



# A Review on the Effects of Homicide on Co-Victims: Mental Health, Coping, and Race

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## Abstract

Presently, there is a limited body of research interested in the effects of homicide on victims' close friends and family; however, it is important to explore the consequences of these tragedies on the living. This report delves into uncharted territory: currently, there is no comprehensive publication that addresses the extensive issues impacting co-victims. The literature review aimed to examine, in their entirety, the recorded effects of homicide on surviving friends and family members of murder victims, hereafter known as co-victims. Following the analysis of seven pertinent articles, the key findings were as follows: six articles focused on the mental health outcomes for co-victims, four articles focused on the coping strategies used by co-victims following the trial and sentencing and how to better support them, and three articles focused on how Black and Latinx communities were disproportionately co-victimized when compared with any other community. Additionally, two articles specifically focused on adolescents and young adult co-victims, while all other articles generally focused on co-victims as a whole or only adults. This report analyzes and discusses the effects of homicide on co-victims in relation to the sociology of mental health, spanning structural strain theory, stress paradigm, and perceived social support. Lastly, the report offers a policy proposal regarding future care practices for co-victims via wraparound services.

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## 1. Introduction

A homicide is defined as the willful or non-negligent killing of one human being by another, typically comprising the smallest portion of violent crimes in the United States, according to the Bureau of Justice Statistics. Still, in America alone, there were 24,576 homicides in 2020, which corresponds to a rate of 7.5 deaths per 100,000 citizens (National Center for Health Statistics, n.d.). The United States has seen a 30 percent increase in its homicide rate between 2019 and 2020, a phenomenon that has caused national and even global concern and has ultimately led to homicide's categorization as a "public health concern" in both the United States and in other countries with similar homicide rates

(Mastrocinque et al., 2014). Studies have shown that the average death by homicide leaves in its wake 6–10 close friends or family members who will become "co-victims" of the crime—heavily impacted survivors (Mastrocinque et al., 2014). This report seeks to minimize homicides' adverse effects on co-victims by better defining the mental health effects that co-victims experience via the sociology of mental health in order to illuminate the different paths to improving co-victims' mental health outcomes.

Prior to the late 20<sup>th</sup> century, few studies had addressed the effects of homicide on co-victims, although more recently, in the 21<sup>st</sup> century, studies have begun to address mental and physical health concerns for co-victims. Historically, co-victims have never had specific support structures to

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provide them with the information needed to navigate the criminal justice system (CJS) or the unique kinds of trauma that affect their mental health. Various studies confirm that co-victims face an increased likelihood of being diagnosed with mental illnesses, including post-traumatic stress disorder (PTSD), anxiety disorders, severe depression, and substance abuse (Mastrocinque et al., 2014).

Some recent findings suggest that co-victims may benefit from long-term care for their mental health. These findings also promote the creation of systems that directly support co-victims in managing encounters with the CJS—and the media, in some cases—considering that during the trial and sentencing portions of homicidal crimes, co-victims are often unable to process the grief of losing a loved one. In some cases, the media will cover homicide trials, which can be traumatizing for co-victims; thus, affected co-victims must be supported as the case is being reported on. It is also critical to note that members of Black and Latinx communities have a disproportionately higher chance of experiencing the murder of someone close and requiring resources that are culturally appropriate, such as wraparound services (Bastomki & Duane, 2019). Thus, I find that the mental health effects that co-victims endure merit a change to the current CJS system and the services provided to co-victims in the status quo. Indeed, current research states that co-victims' mental health worsens when interacting with the CJS and suggests that they receive long-term assistance in order to support their process of grieving the homicide of a loved one.

This literature review corroborates many of the current theories of the sociology of mental health, as the effects of homicides on co-victims tie directly back to the sociological lenses of structural strain theory,<sup>1</sup> stress paradigm,<sup>2</sup> and

perceived social support.<sup>3</sup> Each of the three frameworks provide significant insight into an affected individual's quality of life. Thus, by looking through the various lenses, professionals may be able to identify the root of the mental illness and treat it in a way that improves each co-victim's quality of life.

## 2. Methodology

In order to conduct this literature review, I searched the Google Scholar and University of Oregon Library Online electronic databases to find relevant articles on the effects of homicide on co-victims. To refine my search, I used key terms such as “co-victims,” “mental health,” “tense relationships,” “homicide,” “murder,” “health consequences,” “family,” “parents,” “siblings,” “survivor,” “friends,” “psychology,” “sociology,” “biopsychosocial,” “service providers,” “PTSD,” and “trauma.” During this search, I narrowed the results down to the seven most relevant studies to develop a literature review; relevance was defined by which articles provided the most notable research on co-victims. The research sites were primarily located within the United States, though a few of the studies were conducted in Western Europe. Each article employed several different methodologies; however, phone interviews and monitoring<sup>4</sup> seemed to be the most common forms of data collection.

## 3. Literature Review

### 3.1. Effects of Mental Health on Co-Victimization

Psychological effects on co-victims were the most significant subtheme in this review; six of the seven articles focused on this topic, especially

<sup>1</sup> A method of understanding crime wherein strain and pressures in society can lead people to commit crimes.

<sup>2</sup> The theory that stressful experiences can affect a person's ability to adapt and result in negative impacts on a person's body and/or mind.

<sup>3</sup> The amount of support someone perceives they have from friends, family, and other human resources during stressful times.

<sup>4</sup> Regular check-ins with victims as part of a study.

regarding PTSD and other stress/anxiety-related disorders. Other evidence suggested that there was a greater increase in mental illnesses in adolescent than adult co-victims and that the effects on adolescents' mental health were long-lasting, though they diminished over time (Rheingold et al., 2011; Zinzow et al., 2009).

Distress among co-victims was a common theme within the samples found. One study conducted by Anton van Wijk, Ilse van Leiden, and Henk Ferwerda (2016) theorized that a co-victim's mental health weakens when a homicide occurs, though it gradually rebounds over time. Importantly, the researchers found that the use of long-term services<sup>5</sup> allows co-victims to heal their mental health. They also found that the worst state of mental health occurs during criminal proceedings and hearings and during special seasonal events like holidays, birthdays, and the victim's anniversary of death. Six articles (Bastomki & Duane, 2019; Gross, 2007; Mastrocinque et al., 2015; Rheingold et al., 2011; Wijk, Leiden, & Ferwerda, 2016; Zinzow et al., 2009) concluded that co-victims' most common mental health diagnosis was PTSD. Mastrocinque's (2015) study found that "23.3% of all immediate family survivors, or more than 1 in 5, developed homicide related PTSD after the homicide," which often resulted from the violent nature of the crime and was exacerbated by seeing crime-scene photos and hearing testimonies in court about the brutality of the homicide (Rheingold et al., 2011). The most common symptoms reported were as follows: loss of self, violating devastation, loss of control, loss of innocence, and becoming a "different person" (Wijk, Leiden, & Ferwerda, 2016). The severity of these effects demonstrates why the use of coping skills and other out-patient treatment (i.e., therapy) services are important to incorporate into co-victims' daily lives—these services could help shorten the intense grieving process.

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<sup>5</sup> Professional support from outside resources over an extended period of time.

Not only are co-victims at higher risk for PTSD disorders, they are also threatened by other stress and anxiety-related disorders and symptoms (Bastomki & Duane, 2019; Gross, 2007; Rheingold et al., 2011; Zinzow et al., 2009). Adolescents and women are likely to experience more severe symptoms, along with an increase in sleeping disorders and eating disorders, whereas PTSD presents in similar rates across all co-victims (Rheingold et al., 2011; Wijk, Leiden, & Ferwerda, 2016; Zinzow et al., 2009). Mental illness also affected a co-victim's experiences within their environment, resulting in perceptions of "economic stressors, stigmatization, fear of recurrence, anxiety when encountering reminders of the event, negative beliefs about themselves and the world, and feelings of guilt and responsibility," especially for co-victims who were close relatives of the victim (Zinzow et al., 2009). These illnesses, in addition to impacting co-victims' self-perceptions and internal thoughts, also result in behavioral changes, emotional reactions, changes in worldviews, and effects on family dynamics (Mastrocinque et al., 2015).

In their 2015 study, Mastrocinque et al. argued that the process of grief is seemingly longer and more adverse for homicide survivors than for other types of co-victims due to the violent nature to the crime. Mastrocinque and their colleagues found that homicide co-victims do not always conform to average stages of grief and often had a longer grieving period than other types of co-victims. This phenomenon, they posited, may be attributed to the tendency of many co-victims to conceal their grief during criminal proceedings, rendering them unable to process their emotions until after proceedings and sentencing are finished.

### 3.2. Coping Strategies Used During Trials and Sentencing

Four of the seven journals reviewed focused at

least portions of their findings on the coping strategies co-victims use during the trial and sentencing phases of the CJS, concluding that various forms of coping—such as spirituality, means making,<sup>6</sup> collective coping,<sup>7</sup> maintaining a connection with the deceased, and concealment—can help lessen the grieving for co-victims. As addressed previously, studies have demonstrated that co-victimization by homicide led to feelings of shock, rage, guilt, helplessness, isolation, elongated or chronic grief, and posttraumatic stress reactions in co-victims. Stemming these destructive reactions is essential, for the manner in which someone copes with stress plays a vital role in determining their mental health outcome (Sharpe & Boyas, 2011). Co-victims often experience the CJS negatively when coping with grief, which is exacerbated during criminal proceedings, when they are treated insensitively, reported about negatively in the media, and are oftentimes unable to access information about the case on their loved one(s). Thus, it is imperative that more research focuses on reforming the CJS to improve the experience for co-victims.

The most-used coping strategies take the form of spiritual coping, means making, maintaining a connection with the deceased, collective coping/caring for others, and concealment (Mastrocinque et al., 2015; Sharpe & Boyas, 2011). Four studies (Bastomki & Duane, 2019; Gross, 2007; Mastrocinque et al., 2015; Sharp & Boyas, 2011) agreed that greater value was placed in relational coping<sup>8</sup> or collective coping, specifically through means of seeking support from close friends and family, than receiving care from formal social networks (e.g., counseling services). However, although familial support seemed more beneficial to co-victims for coping with their grief, wraparound services were extremely important in helping co-victims navigate the CJS and unwanted media attention (Bastomki & Duane, 2019; Gross,

2007). These wraparound services focus on strength-based and needs-driven approaches, which aim to allow co-victims to achieve overall well-being. Bastomski and Duane's (2019) findings noted that Black and Latinx communities were more likely to lose someone to homicide than any other race or ethnicity, but they also had to face more extreme barriers when trying find and receive support. Therefore, an increased utilization of wraparound services may help co-victims cope with their loss, especially while going through the CJS.

### 3.3. Effects of Homicide on Black and Latinx Communities in the U.S.

There were three articles (Bastomki & Duane, 2019; Sharpe & Boyas, 2011; Zinzow et al., 2009) that focused on the effects of homicide on co-victims belonging to Black and Latinx communities in the United States. Not only are these two communities more likely to know individuals who died due to homicide—members of Black and Latinx communities are murdered over six times more often than non-Hispanic Whites in the United States each year (Sharpe & Boyas, 2011)—but they are also more likely to face barriers in the CJS and the media when trying to navigate various parts of a trial (Bastomki & Duane, 2019). This primarily occurs because the people who tend to become co-victims typically hail from marginalized, disadvantaged, and underserved communities and often do not have the funding or services available to cope with losing a loved one or community member (Bastomki & Duane, 2019).

Through the articles I reviewed, I found that many disadvantaged groups that experience co-victimization at higher rates are more likely to find peace with losing a loved one through cultural and spiritual values, typically in the form of prayer and

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<sup>6</sup> The process by which people aim to understand life events, relationships, and themselves.

<sup>7</sup> Collectively handling stressors via an interconnected network.

<sup>8</sup> Managing one's own stress while also attending to a significant other's emotional needs.

other faith-based practices in their community (Sharpe & Boyas, 2011; Zinzow et al., 2009). Often, Black co-victims must seek support within their racial community and from close friends because the oppression, discrimination, and socioeconomic challenges that Black and Latinx communities have faced in the United States have created a distrust in formal social services like counseling and CJS/media support (Sharpe & Boyas, 2011).

#### 4. Connection to Sociology of Mental Health: A Discussion

There are three concepts in the sociology of mental health that can be used to dissect the effects of homicide on co-victims: structural strain theory, stress paradigm, and perceived social support. Broadly, the sociology of mental health investigates the framework of social and environmental factors on people's mental health within a community. This framework provides indicators for an individual's quality of life, specifically via structural strain theory, stress paradigm, and perceived social support. The structural strain theory falls under the third "leg" of sociological approaches to mental health, correlating with the idea that the social arrangements of a society predict a pattern of distress and can explain why some individuals resort to actions involving crime or deviance. On the other hand, the stress paradigm examines the various types and levels of stress that an individual can experience throughout their lifetime and attempts to explain how these experiences can affect other aspects of the individual's life. Meanwhile, perceived social support functions as a buffering mechanism: social support facilitates the ability to deal with stress. The buffering mechanism refers to the "presence of a social support system [that] helps buffer, or shield, an individual from the negative impact of stressful events," serving a school of thought that believes in perceived social support benefitting individuals

(House, Umberson, & Landis, 1988).

"Deviants" usually come from disadvantaged neighborhoods with low socioeconomic statuses; because of this, when people in disadvantaged communities commit crimes—like homicide—these offenses in turn lead to higher rates of co-victimization amongst their own races/ethnicities and enclosed societies (Aldigé & Burns, 2017; Thoits, 2017). Furthermore, strain on an individual, which is usually characterized by increased stressors, is experienced when one does not conform to society's expectations. In other words, when co-victims do not conform to the "normal" steps and longevity of grief, they are rejecting conformity through innovation, ritualism, retreatism, and/or rebellion (Merton, 2011). This is often realized alongside the stress paradigm: the more stress that someone endures, the more likely they are to commit a crime, according to Merton's strain theory.

Indeed, co-victimization relates back to both the stress paradigm and perceived social support; when someone loses a loved one, they not only must endure a life-changing event but can also experience the loss as a chronic stressor as well. Co-victimization is an upending event: the survivor must adapt socially within their environment and psychologically within their mental space to living without their loved one (Turner & Brown, 2017). Homicide becomes a chronic stressor when an individual has a constant, trauma-induced stressor that is viewed as "unstable" in the eyes of society. Therefore, in some cases, co-victims with immense legal bills, suffering marriages, or recent unemployment due to the loss of a loved one can be considered to be suffering from a chronic stressor. Both kinds of stressors can increase when a person's perceived social support is low and can ultimately lead to mental illness if exposure to stressors is prolonged (Turner & Brown, 2017).

Perceived social support is a key factor in the well-being of people in a society, especially when it comes to suffering from a traumatic event like losing a loved one. Not only do people who

perceive that they have more social support tend to be less depressed, social support is vital to protecting against stress and factors of stress, like PTSD, anxiety, and depression (Wheaton & Montazer, 2017). Through the buffering effect, social support helps people to “deal” with stress, typically by means of feeling loved and valued or engaging with a network of community members. Social support allows co-victims to grieve properly, especially during the criminal proceedings portion of their journey of losing a loved one (Wheaton & Montazer, 2017). During the situation-specific event of homicide, social support is a vital coping resource, facilitating the grieving process in a way that suits the individual co-victim. When perceived social support is high, co-victims are allowed to grieve autonomously and navigate their stressors without fear of judgement or backlash, leading to better health outcomes in the long-term (Wheaton & Montazer, 2017).

## 5. Wraparound Services: A Policy Solution

Wraparound services can be broadly described as care that supports individuals struggling with emotional, mental and behavioral problems. However, the term “wraparound” was first used to refer to childcare, particularly to the care of children who were emotionally disturbed or had committed crimes (Mears et al., 2003). Typically, this approach is the opposite of the traditional, service-driven care that is seen within the mainstream mental health industry; wraparound services instead focus on a strengths-based, needs-driven approach. Thus, the service creates a plan that is individualized to the person receiving care and that reflects the person’s interests and culture (CDSS, n.d.).

For co-victims, wraparound services can provide community and family-driven support, allowing co-victims to connect with members of their community that are facing similar emotions in the wake of a community homicidal death. This

is beneficial, especially for Black and Latinx co-victims, since these groups tend to live in enclosed communities with other Black and Latinx individuals and therefore could receive services from professionals that share a similar culture and lived experience. Within the legal field, wraparound services inform co-victims about the CJS, including information about how legal proceedings function, an overview of the process of pre-trial and trial events, instruction on communicating with the media, and the tools to better advocate for themselves and the needs of other co-victims around them (Lowry et al., 2020). Furthermore, wraparound services foster collaboration between community agencies and the CJS to develop better co-victim-related programs, including training on co-victim resources, cultural competence, safety, and trauma-informed responses (DePrince & Srinivas, 2014). Thus, upon equipping wraparound staff with various tools to support co-victims, co-victims are able to attain a higher level of perceived social support, which in turn will benefit their mental health in the long run.

However, there are issues that must be addressed within the realm of wraparound services. For instance, not every state provides subsidized wraparound services, which can be quite expensive to the average American citizen. Therefore, communities of Black and Latinx individuals who are systemically economically burdened are often unable to access the support that they need. Additionally, those states that do maintain free or low-cost wraparound services typically only have a system designated for adolescents that need guidance on behavior and mental health—not for adults (or adolescents) who need co-victimization support. Therefore, the most effective policy solution would be to ensure that wraparound services in each state are free or low-cost for citizens of that state to utilize, especially when going through the judicial system. Furthermore, each state that provides wraparound services should make an effort to diversify—both religiously and racially—their

staff, so that various people of different races, religions, and ethnicities can receive services from employees that relate to their background and life experiences. These services would thoroughly help co-victims not only by guiding them through the complex CJS and media apparatuses during the pre-trial and trial phases, but also by providing them with the support they need as they continue to grieve long past the conclusion of the trial, regardless of the outcome.

## 6. Conclusion

The goal of this report was to establish the evidence on the effects of homicide on co-victims and propose a policy solution based on the evidence gathered. My key findings were that co-victims are likely to suffer from mental illness after the crime, specifically in the forms of PTSD, anxiety disorders, and depression, though other diagnoses like insomnia and drug/alcohol-related illnesses were common as well. These illnesses seemed to be more prominent and aggressive in adolescent co-victims; it was found that adolescents can suffer from developmental issues when a loved one dies from homicide when the co-victim is young. The grief experienced by homicide co-victims tended to last longer than in other forms of co-victimization or loss, considering the violent nature of the death and the prolongment of the grieving process due to burdensome criminal trials and sentencing. Coping strategies during CJS proceedings typically took the form of spirituality, means making, maintaining a connection with the deceased, collective coping/caring for others, and concealment. Accepting familial support tended to be the best form of coping in order to help the co-victim proceed through the stages of grief; however, many co-victims found that they were unable to grieve during CJS hearings, as they were constantly dealing with law enforcement and learning about the legal system. This extended grieving period could be mitigated by providing subsidized wraparound services to co-victims to

help guide them through the CJS and exposure from the media. However, such services have been scarce in Black and Latinx communities, even though these communities disproportionately experience the homicide of loved ones when compared with any other race or ethnicity in America.

Through its cross-application to the literature, the sociology of mental health helps clarify the effects of homicide on co-victims. The structural strain theory proves that strain is common for co-victims, especially disadvantaged survivors, who do not conform to the socially ideal image of grieving, inhibiting co-victims' ability to process their grief—especially if they are unable to access the resources they need. Alongside structural strain theory, the stress paradigm understands that co-victims are more likely to receive mental illness diagnoses of PTSD, anxiety, and depression on the basis that they are undergoing life-changing events and chronic stressors that may ultimately lead to them being viewed as “unstable” in society. However, with a high amount of perceived social support—which can be expanded further by increasing the accessibility of wraparound services—co-victims can both grieve properly and better defend themselves against mental illness.

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