuous interval), 7. Employment status (categorical nominal), 8. Primary household provider (categorical nominal), 9. Religion (categorical nominal), 10. Spiritual/religious practices (categorical nominal).

Homicide-specific information (items 11-23): 10. Length of time since family member's death (continuous interval), 12. survivor's age at time of family member's death (continuous interval), 13. Relationship of survivor to victim (categorical nominal), 14. Level of closeness to deceased (continuous ordinal), 15. Victim's gender (categorical nominal dichotomous), 16. Victim's age at time of death (continuous interval), 17. Knowledge of perpetrator (categorical dichotomous), 18. Whether perpetrator was a family member (categorical dichotomous), 19. Whether perpetrator was convicted of the murder (categorical), 20. Whether survivor witnessed the murder (categorical nominal dichotomous), 21. Prior experience in violent death of another close individual (ordinal dichotomous), 22. Number of times experienced violent death of another close individual (continuous interval), 23. Length of time in support group (continuous interval).

Results from respondents were used to describe the general demographic characteristics of the sample by frequency and percentage. Results were used to describe homicide-specific situational factors of survivors by frequency and percentage. Results of item 10 were used to answer Research Question 1 (time since homicide). Results of item 13 were used to answer Research Question 2 (relationship to victim). Results of item 23

were used to answer Research Question 3 (length of support group attendance). The researcher received permission to use and adapt the original Demographic Questionnaire.

Data Collection Procedures

Data collection took place in several steps. Upon approval by the Capella University Institutional Review Board (IRB), the researcher arranged with the FMMV president a suitable date of a bimonthly meeting of FMMV to introduce the study. The president introduced the researcher, who briefly described the study, its purpose, the instruments, and procedure and time for administration (estimated at 30-40 minutes). The researcher assured participants that information they supplied would be anonymous. At this time, he also provided a card with his phone and e-mail information. Members who wished to participate contacted him by phone or e-mail. For members not in attendance at the meeting, the FMMV president e-mailed the study information and requested their participation.

For instrument administration, the researcher arranged with the president for use of a private room in the FMMV offices, and arrangements were made individually with participants for private administration this room or other convenient locations. He prepared the instrument packets containing the ACSI, TRIG, and Demographic Questionnaire and an informed consent form that also explained the study and participants' protections. Two copies of the informed consent were included, one for participants to sign and return to the researcher to keep, and one for participants to keep. He numbered each packet with a single code number on every page to further ensure

participant anonymity. Each packet was placed in a separate envelope, numbered on the outside with the same number as on the inside of the packet. He also prepared a supply of pencils for participants' use.

At the beginning of each individual meeting, he reiterated to the participant the study purpose and measures for participant protection. He also provided the participant with a resource sheet, listing local telephone and in-person community counseling services at low or no cost should they feel the need to contact such resources. He waited outside the room so as not to bias the responses (Creswell, 2009) and was available only for questions that would clarify survey items or if the participant requested that the instruments should be administered orally. At the conclusion of each meeting, the researcher thanked the participant and remained available for any comments and observations the participant wished to make.

Following the individual meetings, he took the completed instruments to his office and placed them in a special box for this study. This box was locked and accessible only to him. When all instruments were completed, he commenced data analysis procedures.

Pilot Testing

For the ACSI and TRIG, pilot testing was not required, because these instruments, aside from minor format changes, were used as per the original instruments, and studies have shown them to be reliable and valid. The Demographic Questionnaire was pilot tested before data collection because of the modifications outlined above. A permission

form for pilot testing with the Demographic Questionnaire was submitted to the Capella IRB.

Upon approval, and prior to the first bimonthly meeting of FMMV at which the study was introduced, the researcher contacted the Victim Services Program of the city police department. This program aids victims in both procedural and psychological services (West Palm Beach Police Department, 2012). He asked for recommendations for a total of 10 volunteer FMHVs to participate in the pilot study. The individuals recommended were not members of FMMV, they did not participate in the full study, and the information they supplied was not reported in the study findings. Their identities were kept anonymous.

Arrangements were made with the city police department for the researcher to administer the Demographic Questionnaire individually to these volunteers in a private room in the police office. Participants were given the pilot study informed consent describing their rights, risks and benefits, and voluntary nature of participation. They were given the opportunity to ask questions or voice concerns, and the researcher responded. They were also given a resource sheet of telephone and in-person counseling community facilities, should they feel the need to consult such facilities. Upon signing the informed consent, the participants were asked to complete the instrument. The researcher waited outside the room so as not to bias their responses (Creswell, 2011) and was available only for questions that would clarify survey items or if a participant requested that the instruments be administered orally.

Immediately following completion, participants were asked to supply feedback on the clarity and precision of the questions (Creswell, 2011). The researcher took notes on their comments and thanked them for participating. Pilot study participants' suggestions resulted in some modification of the demographic instrument. These included the following:

- For item 4, Marital Status, addition of "Living with Partner."
- For item 13, addition of explanatory question in parentheses ("What was the relationship to you of the victim?").
- For item 13, addition to choice d of "Brother or Sister."
- For item 21, addition of the word "else" to the question.

Ethical Issues

Researcher's Position

As a former practicing attorney and police officer, the researcher has witnessed many homicides of family members. In observation of the legal system, he has recognized this is an underserved population (Jones-Webb & Wall, 2008; Miller, 2009a, 2009b; Sharpe, 2008). In his local area, in his professional roles he has assisted these secondary victims in the legal and psychological aspects of coping with the crimes.

The researcher learned of FMMV through such assistance and has maintained contact with the president to aid through recommendations of resources to members. After an initial presentation to the members, which resulted in permission to conduct the study at the site, he did not attend any meetings nor did he know the current members.

Although the researcher has great personal empathy for FMHVs, he has not expressed these feelings to members. Thus, through participant and the data collection strategies described, no conflict of interest was present. At individual data collection, he administered the instruments in a professional and neutral manner and did not attempt to ask questions or encourage participants' personal stories. At each meeting, after he gave the instrument packet to participants, he left the room so as not to influence or bias their responses. However, he remained nearby in case they had questions or concerns. Concerning findings, his personal biases were not a factor because the study was quantitative. Results were reported only in terms of statistical analyses.

Protection of Participants

Participant protection was ensured by several means. First, participants were protected by the researcher's compliance with requirements for participant protection mandated and approved by the Capella IRB. Second, as is recommended for protection of participants' rights (Creswell, 2011; Lodico et al., 2010), in his verbal introduction to the study at the meeting of FMMV, he explained the study procedures, emphasized the anonymity of participants, the voluntary nature of participation, and their options not to respond to any items in the instruments. He also assured participants that results would be reported in group form only, and that the information would be retained by him only and accessible only to him, the Capella research supervisor, and the dissertation committee members. He explained that he would not divulge the names or any identifying details of participants.

Third, participants were told that their standing in the organization would not be affected by participating or declining, and the possible benefits and risks of participating. They were also told they could withdraw at any time without penalty. The researcher assured them that if a breach of confidentiality were to take place, their standing in the organization would not be affected in any way. His verbal introduction and the informed consent reiterated that their participating or declining would not affect their standing. Because of the vulnerability, participants were further assured that their employment or healthcare situations would not be affected by inadvertent knowledge of their participation in the study.

The researcher explained that participation could carry more than minimal risk for participants. The participants were not a vulnerable population as generally defined for institutional review boards (Amdur & Bankert, 2011). However, studies have recognized that FMHVs, and especially African Americans, may be at high risk of extreme psychological stress (Becvar, 2003; Laurie & Neimeyer, 2008; Miller, 2009a; Rynearson & McCreery, 1993; Shook et al., 2010).

Thus, the researcher took specific steps to protect participants and minimize risks. He informed participants that some items could evoke feelings of sorrow, discomfort, or anxiety. If participants felt such emotions and that they could cope with them, they were asked to inform the researcher. Participants were also assured that they could choose not to respond to items provoking such feelings. At the time of survey administration, the researcher distributed a resource sheet to all participants. This was a list of agencies of sliding scale and free community support services for telephone or in-person counseling.

This information was reiterated and explained in the informed consent letter, which was given to each participant privately when the instruments were administered. Participants were asked to sign both copies of the consents and include one in their returned packets and keep one. The researcher's contact information was also included in the letters for participants' questions, concerns, or requests for study results.

Data Analysis Procedures

After completion of data collection, the raw data were organized as follows. First, all completed instruments from the packets were separated by type (ACSI, TRIG, Demographic Survey). Second, each instrument per packet was checked for consistency of participant numbers on all pages of all instruments. Third, the data were "cleaned"—that is, every instrument was checked for completeness. Missing data would be identified by different numbers to track frequency and percentage. Surveys with more than 30% missing information from any of the three instruments would be set aside as unusable and results reported (Creswell, 2011; Enders, 2010).

The types of data analyzed were demographic data (nominal, ordinal, categorical, interval) and data from the dependent variable survey, the TRIG, with a 5-point Likert-type scale, and the descriptive survey ACS, with a 4-point Likert-type scale. For the Demographic Questionnaire, data were converted as necessary to numerical values, e.g., the nominal variables. Data for the TRIG and ACSI were scored according to instructions in the manuals.

The data were processed for analysis by the researcher's entry of each value in each instrument into Excel spreadsheets and importing these into the IBM SPSS 19 software package. This is a frequently updated software suite that is widely used in educational and social science research (IBM SPSS, 2011).

The data were analyzed using descriptive and inferential statistical techniques appropriate to the reporting of results and research questions/hypotheses. Descriptive statistics were used to report the frequency distributions. These included the general demographic and homicide-specific characteristics of the sample by number (n of N) and percentage (%). For the TRIG and ACSI, the researcher reported the means, standard deviations, and ranges of the total scales and subscales.

The research questions/hypotheses were tested by inferential and descriptive statistical techniques. Inferential statistics were used to test Hypotheses 1, 2, and 3 by means of regression (R), a parametric test. Parametric tests are often preferred by researchers as they are believed to be more powerful than nonparametric tests, meaning that parametric tests are more likely to prompt rejection of false null hypotheses (Lodico et al., 2010). In addition, the regression method is appropriate for interval data (Lodico et al., 2010; Vito, Blankenship, & Kunselman, 2008), the type of data to be generated by the TRIG. Thus, regression was used to examine the influence of the independent variables, time since homicide, relationship to victim, and length of attendance in support group, on the dependent variable, extent of grief.

Thus, the first three research questions/hypotheses were tested by correlation and regression:

Subquestion 1: Is there a statistically significant influence of AA FMHVs' time since homicide on their extent of grief?

Null Hypothesis 1: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief.

Subquestion 2: Is there a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief?

Null Hypothesis 2: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief.

Subquestion 3: Is there a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief?

Null Hypothesis 3: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief.

The level of significance for testing these relationships was set at $p < .05$, the most widely accepted level used in educational and social sciences research (Creswell, 2011).

The fourth research/question hypothesis was tested by descriptive statistics, to describe the coping strategies of AA FMHVs:

Subquestion 4: What are the primary coping strategies used by AA FMHVs among the cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered coping strategies?

Null Hypothesis 4: None of the four coping strategies will be used primarily by AA FMHVs.

Data Management

All data were stored in a locked file cabinet in the researcher's office, to which he alone has a key. In addition, a hard copy data file of all information was created, also stored in the locked cabinet, as well as backup files (DVD, flash drive, external hard drive). However, participants' contact information was kept in separate files from their responses to the instruments. Electronic backup files were stored in a password-protected computer, with the password known only to the researcher. All hard copy and electronic materials were stored in the researcher's private office, accessible only to him. The electronic and hard-copy files will be kept for 7 years, as determined by federal regulations, and then destroyed.

Limitations of the Research Design

Several limitations were acknowledged for this study. The study took place in a single urban southeastern city with members of a single support group organization of family members of homicide victims. The sample was a convenience sample, with recruitment of all members of this organization. The sample may have been subject to the bias of self-selection, and random representation was not possible (Bordens & Abbott, 2010; Creswell, 2011). These aspects could be improved because the population was specific to the research subject, the inclusion criteria applied to all members, and permission for data collection was given. Results may not be generalizable to FMHVs in other geographic locations or similar organizations. Nevertheless, the study methodology and results may be used to guide similar studies with support groups in other locations.

The findings may be relevant primarily to African American populations. The majority of the membership of the sampling frame was African American, and the coping instrument, the ACSI, was created specifically for African Americans. Thus, again in conjunction with the research questions, the sampling frame was necessarily limited and results are not generalizable to all FMHVs. Nevertheless, nationally, statistics show that African Americans suffer losses from homicide up to 10 times more than other ethnic groups (Harrell, 2007; Kochanek et al., 2004; U.S. Department of Health and Human Services, 2010). Thus, study results may apply to similar populations of AA FMHVs in other locations.

Other factors than the three selected independent variables may have influenced responses, such as participants' witnessing of the homicide, conviction of the perpetrator, participants' additional direct experiences with crime, and current support other than through the group. Because regression analysis was conducted on three factors, namely participant's age at homicide, closeness to victim, and victim's age at homicide, such factors could be found to influence participants' extent of grief and were reported.

The possibility of social desirability may have influenced the results. This phenomenon is participants' tendencies to respond to instrument questions and statements in ways they assume is favorable to others, including the researcher (van de Mortel, 2008). This factor is an unavoidable one in self-report survey research (Holtgraves, 2004) and can be mitigated by assurance to participants that there are no "right" answers.

The researcher made this assurance to participants. Further, participants were assured that their responses would be anonymous, that their identities would not be

revealed, and that reporting of results would be in group form only. Another aspect of this limitation was that the researcher collected the data privately with each participant, with opportunities for participants to ask questions. His presence could have added to the tendency for social desirability, although he was not physically present when participants completed the surveys. However, if the surveys had been administered by another individual, such as the president or a neutral other party, that individual may not have been equipped to respond to questions or clarify procedures. Thus, the researcher reiterated the protective features above and counted on the forthright intentions of participants to respond honestly to the instrument items.

Reliability

Reliability, or internal consistency, is an indication of the consistency and stability of an instrument (Creswell, 2011). Cronbach's alpha is a widely accepted statistical procedure that measures internal consistency and indicates reliability (Christmann & Van Aelst, 2006). A Cronbach's correlation coefficient above .70 is satisfactory to establish reliability, and a higher value reflects a higher degree of internal consistency (Cohen, 1988; Santos, 1999). The ACSI and TRIG both have high and adequate Cronbach's alphas, as reported above (Utsey et al., 2000, 2004; Hansson et al., 1993; Zisook et al., 1982). For the current study, after implementation, Cronbach's alphas were calculated for reliability and internal consistency on the ACSI and TRIG results (Christmann & Van Aelst, 2006).

Internal Validity

Validity refers to the accuracy and results of an instrument, as well as to quality. That is, the test should accomplish what it is designed to and measure what the researcher intends it to measure (Creswell, 2011; Maxfield & Babbie, 2010). In this study, internal validity was enhanced because the ACSI and TRIG have been repeatedly tested for accurate measurements of their constructs, as well as validity and reliability (Utsey et al., 2000, 2004; Hansson et al., 1993; Zisook et al., 1982). In addition, the study sample size should have had adequate statistical power, based on the power analysis and minimum sample size determined, as reported above. These calculations should have precluded erroneous conclusions about the hypotheses testing (Creswell, 2011). The selection of the specific selected major variables (time since homicide, relationship to victim, length of attendance in support group) and acknowledged study limitations should also have prevented the drawing of invalid conclusions.

However, three threats to validity were acknowledged. Homicide-related factors requested in the Demographic Questionnaire other than the three independent variables may have influenced participants' responses. These factors included participants' witnessing of the homicide, conviction of the perpetrator, participants' other direct experiences with crime, and their current support outside of the group. However, regression analysis was conducted on all homicide-related factors in the Demographic Questionnaire in relation to their grief. Significant relationships were reported and taken into account in study results.

Use of the self-report could have prompted social desirability, as discussed above, including a Hawthorne effect (obviously, participants would recognize they were part of a study). These factors may have affected participants' responses. However, as noted above, to minimize this threat to internal validity, when participants were introduced to the study, they were told there are no "right" answers and encouraged to respond as honestly as possible. For further encouragement, they were assured that their responses would be anonymous, that their identities would not be revealed, and that reporting of results would be in group form only (Leedy & Ormrod, 2012).

Responses were sought at only a single point in time, and thus maturation may have affected responses. That is, factors such as the passing of time, receiving of personal counseling, or finding out about more details of the homicide may have resulted in participants' different responses at another point in time (Leedy & Ormrod, 2012). With this threat acknowledged, replication of the present study could take place at a later time and results of the two studies compared.

External Validity

External validity indicates the generalizability of results to settings other than the research site (Creswell, 2011). In the present study, as acknowledged in the limitations, external validity may have been threatened by two factors. As acknowledged in the limitations, selection criteria for participation may have threatened external validity because a nonrandom population was drawn on (Creswell, 2011; Gall et al., 2009). The sample was comprised only of members of FMMV. Results may thus have limited

generalizability to AA FMHVs in other groups. However, power analysis revealed that the projected minimum sample size was adequate for hypothesis testing.

The setting was of a single geographic location and single membership organization. This threat to external validity also may preclude generalizability to other support groups in other locations. However, because the setting was a “real-life setting” rather than a laboratory, study results may be more applicable to other real-world environments (Leedy & Ormrod, 2012, p. 99).

Expected Findings

Expected findings of regression analysis for Hypotheses 1, 2, and 3 were that time since homicide, relationship to the victim, and length of attendance in a support group would have statistically significant influences on AA FMHVs’ extent of grief. Expected findings of descriptive statistical procedures for Hypothesis 4 were that AA FMHVs would use all four coping strategies (cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered) in approximately equal degrees to deal with their loss. Additional expected descriptive findings were that the demographic profile of participants would reflect that of the members of FMMV (see Table 2).

Chapter 3 Summary

Studies of the grief and coping FMHVs have been sparse relating to African Americans and certain situational variables. The current study attempted to fill this gap by an investigation of three important homicide-related factors—time since homicide,

relationship to victim, and length of support group attendance—and AA FMHVs' grief, as well as their coping strategies. Four research questions/hypotheses guided this quantitative cross-sectional, nonexperimental study. Regression analytic techniques were most appropriate to test the first three hypotheses and descriptive analytic techniques to test the fourth.

The instruments used were two well validated and widely used instruments, the ASCI measuring African Americans' coping strategies for traumatic events (Utsey et al., 2000), and the TRIG, measuring individuals' extent and degree of grief after loss of a loved one (Faschingbauer et al., 1987). A Demographic Questionnaire adapted from Sharpe (2007) measured demographic and homicide-related factors.

Data were collected from a nonprobability convenience sample of members of a FMHV support group, FMMV, in an urban county in Southeast Florida with a high crime rate. Criteria for participation included present age between 18 and 65, African American ethnicity, experience of a family member's death by homicide, and membership in the support group.

Of the total of approximately 150 members of FMMV, a power analysis revealed a minimum representative sample size of 108. The researcher introduced the study at a bimonthly meeting of FMMV and requested volunteers. Participants were assured of anonymity and other safeguards for their protection. Data collection took place by individual appointment with the researcher on the organization's premises or another convenient location.

Data analysis took place after data cleaning with the use of descriptive and inferential statistical techniques appropriate to the reporting of results and research questions/hypotheses. Descriptive statistics were used to report the frequency distributions of the variables, including the sample demographic characteristics by number (*n* of *N*) and percentage (%). For the TRIG and ACSI, the means, standard deviations, and ranges of the total scales and subscales were computed.

The research questions/hypotheses were tested by inferential and descriptive statistical techniques. For Hypotheses 1, 2, and 3, regression techniques were used to examine the influence of the independent variables—time since homicide, relationship to victim, and length of attendance in support group—as measured by the Demographic Questionnaire, on the dependent variable—extent of grief—as measured by the TRIG. For Hypothesis 4, descriptive techniques were used to describe the coping strategies of AA FMHVs, as measured by the ACSI. In Chapter 4, results of the data analyses are reported.

CHAPTER 4. RESULTS

Introduction

The purpose of this nonexperimental quantitative cross-sectional regression and descriptive study was to examine possible influences on AA FMHVs' level of grief of three primary selected situational factors. These were time since the homicide, relationship to victim, and length of attendance in a support group. Studies have been sparse on family members of homicide victims, with emphasis instead on retributive justice by state systems (Armour, 2002a, 2002b; Gross, 2007; Thompson, 2007; Zinzow et al., 2009).

In this study, both past behavior and present feelings and emotions of grief were investigated, focusing on the influence of the three selected variables on participants' grief. Because the research site members were African Americans, investigation also took place of the ways African American FMHVs cope with their grief using four specific strategies. These are the cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered domains (Utsey et al., 2000, 2004, 2008).

One primary research question and three subquestions and one secondary research question and one subquestion guided this study. The primary research question of this study was the following:

Is the extent of grief of AA FMHVs influenced by the selected situational factors of time since homicide, relationship to victim, and length of attendance in a support group?

The three subquestions and hypotheses were as follows:

Subquestion 1: Is there a statistically significant influence of AA FMHVs' time since homicide on their extent of grief?

Null Hypothesis 1: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief.

Subquestion 2: Is there a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief?

Null Hypothesis 2: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief.

Subquestion 3: Is there a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief?

Null Hypothesis 3: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief.

The secondary research question of this study was the following:

What are the primary coping strategies AA FMHVs use to deal with their loss?

Subquestion 4: What are the primary coping strategies used by AA FMHVs among the cognitive-emotional, spiritual-centered, collective-centered, and ritual-centered coping strategies?

Null Hypothesis 4: None of the four coping strategies will be used primarily by AA FMHVs.

Description of the Sample

The sampling procedure was a nonrandom volunteer method. The researcher introduced the study at a bimonthly meeting of FMMV and invited attendees to participate. The president e-mailed an introductory description to members absent from that meeting. Members who were interested in participating contacted the researcher by telephone or e-mail and an individual meeting was arranged with each one at a convenient and private location for instrument administration.

For an estimated sample size to ensure an adequately representative sample for the statistical analyses, an *a priori* power analysis was conducted, with level of significance (p) set at .05, the power ($1 - \beta$) at .95, and the effect size (f^2) at 0.15, predicated on unidirectional hypotheses (Buckner et al., 1998; Lipsey, 1998). The power analysis revealed that a minimum of 107 participants was needed to test for significances (R value) in the influence of independent variables on the dependent variable (Lodico et al., 2010).

Of the total population of 151 members of FMMV at the time of data collection, a total of 149 participated. This yielded a response rate of 98.7%, highly acceptable in educational research (Creswell, 2011). Upon the researcher's checking each instrument packet for completeness, some missing data were found, as noted in Tables 3 and 4.

However, no surveys had more than 30% missing information. Thus, none had to be set aside as unusable (Creswell, 2011; Enders, 2010).

General Demographic Characteristics

The Demographic Questionnaire yielded the demographic composition of the sample. These are the general demographic characteristics, such as gender, ethnicity, age, and educational level. The results are shown in Table 3.

Of the total, 93.3% were female and 6.7% were male. In terms of ethnicity, 100% were African American. The mean age was 45.6, with 36.1% in the highest age range of 51-60 years. Most members were single, 75.8%, and the highest percentage, 40.3%, had an income level between \$20,001 and \$30,000. Almost two thirds, 65.1%, had a high school diploma, and almost one fourth, 23.5% had from some college to more than a Master's degree. Regarding employment status, three fourths, 74.5%, were employed full-time, with 7.4% employed part-time and 10.1% unemployed.

As Table 3 also shows, missing data are recorded for participants. The designation "no response" indicates missing information, indicated also by a superscript in each category. Missing information is noted for age range, 3.4%; marital status, .7%; income level, 6.7%; and employment status, 3.4%.

Religious and Homicide-Specific Characteristics

The Demographic Questionnaire also asked participants questions relating to their religious and spiritual practices. Homicide-specific information was additionally requested. The responses are displayed in Table 4.

Table 3

Demographic Characteristics of the Sample (N = 149)

Characteristic	Number	Percent
Gender		
Women	140	93.3
Men	9	6.7
Ethnicity		
African American	149	100
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
No response ^a	5	3.4
Mean age	45.6	---
Marital Status		
Single	113	75.8
Married	27	18.1
Widowed	2	1.3
Divorced/Separated	6	4.0
Living with partner	0	0
No response ^a	1	.7
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
\$40,001-\$50,000	5	3.4
No response ^a	10	6.7

Table 3

Demographic Characteristics of the Sample (N = 149, continued)

Characteristic	Number	Percent
Educational Level		
Less than high school	17	11.4
High school diploma	97	65.1
Some college	26	17.4
College degree	7	4.7
Master's degree	1	.7
More than Master's	1	.7
Employment Status ^a		
Full-time	111	74.5
Part-time	11	7.4
Unemployed	15	10.1
Retired	6	4.0
Student	1	.7
No response ^a	5	3.4

^a No response = missing data.

More than the majority stated they were Baptist, 63.1%, followed by Christian and no response, 13.4% each. Most of the participants 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 specified related activities, such as Bible study, singing with the group, prayer meetings, missionary meetings. As Table 4 also shows, for religious participation, “no response,” indicating missing information, resulted for religion, 13.4%.

Table 4

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

Characteristic	Number	Percent
Religion		
Baptist	94	63.1
Methodist	7	4.7
Pentecostal	6	4.0
Christian	20	13.4
Other	2	1.4
No response ^a	20	13.4
Participation in Spiritual/Religious Practices		
Yes	7	4.7
No	142	95.3
Types of Participation (Yes Responses)		
FMMV	1	.7
Church	2	1.4
Sing with group	1	.7
Bible study, usher, feed homeless	1	.7
Prayer meetings	1	.7
Missionary meetings	1	.7
Deceased Primary Household Provider		
Yes	22	14.8
No	127	85.2
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 -3 years, 11 mos.	12	8.1
4 years -4 years, 11 mos.	13	8.7
5 years -5 years, 11 mos.	11	7.4
6 years -6 years, 11 mos.	7	4.7
7 years -7 years, 11 mos.	5	3.3

Table 4

Religious and Homicide-Specific Characteristics of the Sample (N = 149, continued)

Characteristic	Number	Percent
Time Since Family Member's Death (to nearest month)		
8 years -8 years, 11 mos.	10	6.7
9 years -9 years, 11 mos.	10	6.7
11 years -11 years, 5 mos.	2	1.4
15 years -15 years, 11 mos.	1	.7
16 years -16 years, 11 mos.	2	1.4
Mean time (months)	47.67	
Participant's Age at Family Member's Death		
Less than 18	7	4.7
18-21	14	9.4
22-30	16	10.7
31-40	19	12.8
41-50	49	32.9
More than 50	34	22.8
No response ^a	10	6.7
Mean age	39.9	---
Relationship to Victim		
Spouse	2	1.4
Parent	10	6.7
Child	57	38.3
Sibling	23	15.4
Aunt/Uncle	16	16.0
Cousin	32	21.5
Other (close extended family)	8	8.0
No response ^a	1	.7
Closeness to Victim		
Somewhat close	4	2.7
Close	19	12.8
Very Close	126	84.6

Table 4

Religious and Homicide-Specific Characteristics of the Sample (N = 149, continued)

Characteristic	Number	Percent
Deceased Family Member's Gender		
Women	5	3.4
Men	142	95.3
No response ^a	2	1.3
Age of Family Member at Time of Family Member's Death		
Less than 18	13	8.7
18-21	42	28.2
22-30	54	36.2
31-40	8	5.4
41-50	19	12.8
More than 50	2	1.4
No response ^a	11	7.4
Mean age	26.7	---
Knowledge of Perpetrator		
Yes	13	8.7
No	125	83.9
Don't know	9	6.0
No response ^a	2	1.4
Perpetrator Family Member		
Yes	6	4.0
No	131	87.9
No response ^a	12	8.1
Perpetrator Convicted of the Murder		
Yes	3	2.0
No	128	85.9
Don't know	16	10.7
No response ^a	2	1.4

Table 4

Religious and Homicide-Specific Characteristics of the Sample (N = 149, continued)

Characteristic	Number	Percent
Participant Witnessed the Murder		
Yes	0	0
No	146	98.0
No response ^a	3	2.0
Participant Coped with Violent Death of Another Close Individual		
Yes	40	26.8
No	109	73.2
Number of Times		
Never	109	73.2
At Least 1 Other Time	30	20.1
2 Times	6	4.0
3 Times	3	2.0
More Than 3 Times	1	.7
Length of Attendance at Support Group		
1 year	57	38.3
2 years	34	22.9
3 years	11	7.4
4 years	10	6.7
5 years	9	6.0
6 or more years	17	11.4
No response ^a	11	7.4
Mean years of attendance	2.6	---

^a No response = missing data.

Homicide-specific information revealed a range of situations. For most of the participants, 85.2%, the deceased was not the primary household provider. For the highest percentage, 29.6%, the time since the family member's death was between 1 year and 1 year, 11 months. This time was followed for 20.8% between 2 years and 2 years, 11 months. Other times since the death of the victim, between 3 years and 16 years, varied for 8.7% to .7% of the participants.

The participants' age at the family member's death was between 41 and 50 for 32.9% of participants, followed by more than 50 for 22.8%. Ages of other participants at the time of family member's death varied from less than 18 to 40, between 12.8% and 4.7%. Participants' mean age at the time of the family member's death was 39.9.

For more than one third of participants, 38.3%, the deceased family member was their child. For close to one fourth, 21.5%, the family member was a cousin. Other relationships varied between aunt/uncle, 16.0%, to spouse, 1.4%. Most participants, 84.6%, were very close to the victim.

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 18 to 21 for 28.2% of the participants. The mean age of the victim was 26.7.

High percentages resulted concerning the perpetrator. Most participants, 83.9%, had no knowledge of the perpetrator, and for slightly more, 87.9%, the perpetrator was not a family member. Similarly, most participants, 85.9%, reported that the perpetrator had not been convicted of the murder. Almost all participants, 98.0%, reported they had not witnessed the murder.

Almost three fourths of participants, 73.2%, had not coped with the violent death of another close individual. Of those who had, 20.1% had at least one other time. Participants who had coped with such a death between two and more than three times varied from 4.0% to .7%.

Regarding participants' length of attendance at the support group, the largest percentage, 38.3%, had been attending for 1 year, followed by 22.9% for 2 years. A total of 11.4% had been attending for 6 or more years, and from 7.4% to 6.0% had been attending from 3 to 5 years. The mean number of years of attendance was 2.6 years.

As Table 4 also shows, missing data are recorded for participants. The designation "no response" indicates missing information, indicated also by a superscript in each category. Missing information is noted for participant's age at family member's death, 6.7%; relationship to victim .7%; deceased family member's gender, 1.3%; age of family member at time of family member's death, 7.4%; knowledge of perpetrator, 1.4%; whether perpetrator was a family member, 8.1%; whether perpetrator was convicted of the murder, 1.4%; whether participant witnessed the murder, 2.0%; and length of attendance at support group, 7.4%.

Descriptive Results of Instruments

Two instruments were used in this study as the dependent variables. To answer Research Questions 1, 2, and 3 and test Hypotheses 1, 2, and 3, the TRIG measured the extent of participants' grief in both the past and the present and its relationship to the three dependent variables, time since victim's death, relationship to victim, and length of

support group attendance. To answer Research Question 4 and test Hypothesis 4, the ACSI measured participants' coping styles. Table 5 displays the descriptive statistics for the TRIG and the ACSI.

Table 5

Descriptive Statistics for Dependent Variables, the TRIG and ACSI

	Mean	Standard Deviation	Range
TRIG Past	13.64	4.96	8-48
TRIG Present	19.99	9.57	13-78
TRIG Total	33.63	4.96	21-105
ACSI	54.59	21.35	13-92

For the TRIG Past, the 5-point Likert type scale is as follows: 1 = *Completely true*, 2 = *Mostly true*, 3 = *Neutral*, 4 = *Mostly false*, 5 = *Completely false*. The total possible range is 8-40, and lower numbers indicate higher levels of grief. All items are summed to measure their past grief and actions at the time of their relative's death. The mean of 13.64 indicated that for these respondents, the statements about their past extent of grief were between completely true (8) and mostly true (16). For the TRIG Present, the same 5-point Likert type scale is used, and the total possible range is 13-65. The mean of 19.11 indicated that that for these respondents, the statements about their present extent

of grief were between completely true (13) and mostly true (26). For both Past and Present, the overall possible range is 21-105. The mean of 32.75 indicated that for these respondents, the statements about their extent of grief overall were between completely true (21) and mostly true (42).

For the ACSI, the 4-point Likert-type scale is as follows: 0 = *Did not use*, 1 = *Used a little*, 2 = *Used a lot*, 3 = *Used a great deal*. The total possible range is 0-90, and all items are summed to create a measure of coping. The mean of 54.59 indicated that overall these respondents used the four coping strategies more than a lot (30) and someone less than a great deal (60).

Results of Data Analysis

Cronbach's Alphas

Cronbach's alphas test for the reliability and internal consistency of participants' responses to a given instrument (Creswell, 2011; Leedy & Ormrod, 2012). Respondents' answers to the TRIG and ACSI were tested by means of Cronbach's alphas. The results indicate the ability of scale items to measure the same constructs (Creswell, 2011). Table 6 displays the results.

As Table 6 shows, for the TRIG Past, the Cronbach's alpha was .78, and for the TRIG Present, the Cronbach's alpha was .95, with the overall TRIG Cronbach's alpha .94. The ACSI Cronbach's alpha was .96. As noted earlier, in statistical research a minimum Cronbach's alpha of .70 is acceptable (Christmann & Van Aelst, 2006; Santos, 1999).

Thus, the alpha values of the current study indicate high reliability and internal consistency of the instruments.

Table 6

Reliability and Internal Consistency: Cronbach's Alphas

Instrument	No. of Items	Cronbach's Alpha
TRIG Past	8	.78
TRIG Present	13	.95
TRIG Total	21	.94
ACSI	30	.96

Results of Hypotheses Testing

The first three hypotheses were tested with correlational and regression statistical techniques. Hypothesis 1 was tested for influence of time since the family member's homicide and the participant's extent of grief, as measured by the TRIG. Hypothesis 2 was tested for influence of the participant's relationship to the victim and the participant's extent of grief, as measured by the TRIG. Hypothesis 3 was tested for influence of length of attendance in the FMMV support group and the participant's extent of grief, as measured by the TRIG.

Results for Hypothesis 1: Time since homicide and extent of grief. Null

Hypothesis 1 stated: There is not a statistically significant influence of AA FMHVs' time

since the homicide on their extent of grief. Correlations were conducted for the time since the family member's homicide and the TRIG Past and TRIG Present. Table 7 shows the results.

Table 7

Hypothesis 1: Relationship of Time Since Homicide to Extent of Grief

Variable	Mean	Standard Deviation	r^a	p^b
Time Since Homicide (Months)	47.67	37.64	---	---
TRIG Past	13.64	4.96	.269	.001*
TRIG Present	19.99	9.57	.300	.000*
TRIG Total	33.63	13.31	.316	.000*

^aCorrelation statistic.

^bSignificance.

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

Table 7 shows that significant relationships existed between the time since homicide and the TRIG Past (.269), TRIG Present (.300), and TRIG Total (.316), $p < .01$. Although the stated level of significance was $p < .05$, the level found was a greater level. Thus, Null Hypothesis 1 was rejected: There is a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief.

Results for Hypothesis 2: Relationship to victim and extent of grief. Null Hypothesis 2 stated: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief. Correlations were conducted for the relationship of the participant to the victim and the TRIG Past and TRIG Present. Table 8 shows the results.

Table 8 shows that significant relationships existed for all relationships to the victim (see Table 4), the TRIG Past (.266), Trig Present (.354), and the TRIG Total (.354), all significant at $p < .01$. Although the stated level of significance was $p < .05$, the level found was a greater level. Thus, Null Hypothesis 2 was rejected: There is a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief.

Results for Hypothesis 3: Length of attendance in support group and extent of grief. Null Hypothesis 3 stated: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief. Correlations were conducted for the length of participant's attendance in the support group and the TRIG Past and TRIG Present. Table 9 shows the results.

Table 8

Hypothesis 2: Relationship of Participant's Relationship to Victim to Extent of Grief

Variable	Mean	Standard Deviation	r^a	p^b
Relationship to Victim ^c			---	---
TRIG Past	13.64	4.96	.266	.001*
TRIG Present	19.99	9.57	.354	.000*
TRIG Total	33.63	13.31	.354	.000*

^aCorrelation statistic.^bSignificance.^c Relationships converted to scale values; lower numbers = closer relationships (1 = Child, 2 = Spouse, 3 = Parent, 4 = Sibling, 5 = Aunt/Uncle, 6 = Cousin, 7 = Other).* $p < .01$ (2-tailed).

Table 9 shows that significant relationships existed between the length of time of attendance at the support group and the TRIG Past (.273), Trig Present (.348), and TRIG Total (.353), all at $p < .01$. Although the stated level of significance was $p < .05$, the level found was a greater level. Thus, Null Hypothesis 3 was rejected: There is a statistically significant influence of AA FMHVs' length of time of attendance at the support group on their extent of grief.

Table 9

Hypothesis 3: Relationship of Length of Attendance at Support Group to Extent of Grief

Variable	Mean	Standard Deviation	r^a	p^b
Length of Attendance (Years)	2.73	2.3	---	---
TRIG Past	13.64	4.96	.273	.001*
TRIG Present	19.99	9.57	.348	.000*
TRIG Total	33.63	13.31	.353	.000*

^aCorrelation statistic.^bSignificance.* $p < .01$ (2-tailed).

Results for Hypothesis 4: Primary coping strategies. Null Hypothesis 4 stated: None of the four coping strategies will be used primarily by AA FMHVs. Descriptive statistical procedures were conducted for participants' use of the four coping strategies of the ACSI. As described earlier, these strategies are Cognitive /Emotional Debriefing, an adaptive reaction to environmental stressors which stemmed from long racial oppression; 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).

Table 10 shows the results.

Table 10

Hypothesis 4: 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

As noted above, for the ACSI, the 4-point Likert-type scale is as follows: 0 = *Did not use*, 1 = *Used a little*, 2 = *Used a lot*, 3 = *Used a great deal*. 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). The total possible range for the Collective-Centered strategy is also 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). The total possible range for the Ritual-

Centered strategy is 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).

Thus, Null Hypothesis 4 was rejected: The Cognitive/Emotional Debriefing and Spiritual-Centered coping strategies were used primarily by the participants. Both strategies were used more than a lot and less than a great deal.

Regression Results

Regression analyses were calculated for the three independent variables of Hypotheses 1, 2, and 3, and the TRIG. Correlation statistics are used to calculate regressions to determine “what impact multiple have variables on an outcome” (Creswell, 2009, p. 367). The resulting statistics show how much the proportion of the variation in the dependent variable (in our case, the TRIG Past, TRIG Present, and TRIG Total) is accounted for by the independent variables (in our case, time since homicide, relationship to victim, length of attendance in support group; Vito et al., 2008). Table 11 shows the results for the regression results of the TRIG Past.

Table 11 shows that the three independent variables, time since homicide, relationship to victim, and length of support group attendance, taken together, were significant in predicting participants’ past grief ($p < .000$). However, correlation of only one variable with the TRIG Past was significant, relationship to victim (.041). The time since homicide had the greatest predictive weight ($\beta = .207$), followed by relationship to victim ($\beta = .175$). Further, the three variables, taken together, predicted 11.6% of the variance ($\text{Adj } R^2 = .116$).

For the TRIG Present, the same regression analysis was conducted with the three major variables. These were time since homicide, relationship to victim, and length of attendance at the support group. Table 12 shows the results.

Table 11

Regression Results: Time Since Homicide, Relationship to Victim, and Length of Support Group Attendance and Past Level of Grief (TRIG Past)

Independent (Predictor) Variable	df	<i>F</i>	<i>p</i>	Adj <i>R</i> ²	β	Sig.
H 1: Time since homicide					.207	.091
H2: Relationship to victim					.175	.041*
H3: Length of attendance in support group					.084	.499
For TRIG Past	3,133	6.943	.000*	.116		

**p* < .05.

Table 12

Regression Results: Time Since Homicide, Relationship to Victim, and Length of Support Group Attendance and Present Level of Grief (TRIG Present)

Independent (Predictor) Variable	df	<i>F</i>	<i>p</i>	Adj <i>R</i> ²	β	Sig.
H 1: Time since homicide					.169	.151
H2: Relationship to victim					.253	.002*
H3: Length of attendance in support group					.153	.200
For TRIG Present	3,133	11.241	.000*	.184		

* $p < .05$.

For the TRIG Total, the same regression techniques were employed with the three major variables. These were time since homicide, relationship to victim, and length of attendance at the support group. Table 13 shows the results.

Table 13

Regression Results: Time Since Homicide, Relationship to Victim, and Length of Support Group Attendance and Total Level of Grief (TRIG Total)

Independent (Predictor) Variable	df	<i>F</i>	<i>p</i>	Adj <i>R</i> ²	β	Sig.
H 1: Time since homicide					.199	.089
H2: Relationship to victim					.249	.003*
H3: Length of attendance in support group					.141	.232
For TRIG Total	3,133	11.956	.000*	.195		

* $p < .05$.

Table 13 shows that the three independent variables, time since homicide, relationship to victim, and length of support group attendance, taken together, were significant in predicting participants' present grief ($p < .000$). However, correlation of only one variable with the TRIG Total was significant, relationship to victim (.003). This variable also had the greatest predictive weight ($\beta = .249$), followed by time since

homicide ($\beta = .199$). Further, the three variables, taken together, predicted 19.5% of the variance ($\text{Adj } R^2 = .195$).

Other Findings: Ad Hoc Analyses

Although not part of the research questions or hypotheses, ad hoc analyses were conducted of the hypotheses independent variables and the three other scaled homicide-specific situational factors in the Demographic Questionnaire for possible statistically significant influences on participants' extent of grief. Ad hoc analyses are conducted in specific situations to determine if other than the specified variables may have an effect on the results of the hypotheses (Plichta & Kelvin, 2012; Vito et al., 2008).

The additional variables in this analysis were participant's age at the time of the homicide, closeness of participant to the victim, and victim's age at time of the homicide, all acknowledged as important in the literature (Boyd-Franklin, 2006; McDevitt-Murphy et al., 2011; Miller, 2009a; Sharpe, 2007). Regression was not conducted on the dichotomous items: victim's gender, knowledge of perpetrator, whether perpetrator was a family member, whether perpetrator was convicted, whether participant witnessed the homicide, participant's experience of other violent deaths.

For regression analysis of the six variables and TRIG Past, Table 14 displays the results. The three major independent variables and the other three, taken together, were significant in predicting participants' past grief ($p < .000$). However, correlation of only time since homicide (.004) with the TRIG Past was significant. This variable also had the greatest predictive weight ($\beta = .249$), followed by time since homicide ($\beta = .393$). Further, the six variables, taken together, predicted 16.2% of the variance ($\text{Adj } R^2 = .162$).

Table 14

Regression Results: Time Since Homicide, Relationship to Victim, Length of Support Group Attendance, Participant's Age at Homicide, Closeness to Victim, and Victim's Age and Level of Grief (TRIG Past)

Independent (Predictor) Variable	df	<i>F</i>	<i>p</i>	Adj <i>R</i> ²	β	Sig.
H 1: Time since homicide					.393	.004*
H2: Relationship to victim					.020	.885
H3: Length of attendance in support group					.025	.821
Participant's age at homicide					-.069	.482
Level of closeness to victim					-.133	.161
Victim's age at homicide					.023	.799
For TRIG Past	6,111	4.733	.000*	.162		

**p* < .05.

For regression analysis of the six variables and the TRIG Present, Table 15 shows that the three major independent variables and the other three, participant's age at the time of the homicide, closeness of participant to the victim, and victim's age at time of the homicide, taken together, were significant in predicting participants' present grief ($p < .000$). However, correlations of only two variables with the TRIG Present were significant, time since homicide (.030) and level of closeness to victim (.039). These variable also had the greatest predictive weight (time since homicide $\beta = .285$, level of closeness $\beta = -.190$). Further, the six variables, taken together, predicted 22.2% of the variance ($\text{Adj } R^2 = .222$).

For regression analysis of the six variables and the TRIG Total, Table 16 shows that the three major independent variables and the other three, participant's age at the time of the homicide, closeness of participant to the victim, and victim's age at time of the homicide, taken together, were significant in predicting participants' present grief ($p < .000$). However, correlations of only two variables with the TRIG Total were significant, time since homicide (.007) and level of closeness to victim (.040). These variable also had the greatest predictive weight (time since homicide $\beta = .350$, level of closeness $\beta = -.186$). Further, the six variables, taken together, predicted 24.4% of the variance ($\text{Adj } R^2 = .244$).

Table 15

Regression Results: Time Since Homicide, Relationship to Victim, Length of Support Group Attendance, Participant's Age at Homicide, Closeness to Victim, and Victim's Age and Level of Grief (TRIG Present)

Independent (Predictor) Variable	df	<i>F</i>	<i>p</i>	Adj <i>R</i> ²	β	Sig.
H 1: Time since homicide					.285	.030*
H2: Relationship to victim					.170	.197
H3: Length of attendance in support group					.080	.442
Participant's age at homicide					.037	.692
Level of closeness to victim					-.190	.039*
Victim's age at homicide					.066	.452
For TRIG Present	6,111	6.565	.000*	.222		

**p* < .05.

Table 16

Regression Results: Time Since Homicide, Relationship to Victim, Length of Support Group Attendance, Participant's Age at Homicide, Closeness to Victim, and Victim's Age and Level of Grief (TRIG Total)

Independent (Predictor) Variable	df	<i>F</i>	<i>p</i>	Adj <i>R</i> ²	β	Sig.
H 1: Time since homicide					.350	.007*
H2: Relationship to victim					.131	.314
H3: Length of attendance in support group					.067	.513
Participant's age at homicide					.002*	.983
Level of closeness to victim					-.186	.040*
Victim's age at homicide					.057	.514
For TRIG Total	6,111	7.303	.000*	.244		

**p* < .05.

Summary and Conclusions

This nonexperimental quantitative cross-sectional regression and descriptive study examined possible influences on African American family members of homicide victims' level of grief of selected situational factors. These were time since the homicide, relationship to victim, and length of attendance in a support group. The level of grief was measured by participants' responses to the TRIG Past and TRIG Present. Cronbach's alphas for both instruments were acceptable, (.78-.96, see Table 6).

The primary research question was the following: Is the extent of grief of AA FMHVs influenced by the selected situational factors of time since homicide, relationship to victim, and length of attendance in a support group? Three hypotheses were formulated to answer this question. The secondary research question was as follows: What are the primary coping strategies AA FMHVs use to deal with their loss? One hypothesis was formulated to answer this question. Correlational analysis was performed to test Hypotheses 1, 2, and 3. Descriptive analysis was performed to test Hypothesis 4.

Null Hypothesis 1 stated: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief. This hypothesis was rejected. Statistically significant influences were found for the influence of AA FMHVs' time since homicide and their extent of grief (TRIG Past .269, TRIG Present .300, $p < .01$; see Table 7).

Null Hypothesis 2 stated: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief. This hypothesis was rejected: There was a statistically significant influence of AA FMHVs' relationship to the victim

on their extent of grief (TRIG Past .266, TRIG Present .354, TRIG Total .354, $p < .01$; see Table 8).

Null Hypothesis 3 stated: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief. This hypothesis was rejected. There was a statistically significant influence of AA FMHVs' length of time of attendance at the support group on their extent of grief (TRIG Past .273, TRIG Present .348, $p < .01$; see Table 9).

Null Hypothesis 4 stated: None of the four coping strategies will be used primarily by AA FMHVs. This hypothesis was rejected. 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 $M = 17.17$).

Regression results of the influence on participants' past grief of the three homicide-specific situational factors of time since family member's death, relationship of participant to victim, and participant's length of attendance at the support group, showed that, taken together, the three variables were significant in predicting participants' past grief ($p < .000$). However, correlation of only one variable with the TRIG Past was significant, relationship to victim (.041), and the three variables taken together, predicted 11.6% of the variance ($\text{Adj } R^2 = .116$; see Table 11).

Regression results of the influence on participants' present grief of the three homicide-specific situational factors of time since family member's death, relationship of

participant to victim, and participant's length of attendance at the support group, showed that, taken together, the three variables were significant in predicting participants' present grief ($p < .000$). However, correlation of only one variable with the TRIG Present was significant, relationship to victim (.002), and the three variables taken together, predicted 18.4% of the variance ($\text{Adj } R^2 = .184$; see Table 12).

Regression results of the influence on participants' total grief of the three homicide-specific situational factors of time since family member's death, relationship of participant to victim, and participant's length of attendance at the support group, showed that, taken together, the three variables were significant in predicting participants' total grief ($p < .000$). However, correlation of only one variable with the TRIG Total was significant, relationship to victim (.003), and the three variables taken together, predicted 19.5% of the variance ($\text{Adj } R^2 = .195$; see Table 13).

Ad hoc analyses were conducted of the three variables of Hypotheses 1, 2, and 3 and three additional scaled variables, participant's age at the time of the homicide, closeness of participant to the victim, and victim's age at time of the homicide. Regression results of the influence on participants' past grief of the six homicide-specific situational factors showed that, taken together, the six variables were significant in predicting participants' past grief ($p < .000$). However, correlation of only one variable with the TRIG Past was significant, time since homicide (.004), and the six variables taken together, predicted 16.2% of the variance ($\text{Adj } R^2 = .162$; see Table 14).

Regression results of the influence on participants' past grief of the six homicide-specific situational factors showed that, taken together, the six variables were significant

in predicting participants' present grief ($p < .000$). However, only two variables correlated significantly with the TRIG Present, time since homicide (.030) and level of closeness to victim (.039). The six variables taken together, predicted 22.2% of the variance ($\text{Adj } R^2 = .222$; see Table 15).

Regression results of the influence on participants' total grief of the six homicide-specific situational factors showed that, taken together, the six variables were significant in predicting participants' total grief ($p < .000$). However, correlations of only two variables with the TRIG Total were significant, time since homicide (.007) and level of closeness to victim (.040). The six variables taken together, predicted 24.4% of the variance ($\text{Adj } R^2 = .244$; see Table 16).

In Chapter 5, the researcher discusses these results in detail. Discussion includes comparison with previous literature in this area and limitations of the current study. The researcher also offers recommendations for future research and implications of the study for practice and policy.

CHAPTER 5. DISCUSSION, RECOMMENDATIONS, IMPLICATIONS

Overview of the Study

With four research questions and four hypotheses, the purpose of this nonexperimental quantitative cross-sectional regression and descriptive study was to examine possible influences on AA FMHVs' level of grief of the selected situational factors of time since the homicide, relationship to victim, and length of attendance in a support group. Both past behavior and present feelings and emotions of grief were investigated with the TRIG. Because the stated participants and research site members were African Americans, investigation also took place of the ways African American FMHVs cope with their grief using four specific strategies.

Literature was reviewed in areas relevant to this study for both FMHV and AA FMHV. These areas included, first, the multiple theoretical frameworks of complicated grief theory, coping theory, and Africentric theory. Second, recent literature was reviewed specifically in relationship to the study variables of family members of homicide victims, African American grief, time since homicide, relationship to victim, and length of support group attendance. Third, methodological studies were reviewed using similar or the same data analysis procedures as the current study.

Recruitment took place by the researcher's introduction of the study and verbal invitation to members at a regular meeting of FMMV and by follow-up e-mail by the president to those absent from the meeting. A pilot study was conducted of the Demographic Questionnaire, and it was revised accordingly. Individual appointments were then made for administration of the instruments (ACSI, TRIG, Demographic Questionnaire) with participants who volunteered. Data were collected individually in private areas, and participants signed informed consents. Data analysis was conducted with descriptive statistics (frequencies, percentages, means, standard deviations, and ranges) and inferential statistics (correlations, regression).

Summary of Results

Response Rate and Demographic Characteristics

Results for participation indicated that of the total population of FMMV at data collection, 149 members participated, a response rate of 98.7%. The demographic composition of participants showed that 93.3% were female and 6.7% were male. The total, 100% were African American, and mean age was 45.6, with 36.1% in the highest age range of 51-60 years. 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 23.5% had from some college to more than a Master's degree. Regarding employment status, 74.5% were employed full-time, 7.4% employed part-time, and 10.1% unemployed.

Religious and Homicide-Specific Characteristics

More than the majority of participants reported their religion as Baptist, 63.1%, followed by Christian and no response, 13.4% each. Most, 95.3%, did not participate in spiritual/religious practices. Of those who did, the highest percentage, 1.4%, named church participation, and all other respondents, .7% each, specified related activities, such as Bible study and prayer meetings.

Results for Hypotheses

One primary research question was formulated: Is the extent of grief of AA FMHVs influenced by the selected situational factors of time since homicide, relationship to victim, and length of attendance in a support group? One secondary research question was also formulated: What are the primary coping strategies AA FMHVs use to deal with their loss? From these questions, four hypotheses were generated. The results of investigation of each follow.

Hypothesis 1: Influence of AA FMHVs' time since homicide on extent of grief. Null Hypothesis 1 stated: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief. This hypothesis was rejected. Statistically significant influences were found for the influence of AA FMHVs' time since homicide and their extent of grief (TRIG Past .269, TRIG Present .300, $p < .01$; see Table 7).

Hypothesis 2: Influence of AAFMHVs' relationship to victim on extent of grief. Null Hypothesis 2 stated: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief. This hypothesis was rejected.

For all relationships (see Table 4), statistically significant influences were found for AA FMHVs' relationship to the victim on their extent of grief (TRIG Past .219, TRIG Present .335, $p < .01$; see Table 8).

Hypothesis 3: Influence of AAFMHVs' length of attendance in support group on extent of grief. Null Hypothesis 3 stated: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief. This hypothesis was rejected. Statistically significant influences were found for AA FMHVs' length of time of attendance at the support group on their extent of grief (TRIG Past .273, TRIG Present .348, $p < .01$; see Table 9).

Hypothesis 4: Use of four coping strategies by AA FMHVs. Null Hypothesis 4 stated: None of the four coping strategies will be used primarily by AA FMHVs. This hypothesis was rejected. 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 $M = 17.17$).

Regression Results

Results of the regression analysis of the influence of the three homicide-specific situational factors, taken together, of time since family member's death, relationship of participant to victim, and participant's length of attendance at the support group for the TRIG Past indicated that one of these variables was significant, relationship to victim (.041). Together, the three variables were significant ($p < .000$). However, the three variables together predicted 11.6% of the variance (see Table 11).

For the TRIG Present, regression analysis of the three variables showed that one of the variables was significant, again relationship to victim (.002). Together, the three variables were significant ($p < .000$). However the three variables together predicted 18.4% of the variance (see Table 12).

For the TRIG Total, regression analysis of the three variables showed that the same variable was significant, relationship to victim (.003). Together, the three variables were significant ($p < .000$). However the three variables together predicted 19.4% of the variance (see Table 13).

Three other scaled homicide-specific situational factors were entered into the regression analysis. These were in addition to the three hypotheses variables. The additional variables were participant's age at the time of the homicide, closeness of participant to the victim, and victim's age at time of the homicide.

For the TRIG Past, regression analysis of the six variables indicated that one was significant, time since homicide (.004). Together, the six variables were significant ($p < .000$). However, the six variables together predicted 16.2% of the variance (see Table 14).

For the TRIG Present, regression analysis of the six variables showed that correlations of only two variables with the TRIG Present were significant, time since homicide (.030) and level of closeness to victim (.039). Together, the six variables were significant ($p < .000$). However, the six variables, taken together, predicted 22.2% of the variance (see Table 15).

For the TRIG Total, regression analysis of the six variables showed that correlations of only two variables with the TRIG Total were significant, time since

homicide (.007) and level of closeness to victim (.040). Together, the six variables were significant ($p < .000$). However, the six variables together predicted 24.4% of the variance (see Table 16).

Discussion of Results in Relation to the Literature in the Field

Comparison: Demographic Characteristics

Previous studies of African American FMHVs reported various demographic statistics. Sharpe (2007) had one third fewer participants and almost equal percentages of females and males, in comparison to the present almost total sample of females. The mean age of Sharpe's sample was 30, compared to the present study's 45.6. Sharpe's sample was better educated, with almost half having some college or a degree compared to approximately one fourth of the present sample. Annual income was roughly equivalent in both studies, and more participants in the present study were employed full-time.

The study by Burke et al. (2011) had a sample somewhat closer to that of the present study. Although the sample was smaller, most were female, with a mean age of 50.23. Educational achievement was similar, and the annual income of less than half was in a similar range to the present study.

In the McDevitt-Murphy et al. (2011) sample, number of participants was again smaller than those in the present study but similar in other respects: Most were female, and the mean age was 48.61. The majority had similar education and annual income. Thus, previous studies with African American participants who had lost family members

to murder had generally fewer participants but were similar in many respects to the demographic composition of the present study. Nevertheless, the present study drew on a larger sample than the other studies reviewed and thus fills a gap in the exploration of homicide-related factors of AA FMHVs.

Comparison: Religious and Homicide-Specific Characteristics

Religious and spiritual affiliations were rarely reported in prior studies. As noted above, for the current work, the vast majority reported their religion as Baptist, followed by Christian and no response. Sharpe (2007) reported religions with the highest percentage as Baptist, although not as high as for present participants. Of those reporting spiritual activities, although in the present study most participants said they did not, of those who did, many named church participation and the others related activities, such as church activities and Bible studies. In contrast, in Sharpe (2007), one fourth reported prayer and close to half reported a combination of prayer, church, and Bible study. Other literature investigated spiritual coping, such as Burke et al. (2011) and Utsey, Bolden, Lanier, et al. (2007). However, no specific religious affiliations or activities were reported. Sharpe's (2007) study delineated the most religious/spiritual practices of AA FMHVs, and the present study follows in this pattern. This is a beginning of greater exploration of religious/spiritual practices of AA FMHVs, for which wider investigation would seem appropriate.

Regarding the three homicide-specific characteristics investigated in Hypotheses 1, 2, and 3 of the present study, prior work reported various characteristics. For time since homicide, in Sharpe (2007), the average time since the homicide was 60 months. In

the Burke et al. (2011) study, the time since the loss varied between 1.1 month and 58.3 months. In the McDevitt-Murphy et al. (2011) study, the time since the homicide ranged from 29 days to 58.30 months, with the mean number of months 20.93.

In the present study, the mean time since the homicide was 47.67 months, less than Sharpe's (2007) participants and more than those in McDevitt-Murphy et al. (2011). For present participants, the time since the loss varied between less than 1 year and almost 17 years. This range was higher than those in the previous studies, although the majority of participant had experienced the loss between 1 year and almost 3 years (see Table 4).

For the relationship to the victim, Sharpe (2007) reported that almost the majority of participants were victims' cousins, followed by spouses, partners, children, grandparents and grandchildren, and extended family members. In Burke et al. (2011), the majority were children (participants were mothers), and in the McDevitt-Murphy et al. (2011) study, almost two thirds were children.

In the present study, for over one third of participants the deceased family member was their child, and for close to one fourth, the family member was a cousin. Most participants were very close to the victim, similar to those in Sharpe's (2007) study. Deceased family members in Burke et al. (2011) were closest in percentage of relationship, the preponderance children. The highest percentage of Sharpe's (2007) victims was cousins, and the present percentage of cousins was also large, although not as large as Sharpe's. Other relationships were similar in the three studies.

The present study results for the homicide-specific variables indicate a similarity to previous studies in time since loss although a difference in relationship to victim. The present result of time since loss is congruent with that of previous studies; however, the discrepancy of relationship to victim indicates a need for additional research on these homicide-specific variables.

Regarding length of attendance in a support group, this variable has received little research attention. Any aspect of support group attendance has been less studied than other factors of FMHVs' grief. Some studies have been conducted on the fact of support group attendance, with mixed results. For African Americans, informal support networks are often used, such as immediate and extended family and friends (Boyd-Franklin, 2006; Peterson, 2008; Sharpe, 2008; Sharpe & Boyas, 2011).

Results of the present study indicated that the range of attendance in the FMMV support group was from 1 to 6 or more years. The largest percentage of participants had been attending the group for 1 year, followed by 2 years, and the mean number of years of attendance was 2.6 years. These statistics could be used for future studies in replication of the present work and other studies involving AA FMHVs' length of attendance at support groups. Since no previous study located considered length of attendance in a support group, study of this factor represents an important addition to the literature on AA FMHVs.

Comparison: Results for Hypothesis 1

Influence of AA FMHVs' time since homicide on extent of grief. Null

Hypothesis 1 stated: There is not a statistically significant influence of AA FMHVs' time since the homicide on their extent of grief. This hypothesis was rejected: statistically

significant influences were found for influence of AA FMHVs' time since homicide and their extent of grief (TRIG Past $r = .27$, TRIG Present $r = .30$, TRIG Total $r = .32$, $p < .01$; see Table 7).

Previous studies. Investigating time since the family member's death, Anderson et al. (2005) reported that in a sample of largely European American mothers in a support group, almost half had lost a child to homicide. In the present study of AA FMHVs, most were female and slightly over a third had lost a child to homicide (see Tables 3, 4). Although the ethnicities were different, results of correlation analyses of grief scores with number of years since the child's death were significant in both studies. Thus, the present work supports previous research.

Other previous studies with AA FMHVs on the significance of time since the homicide and level of grief yielded contradictory results. The present significant results supported Rynearson (1984) and contradicted most others, for example, Amick-McMullan et al. (1991), Burket et al. (2011), McDevitt-Murphy et al. (2011), Sharpe (2007), and Thompson et al. (1998). This lack of congruence with present results is surprising and indicates that more research is needed for investigation of this variable and AA FMHVs. The fact that the present results were contradictory to previous research reviewed indicates a need for more rigorous exploration with this important variable.

Comparison: Results for Hypothesis 2

Influence of AAFMHVs' relationship to victim on extent of grief. Null Hypothesis 2 stated: There is not a statistically significant influence of AA FMHVs' relationship to the victim on their extent of grief. This hypothesis was rejected:

statistically significant influences were found for AA FMHVs' relationship to the victim on their extent of grief (TRIG Past $r = .27$, TRIG Present $r = .35$, TRIG Total $r = .35$, $p < .01$; see Table 8).

Previous studies. Sharpe's (2007) findings were congruent with those in the present study, that the participant's relationship of any type to the victim was significantly related to both past and present. Although Laurie and Neimeyer (2008) did not test specifically for significant relationships, their results showed that African Americans in their sample showed greater grief for the loss of extended family, such as a grandparent, aunt, uncle, or cousin, than for immediate family members. This result may have been a possible reflection of the importance of extended family in the AA culture (Boyd-Franklin, 2006; Waites, 2009). With the same sample as Laurie and Neimeyer (2008) of African Americans, Holland and Neimeyer (2011) found that the death of immediate family members (no further details given) was significantly related to grief in comparison with death of extended family or friends. However, the results of McDevitt-Murphy et al. (2011) about relationship to the victim contradicted the present results.

Thus, the present study results with this variable corroborate previous literature and help to fill the gap in understanding of the role of specific family relationship to AA FMHVs' level of grief. Nevertheless, different numbers of family relationships were investigated in the studies reviewed. These relationships, and with larger populations, would bear closer examination in future studies for their specific influences on AA FMHVs' grief.

Comparison: Results for Hypothesis 3

Influence of AAFMHVs' length of attendance in support group on extent of grief. Null Hypothesis 3 stated: There is not a statistically significant influence of AA FMHVs' length of attendance in a support group on their extent of grief. This hypothesis was rejected: statistically significant influences were found for AA FMHVs' length of time of attendance at the support group on their extent of grief (TRIG Past .273, TRIG Present .348, TRIG Total, .353, $p < .01$; see Table 9).

Previous studies. As noted earlier, after extensive searches, no studies specifically on length of attendance at a support group were located. Therefore, specific comparisons are not possible. However, some inferences can be made from previous literature.

Regarding use of support systems in general, Sharpe (2007) reported that AA FMHVs with few or no support systems, whether informal or formal, revealed a greater tendency to symptoms of traumatic stress than those who did use support systems. Yet Sharpe's findings on participants' use of any type of support indicated no significant relationships with extent of grief.

Support versus nonsupport was studied by Neimeyer and Currier (2009), who found weak to moderate effects of grief interventions immediately after intervention compared to nonintervention controls. However, the researchers found no significant intervention effects at 8 months after the interventions. Further analyses showed various degrees of effectiveness: "some treatments showed little benefit or even negative effects, whereas other therapies enjoyed impressive effectiveness" (Neimeyer & Currier, 2009, p.

354). Given this observation of the contradictory results and the current results of significant positive influences on AA FMHVs' grief of length of attendance in the support group, and as Neimeyer and Currier also recommended, further study of this factor is certainly warranted.

Comparison: Results for Hypothesis 4

Use of the four coping strategies by AA FMHVs. Null Hypothesis 4 stated: None of the four coping strategies will be used primarily by AA FMHVs. This hypothesis was rejected. 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 $M = 17.17$).

Previous studies. With African Americans from high-risk urban areas, although not FMHVs, Utsey, Bolden, Lanier, et al. (2007) found 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). Although the present study did not investigate quality of life, the high scores of spiritual-centered coping for AAs dealing with stressful life situations in the Utsey, Bolden, Lanier, et al. study confirm the present results, in which scores on this domain comprised one of the ACSI domains primarily used by participants.

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 this

study did not use the ACSI, the results are instructive in terms of the types of coping used by AAs FMHVs in relation to grief. In the present study, negative religious coping was not explored. However, present participants used the positive religious mode of Spiritual-Centered coping most often in handling their grief. Further study should investigate positive and negative religious coping with this population.

More directly related to the present study 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. The present study, then, in corroborating AAs' use of spiritual-centered coping found by various previous studies, adds to the literature on their reliance on this mode of culture-specific coping in a stressful life situation such as the death by homicide of a family member.

Comparison: Regression Results

Although previous studies used various homicide-specific factors in regression analyses for AA FMHVs, some results can be compared. Sharpe's (2007) exploration of the present study's three additional variables of participant's age, closeness to victim, and victim's age pertaining to extent of grief showed no significant relationships. However, Sharpe found negative relationships between the closeness of the participant's relationship to the deceased and their level of grief. These findings indicated that

participants reporting moderate to minimal level of closeness to the victim evidenced greater past and present grief symptoms than participants with greater closeness.

In contrast, in the current study, the level of closeness and TRIG Past in the current study showed no significant correlation, although level of closeness and TRIG Present showed a significant correlation. Thus, participants reporting high levels of closeness evidenced greater grief than those reporting lower levels. This result contradicts that of Sharpe (2007) on this variable.

In Burke et al. (2011), the level of closeness was not investigated. However, in contrast to the present study, time since the homicide was found nonsignificant at both time points. In the current study, in regression analysis, the time since the homicide was significant for both the TRIG Past and TRIG Present.

In the McDevitt-Murphy et al. (2011) study, regression analysis showed that before 2 years posthomicide, participants had significantly higher levels of anxiety and PTSD than those who had experienced the loss more than 2 years prior and that time since the homicide was a significant predictor for anxiety. However, time since homicide was not significantly associated with either depression or complicated grief. These results contradict those of the present study, in which time since the homicide (mean 47.35 months) was significant in the regression analyses for both the TRIG Past and TRIG Present.

The other variables in the present study used for regression, relationship to victim, length of support group attendance, participant's age at homicide, and victim's age at homicide, were not investigated in previous research. Thus, the comparisons of the

similar variables with previous studies showed both confirmation and disconfirmation of the present results. With the regression analyses, the present study has filled a gap in the literature on prediction of the variables employed. This is a beginning in predicting the factors that contribute to AA FMHVs' levels of grief. However, more research should be conducted on the variables studied here and others to help identify a range of factors that can predict the levels of grief of this population and subsequent design of programs to help them.

Limitations

This study had four major limitations, acknowledged in Chapter 1. The geographical range was narrow, one urban southeastern city, and the sampling frame was also narrow, encompassing members of a single support group for family members of homicide victims, FMMV. Thus, results may not be generalizable to other geographic areas or other support groups, even of AA FMHVs.

In addition, the sample was a convenience sample, open to all members of this organization who wished to volunteer. Because of the recruitment criteria (between 18 and 65 years of age, African American, have experienced a family member's death by homicide, and belong to FMMV), random selection was not possible, and the sample may have been subject to the bias of self-selection (Creswell, 2011; Leedy & Ormrod, 2012).

Given the limitation above, the study findings may be relevant only or primarily to African Americans. Because the majority of the membership of FMMV was African American and 100% of the sample was African American (see Table 2), results apply

only to this population. Further, the ACSI, the coping instrument used, was created by its originators, who recognized the difference in mourning of African Americans from other ethnicities, based on the Africentric theory. The ACSI was designed expressly for African Americans (Utsey et al., 2000, 2004). Therefore, again with reference to the research questions and inclusion criteria, the sampling frame was necessarily limited and results generalizable to African Americans.

Although three homicide-specific independent variables were studied specifically, other factors, for which data were collected, may have affected participants' responses. These factors included participants' age at time of homicide, level of closeness to the victim, victim's age at the homicide, participants' knowledge of the murderer, conviction of the perpetrator, participants' witnessing of the murder, and other direct experiences with crime, and possible support outside the group. Regression analysis was conducted on the first three variables listed above in combination with the major three variables of the hypotheses. These variables, taken together, were found to significantly predict AA FMHVs' level of grief on all TRIG measures, although the percentages predicting the variances were low (see Tables 14, 15, 16). With these results, an assumption may be made that the other variables may also have affected participants' responses.

The final limitation was social desirability, participants' possible inclinations to complete the instruments according to how they believed they should reply, in their own view of themselves and their perceived view of the researcher's view of them (Kuncel & Tellegen, 2009; van de Mortel, 2008). This factor, inescapable in self-report survey research (Holtgraves, 2004), can be minimized by researchers' informing participants that

there are no “right” answers, that their responses are kept anonymous, and that reporting of results are in group form only (Creswell, 2011). Immediately prior to data collection, the researcher gave this information to participants for the current study. With these limitations acknowledged, to help offset them, he offers the following recommendations for further research.

Recommendations for Further Research

Based on the study results, several recommendations can be made for further research. The first recommendation would be a large, nationwide study be conducted with thousands of participants. In terms of quantitative studies, the present study could be replicated in urban areas of other cities in different geographical areas with similar support groups. Comparison of results could indicate the greater or lesser generalizability of the present study. Additional quantitative studies could investigate in greater detail the relationship of homicide-specific variables to level of grief explored in the present work, because the percentages of time since homicide and relationship to victim varied widely. For length of attendance in a support group, additional studies are certainly needed, given the paucity of literature on this factor.

Homicide-specific variables not explored here could also be investigated, especially because a significant relationship in regression analysis was found for one of these, level of closeness to victim (see Table 15). These variables included age of participant at time of murder, level of closeness to victim, age of victim, participant’s witnessing of the homicide, conviction of the perpetrator, participant’s additional direct

experiences with crime, and current support other than through the specific support group studied.

In addition, further regression analyses could be conducted on the factors such as those above that predict extent of grief in AA FMHVs. As the earlier comparison of previous regression with present results indicates, few regression studies have been conducted. Study of such variables could prompt additional understanding of the grief of AA FMHVs toward design of interventions specifically to take these characteristics into account (Laurie & Neimeyer, 2008). Further quantitative studies could also examine the possible relationships of various demographic variables to level of grief and coping, such as gender, marital status, educational level, income, and employment status.

Pertaining to coping, 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). Additional studies could investigate the relationships of levels of grief to the four domains of coping, with hypotheses similar to those in the present study (Sharpe, 2007). Results could aid support group leaders and helping professionals in the education and training of AA FMHVs in various effective methods.

Qualitative studies could supplement quantitative results and lead to greater understanding of AA FMHVs' experiences (Baliko & Tuck, 2008; Halstead-Cleak, 2009; Muller & Thompson, 2003). Sharpe (2007) used a mixed method and Peterson (2008) and Sharpe and Boyas (2008) 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 and their recommendations for methods to ease the suffering

and reducing the risk of complicated mourning (Burke et al., 2010; Laurie & Neimeyer, 2008).

Finally, for both quantitative and qualitative further research, the suggestions here for study of level of grief could be implemented with both non-African American and African American FMHVs with the TRIG and results compared. For the study of coping, for the non-African American sample, a coping instrument measuring similar strategies to the ACSI could be utilized. Results of participants in the two groups 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 for Practice

Several implications for practice may be recognized from this study. For helping professionals, such as social workers, counselors, psychiatrists, psychologists, clergy, and leaders of African American organizations, interventions may be designed focusing on the three variables found significantly related to African American FMHVs' levels of grief (time since murder, relationship to victim, and length of attendance in a support group) and the primary coping strategies of AA FMHVs. These interventions could be combined with others traditionally found helpful, such as family support, individual and group therapy, and religious and spiritual support (Council of National Psychological Associations, 2009; Jones-Webb & Wall, 2008; Miller, 2008, 2009a, 2009b; Rynearson, 1996; Sharpe, 2008; Shulman, 2012).

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; Jones & Beck, 2007). 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; Douglas & Bell, 2010; Hertz et al., 2005; Shoham et al., 2011).

For victim service providers to render the most effective aid, study results may help both government agencies and the private sectors to create and implement policies to ensure that the relatives of murdered victim are treated with respect, compassion, and concerns. Training of personnel could take place to help create a sympathetic atmosphere between agency staff and the covictims. Such an atmosphere would help ease the AA FMHVs' trauma, from the time of the death notification to the end of the criminal justice process, and including counseling sessions and mental health assistance (Armour & Umbreit, 2007; Condry, 2011; Green & Roberts, 2008; Hardy-Bougere, 2008; Shear et al., 2011).

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; Saindon, 2011).

Both private and nonprofit organizations for FMHV throughout the nation should benefit as well from study results. These organizations include Families of Murder Victims (Nevada), 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 study variables found significant and most utilized coping strategies. Such tailored programs could help AA FMHVs to handle their grief with broader coping skills and reduce their risk of complicated mourning.

Relating to research in the fields of complicated mourning, coping, and Africentrism, especially in relation to AA FMHVs, study results add to the literature and, as observed above, corroborate much previous research. Researchers should be able to build on the present results, especially because this population has received little scholarly attention (Laurie & Neimeyer, 2008; Sharpe, 2007). From additional studies, results could be publicized through conference presentations and journal publications toward raising awareness of the needs of AA FMHVs and influencing practice to help meet their needs.

Implications for Policy

Concerning policy, professionals impacted by study results include federal, state, and local legislators and politicians (Green & Roberts, 2008; Laurie & Neimeyer, 2008; Miller, 2009b). Study results may help them recognize the seriousness of the effects of murder on AA FMHVs, the toll on them and their families, and the fact that they are marginalized and underserved (Jones-Webb & Wall, 2008; Miller, 2009a, 2009b; Sharpe, 2008; Shulman, 2012). Thus, implications of the current study could help legislators hold hearings on the plight of AA FMHVs.

Legislators could also invite personal testimonies from these covictims at hearings, and the testimonies could be publicized to bring greater national awareness to their plights (Council of National Psychological Associations, 2009). Legislators could sponsor bills for funding, services, and the training of criminal justice professionals to help these victims more directly.

Further, in collaboration with criminal justice professionals, legislators could use their influence to create task forces and committees to better the situation of AA FMHVs. Legislators or their representatives trained in teaching could also address students at elementary, secondary, and college levels of education to convey greater awareness of murders of family members and the severe penalties for youth charged with such crimes (Douglas & Bell, 2010). Such addresses could be effective especially in high-crime, low-income urban area schools, in which a disproportionately high percentage of homicides involved African American and Hispanic young people (Browne et al., 2010; U.S. Bureau of Justice, 2010, 2011a, 2011b).

With such involvement and outreach, legislators should also make available in their offices and communities referrals to both tangible and psychological support resources for AA FMHVs. Special advocates could be appointed in each community in conjunction with local police departments to aid AA FMHVs in accessing the appropriate resources and aiding them through the often bewildering court system and processes (Hertz et al., 2005; Policek, 2007; Shoham et al., 2011).

Conclusions

The results of this study lead to conclusions about the hypotheses testing for each independent variable and its influence on AA FMHVs' level of grief. Regarding Hypothesis 1, the relationship of time since homicide and level of grief, only low to moderate value correlations were found (Creswell, 2011; Leedy & Ormrod, 2012). Nevertheless, the level of significance was strong for both the past and present levels of grief (beyond the stated .05 level). Thus, it can be concluded that the participants' relationship of time since homicide had significant influence on participants' extent of grief in both the past and present.

Pertaining to Hypothesis 2, the relationship of participant's relationship to victim to level of grief, again, the correlation values found were low to moderate (Creswell, 2012; Leedy & Ormrod, 2012). Nevertheless, similar to the results for Hypothesis 1, the level of significance was strong for both past and present levels of grief (beyond the stated .05 level). Thus, it can be concluded that the relationship of participants'

relationship to victim had significant influence on participants' extent of grief in both the past and present.

With reference to Hypothesis 3, the relationship of length of attendance at support group and level of grief, the correlation values were once again low to moderate, similar to those found for the variables of Hypotheses 1 and 2, and with similar high significance (beyond the stated .05 level). Thus, it can be concluded that the relationship of participants' length of attendance in the support group had significant influence on participants' extent of grief in both the past and present.

Overall, wider conclusions from these results would indicate that the three variables appear important in significantly influencing AA FMHVs' levels of grief in both their past and present experiences. To verify or refute the importance and significance, additional research should be conducted with larger samples of AA FMHV support group members. Research should include the major hypotheses variables, the three others tested, and the additional homicide-specific variables.

It should also be noted that for the TRIG Total, the mean indicated that for these respondents the statements about their extent of grief in both the past and present ranged between completely true (21) and mostly true (42). Although the three hypotheses variables were found to significantly influence participants' grief, the TRIG Total mean score lead to further conclusions.

First, with this sample time since homicide, relationship to the victim, and length of support group attendance did not ameliorate the grief. The range of time since death was less than 1 year to almost 17 years. Although half, 50.4%, had lost their relative

between 2 years and close to 4 years previously, the surviving family members nevertheless continued to feel the loss acutely. Further, although a truism in grief studies and clinical practice is that time heals (Graham, 2009; Hardy-Bougere, 2008; Jordon & McIntosh, 2011; Miller, 2009b), for these respondents, this truism was not accurate.

Second, with this sample, the relationship to the victim ranged from close, as with a child, to more distant, as with a child to a cousin or other extended family. Despite the percentages of respondents with these and other relationships, the type of relationship to the victim did not lessen the level of ongoing grief, as indicated by the TRIG Total mean.

Third, with this sample, the length of attendance at the support group varied from 1 year to 6 or more years, with a mean of 2.6 years. Once again, length of attendance did not seem to mitigate the ongoing grief, as indicated by the TRIG Total mean. Further, as noted earlier, on this variable a lack of research exists. The present work may be the first to examine this factor in relation to AA FMHVs' level of grief.

Prior studies have shown mixed results of both positive and negative effects of attendance in support groups (Larson & Hoyt, 2009; Neimeyer & Currier, 2009; Schut & Stroebe, 2010). Building on these studies and the present results, this neglected factor should be carefully and extensively investigated with individual and multiple homicide victims' support groups. Results could increase understanding of all helping professionals on the most effective ways to help AA FMHVs. More importantly, if future results confirm this study's findings, both healthcare professionals and AA FMHVs' advocates should be able to refer this underserved group to support groups for needed palliation and comfort in their grief.

Relating to Hypothesis 4, it can be concluded that the present AA FMHV sample utilized Cognitive/Behavioral Debriefing and Spiritual-Centered coping most often of the four ACSI coping strategies. The Spiritual-Centered use may not be surprising for African Americans, because previous studies have documented high use (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.

Regarding the results of the regression analyses results, the percentages of prediction were all low. Perfect prediction is 1.00 (100%), and no prediction is 0.00 (0%), and the greater the percentage, the better the predictive ability (Cohen et al., 2003; Lodico et al., 2010). The three independent variables together predicted only from 11.6 to 19.5% of the variance in predicting AA FMHVs' extent of grief. The six independent variables together predicted only from 16.2% to 24.4% of the variance in predicting AA FMHVs' extent of grief. Therefore, despite the significant correlations, it must be concluded that these independent variables may not be good predictors of degree of AA FMHVs' past, present, or total grief. These regression results are puzzling and indicate the need for additional research with these variables and larger samples.

However, in the regression results, the relationship to victim was significant for the three hypotheses variables. Participants' level of closeness to victim was significant for all six variables on the TRIG Past, TRIG Present, and TRIG Total. These findings

lead to the conclusion that these variables merit more attention in further research for predicting AA FMHVs' grief and possible emphasis in interventions.

Finally, this study demonstrated that AA FMHVs' time since homicide, relationship to victim, and length of support group attendance were all significant in influencing their levels of past and present grief at their loss. Further, these respondents used two culture-specific coping strategies most often, Cognitive/Behavioral Debriefing and Spiritual-Centered Coping. Other selected homicide-related variables showed low percentages of predictive ability in predicting AA FMHVs' grief.

As observed above, more research is necessary to determine if the study results are typical and generalizable. With the suggestions here for further research and implications for practice and policy, it is hoped that this dissertation will contribute to the sparse literature on AA FMHVs. They continue to be a neglected and underserved group.

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. 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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