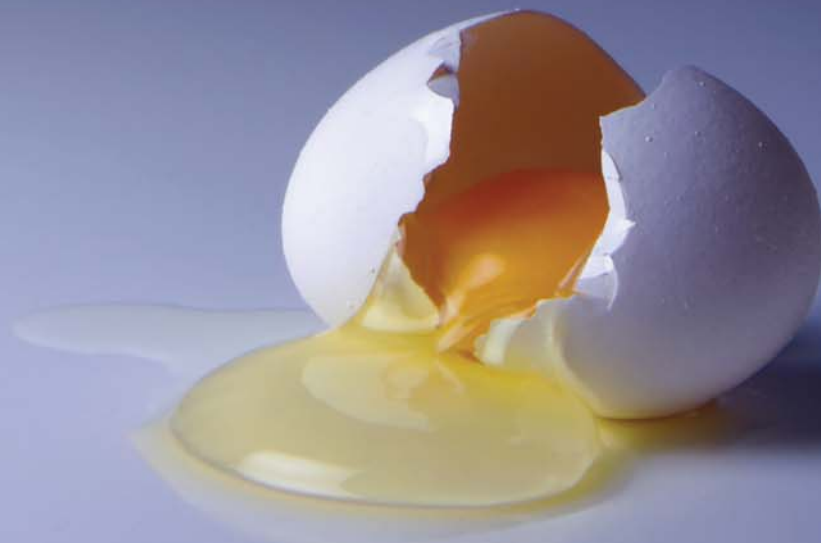


In the aftermath

The support needs of people
bereaved by homicide:
a research report



In the aftermath. The support needs of people bereaved by homicide: a research report

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¹ Support After Murder and Manslaughter

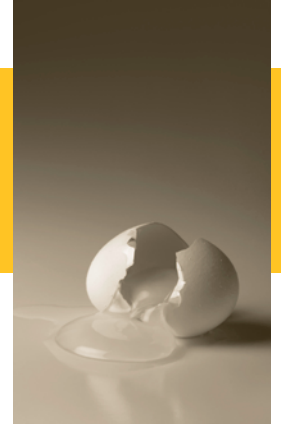
Contents



1. Introduction and background to the research 7
2. Executive summary 9
3. Research methods 13
4. Practical support needs 15
 - Criminal justice process**
Notification of death - Identification of the victim - Post-mortems
Investigation - Trial and sentencing - Victim statements
 - Other practical needs**
Media attention - Finances - Employers and schools - Domestic matters
Child care - Travel - At the hospital - Deaths abroad
 - Information and advocacy needs**
Facts about the death - Criminal justice agencies - Coping with the aftermath - Advocacy
5. Emotional support needs 41
 - Seeking emotional support**
Differing emotional needs - Complex needs - Counselling services
Contact with others bereaved by homicide
6. The scope and capacity of Victim Support's service 53
7. Victim Support and police family liaison officers 73
8. The work of probation service victim liaison officers 81
9. Service map 83
10. Recommendations 89
11. Conclusions 97
12. References 98

- Appendices 101

1. Introduction and background to the research



In 2004 Victim Support decided to review its services to people bereaved by homicide. No service framework or specific service standards existed for this work, other than Victim Support's generic *National standards*. The Victim Support learning programme *Supporting people bereaved by homicide* had been in use for five years, and the service guidance currently in use for supporting people bereaved by homicide was the 1991 *Supporting families of murder victims*. It was felt that Victim Support's services to bereaved families would benefit from reflecting current research evidence, and a further impetus was the criticism of our services by some of the more specialised organisations working with bereaved people. We decided that before reviewing our services, we would conduct research into the needs of people bereaved by homicide that would also incorporate feedback about our service and a review of our learning materials. This research coincided with the Association of Chief Police Officers' review of its Family Liaison Strategy; meanwhile, the Metropolitan Police have brought together all the organisations involved in supporting people bereaved by homicide with the aim of improving the quality and scope of support, so this project has proved to be timely.

Purpose, scope and structure

The specific purpose of the research was to look at:

- the service needs of people bereaved by homicide
- the extent to which Victim Support meets those needs
- the extent of Victim Support's partnership work with other organisations and improvements that may be needed in our relationships with other service providers
- whether the current Victim Support learning materials are effective in equipping volunteers to support people bereaved by homicide.

This research was commissioned to help inform the development of Victim Support's services to people bereaved by homicide. We wanted the primary research to be rigorous in revealing both what is effective about Victim Support's service and what is less effective and needs to be improved. The research instruments were designed to elicit information about, in particular, any deficits in Victim Support's service, so that the research will have strong practical implications for Victim Support.

The research comprises:

- a review of current evidence on the impact of bereavement by homicide, and the support needs of people bereaved in this way
- a map of existing national services to people bereaved by homicide
- findings from interviews with people who have been bereaved by homicide
- findings from focus groups of Victim Support staff and volunteers, probation service victim liaison officers (VLOs) and police family liaison officers (FLOs).

This report brings together qualitative evidence from focus groups and in-depth interviews with bereaved people, and a literature review on the impact of bereavement by homicide. The executive summary gives an overview of the findings, and each subsequent section addresses a main theme arising from the research. The full literature review is available in a separate document.

Throughout the quotes in this report, people are described in terms of their relationship to the victim (eg 'father' means father of the victim). 'VS' indicates the person quoted received support from Victim Support and 'NVS' indicates that they did not. The names of the participants whose experiences are described in the practice examples have been changed, with their consent.

While many of the findings will be relevant to the situation of people bereaved through terrorist activity and road death, the research did not set out to gather information about their specific needs.

2. Executive summary

Practical and emotional needs

The experience of bereavement by homicide is emotionally and psychologically devastating. The traumatic grief which follows homicide is unlike the grief that accompanies a death by natural causes: those affected experience intense and overwhelming emotions over a long period of time, which can make normal functioning in everyday life difficult. It was found that:

- traumatic grief is complicated by involvement in the criminal justice system whose processes can inhibit and hamper grief reactions, and exacerbate feelings of rage and powerlessness
- different groups will experience bereavement by homicide in different ways, depending on relationship to the victim, age, gender and other factors, representing a wide range of specific responses and needs
- mental health, physical health and relationships are often adversely affected. In particular immediate family members are at risk of developing post-traumatic stress disorder (PTSD)
- people have been helped by practical support and self-help groups in terms of getting information, support through criminal proceedings, dealing with the media and everyday functioning
- people benefited from being encouraged to grieve, and to accept that this is natural.

Some specific needs that can arise in the immediate aftermath of a murder were identified, such as being informed of the death in a sensitive manner, and a consequent need for advocacy and crisis management. Bereaved families also described a need for practical support with domestic matters, financial assistance, and information. A wide range of emotional support needs can arise in the immediate aftermath and over the longer term, influenced by age, gender and relationship to the victim.

Victim Support's services

Participants described the practical help, emotional support, advocacy and information that Victim Support had provided, and ways in which this support could be improved. The wide range of suggestions reflects the diversity of individual needs that can arise. Victim Support managers and volunteers gave their views on providing a service to bereaved people, training, support and supervision for volunteers, and other service management issues. Managers also discussed issues arising from working with FLOs and other agencies.



Police family liaison officers

A focus group of FLOs discussed their role and relationships with Victim Support and bereaved families. They tended to see their work with families as information giving, but also felt that they lacked knowledge about what Victim Support could offer, which was echoed by Victim Support managers. Some areas had good co-ordination with Victim Support and shared information effectively, but it was felt that this was due to individual officers and that better arrangements for joint working were needed.

Probation service victim liaison officers

A focus group of probation service VLOs felt that Victim Support's and other agencies' roles needed to be more clearly defined. They made suggestions for improving services and better liaison with other agencies, which centred on improved communication and signposting of services to bereaved families.

Recommendations

Service delivery

Victim Support should:

- review the core objectives of services to people bereaved by homicide, addressing the scope of the service, standards and consistency, the service model, and work with other organisations
- address deficiencies in quality of service through better training, supervision, and more effective management
- improve the use of resources by better targeting and more co-operative work between neighbouring areas
- work with ACPO (Association of Chief Police Officers) to review respective roles in family liaison work, to review FLO/volunteer training, and to improve communication
- ensure bereaved people can be referred more effectively, including repeating the offer of support
- develop and improve advocacy work on behalf of bereaved people.

Partnership work

Victim Support should:

- convene meetings with the other organisations contacted during this research to disseminate its findings and explore its implications
- consult with SAMM and other self-help organisations about how Victim Support can help them
- continue to develop partnership work with other specialist service delivery organisations
- ensure local Victim Support services are making full use of signposting organisations such as the Child Bereavement Network.

Campaigning

Victim Support should:

- engage more with statutory service providers such as social services, health authorities and housing associations to raise awareness of the needs of people bereaved by homicide
- continue to highlight the complex range of advocacy and legal representation needs especially in relation to mentally disordered offenders, intra-familial murders, and criminal injuries compensation
- raise awareness of the difficulties bereaved people face from multiple post-mortems, the particular needs arising from a murder abroad, and the implications of intrusive media attention
- continue to campaign for more financial help for bereaved people, with funeral expenses, travel, court attendance etc.

Further research

Victim Support should:

- support SAMM in research to inform the further development of peer support
- conduct more detailed research into the particular needs of young people bereaved by homicide
- work with domestic violence organisations to research murder where there has been a history of domestic violence.

3. Research methods

Literature review

Staff in Victim Support's Research and Development department carried out a review of current research on the effects of bereavement by homicide and the service needs of bereaved people. This gave a conceptual framework to the project, and helped shape the direction of the fieldwork.



Primary research

A steering group was set up to guide and advise the research and ensure the research was carried out sensitively and in line with ethical guidelines. An independent researcher undertook the research with bereaved people, service providers and the service mapping exercise.

To gain insight into the issues that affect bereaved people, qualitative data collection techniques were used. By using both in-depth interviews and focus groups the researcher was able to explore the issues more fully to provide 'richer' information. All the fieldwork was completed between March and May 2005 and was taped and transcribed with the participants' permission.

Fieldwork with service providers

Semi-structured interviews were carried out with nineteen Victim Support staff and sixteen volunteers. Participants were asked about the service they provide, their training, problems they have experienced in providing support to bereaved people, their perceptions of effective practice in providing this service, and partnerships with other organisations.

Two focus groups, one consisting of 11 FLOs from police forces across England and Wales, and one made up of eight probation service victim liaison officers from the Thames Valley region were conducted to explore perceptions of Victim Support's work, their knowledge of bereaved people's support needs and their views on current gaps in service provision.

Fieldwork with bereaved people

Forty one in-depth interviews were completed with bereaved people, 38 face-to-face and three by telephone at the participants' request. Eighteen participants were recruited through Victim Support in four areas² and 23 were recruited nationally through SAMM. All participants had been bereaved between January 2000 and December 2003. It was agreed with the steering group that because Victim Support's: Supporting people bereaved by homicide training was implemented in 2000, and because of the need to explore the success of this training, the sample should not be recruited from before this date. It was important that we were able to explore how support needs change over time, for this reason it was also agreed that the sample would not include people bereaved after 2003. Participants' demographic and other data, including their relationship to the victim is contained in Appendix 1.

² Lewisham, Portsmouth and Havant, Nottingham and Manchester

Face-to-face interviews were carried out in a location where the respondent felt most at ease, where this was not their home, the local Victim Support helped to provide a room. The researcher was provided with a topic guide setting out the main issues to be covered with possible probes allowing for flexibility to deal with spontaneous issues that arose during the interview. To ensure the informed consent of all participants, the following were made clear both during recruitment and again at the start of the interview:

- the purpose of the research
- how the research would be used in practice and its publication
- the anonymity of participant views
- the right to stop the interview at any time and to seek clarification
- that details of the crime would not be explored unless the participant felt it was directly relevant.

Service mapping

Twenty organisations that provide support to people bereaved by murder or manslaughter were asked for information about their services and their perceptions of any service gaps. Those that participated were asked a series of questions that included information about partnership working with local Victim Support services and their views on how partnership arrangements could be improved.

4. Practical support needs

This section looks at some of the practical issues that can arise after a homicide. In addition to coping with the overwhelming emotional strain of traumatic grief, the bereaved have to deal with the bewildering processes of the criminal justice system, and contact with the police, coroners, lawyers and other criminal justice personnel - from when they are first notified of the murder, through post-mortems, investigations, and prosecution and sentencing of the accused. The needs that arise for the bereaved in their dealings with the criminal justice system are examined, and other practical issues that people bereaved by homicide face are then discussed, such as coping with media interest, financial concerns, employment, and domestic matters. It also looks at the needs that arise in relation to the provision of information.



Criminal justice process

Many researchers suggest that contact with criminal justice agencies can often exacerbate the trauma experienced by bereaved people and can interfere significantly with their grief process: the bereaved themselves frequently describe deep dissatisfaction with many aspects of their treatment by criminal justice agencies, particularly in terms of poor communication, insensitivity and lack of information. Armour notes that the “state and social milieu are crucial in shaping the post-homicide experience” (Armour, 2002b), and the criminal justice system would seem to be a particularly significant milieu in this respect.

Notification of death

The manner in which the news of a death is communicated leaves an indelible impression on relatives, according to Harrison’s study (Harrison, 1999) and participants in this study also spoke of the moment they were informed as one that would always stay with them:

It was horrendous. It’s something I still have nightmares over. I can still see the police officer who spoke to me standing there smiling and saying that my daughter was at hospital.
(Mother, 49, VS)

Family members sometimes had to cope with the initial shock of hearing that the victim had been taken to hospital, and shortly after that learning that their death was being treated as murder. This information can be almost impossible to take in:

One minute K. had died and the next they’re saying it’s a murder enquiry and they’d be doing a post-mortem and because you’re in such shock, it’s surreal. Not five minutes ago you’d been there as your child takes their last breath and then the next minute everything’s taken out of your hands anyway. We still knew none of the facts surrounding her death so it was a huge shock.
(Mother, 49, VS)

Identification of the victim

A family member is normally required to identify the victim after a murder, usually a close male relative (Harrison, 1999; Rock, 1998). Many people are traumatised by the experience: reported after-effects include feeling nauseous, disorientation, intrusive thoughts, flashbacks and nightmares about the sight of the body (Harrison, 1999). Nine participants in the present study mentioned receiving conflicting information about whether they could or should view the victim's body. One woman was told by the police that she would not be allowed to see her daughter's body, but when she contacted the mortuary was told she could visit whenever she wanted. Many people do not know what to expect when they go to view the victim's body:

I had never seen a dead body before, so the first dead body I saw was my daughter. All I saw was a bit of her face because she'd had extensive head injuries and he'd strangled her and broken her jaw. I could not touch her. I regret that now but I was in so much shock.
(Mother, 58, VS)

For some, the process of viewing the victim was managed unsatisfactorily, particularly in terms of helping family members cope with the experience, which can affect people in very different ways:

My husband fell on the FLO and I didn't know what to do with him. He was crying and there I was, feeling like a zombie, not knowing what to do with him. And my mother was there pulling on me. There should have just been me, my sons and my husband.
But they allowed everyone to come in.
(Mother, 58, VS)

Many people are extremely distressed at being prevented from physically touching the victim: after a homicide the body becomes the property of the Crown and may not be touched in case the forensic evidence is contaminated. Riches and Dawson note that for parents, their most instinctive parental responses, ie to be with and to touch their child, are forbidden (Riches and Dawson, 1998). Some experience unsympathetic and insensitive behaviour from mortuary staff, as a poignant quote from a woman in Harrison's study who went with her husband to identify the body of their son illustrates "My husband went to kiss him goodbye and the mortuary attendant grabbed his arm and said: 'You can't touch him, he's evidence.' "

Parents in the present study also referred to the distress of being prevented from touching the victim:

You know how you see on TV what happens when someone identifies a body? It was nothing like that. They took me into a little room and he was there, in front of me, but I wasn't allowed to touch him. If they'd had him behind a screen, it would have been easier to accept I couldn't touch him.
(Mother, 36, VS)

Not all families have the opportunity to see the victim. Rock found that in cases where there had been extreme violence or the body was very damaged that the family were often advised not to view the body at all, which tended to add to their distress because of the persistent and exaggerated imaginings which often troubled them. The sense of disbelief surrounding the murder may last longer in families who do not see the victim's body, according to Brown (Brown, 1993), and those who had not seen the victim often regretted it and felt they had not been able to say goodbye properly (Harrison, 1999). This sense of regret was expressed by some participants in this study.

Post-mortems

Several post-mortems may be carried out before a funeral is finally able to take place. The first establishes the cause of death, and defence lawyers may then request further post-mortems for the defence's case. In trials where there is more than one defendant, each one is entitled to a separate post-mortem.

Riches and Dawson found that families were not always informed of their right to representation at post-mortems (Riches and Dawson, 1998). Findings of post-mortems are the property of the police and will not necessarily be released to families. This, Riches and Dawson suggest, when combined with postponement of the funeral compounds families' difficulties in accepting and making sense of the death. Families may be frustrated and angered to find they have no formal rights at the inquest and that its purpose is to ascertain the cause of death only, not to answer their questions about the murder (Rock, 1998). Those that do attend are not always given sufficient information about what to expect at the post-mortem. They may not appreciate the condition that the victim's body will be in, and the implications this may have for viewing it:

After we had seen S., I would have wanted an independent person to explain to us about the post-mortem, the reasons for the post-mortem and the forensics. Because your mind is blown: you need to have it explained.
(Mother, 58, VS)

The same woman was angered to discover afterwards she could have had a doctor representing the family at the post-mortem. Delays caused by subsequent post-mortems were a source of frustration, bewilderment and emotional stress, compounded by a sense of incomprehension that the defence should have a right to more than one post-mortem. Long waits for a full death certificate can cause practical difficulties, when these are required to wind up financial affairs, for instance.

It was important to families to feel that the victim's body was being treated with sensitivity and dignity, but there were mixed experiences in this respect:

When my daughter was in the hospital, the pathologist was wonderful: I rang her up a few times, just to say "Please say good night to her and give her a kiss from me". And she asked if I would like her to cut off a lock of her hair which I did. I thought that was so thoughtful.
(Mother, 59, VS)

They released her with cotton wool in her. Families should be given a choice about how your child is looked after. Then they have a second post mortem and they don't even care how they're put together: you're told, that's the heart cavity, that's the neck cavity, they're all put in a bag, taken out when the post mortem happens.
(Mother, 58, VS)

The staff at the mortuary were just so respectful. There was one lady who was very polite - she took care to make sure we were the only people in the lift when we went downstairs ... she was also very tender and gentle when she touched L..
(Sister, 27, VS)

The victim's body can be held indefinitely, and was released for burial on average 4 - 5 months later as found in Rock's study; and in some cases a year after the death, as in Riches and Dawson's study (Riches and Dawson, 1998; Rock 1998). The time spent waiting for the body to be released for burial can be an emotional limbo or it can be extremely upsetting: Harrison found that female relatives in particular were especially distressed by the thought of the victim's body being stored in

a mortuary. When the coroner kept the bereaved informed of developments this was felt to be very helpful however (Harrison, 1999). The overriding priorities of post-mortem and coroners' processes mean that families have no control over the timing of the funeral: as it needs to take place very soon after the body is released, they have little time to prepare on a practical or emotional level (Harrison, 1999; Riches and Dawson, 1998).

Investigation

Family members may be rushed to the police station for questioning immediately after being notified of a murder. Parents of murdered children and other relatives where the victim is a woman or a child are often prime suspects in a murder investigation, and the need to collect information at this stage overrides the emotional needs of individuals (Harrison, 1999; Mezey, Evans and Hobdell, 2002; Riches and Dawson, 1998; Rock, 1998). Family members undergo DNA tests and intensely intimate questioning about the victim, the family and themselves at a time when they are very vulnerable (Harrison, 1999; Rock, 1998). This is not always felt to be carried out with sensitivity, and can cause resentment:

The police kept asking me questions during that time. At one point I remember saying to them "My husband's dying in there and you keep asking me questions. I want to be with him and you're pulling me away from him."
(Wife 42, VS)

If the family home is a crime scene, family members will be unable to go home to collect their belongings as this could disturb or contaminate forensic evidence, and they will have no access to the home until investigation of the scene is finished. They will also have to bear the cost of alternative accommodation themselves (Harrison, 1999; Rock, 1998).

Once the investigation is under way, the quality and quantity of information given by the police on the progress of the case can vary considerably. Bereaved people report accidentally learning details about the case that the police had not given them, for example from news reports (Parkes, 1993; Riches and Dawson, 1998). Families in the present study expressed the need to know that the case was being given priority. In one instance where a conviction had been secured but the police were still looking for other suspects, the victim's mother wanted ongoing contact with the police:

Even if they have nothing to tell me, I have questions.
(Mother, 58, VS)

In another case where no arrest had been made, the victim's wife wrote to the Chief Constable expressing concern that the investigation had been scaled down: he was able to meet with the family and explain the position to them, which reassured them.

Although there is evidence of poor communication and officers showing a lack of sensitivity to bereaved relatives' needs, some bereaved people had high praise for the police. Harrison singled out FLOs as being especially helpful in providing information and support to families. Their patience, being contactable at any time, and being familiar with all the facts of the case so that families did not have to explain matters to them were seen as especially valuable. Harrison noted that families who had not been given an FLO seemed particularly exhausted (Harrison, 1999).

Trial and sentencing

Families often have high hopes for the trial. It is not unusual for murder cases to take over a year to reach court, and once the trial eventually starts many families have the expectation that the guilty will be punished, that murder will automatically attract a heavy sentence, and that ‘justice will be done’. It can also be a tense and stressful time when feelings of rage, powerlessness and distress are heightened among the bereaved, particularly when delays and postponements occur. One study found “almost universal frustration” with the criminal justice system in their study and a strong sense that the offender was given more support and consideration than the bereaved families were (Mezey, Evans and Hobdell, 2002).

Many of the grievances and disappointments identified by previous researchers were expressed by the participants in this study as well. Of the 38 murder cases involved, 35 had gone to trial. Most families were helped to prepare by FLOs and/or the Crown Court Witness Service; some visited the court before the trial to familiarise themselves with the court environment, but some aspects of the trial, such as viewing harrowing evidence and photographs, and the recounting of events leading up to the victim’s death are almost impossible to prepare for. Participants expressed dissatisfaction with barristers’ behaviour: they were felt by some to be aloof and unapproachable:

A couple of days into the trial he introduced himself, gave me his name and walked off, that was it. He didn’t shake hands with me or anything. All I had time to say to him was “I want justice.”
(Mother, 51, NVS)

I don’t think we met the barrister at all. If someone had come up and said “I’m the CPS representative” I could have asked “What does manslaughter mean, what’s going to happen next?”
(Mother, 58, VS)

Participants in other studies have spoken of feeling that barristers “play-act” in court, and of their anger when technicalities are employed to have murder charges reduced or dismissed (Riches and Dawson, 1998). It is SAMM’s perception that having contact with the prosecution barristers seems to help family members cope with the trial better, possibly from gaining a sense of recognition, or having more information.

Being in the courtroom with the defendant’s family and supporters is difficult for many, and bereaved relatives have been found to be deeply angered by the knowledge that the defendant would have access to information on the victim but they were given no information on the defendant (Harrison, 1999). Factors such as this, together with the fact of murder being treated as a crime against the state, not against an individual, combine to create a strong sense amongst the bereaved that the criminal justice system is weighted in favour of the defendant. The victim’s family therefore has no special legal or moral status in court: they may have to sit in the public gallery as well as having to hear the victim being misrepresented or described negatively by the defendant and their lawyers, or being depersonalised altogether, without any means of redress (Brown, 1993; Rock, 1998).

The trial may disclose important details about the victim's death previously unknown to the family, for which they may be unprepared. There was also a need for adequate preparation for the verdict, for some people, and to have sentencing possibilities explained. One mother wanted someone to talk to about possible verdicts and sentences, and like others she said the police had raised her expectations about a guilty verdict: she felt totally unprepared for the verdict that was given of not guilty. Victim Support personnel noted that the police sometimes raised people's expectations about verdicts and sentences:

I've heard the police say "He's bound to get 12 years" or "He'll get life for this" and I feel I can say later "Actually you perhaps should be prepared that it might not turn out exactly like that."
(Victim Support volunteer)

I had one police officer say that they were going to find the culprit and then throw away the key. In the end he got five years and got out in two and a half.
(Victim Support manager)

Many people are still waiting for a tariff to be fixed on the life sentence given to the perpetrator.³ This creates a sense of 'unfinished business': people talked about not feeling able to get on with their lives, and the anxiety of not having a timeframe for the offender's release. Moreover, it was noted by Victim Support, FLOs, VLOs and SAMM that the end of the trial can often be the time when families start to need much more emotional support. Many researchers agree that that the grieving process can be delayed, disrupted or distorted by the demands of the criminal justice proceedings, and that once these are concluded, feelings which had put been 'on hold' may start to take over:

Once the trial is over, that's often just the beginning. And all these other agencies often disappear. We make clear to the families that we don't disappear. Our work can quite often begin there. They have the time to really think about things, or really grieve, or put the rest of their lives together. It's a new chapter.
(Victim Support manager)

Most people need emotional support more after the trial than before. The trial is very traumatic and most people are unhappy with the outcome. The anger comes in more then.
(SAMM)

Some families would have liked more information about the offender in their case: the type of prison they are in, the treatment they receive, being moved to another prison or considered for release, for instance.

I wanted to go to the prison, to see what he was going to live in, but I was too embarrassed to ask. I just needed to see what conditions he's living in so I can picture it. At the moment I don't know what it's like for him, I don't know what his regime is.
(Son, 39, NVS)

³ The minimum term of imprisonment set by the High Court for offenders given mandatory life sentences for murder.

Victim statements

The Home Office homicide information pack⁴ states that:

In cases of murder and manslaughter, the closest relative can make a Victim Personal Statement. The VPS gives you a chance to tell the criminal justice agencies about any support you might need, and how the crime has affected you, for example physically, emotionally or financially. (Home Office, 2004 : 37-8).

Many of the participants in the study would have been eligible to give a Victim Personal Statement, but few recalled either making one or being given the opportunity to do so. Some confused it with the witness statement, which was remembered more clearly. When the purpose of the Victim Personal Statement was described, some people thought that the FLO had asked them about some of those issues, such as concerns about safety. It may be that FLOs discuss the Victim Personal Statement immediately after taking a witness statement and it is not always clear that these are separate documents with different purposes. Home Office guidance states that police should make it clear that the option to make a Victim Personal Statement is available, that it can be made later and that a Victim Personal Statement leaflet should be provided (Home Office, 2001): none of the FLOs in this study referred to Victim Personal Statements when describing their work however, and MAMAA⁵ gave the view that FLOs were not always aware of the scheme. Many participants said that they would have liked to be able to tell the authorities more about the emotional and practical impact of the murder, and about the victim as a person. Some of those that had given one described their motivation as a desire for recognition and respect for the victim, and were pleased when the judge read it to the court before sentencing. Others felt strongly that the criminal justice process should take their practical and emotional losses into account, particularly in determining the sentence.

There were mixed experiences for those who had given a Victim Personal Statement prior to sentencing. A father referred to his being disallowed by the judge:

On the day, at the sentencing point, the defence barrister stood up and objected to our impact statement. He said we weren't the victims and that we had no right to talk about them.
It was a crass thing to say, and you just think "This is not fair."
(Father, 46, VS)

In another case, the victim's grandfather's statement was read out in court by the judge, to the satisfaction of the family. But another family felt let down when the offender was allowed to read out a personal statement before being sentenced, particularly as they had not been given the opportunity to make a statement themselves. Several people felt strongly that they should have the right to see offenders' statements, particularly as offenders had access to those made by families. Families were particularly distressed when pleas of mitigation were heard prior to sentencing:

I couldn't believe what his barrister said about him in the summing up, about how he's turned his life around, he's got a little boy, he's got a new girlfriend who's seeing him on the straight and narrow. And I'm thinking "I've got a five-year-old daughter who's never going to see her father again. J.'s dead - he's never going to have the chance to turn his life around."
(Partner, 36, VS)

⁴ This pack was reissued in October 2004 as *Advice for bereaved families and friends following murder or manslaughter* and gives information about criminal justice processes, benefits, dealing with the deceased's affairs, sources of support and other issues.

⁵ Mothers Against Murder and Aggression

Other practical needs

In addition to coping with the demands of the criminal justice process, people bereaved by homicide face a wide range of practical matters that need to be dealt with. There is often interest from the media; financial problems can arise for families from a sudden unanticipated death; there may be issues around the care of children, and traumatic bereavement clearly impacts on the physical and mental health of those close to the victim. It would seem that for many bereaved people practical concerns tend to take precedence over emotional needs in the first few months after a homicide.

Media attention

The necessity of dealing with the media is an additional source of stress for many people bereaved by homicide. There will be pressure on the family to make a statement when the victim's body is found, or to make an appeal for information to help the police make an arrest, and reporters will also want interviews (Harrison, 1999). Intrusive and insensitive media practices are a recurring theme throughout the literature, also reflected amongst participants in this study. Over half of those interviewed referred to a need for protection from, and guidance on, dealing with the media. All felt they should have had more control over reporting of the murder. Two parents who arrived at the hospital to see their son who had been injured found a number of reporters there, who seemed to know more about the incident than they did. Intrusive behaviour by journalists was a common complaint:

When we got home we found that a local reporter had knocked on every door in our street, including ours. At that time, N.'s name hadn't even been released.
(Father, 43, VS)

FLOs dealt with the media on behalf of some families, and in a few cases, handled all media enquiries.

Riches and Dawson discuss how media portrayal can interfere with memories of the victim. They note the media's fondness for stories of "innocent victims" and stories reflecting "cherished social values", and that when deaths do not fit into these categories that the murder may be reported less sympathetically. Once the victim's life and death are in the public domain, the memories that their family has may become spoiled or obscured (Riches and Dawson, 1998). An example given by one woman highlights both intrusive media practice, and unsympathetic reporting of a case not deemed to fit the "innocent victim" story:

At her funeral, the police had to get some chap from the press out of the church.
It was because she had been a prostitute and a drug addict.
One of the stories they ran was headed "Sordid past of murder victim."
(Mother, 49, VS)

This also echoes Rock's research where it was found that the police were often helpful in dealing with the press, but that most families felt besieged by the media, and spoke of feeling that that once the victim had become "public property", they had no control over the representation of the murder (Rock, 1998).

Finances

Financial concerns after a homicide tend to fall into three categories: additional costs incurred because of the death, such as funeral expenses; problems relating to managing finances, such as paying bills, and issues around criminal injuries compensation. Half the participants in this study referred to having to meet funeral costs and nearly half of those mentioned getting into financial difficulties consequently. Victim Support volunteers referred to people taking on additional part-time work to cover funeral costs, and one woman had to use a DSS payment made to her young daughter to cover her husband's funeral costs (see Nicola's experience on page 33). An interim award was made by the Criminal Injuries Compensation Authority to pay for funeral costs in only one case: other people took out loans or borrowed from relatives or friends. In two instances undertakers were willing to wait until criminal injuries compensation came through, although Victim Support volunteers perceive that fewer undertakers are willing to do this now. Nobody referred to the repayable, means-tested funeral grant that can be claimed from the Benefits Agency.

Her funeral was £3,400. We've never had that kind of money. We were going to get a loan out to pay back the friend who paid it. But we eventually got some money when we appealed to the compensation.
(Mother, 49, VS)

His dad got a bank loan that he's still paying off.
(Mother, 48, VS)

Other costs that can arise for the bereaved highlighted by previous studies include post-mortems, alternative accommodation immediately after the murder if the home is a crime scene, replacing personal possessions that are inaccessible while forensic investigations are continuing, cleaning the home once investigations have finished, travelling to court, prolonged absence from work, and counselling. Participants in this study also identified the following as additional financial costs; childcare, travel costs to allow relatives overseas to attend the funeral and the trial; accommodation during the trial; phone bills and complementary therapies, for a number of people who were dissatisfied with what the NHS offered. One family had to make several trips to Ireland, and another woman needed her children's father to come from Africa to attend the trial. SAMM Abroad highlighted some additional costs associated with a death abroad: not only travel and accommodation expenses, but translation of legal documents, and fees for lawyers and other officials. Victim Support managers and volunteers identified financial concerns as a major issue for many bereaved families, with funeral costs being the most significant of these. All volunteers felt that financial problems around the funeral were a source of great emotional stress for relatives. Nobody could cite a case of the Criminal Injuries Compensation Authority providing an interim funeral payment, and only two volunteers could recall the Benefits Agency granting loans.

Anxiety about being able to manage financially affects many families, particularly when the victim was the only wage earner. Some bereaved spouses or partners may have to learn to deal with financial matters for the first time. After a homicide, many people describe having difficulty with routine tasks, forgetting to do them, being unable to concentrate or feeling overwhelmed at the prospect, which can often mean that bills are left unpaid. Bereaved relatives in this study often referred to the need for help with paperwork such as insurance claims, notification of death to various agencies, benefit applications, legal forms and claims for criminal injuries compensation. Some would have welcomed this being offered proactively, and it was suggested that a checklist for dealing with routine domestic tasks would be useful, in addition to the one provided for those winding up the victim's affairs, perhaps as part of the Home Office information pack.

The Criminal Injuries Compensation Authority (CICA) may give awards to close relatives and/or dependants of someone who has died as a result of criminal injury, and can include compensation for the lost earnings of the victim. This payment can help alleviate some of the financial problems that bereaved families can face, as already outlined. Victim Support volunteers often assist victims' families in making a claim, but noted that it could be a sensitive issue: one manager mentioned that families sometimes see it as "blood money". When the victim had a criminal record, the amount of the award may be reduced, or the claim may be disallowed altogether, a source of anger and frustration for those affected in this study who felt that this was unfairly punitive, especially if they themselves had no criminal record (see Nicola's experience on page 33). The appeal process and delayed payments can cause additional stress and hardship: one participant described how the CICA would not release her award until she had given evidence in court. The retrial lasted two months however, during which time she had to take unpaid leave from work to attend.

Employers and schools

The three main themes that emerge in relation to dealing with schools and employers are the initial notification that a pupil or member of staff has been affected by a homicide; absence arrangements, and managing the return to school or work. The need for sensitivity and flexibility by schools and employers, and for liaison or advocacy on behalf of bereaved families was also evident.

Several people would have welcomed help in communicating with employers and schools immediately after the murder. One woman was afraid that the media would try to contact her employer for information after the death of her son, and recalled being desperate to get a message to her manager and colleagues asking them not to give any details out about her family.

I could have really used somebody who wasn't emotionally involved, who knows what goes on with the press, who could have contacted my employer. I had all these things coming at me that I didn't know how to deal with.
(Mother, 42, VS)

Employment-related issues were referred to by the majority of participants. In several cases employers were reported to have been understanding and helpful regarding time off and flexibility about hours and type of work on return. The sister of a murder victim was told by her employers to take off as much time as she needed, and a son-in-law had a positive response from his occupational health department when he told them about his bereavement:

She was stunned and said "How could anyone be expected to work in those circumstances?" She asked me if I had any hobbies and I told her I like to paint. She said go and get yourself some painting materials and forget about work for as long as you need. I always remember that, it was really helpful.
(Son-in-law, 45 NVS)

A senior social worker felt completely let down by her employer:

They gave me no support; they gave me a hard time instead.
(Mother, 58, VS)

Victim Support liaised with her employer after she was very distressed by an insensitively worded letter she received about her sickness leave. Parkes notes that family members were sometimes unable to go out at all after the murder (Parkes, 1993), and almost half of the bereaved people in

employment lost or left their jobs according to Mezey, Evans and Hobdell's survey, although whether this was as a result of the murder is not established (Mezey, Evans and Hobdell, 2002).

Going back to the usual daily routine after the murder of someone close will be difficult for most people. Children and young people often have problems readjusting to school, and adults will often not function well at work. Both Mezey, Evans and Hobdell's and Parkes' studies found that family members experienced employment problems after a homicide. For those who continue working, their ability to focus at work may be diminished. They may also experience a lack of motivation, emotional outbursts at work and bouts of irritability and depression which can make functioning at work difficult. The type of work that bereaved people are able to do may be affected: one woman who worked as a probation officer felt unable to have contact with offenders at work after the murder of her mother and two aunts. Her employer offered her six weeks in a clerical post, but she felt she had to resign as this post was inadequate:

Trying to get my employer to understand why I could not go back and work with offenders at that time was a nightmare. I arranged to meet with the personnel manager and showed her some of the newspaper reports because I wanted her to understand what I'd been through but she had no idea how to respond.
(Daughter, 46, NVS)

A number of people found themselves subject to disciplinary procedures when their performance or attendance was affected. Few felt their employer showed flexibility in giving them time to return to full performance.

Similar issues arose for schoolchildren: some schools and education authorities' responses showed an appreciation of the trauma that children were experiencing and offered sympathetic and positive support, but others did not. Three parents referred to truancy problems starting after the homicide, and felt that there should have been greater leniency from education authorities. One woman was prosecuted twice when her daughter refused to go to school because of these circumstances but was then prosecuted again in respect of her other son. Some children experienced bullying and malicious gossip after the murder and needed to be transferred to a new school as a result. There may be other painful reminders at school:

She had to move because she couldn't cope emotionally. Her brother had been at that school: he'd been very popular, everybody fancied him, his name was written everywhere.
(Mother, 42, VS)

In another case, a victim's 15-year-old brother was excluded from school, which was also attended by the offender's brothers and cousins, ostensibly for his own protection. His mother applied for home tutoring, but he received very few sessions and his academic performance plummeted.

Other schools responded more helpfully, by providing counselling for children, discussing matters with the parents, making allowances for children's needs and emotional state, and not pressuring them:

The school was brilliant. They phoned and asked whether my son would like to have some of his friends over. When he went back, he was told he could leave any time, was allowed to use his mobile and wasn't given any homework for a while.
(Mother, 44, NVS)

Domestic matters

The family home can be in turmoil after a homicide. When it has been a crime scene, the return home after police investigations are finished can be extremely distressing. Sometimes the house is not cleaned thoroughly, or at all: there were several reports of families having to live with harrowing reminders of the murder, such as bloodstained carpets and furniture. The costs of cleaning and redecorating rooms or replacing furniture can add to the already considerable financial burden associated with homicide.

The victim's home may need to be cleared and their possessions packed up or disposed of. Again this can be extremely distressing for relatives: one man described the family feeling unable to cope with emptying his sister's flat where she had been murdered and needing outside help with sorting through her belongings. Anyone that lived with the victim will have constant reminders of them around the home, as well as receiving phone calls and mail for them. There is often a stream of visitors (police, relatives and friends) immediately after the death, which several participants found overwhelming. One couple mentioned having no time alone together in the first week after their daughter's death, although they both needed space to grieve:

My husband was out in the garden crying, it was the only place he could be alone.
(Mother, 44, NVS)

Others found dealing with phone calls stressful: one mother felt unable to answer the phone because she had come to associate it with receiving traumatic news. Twelve participants referred specifically to the need for someone to take charge of the situation at home, who could act as a 'gatekeeper'. This role would include for example giving advice, dealing with phone calls, communicating with employers and schools, cancelling appointments and other arrangements and controlling the flow of people into the house.

A need for help with domestic tasks such as shopping, cleaning, cooking and dealing with money and bills was also identified, mainly by female participants. Previous researchers have highlighted this need, which seems to arise from the difficulty in focussing and short-term memory problems experienced by many bereaved people (see for example Ellis and Lord, 2002). People who find themselves taking on new domestic roles after the death of a partner for instance may also need help with these tasks initially.

Several respondents needed improved home security or relocation following the murder. A family who were re-housed under the Witness Protection Scheme had extra security devices fitted in their new home, and in a case where the suspect was under surveillance, the police installed a panic button in the victim's daughter's home.

Child care

Aside from the devastating impact of homicide on children, there are often practical issues around childcare that require immediate attention. No children were interviewed in this study, and the psychological and emotional aftermath for children is not, therefore, be examined in any detail. This section looks instead at how bereaved people cope with new or additional childcare responsibilities, and the support services that exist for children.

Family members can find themselves with unanticipated responsibilities for children overnight. Participants in this study included members of four families who between them now care for nine children whose mothers were murdered by their fathers. All had taken responsibility for the children within hours of the murder, and described the experience of having to put their own feelings on hold to deal with the children's needs. In one case, the police came in the middle of the night to one couple to break the news of their daughter's murder, bringing with them their two grandsons aged 10 and 14:

In the next breath, the police officer said he had the two boys in the car so we had to immediately get ourselves together. I came round quicker than my husband. I couldn't cry because I had the two children there so I had to be strong. I personally feel the children were brought to us too soon. We had about 15 minutes to absorb what had happened and be ready for the boys.
(Mother, 59, VS)

A man caring for his sister's baby and toddler after her death had to take them to meetings with police, lawyers, social services and housing agencies as no child care was offered. A single mother with five children was admitted to hospital shortly after her son was murdered:

I was on a wild goose chase looking for help. I phoned up the social services and they did nothing. I ended up in hospital for a week. My 15-year-old pregnant daughter had to look after the young ones. Nobody asked me who was looking after the children, not even my family liaison officer.
(Mother, 51, NVS)

Participants taking on responsibility for relatives' children had to get legal representation and in some cases pay for legal advice in relation to access to property, the children's belongings, residency orders, finance and benefits. Finding a suitable solicitor for this type of work was not always easy. The children's contact with their father (the offender) was often fraught:

I still had to deal with their dad getting in contact with the boys and taking them up to the prison and sitting outside while they visited their dad. And eventually we couldn't take it any more and we got the police to accompany them.
(Grandmother, 62, VS)

Another woman referred to her grandchildren receiving distressing letters and phone calls from their father in prison when they decided they did not want to visit him any more.

Grandparents found looking after young children to be physically draining, aside from the emotional demands. Financial concerns also loomed large for carers. Some felt that criminal injuries compensation should be fast-tracked for people bringing up the victim's children. One man received a loan from social services to build an extension to his home to accommodate his two nephews: however he and his wife had to become official foster parents to qualify for this loan which would have to be repaid, and social services retained parental responsibility. Other carers had had to move to a larger house to accommodate the children. Children may need to be transferred to schools near their new home, which can take months to achieve. All carers had had to deal with sometimes awkward and time-consuming paperwork in connection with their new responsibilities.

People who were not caring directly for their grandchildren sometimes found it hard to maintain contact because of family tensions. One woman had little contact with a grandchild born after her son was murdered. Another had cared for her grandchildren daily but rarely saw them after her daughter's murder:

I had been like a second mummy to them, looking after them every day when my daughter was at work. They were a big part of my life as I think I was in theirs.
(Mother, 68, NVS)

In the case of a child experiencing the death of a parent through homicide, the most pressing decision to be made is where the child will live: often a difficult but extremely important decision, which can have long-term implications for the child's future emotional and psychological development (Harris-Hendriks, Black and Kaplan, 2000). Overall, children who go to live with the victim's family seem to fare better than those who go to live with the perpetrator's family (Kaplan et al, 2001). Another study found that 50% of children went to live with family members after the murder of a parent, but that this arrangement often broke down because the grief and intense emotions of the relatives became intolerable for the children, or made caring for children too difficult. Children who go to live with relatives of the victim may see the surviving parent only rarely if ever, and whichever set of relatives takes on responsibility there are likely to be problems when people have to adopt a parental role through force of circumstances rather than voluntarily (Black, Harris-Hendriks and Kaplan, 1992).

It can be difficult to know what to tell children about the death. One woman's experience illustrated this dilemma:

A good friend of mine took the girls to her house for the weekend while I tried to work out what I was going to say. I just said Daddy had been in an accident. She'll never know. And that's a tough thing for me to live with.
(Mother, 36, VS)

Some families felt it was best for children to know the full facts about their mother's death, when she had been killed by their father:

I wasn't prepared to lie to them. I said: "No, your daddy's in prison because he did a very bad thing. Your nanny (the children's other grandmother) hasn't told you properly."
(Mother, 68, NVS)

For others it was a subject they were keen to avoid:

I daren't talk to her about it. All she knows is her mummy's dead.
(Mother, 49, VS)

People who are overwhelmed by their own grief can find the demands of parenting hard to fulfil. They may be unaware of the impact their reactions have on children: parents spoke of not being aware of, or able to cope with, their children's needs, and family relationships often became extremely strained. One woman described her 15-year-old daughter as "out of control" after her stepfather was murdered. Another mother contacted CRUSE for help with her traumatised 11-year-old son:

I think he held so much in and got so angry. He would get quite violent. At the time I couldn't handle it, it just felt like so much noise ... I realised after a year that because I wasn't talking about it, I was making my son worse.
(Mother, 42, VS)

Many parents and grandparents referred to the need for emotional support for children, and for understanding and practical support from schools. Some children had experienced bullying, taunts and malicious gossip and needed to be transferred to new schools to escape it. It is a widely-held view that support services for children bereaved by homicide are inadequate. Parents, grandchildren, Victim Support volunteers, other voluntary agencies and other researchers refer to the neglect of children's emotional needs and a shortage of specialised services. Several parents had tried in vain to get specialist help for their children and had been unable to get a prompt referral to a therapist or counsellor. A woman whose family had multiple problems before her son was murdered was told they would have to wait 18 months for family therapy: they were fast-tracked when one of her sons began abusing solvents. And a man caring for his two nephews, who had witnessed their father kill their mother, waited six months for an appointment with a child psychologist to address the older boy's extremely challenging behaviour, which was affecting his own children. Several people mentioned the frustration of attending an initial assessment interview and then being put on a waiting list:

I explained what happened and then heard I wouldn't be getting an appointment for five or six months, which I felt was hopeless. And six months later, they did phone me and ask if I still wanted to keep the appointment. And I said "What's the point? I've gone six months without any help".
(Mother, 51, NVS)

One family was allocated an FLO to work specifically with the children, which was extremely successful, and the male officer became an important figure for a boy who had lost his father. A number of parents had used child bereavement support groups such as the Candle Project at St Christopher's Hospice. Victim Support volunteers expressed some hesitation in supporting children and young people, feeling that specialised training was needed and that the generation gap might make it hard for young people to relate to them. Victim Support refers on to counselling and bereavement services for children and young people where such services exist, but long waiting lists are common. SAMM and Winston's Wish provide a residential therapeutic two-day event for children and young people and their parents and carers, out of a concern that no systematic support is offered to bereaved children. They argue that services need to focus on information and education; family communication; expressing grief and being understood; opportunities to remember the person who died for as long as they choose, and opportunities to meet other bereaved young people.

May and Colin's experience

Their home and garden are full of children's toys, books and drawings. For May and Colin, both in their mid-60s, the presence of their grandchildren, seven-year-old Luke and 11-year-old Gemma, provides a source of comfort and a sense of positive purpose after the death of their daughter Jessie four years ago. She was killed in the family's holiday home, and her children were then placed with foster carers. May and Colin feel the co-ordinated response from the FLO and Victim Support helped them greatly in the immediate aftermath:

We decided we were going to drive down, with our son and daughter. Our Family Liaison Officer had booked us into a hotel there. The family liaison officer and two Victim Support helpers took over which is exactly what you want. You don't know what's in front of you; it's not something that's happened before. You don't want anyone else asking you anything. They took us to our rooms and then met us downstairs in a private room where we had coffee and sandwiches. They told us what was the procedure and what we would be doing that day. They hired cars to take us about. They listened: I can't not talk. The two Victim Support people just sat by the side of us and let us talk.

Taking care of Luke and Gemma was an instinctive decision but May and Colin soon found themselves grappling with the legal aspects of their situation. Colin describes their experience:

We saw the children the next day. We couldn't see Gemma until the police had interviewed her. We didn't even think about not having the children: we knew it was the right thing. We went to our normal family solicitor who we found were not really geared up to dealing with cases like ours but we did stay with them. We couldn't get legal aid because my pension and savings were above the limit set by government.

Jessie was murdered by her former partner who had a mental health disorder and did not always take his medication. May said:

He was being a bother to Jessie because they lived close to each other for access of the children. They took him away under police guidance and put him in the jail, but because they had no holding powers they had to let the medical team in and they let him out, which they should not have done. Last year we had a big court case over this and the health authority has admitted liability.

May and Colin continue to have concerns about lack of information about what is happening to the perpetrator and are unsure about their right to information about his release plans:

We've had a shock because he was moved into a lower security ward recently but in fact he went back into higher security of his own volition. No one alerted us to the fact he was going to be moved. The chief psychiatric consultant was aware that something might happen, but it wasn't supposed to happen until he was there. But it did happen and he was away on another case at the time. We got wind of it from the offender himself. There were a lot of apologies from the consultant ... We did contact Victim Support when we learned that he had been transferred and she got in touch with our social worker. I'm not sure if he comes under probation. The decision to release him comes from a psychiatric officer approved by the Home Secretary. We've not had any contact from probation.

The FLO and Victim Support played an important role in supporting the whole family in returning to their holiday cottage where Jessie was killed. May described their return:

They were marvellous. Victim Support and the police and some of the local community got the place all sorted out, had got the boiler lit and when we arrived they had a fire blazing and a meal on the table. Because it was so warm and welcoming, it helped us to get over our initial fear. Victim Support threw the seed at us, about going back, when they realised how important the house had been to all of us and what a beautiful place it is. They asked if we were aware that we could have the house blessed and that's what we did, with a vicar who did it beautifully.

Contact with May and Colin's local Victim Support has not been regular however:

We found that they're not there so much now but they're on the end of a phone if we need them to help. We did meet the lady but she doesn't ring up any more. It just fizzled out. It would have been nice if they had kept in touch - a little phone call to ask how we're doing would have been helpful.

Travel

The need for immediate practical assistance was felt acutely by people who had to travel long distances to where the incident had happened. A woman whose son was fatally injured in another town described her sense of helplessness when the police informed her:

I was distraught. I was thinking "What do I take with me, where do I go, who do I contact, who do I inform?" My daughter was somewhere else, I didn't know what to do.
(Mother, 42, VS)

For those who travelled immediately after learning of the death or serious injury of someone close, the journey passed in a blur - in the case of those driving, putting themselves and others in danger:

I don't know how I drove home, I was crying and screaming the whole time.
I must admit I shouldn't have done.
(Father, 60, NVS)

When we drove back the next day, after they'd turned the life support off,
I can remember seeing all the speed cameras we must have passed
on the way there and I thought "I wonder if we've got speeding tickets?"
(Father, 43, VS)

Several people felt that the police or other agencies should have arranged transport in these circumstances. Others mentioned the need for help with travelling to visit relatives and to go to court – some had difficulties with the financial costs, and others felt unable to leave the house or use public transport. FLOs sometimes provided transport for families, and Victim Support were also mentioned as having helped families attend court, but these were ad hoc arrangements, which families felt needed to be there as a matter of course.

At the hospital

The hospital has great significance for many bereaved people. Major events occur there: it is often the first place they go to immediately after learning of the injury or death of someone close, where they receive crucial information about the victim's injuries and circumstances leading to them, and where they see the victim for the last time. It is also a place that many people find alien and intimidating, and the need for sensitivity and consideration in dealing with bereaved relatives in this environment is therefore even greater.

Harrison's observation that the manner in which news of the death is communicated leaves an indelible impression on relatives is borne out by participants' experience in hospitals in this study. People describe not being given all the relevant facts, information being given haphazardly, insensitive communication, and hospital rules taking priority over their emotional needs; all of which worsened an already horrendous situation (Harrison, 1999). Some described having no time to take in the news that the victim had been killed before being told that the death was being treated as murder. In one case, this was before the family had been given any details of how the victim had actually died. Another woman was distressed at being contacted several hours after her partner was admitted to hospital:

He needed to know that he wasn't alone and it hurts that I wasn't there.
(Partner, 36, VS)

Several people suggested that some sort of crisis management process is needed, possibly to be provided by someone other than the police or hospital staff, such as Victim Support. There was often little direction, information or support when relatives arrived at the hospital, leaving them feeling bewildered and anxious. Some described chaotic scenes:

When the PC grabbed Mum when she wanted to kiss B's head, she ended up kicking his leg.
They basically had to leave then and that was awful, that was her last goodbye.
(Son, 39, NVS)

People who were in extreme distress were sometimes made to feel that that their responses and behaviour were inappropriate:

One of the armed officers said to me "Look at you, you're in a right state.
Get yourself together, you're upsetting the kids."
(Wife, 42, VS)

I got quite hysterical and the nurse kept telling me to be quiet - they're asking me
to be quiet when I've got a son lying there dead.
(Mother, 51, VS)

Some hospital procedures should be reviewed to accommodate the needs of the bereaved. For example, SAMM suggested that the rule that prohibits touching the victim's body could be relaxed if relatives wore gowns and gloves in the same way as hospital staff.

In several cases, the victim was still alive when their family arrived at the hospital. The need for the opportunity to see the victim alive for what may be the last time was described as crucial:

I never saw D. It's the one thing I really regret, not being stronger in the hospital. I had asked to see him, I could hear him but I couldn't see him and said to the policeman "Can I just pop my head round?" and he said no. He'd been shot a number of times but he was still conscious.

The next time anyone spoke to me was to tell me he'd been put on a life support machine.
(Wife, 42, VS)

A woman whose husband was on life support slept on the floor by his bedside for six days and relied on family members to bring her food and clean clothes. Parents who sat with their son before his life support was turned off described being pestered by reporters who had pretended to be friends of their son to get into the ward. Some relatives spoke very highly of the hospital personnel they had dealt with, and there was evidence that there are sensitive and thoughtful staff who show great concern for victims' families. The theme that emerged from this study was more that it is processes and systems within hospital that create problems for victims' families.

Nicola's experience

When Nicola first learned that something had happened to her husband Simon, she rushed to the hospital where medical staff were trying to save him.

At A&E, this lovely nurse - I'll never forget her - took my hand and she said to me "Come into this family room, I'm going to tell you the procedures with Simon". I said to her "Is he breathing?" She said "No, let me tell you the procedures" and I said "You can tell me those after, just take me to him". So she took me straight to him, which I really appreciated. As soon as I saw him I knew he'd gone. And they all stopped working on him. I knew I could sit there with him and I kissed him loads of times. Then I was happy to hear the procedures they'd have to do.

When Simon was declared dead, Nicola desperately wanted to kiss him goodbye, but was stopped by police officers, concerned about the risk of contaminated evidence:

It was her attitude when I said I wanted to see Simon again and she said "Oh no you don't." There was all these policemen stood round the cubicle. They refused to let me kiss him. I said "Never mind about contamination, we've all been in and touched him this last hour, all the nurses have touched him." I said they could tell me where I could kiss him and they could watch me. They pinned me down like a bag of shit. That makes me feel more angry than about the actual murder. It hurts so bad.

Nicola faced financial difficulties and distressing choices in paying for the funeral:

I never knew you could claim money. The DSS said that because I was married and had a dependant, Ellie (their daughter) was going to get £2,000, for her. So Ellie had in effect to pay for the funeral. The undertakers had said I could pay it weekly, but I didn't want to have to do that, like paying a catalogue, so I used Ellie's money. I felt like I was robbing her. His mother kept saying I'd get it back through compensation, but there wasn't any, because Simon had a record.

Nicola's first contact with Victim Support was when they offered to help with a criminal injuries compensation claim.

They really persisted in making me have a go at this money thing. They knew about his background (Simon's criminal record) and did say we might not get the full amount but they gave me a belief I was going to get money. I cried my eyes out when I got Ellie's letter, turning her down. We did the appeal and that was turned down as well. They look at that totally wrong. Simon's dead, he doesn't need the money. It shouldn't be about him and what his life was about - it's the ones he's left behind. I've never put a foot wrong in my life. I don't have a criminal record, I've worked all my life.

Nicola did not feel the need to take up Victim Support's initial offer of emotional support:

He said "We are able to help and we can give you counselling" but I thought "I'm too strong for that." I didn't realise I was in denial.

A little later, she struck up a relationship with one of the Victim Support office staff:

I did speak to Ruth quite a lot on the phone. I think I rang her one time to leave a message and we just got talking. It was great. She kept me going. I could tell her anything about my life. She did remind me that I could talk to a volunteer but I felt very comfortable talking to her. She always had plenty of time for me. It was a telephone relationship which ended up a strong bond. When we finally met I was so excited.

Their daughter was just two months old when her father was murdered. Nicola has been making an information file for her to have when she is older, to help her understand what happened to her father. She is angry that she is unable to get a copy of the trial depositions to include in the file:

I never got the depositions. I've kept everything for my daughter, about her dad, to the best of my knowledge, newspaper cuttings, to let her make her own mind up when she's older. All I've got is a mini statement I made to the police. They feel I don't deserve the depositions of what everyone said. And it's made me more mad to know that other people have seen them and said "Have you not seen them?" Apparently they're not supposed to have them, but they have. Victim Support is trying find out for me and I'm just waiting to hear back. I'm his wife and I can't have them - it's not right.

Deaths abroad

Many of the issues outlined above are intensified and additional difficulties faced when a murder takes place overseas. One case in this study involved a death abroad, and SAMM Abroad supplied comments on some of the issues involved.

Families will have an additional financial burden to cope with, including travel, accommodation, translation services, lawyers' fees and payments to various agencies. The couple in this study bereaved by a homicide abroad described difficulties in getting information about their case, their rights and about criminal justice procedures in the country where the murders took place. The local police were initially uncooperative and they found much of the information they wanted on the internet instead. It was not possible for them to receive reports on the trial when it took place. The family felt a need for someone experienced and knowledgeable to help them through the legal process, especially when their overwhelming grief meant that they were not feeling capable of doing everything for themselves.

SAMM Abroad shares this view and believes that a single point of contact to provide practical and emotional support is crucial when a murder takes place abroad, coordinating the response of the Foreign Office, police and coroners. They also argue for reorganisation of the delivery of Foreign Office Consular Services and specialised training on murder abroad for Foreign Office and criminal justice system professionals. Other key service needs identified by SAMM Abroad include information on foreign legal systems, police structures and families' rights; financial assistance to enable families to liaise with investigators, pay lawyers and translators, and attend trials abroad; and British Consulates to lobby foreign authorities where an investigation does not meet a reasonable standard.

Information and advocacy needs

A major theme running throughout the research literature is bereaved families' need for relevant, complete and timely information, and participants in this study echoed those concerns. Information needs fell into three main categories:

- the need to know about the circumstances leading to the victim's death
- the need for information about the progress of the murder investigation, the trial, and other criminal justice processes
- the need for information about grief reactions, sources of support and assistance available, and how to cope with the emotional aftermath.

Facts about the death

Over half of the participants wanted to know as much as possible about the manner of the victim's death in order to help them come to terms with it, although the type and amount of information they actually wanted varied. Some wanted clinical details of the victim's injuries to understand how they died, although for others this type of information was too harrowing. There was a sense that having factual information would help people to make sense of the death, and reflects a more general theme that ran throughout the interviews, that of the struggle to comprehend the incomprehensible. There is also a suggestion that without this information, it may in fact be impossible for some people to come to terms with the death:

I need to know the reason, and reading the papers over the past couple of years, everyone seems to be the same, particularly the fathers, they need to know everything, every dot, everything because it's the only way you can complete the picture and perhaps deal with it. If you think someone's holding back, it just plays on your mind.
(Father, 60, NVS)

I'm a very factual person. It helped me to understand how she had died because there were then less questions.
(Sister, 27, VS)

A study by Dannemiller looks at how bereaved families process the information they receive and helps put the responses of participants in context. She suggests that criminal justice agencies, friends, family and other concerned parties can give conflicting and inconsistent information, which victims' families then analyse and evaluate in minute detail, assimilating or rejecting details until either there is no new data or they have a complete picture. At this point they can reach a certain resolution in the grief process. She suggests that family members need to be able to recreate the facts of the death for themselves as an essential part of the grief process, and that officials must enable them to do this. Where bereaved relatives rejected or were not able to integrate the information they were given, they continued to be troubled by a lack of resolution (Dannemiller, 2002).

These findings are consistent with previous studies. Brown found a preoccupation amongst bereaved families with the circumstances of the victim's death, and an obsessive need for precise and accurate information about how exactly they died (Brown, 1993), a finding echoed by other researchers (Ellis and Lord, 2002; Parkes, 1993; Rock, 1998). The evidence in these studies suggests that the bereaved are haunted by horrific images of the victim's death, and fears about how much they might have suffered, and these can be reduced for some by having all the facts about the murder.

Criminal justice agencies

This report has already highlighted how the information that bereaved families receive is often haphazard, incomplete and unclear, particularly where details about the investigation, the trial and their rights are concerned.

Problems caused by unco-ordinated responses were noted by many participants, particularly when the victim lived or died in another part of the country so that different police forces and other agencies were involved. One woman spoke of a visit from the local police to inform her that her son had been hurt at a football match in another city, but had no further information. The hospital phoned her husband at the same time, to tell him his son had been admitted with a serious head injury. Others referred to mixed experiences when more than one police force was involved. In one instance, grandparents were allocated an FLO from their local police force but the investigators did not keep them informed: they found the trial date themselves on Teletext. A mother whose son died in London received little information from the Metropolitan Police, had no contact at all from her local police, and was not referred to Victim Support. This gave her a sense of failure as a mother for not being able to do more for her murdered child, as well as a deep feeling of resentment:

I felt very alone and angry at being ignored by the police. They left me by myself, they didn't come to see me, they didn't come to ask how I was, they didn't even phone. I felt as if I was rejected. S. is dead and I count as nothing. It makes me feel as if I am a bad mother. It leaves a very bitter taste in my mouth till this day. (Mother, 58, NVS)

Other families became aware that the police had failed to share information with them when the case came to court or was reported in the media:

I found a lot of things in the paper. The police should have sat the family down and explained everything they knew. (Sister, 54, VS)

It would have been good if the police could have explained more to us before the trial about what they knew about how mum died. (Daughter, 34, NVS)

Others spoke highly of the police in terms of keeping them informed. A woman living in the East Midlands whose daughter was murdered in London was pleased with the service she received from both the local police and the Metropolitan Police, who visited her on several occasions. In other instances, the main problems that arose were to do with a lack of co-ordination between agencies, and insufficient information being given to families, some of which have already been described, for example not being told of their right to attend or have representation at post-mortems, not being informed of trial dates, and not having possible verdicts explained. Experiences in court were more positive, with FLOs and the Witness Service providing information before and during the trial, but there was a sense of being abandoned once the trial had ended.

Family members need to know that a murder is treated as important by the police regardless of the victim's lifestyle. One woman felt the police investigating her son's murder focused more on his drug dealing than her need for information and support:

They're telling me he's a drug dealer. So what? He's dead. I didn't care what he was, he was my son.
(Mother, 51, VS)

Another woman whose daughter had been a drug addict and prostitute was surprised by the sympathetic response of the police after her murder, however:

She had plenty of run-ins with the police and initially I thought her death would be treated as less important but they couldn't reiterate enough that that wasn't the case.
They did pull all the stops out.
(Mother, 49, VS)

Coping with the aftermath

Information that enables bereaved people to know what to expect in terms of grief and trauma reactions, as well as criminal justice processes. This is thought to help to reduce the sense of powerlessness that is commonly felt and to help bereaved people fare better emotionally after a homicide (Armour, 2002a; Miller, 1998). Many people in this study spoke of difficulties in finding out about resources for support and information, and being dismayed by the limited support available, all of which may have hindered their recovery.

Some described time-consuming and frustrating internet searches as their primary means of trying to locate information about sources of help. Other people were ambivalent about independent support and reluctant to proactively contact organisations themselves:

I didn't ask them (the police) for help. They're the ones who should have asked me because that's their job. I'm from the old school: I never had any help from anyone and I'm not going to look for it now.
(Mother, 58, NVS)

Most people who had received the Home Office information pack for bereaved relatives mentioned it without prompting. Some received it early on, and others were given it by the FLO when they withdrew. The majority found it useful and led most people to contact SAMM or Victim Support. A bereaved father who was not supported by Victim Support and had little input from the FLO described it as his "bible" for finding out about his rights and supporting his complaint to the police about the conduct of the case. Several people would have liked the police or Victim Support to go through the information in it with them. Victim Support volunteers and staff who were familiar with the pack felt it to be useful for giving information on criminal justice procedures and contact details, but noted that the packs are in short supply. In one area Victim Support personnel were unaware of the existence of the pack, and it would seem that some FLOs are also not aware of it.

The provision of information about the grief process and the emotional aftermath of homicide and trauma appear to be equally important in helping bereaved people cope. Over three quarters of participants referred to the need for information about, and strategies for dealing with the emotional, psychological and physical impact of the murder. Most people supported by Victim Support commented positively about how their volunteer had helped them understand their responses:

I told him all these peculiar thoughts and feelings I was having - he reassured me that what I was feeling was completely normal.
(Wife, 41, VS)

She's helped me identify practical ways to deal with my anger like taking up exercise, having time to myself each day, just to think. I can't change what's happened but she's really helped me rationalise it.
(Sister, 27, VS)

Advice on the after-effects of bereavement was not always thought to be accurate however, and illustrates how individual reactions can vary:

She used to say to me "You'll go through this process" and she used to reel off this stuff about stages, " ... and then you'll become angry". And I'm still waiting to become angry.
(Mother, 42, VS)

Most had consulted their GP early on, and were usually prescribed sleeping pills or antidepressants. About half the participants used the medication they were prescribed: some people stopped because of side-effects or because they preferred to cope without it.

My GP prescribed Prozac but I stopped taking them. I felt that if I was feeling these things, it would be better to face up to them.
(Mother, 58, VS)

There can also be longer-term consequences of taking some prescribed medication, which may hinder applications for jobs, mortgages and other financial products:

Things still crop up two years on, like getting life insurance. You have to say you've had the medication, it's not going to go away for a long time.
(Mother, 59, NVS)

These concerns were echoed by SAMM, and by the Marchioness Action Group, who also argue that the court-ordered psychological assessments that may be required in compensation claims should not be taken into consideration in these types of application either. Although most studies focus on the psychological and emotional impact of traumatic bereavement, there is evidence that physical health may also be affected. Bereaved people have described having a wide range of physical symptoms such as fatigue, bodily pains, breathlessness, headaches, hallucinations, nausea and palpitations. Studies have found an increase in smoking and alcohol intake to be common, along with symptoms associated with post-traumatic stress such as sleep disturbance, loss of concentration, restlessness, over-sensitivity to noise, and panic attacks. This suggests that GPs may also need to explore issues around physical well-being with bereaved patients as well as the emotional and psychological effects.

Some participants raised the issue of finding social situations difficult, in particular how everyday conversations with friends, colleagues or strangers can become fraught:

What do you say when people ask you how many children you have?
You need advice to rehearse these things.
(Mother, 44, NVS)

Similarly, two men described their exasperation at the lack of understanding shown by people expecting them to get over the death:

You're constantly engaging with people who expect you to 'get a grip' and there is no grip to get, it's just constantly there, there isn't a day goes by without some reference to it.
(Father, 43, VS)

So this thing about moving on, I don't really understand it. I think people must say it to make themselves feel better. Is it about pacifying the emotion of the person who's struggling?
(Son, 39, NVS)

Advocacy needs

The need for someone to advocate on behalf of victims' families in the immediate aftermath of the murder was referred to often. Many people stressed that being bereaved by murder was new to them and they had no previous experience of the complex procedures that followed. Participants described the need for someone to communicate with employers, schools, criminal justice and other agencies and to mediate in disputes. Numerous situations were described where families wished that there had been someone present to act on their behalf: these included searching for general information on rights, benefits and services; obtaining legal advice and representation; getting information about the offender's treatment and custodial regime; recovering the victim's property; family conflicts over next-of-kin status and funeral arrangements, and liaison with social services. One father made a poignant comparison:

You don't know what to ask because you don't know the information.
It's almost like having your first child. You really need someone to tell you.
(Father, 60, NVS)

Participants who described their coping strategy in the immediate aftermath as taking charge and doing practical tasks also identified the need for guidance and crisis management to help them focus on the right things to do. Some people said they would have wanted someone to retain a co-ordinating and advocacy role over the longer term, as well as in the immediate aftermath:

At the beginning, it's extremely hard to feel empowered. It's the time in your life when you are the most dependent. The mind needs to shut down for periods of time. What's missing, especially during the first year, is having someone there throughout the whole process, who actually stays with you, who is a resource point, an information point, a sounding board.
(Brother, 31, VS)

In eight cases in this study, the person convicted of the murder suffered a mental disorder and was subject to an order under the Mental Health Act 1983. Relatives in these cases described a variety of additional advocacy needs. The situation for these families is complicated by the fact that they did not have the same rights to consultation and information when the offender was detained in a secure hospital rather than prison. For instance, they described concerns around not being informed that the offender was being moved to a lower security ward, and pursuing public enquiries after unfavourable outcomes from independent reviews of the offenders' mental healthcare. There were also added legal and childcare problems for some of these families:

We couldn't get guardianship money for the grandchildren because he wasn't in prison, he was in a mental institution. I had to go to my MP and we actually got the law changed.
(Father, 65, VS)

In most of the cases where women had been murdered by their partners, relatives spoke of needing help to find advice on their rights regarding the victim's property and next-of-kin status. In one instance, parents waited for nearly two years to get access to their daughter's flat, which she owned with her husband and in which she had died. Only when he was convicted were they able to apply to become recognised as her next-of-kin: this was important to them as they wanted to change her married name back to her maiden name to have on her headstone.

When the victim is a refugee or asylum seeker, additional complications arise. A woman whose older teenage son was murdered by her younger son was having difficulty caring for her other daughter after his death. An already fraught situation was complicated by her immigration status. Her Victim Support volunteer was able to advocate with social services, to put her case forward and to help her understand what was happening:

She came with me to the case conference even though the social workers didn't want her there. She explained their questions to me and helped me explain my situation.
(Mother, 36, VS)

Other sources of conflict where advocacy and mediation needs arose included funeral arrangements, and release of the victim's body. One woman felt pressured by her family and religious community into a funeral which would not have represented her daughter's wishes or personality:

I wanted to send her off the way she would have wanted it and the way she was. She embraced all people from all backgrounds ... I had to be strong in lots of ways.
(Mother, 58, VS)

As described earlier, families can feel a need for someone to manage the process of viewing the victim's body, including making arrangements with the mortuary, briefing them on what to expect, and explaining procedures. Others referred to the need for advice and representation at criminal injuries compensation appeals. Victim Support managers and volunteers showed a high level awareness of people's advocacy needs in relation to the criminal justice system, but also felt that a lack of knowledge in some areas and limited resources prevented them from fulfilling this role as effectively as they would like.

5. Emotional support needs

Seeking emotional support

Grief after a homicide is usually intense and long-lasting, and many bereaved people will feel the need for independent emotional support at some point. Grief and trauma reactions after a homicide vary considerably between individuals: responses may depend on, among other things, age, gender and relationship to the victim, considerations that will need to be reflected in the type of support offered. This section looks at some identified emotional needs and models of emotional support that service providers can offer.

It should be noted at the outset that a significant proportion of those bereaved by homicide are reluctant to engage with support services, or they stop using services after a short time. There are various possible explanations for this. The relationship to the perpetrator may be significant: when a homicide was committed by a partner or within the family, other relatives have been found to use support services less (Horne, 2003). Men may be less likely to contact self-help or victim's organisations (Kenney, 2002) and those with more prior experience of bereavement may be less likely to seek support (Sprang, McNeil and Wright, 1993).

Confidence and experience were mentioned as important qualities that those offering support should have. Other qualities and behaviours which were specifically mentioned as having been unhelpful were supporters being over-emotional, asking too many questions, aloofness, being patronising, and appearing not to listen. Independence was seen as a key element of effective support by some. Several people felt unable to express emotional needs to their FLO because of concern that they might say something that could be used against them in the case:

It was tough because I knew they knew answers to some of my questions but they couldn't tell me because of legal procedures. From the onset I didn't want to show how I was feeling.
(Mother, 42, VS)

There should be an independent person who is not involved with the case. At the end of the day the Family Liaison Officers are still the investigating officers. They can jeopardise a lot of things. You just have to say one ill thing and they're recording and they can give it to the other side and you're jeopardised.
(Mother, 58, VS)

There was a frustration that support was not available round the clock, especially in the immediate aftermath, and a general acceptance that voluntary organisations work with limited resources. The need for emotional support to be available over the longer term was referred to by three quarters of the sample and by support organisations, and is perhaps a more significant issue, particularly given the length of time homicide cases may take to be tried - and consequent delayed grief reactions:

When somebody first dies, a lot of people come and see you. And then you find you're on your own. It would be good if Victim Support phoned you or sent you a letter later on. It's after the funeral you start to get depressed.
(Mother, 55, VS)



The first year is just filling in forms. You can't think about your loss. It's the forms, finding the money, the funeral, the court case. The second year, is trying to come to terms with your loss.
(Mother, 59, VS)

Several people identified the need for support to be offered to family members individually if possible:

I think we should have been given the option of separate volunteers. If my husband had been given an opportunity to talk to somebody and knew that this person was solely for him, he would maybe be a lot better.
(Mother, 42, VS)

Some people had gone on to become friends with their Victim Support volunteer, but for others there was some ambivalence about maintaining an ongoing relationship:

Whenever she's in touch now she just says "How are you? How are things? Shall we go out for lunch?" It's all friendly now. If she had been contactable maybe it would have been different, however she rings on her terms when she wants to.
(Mother, 43, VS)

Differing emotional needs

The research literature identifies some general specific support needs that can arise after a homicide: bereaved people may need reassurance that their grief reactions are normal and that they are not going mad; help to regain control over day-to-day events; reassurance that the murder was not theirs or the victim's fault; the opportunity to talk and an effective outlet for anger, restlessness and tension, or help with developing coping strategies. These needs were reflected in discussions of support services that participants had used, including CRUSE, Victim Support and counselling services:

I was able to say things to her that I couldn't to friends. I sometimes felt really angry with J. (the perpetrator). My volunteer helped me rationalise things and think about things and calm down a bit.
(Sister, 27, VS)

S. is an independent listening ear for me. I could tell her how I was feeling and talk to her and she wasn't going to palm me off with a prescription. She could give me options.
(Mother, 42, VS)

It was the first time I'd been able to sit down and talk about me. Just having that opportunity once a week to be able to talk was just a relief.
(Brother, 31, VS)

The differing needs of women, men and children are identified in the literature. Kenney found that men's emotional needs are often overlooked after a homicide, as it tends to be assumed that women are in greater need of support (Kenney, 2003). This was clearly the case for one participant in this study:

Everyone was focussing on my mother. I didn't really feel I had an outlet. Nobody was really interested in how I was feeling.
(Son, 39, NVS)

Kenney found that men were found to be more likely to repress their feelings, to use keeping busy with practical tasks as an avoidance technique, and were more likely to become depressed. The tendency to immerse themselves in practical tasks was a common theme amongst male participants: of the 12 men interviewed, nine described this as their main coping strategy in the early stages, along with being the main link with the FLO, and as one man put it, “being the strong one”. Although several referred to their need for support, this was often one that had emerged gradually over time, and was sometimes a difficult feeling to cope with:

I didn't think I needed any help at all but it hasn't gone away and in fact it's getting harder.
Now I'm beginning to think about how it's affecting my relationship with other people.
Now I'm questioning my own ability to cope with it.
(Father, 60, NVS)

I just felt that I had to put my emotions on hold so I could do the things that needed doing. I was just doing things on autopilot without having any real time to process feelings or emotions.
(Brother, 31, VS)

It was not always easy for family members to support one another and cope with their own grief at the same time:

My husband's needs were different. He was clinging on to me and I could not take him on board.
I just didn't want to know him, I was only able to focus on my sons.
(Mother, 58, VS)

He's a big tough guy: he was 19 when his brother died, they were really close but he can't show any emotion. He curled up in my car outside the hospital and stayed there for two days, like a baby.
(Mother, 60, VS)

The traumatic grief experienced by women, according to Kenney, is characterised by intense sadness, obsessive thoughts about the victim, dwelling on the sense of loss, feeling unable to change patterns, and an overwhelming fearfulness, particularly fear of the offender. Harrison also notes that bereaved women tended to express sadness more readily, whereas men tended to express more anger and focus more on the need for action (Harrison, 1999).

Children and young people bereaved by homicide are at significant risk of developing post traumatic stress disorder (PTSD), and their psychosocial development can be impaired by the world no longer appearing a safe and ordered place, particularly when the perpetrator is someone the child knew (Clements and Burgess, 2002). Children who contacted the emergency services at the time of the homicide or who witnessed the death are likely to be highly traumatised and often blame themselves for the death, particularly if the offender is not arrested: most of these children are also thought to be at particularly high risk of developing PTSD (Black, Harris-Hendricks and Kaplan, 1992; Ellis and Lord, 2002; Spungen, 1997). The long-term outcome for children and young people seems to be associated with the level of care and support they receive after the death (Harris-Hendricks, Black and Kaplan, 2000). Parents and carers mentioned many of the problems that have been described in the research literature, such as truancy, behavioural problems at school and at home, aggression and fearfulness about the future, but as no children were interviewed in this study, no conclusions can be drawn about their needs and responses.

The factors of race, ethnicity and cultural identity in grief and support needs after bereavement by homicide have not received a great deal of attention in the research literature, and there is no clear evidence at present as to what significance, if any, these factors have. Participants in this research

included members of black and minority ethnic groups but there is little information about their distinct support needs. The impact of homicide on same-sex couples is also an under-researched area. It is known that lesbians and gay men can face additional practical difficulties after the death of a partner, such as the loss of the shared home and exclusion from funeral arrangements: situations, it must be assumed, which can only be made more distressing when the death was caused by homicide. Issues specific to lesbians and gay men were mentioned by two participants in this study: one man's partner was excluded from the funeral arrangements by his immediate family, which caused added stress on their relationship, and another felt anxious and isolated after the murder of his ex-partner which he feared would 'out' him within his small local community.

Ian's experience

Ian stepped off a plane from a short trip abroad, to learn that earlier that day his stepfather had been fatally stabbed. Nothing could have prepared him for the impact of Jim's death or for the sense of isolation he felt, having not been with his close family members as the day's traumatic events unfolded. Ian feels frustrated that he wasn't at the hospital where his mother's ordeal was compounded by the lack of support and insensitive treatment:

There was nobody there to support the family and friends who had gathered. There didn't seem to be anyone qualified enough to deal with them, and this was a big A&E department in a busy London hospital. There was a regular bobby on duty who handled it really badly. He practically had mum pinned against the wall to get these forms filled out. To this day we don't know what these forms were for. If someone's going to be there, they have to have some kind of understanding of trauma. If mum had been handled correctly, she would have acted appropriately. She's not someone who can't hold herself together but when the police officer grabbed her when she wanted to kiss Jim, she ended up kicking him. They basically had to leave then and that was her last goodbye.

For weeks we were led to believe that we would be able to see Jim again, at the funeral home. As it was, we were told just three days before the funeral by the funeral directors that Jim's body was not in a fit state to be viewed due to something they had done to his brain.

Ian was not told about Victim Support. A friend gave him SAMM's number, and they were able to give him helpful information:

I needed answers about whether we would be allowed to be in the room, would we see him through a screen, would we be able to touch him, would he be in a shroud, would he not?

Jim's death brought out tensions in the family about Ian's sexuality and he found himself under pressure not to bring his partner Mike to the funeral.

I walked into the church and I couldn't see Mike anywhere. It was awful. He should have been at the front, with the rest of the family.

Ian and Mike found it difficult to support one another.

So many nights we'd be eating and I'd be crying, just constantly crying. Eventually it wears your partner down. He also has his feelings to deal with and I can't go there, I can't ask him about his feelings. He was there with my mother when she passed out, he saw the helicopter rush Jim to the hospital, he was there to support my mum at the hospital. But I hurt too much to support him and it really has put an awful lot of strain on our relationship. We're just not used to dealing with each other on this level.

Ian found solace in attending an annual memorial service held by SAMM:

I found the Christmas church service in Trafalgar Square which I've been to twice very helpful. Jim died in the June and Christmas was coming and I was getting to the point that I needed to do something that was right for me. I didn't want to go to an ordinary church. I didn't want to sit with people who didn't understand. I wanted to see other faces; I wanted to see other people who felt the same way I did. I felt I was part of something. Although I didn't talk to anyone, I felt connected.

This contrasted starkly with his experience of attending a memorial service at his local crematorium:

I went to an open air service at the crematorium. When the priest got up, he described every which way someone can die but he never gave thought to those people who have been murdered. We had cot deaths, road deaths, illnesses of every kind. I looked at the crowd and thought "I wonder if there's someone else here like me."

Ian has mixed feelings about meeting other people bereaved by murder:

Although I was initially yearning to be in the company of people who were feeling what I felt, I don't know whether that would do me any good now because I'm trying to get on with my life.

Complex needs

Existing research shows that traumatic bereavement is not the same as the grief which follows a natural death. Findings from this research indicate that when this already complicated grief occurs in a context of certain pre-existing social, emotional and economic factors, service needs become correspondingly complex. Participants highlighted the need for increased awareness, service co-ordination and specialist help where practical and emotional support needs are complicated by other factors.

Over half of the participants described issues which affected their grieving process and their service needs after the murder. The following examples illustrate some particular needs that were described:

- **Bereavement history:** a woman's first husband had died suddenly from a heart attack six years previously. Her second partner was murdered. She had a daughter with each partner: the older girl has always refused to talk about her father's death and has been developing self-destructive behaviour since the death of her stepfather. The mother feels overwhelmed by her children's needs and unable to grieve fully herself.
- **Victim's lifestyle:** a mother's unresolved feelings about her daughter's lifestyle and the distance this had created in their relationship prevented her from mourning her death. "We can't grieve because the last eight years of her life was absolute hell. We always expected a knock on the door. We knew she might die of drugs but never this way."
- **Mental health problems:** the father of a 15-year-old girl who was missing for a year before her body was found had searched incessantly for her during this time. He was already separated from her mother and living alone. During the year she was missing he got into rent arrears and was evicted from his home. Now homeless and suffering from mental health problems, he still feels unable to talk about his grief. His illiteracy also hampers his access to support services.

- **Carer responsibilities:** a man whose wife has Alzheimer's Disease felt that there was more concern about her coping than him, after their son was murdered and that he had no outlet for his own emotional needs. A mother who cared for her elderly disabled parents had to support their practical and emotional needs in the aftermath of her son's murder. They had witnessed his murder in their home.
- **When the offender is a close relation:** an elderly woman's partner was murdered by her son. Her grief is complicated by her conflicting feelings about her son's actions and by social stigma. She feels her local community disapproved of her relationship and that her son's crime has further isolated her.
- **When the offender is a partner:** there were eight instances in this research of women murdered by male partners, and the practical and advocacy needs of bereaved relatives in such cases have been discussed earlier. In all but one, there was a history of violence and threats. Those affected spoke of their feelings about the offender interfering with their memories of the victim and their grief.
- **Separated parents:** in one case both parents were interviewed separately and described the stress of sharing grief and agreeing key decisions. In another case, a mother described the difficulty of having contact with her ex-husband and his new partner.
- **Unmarried couples:** two women who had been in long-term relationships with their partners were excluded from major decisions and denied access to personal belongings of sentimental value by the victim's family.
- **Same-sex relationships:** a gay man whose stepfather died spoke of his partner being excluded from the funeral arrangements due to the lack of acceptance of his sexuality by his immediate family. This in turn caused stress on his relationship with his partner. Another gay man, living in a small community in Northern Ireland, felt fearful and isolated after the murder of his ex-partner threatened to draw attention to his own sexuality.
- **Contract killing organised by close relations:** in two such instances, both bereaved relatives described the emotional stress caused by the suspected murderer remaining within the family for months before being charged. They referred to their continuing anger and distress, arising either from being duped by the offender, or from having been powerless to act on their suspicions. A woman's brother was murdered by contract killers arranged by his partner, with whom she was close friends. She was charged several months after his death, during which time she had been treated with sympathy and concern.
- **Immigration status:** a woman who fled violence in her home country entered the UK illegally, and was forced into prostitution. She presented herself to the authorities in order to try and escape, and shortly after, one of her sons killed his brother in a fight. He is now in secure local authority care and her daughter is on the social services at-risk register due to concern about her ability to provide adequate parenting. She feels that social services have not acknowledged the multiple trauma she has experienced.

Pauline's experience

The last time Pauline saw her 16-year-old son Sean alive was as he left to go to a friend's house for the evening. At 2 am, the police came to inform her that Sean had been fatally stabbed by an acquaintance:

They didn't say whether he was dead or alive. I just needed to go and see him. They were waiting for their boss to let them know when we could go. I didn't know what to think had happened.

Pauline waited three hours to get permission to go to the hospital to see Sean, but once there she was forbidden to touch her son:

I couldn't hold him, I couldn't touch him. That was the most hurtful part, not being able to feel my kid while he was still warm.

Waiting six weeks for Sean's body to be released was very stressful:

I had to keep on phoning and begging them. I just wanted to put him to rest.

Pauline had mixed feelings about her contact with the FLO during this time:

He just wanted to know the family background, who's who, what Sean was like, his history, who he knew. He was letting me know what was happening but it felt overpowering, how he kept asking me questions. I felt they were prying into things that I couldn't see were relevant. They were more focussing on the chance there might be a reprisal.

The FLO introduced a Victim Support volunteer. Pauline found her sympathetic but would have appreciated more proactive practical help, particularly as a single mother with a young baby:

If somebody says to me "What can I do for you?" I'll say "I'm OK." But there's lots of things I need that I'm not even thinking about, like the shopping, going for a walk round the park, taking the baby to nursery. It would be really helpful if someone just suggested what they could do for you.

Pauline felt her Victim Support volunteer drifted away but she would have liked her to stay in touch longer, particularly to support her other children and Sean's cousins, and to help her prepare for the trial. She would have also valued support in dealing with other agencies. Sean's killer was given a life sentence in 2002 but over three years later, to Pauline's frustration, the tariff has still not been set:

It's like the missing bit in the puzzle. I haven't any idea when it will be set. I've done a statement for the judge but I don't know whether he's got it. I've had no feedback. I'm left in the dark, I don't know what's happening.

There are also unanswered questions that Pauline would like to be able to put to the offender:

There are lots of questions that only he can answer. If he wouldn't tell me much about why he did it, I would just have to accept it. I think we should be allowed the opportunity, even if in the end they decide they won't talk. At least I could tell him how I've been affected. Who knows, he might even want the chance to say sorry.

Counselling services

It was often some months after the murder, and in some cases years after, that people came to feel they needed professional help. It tended to arise from the need to understand their thoughts, feelings and behaviour, and the hope they might gain strategies to help them feel “normal” again:

When he died first I couldn't remember what he looked like and I was saying to myself “Is this natural?” I had to go back to when he was a baby and go through all the stages. The counsellor told me this was normal. She said to me: “You're not grieving because you have too many problems to sort out with your daughter-in-law and the house.”
(Mother, 59, NVS)

Some paid for private counselling themselves and others were referred by their GPs to a NHS counsellor. However, there were instances where GPs thought people did not need counselling, or thought counsellors were not available, or counsellors could offer only a limited number of sessions. A woman whose elderly father had witnessed her son's murder in his home was not referred for specialist help, despite repeated requests:

I begged for trauma counselling for my dad. The FLO came to the doctor's surgery to see if it was possible for him to refer dad but he wouldn't - it was not cost-effective I later found out. So he got him a community psychiatric nurse who I must say was the only person who in the end supported me and my family. But I didn't feel it was really appropriate for the events that had taken place. It was very important that he received trauma counselling within the first few weeks as the effects would then lock in and cause irreversible damage.
(Daughter, 58, NVS)

Satisfaction with counselling services was mixed. Some found it helped with the grief process and enabled them to make decisions, but problems sometimes arose when the counsellor did not have experience of dealing with traumatic bereavement, which many apparently did not. Most people who had contact with CRUSE found them helpful: they were often able to provide a counsellor fairly quickly and gave helpful and long-term support where needed, although again counsellors who did not have sufficient knowledge of traumatic bereavement were not always able to give the required level of support.

Contact with others bereaved by homicide

Self-help and campaigning groups organised by people bereaved by homicide are felt to be indispensable sources of mutual support to many of their members. Many of the people interviewed spoke of the need for contact with others who had been through a similar experience: most of those who had this kind of contact valued it, and those who had not said they would have liked or would still like it. However, the degree to which people said their needs had been met by contact with other bereaved people was mixed.

SAMM was the main means of contacting other bereaved people, which most had found out about through an FLO, the Home Office information pack or Victim Support. Two people had made contact with Mothers Against Guns and one had been in touch with NEVA⁶. Many people referred to a belief that only others bereaved by murder or manslaughter would really understand their feelings, responses and needs:

⁶ North of England Victims' Association

I didn't know how to behave and I just wanted to speak to someone who had gone through the same trauma. You don't know what the normal natural reaction is.
When you meet other people, it's instinctive.
(Son-in-law, 45, NVS)

Some described the positive emotional experience of being with other bereaved people, which helped them feel less isolated and alienated:

Nothing can be more therapeutic than being with families who have lost their children in a similar way. You reflect to each other and you help each other to grow through that. We're talking the same language, the same pain. At that time I didn't want to hear "Don't cry". I wanted to hear "It's alright, let it out. It's OK to feel like this. Don't let anyone undermine the love you feel for your child."
(Mother, 40, NVS)

I thought I was the only one in the world with these kind of problems and then I was invited by Mothers Against Guns to a Mother's Day service for mothers of children who had been murdered. When I was there I felt I was at home with everyone. I felt much better, from then on, knowing I wasn't the only one. I felt I was with people who know what I am talking about.
(Mother, 59, NVS)

Some who had attended support groups felt overwhelmed by others' pain and anger:

We went to a SAMM group six weeks after R. died. My wife and son came and it affected them badly: it was a room full of grief.
(Grandfather, 62, NVS)

One man noted that most of the people at the support group had been bereaved by a murder committed by someone close or known to the family, whereas his daughter had died in a random attack by a stranger, which he felt raised different issues and needs. Some felt that too much time was devoted to people talking about their experiences, whereas others felt there was not enough. One mother felt that bereaved people's experiences and needs were too diverse to be able to offer each other much:

I didn't want to meet anyone else. I thought "This is happening to me and I don't want to hear what anyone else is going through." They're not going to be there to listen to how I feel, they've got their own needs. You can't measure how somebody else is feeling; I could meet another mother and it would be different circumstances, different personality, different person.
(Mother, 42, VS)

Victim Support managers and volunteers often referred to the value of peer support groups, although some had reservations about recommending them to recently bereaved people, on the grounds that the intensity of others' grief can make people feel more distressed rather than less. MAMAA suggested that in the initial stages at least, most people are so overwhelmed by their own experience that they may not be able to listen to other people talking about theirs, and feel that contact with other bereaved people does not necessarily help everyone. The research literature tends to see peer support as unquestionably beneficial, (eg Riches and Dawson, 1998), whereas responses from participants in this study suggest that the reality may be more complex.

J.'s experience

Note: this participant specifically requested that we describe him as J.

It's one of those moments in your life that you will never, never forget. I was in a club and my phone was vibrating a lot. I thought it was probably one of my mates and I carried on dancing, I was having a whale of a time. Eventually I answered it because it was annoying me and it was my mum. She was hysterical and I ran out the club so I could speak to her. She didn't tell me, she just told me I really needed to come home.

When J. got home, he learned that his sister K. had been murdered in her flat and that her ex-partner was suspected. J., who was 29 and living with his mother at the time, became immediately involved in organising the practical tasks.

I was the lead person, really because I didn't want my mum to be dragged through lots of different things. My mum's widowed and not a very well person. I didn't want her and my sister to go through more than they had to. I still feel a responsibility to K. so if there's anything constructive I can do for her, I want to do it. I had to put my emotions on hold so I could do the things that needed doing. There was just so much going on; I was just doing things on auto-pilot without having any real time to process feelings or emotions. The tasks kept your mind focussed.

Tensions arose when J.'s older brother who had been estranged from the family for several years came back and tried to take charge:

If I tried to say anything, mum just got upset. In Asian families, when there's been a death, you end up with lots of relatives staying over at the main house of mourning. So we had a few older relatives staying and any time I tried to say something about my brother, I got the whole thing about "Look, he's your brother."

The legal and practical aspects of dealing with K.'s affairs were time-consuming and stressful:

You're just so vulnerable at that time and you need people to be sensitive. The first solicitor we had was horrible. We had to wait outside K.'s flat while the police opened the place up, and she seemed so impatient to get in. When we did get in, she started rifling through my sister's things, which I found horrible. So we got another solicitor. It was the first time she'd worked on a murder case but she was really good. We learned we didn't have a legal right to do anything with the flat until he was convicted and found guilty, even though it was in her name.

The family have felt in limbo for over two years waiting for the life sentence tariff to be set:

We can't do that countdown thing until we know the time frame. It's a horrible, horrible waiting game. The whole trial is such an anti-climax: it's all I felt I was living for. You live for that because you're grasping for something, deluding yourself that this is going to make things better.

About five months after K.'s death, J. decided he needed to get some help for himself:

I was finding it hard to keep being strong for everyone else and not have space to process what I was going through. Me, my mum and my sister had all just begun receiving our counselling from CRUSE. What was good about CRUSE was it was the first time I'd been able to sit down and talk about me. And that gave me the courage to contact SAMM and I got the details of a local support group. I went by myself initially which was really hard to do but I'm really glad I did it. It was a small group and it was very nice and friendly. There was one woman in particular who was really amazing with me. We just clicked. Everything she said was just so true. It was the first time I had knowingly talked to someone bereaved by murder. It's just such a strong connection knowing that somebody you're talking to really understands what you're going through.

Looking back, J. feels that his family would have benefited from greater continuity of support:

What's missing, especially during the first year, is having someone there throughout the whole process, who actually stays with you, who is a resource point, an information point, a sounding board. I don't mean 24/7, but like a key worker. They would need to be sensitive to families' needs and know how to approach people when they're under that much stress. Someone who has the ability to listen without being too directive or resorting to clichés. Someone who's warm and friendly and personable.

6. The scope and capacity of Victim Support's service



Experiences and perceptions of Victim Support

First experiences of contact with Victim Support were mixed. A third of the people who had been contacted were unsure what help it provided. Some had not heard of Victim Support before or could not recall what the police had said about them, which may have been due to their state of shock and confusion when it was first discussed:

I'd never heard of anything called Victim Support, I didn't know what it was. My partner said this lady had rung from the Victim Support and I asked "What is it?" and he said she said if I needed anything I was to give her a ring. But I thought at the time "Talk to a stranger?" After I met her I realised what a helpful thing it is.
(Mother, 63, VS)

Several were surprised to learn that Victim Support deals with serious crime:

You have a picture of Victim Support that they come round if you've had your lawn mower taken.
(Grandfather, 62, NVS)

There was evidence to suggest that the police sometimes shared this view, and saw SAMM as a more appropriate source of support. A father recalled the impression given by the police of Victim Support's and SAMM's services:

The Family Liaison Officer asked if we needed Victim Support. I said "I don't think so." I had a word with my son and he said "I don't think they can do any good, Dad, do you?" We thought we could help each other more than anyone else could. He also told us about SAMM. He said it was less formal, they didn't push. He said he would recommend them for us, rather than an official organisation.
(Father, 60, NVS)

Many were vague about when Victim Support had been introduced. In one area the majority thought they had been referred within a fortnight of the murder, and some within a couple of days. Others recalled contact being made after the funeral.

Of those who had received a service from Victim Support, 12 had a clear recollection of how and when they had first had contact. In cases where the police facilitated contact, some recalled a direct introduction from the FLO, and others were given a list of organisations or referred to the Home Office information pack. Ten participants identified the need for easier and more reliable ways to contact Victim Support. Those who had not been referred by the police felt particularly strongly about this, as did relatives of victims murdered in another part of the country.

Victim Support's perspective

The first problem you have to overcome is what the police have said about Victim Support. They'll make generalisations or give misinformation. If there's still an ongoing investigation you have to make sure you're not joined with the police. Families assume we're attached to the police.

It depends on the FLO. I can think of two cases where the FLO has told the person I'm a counsellor. The first family were a bit let down when I explained I wasn't. But another one has met with me and then I've gone in and explained what we can do.

A number of people described unsatisfactory or inappropriate responses from Victim Support, SAMM and other organisations that support people bereaved by homicide. This included people who self-referred and received an unhelpful response from Victim Support staff, and people whose first contact with a volunteer was unsatisfactory. One woman received an initial phone call from Victim Support a few days after the murder announcing that they would visit at a specific time on a specific day without asking if this was convenient or indeed wanted: the offer was felt to be intrusive and was declined. A man who was not referred by the police to Victim Support rang his local branch:

I contacted Victim Support and whoever I spoke to didn't have a clue. She seemed overwhelmed by our circumstances. She couldn't offer us anything and seemed to be completely out her depth.

At one point she suggested that we paid for private counselling, which I found quite offensive.

She couldn't offer me any other organisations that might be able to help.

(Son-in-law, 45, NVS)

Five people referred to a need for direct access to their volunteer, especially early on:

You have no direct contact with your volunteer. I'm not going to ring whoever is manning that phone and say "This is H., you know, the one whose son was murdered".

I can't do it. They haven't got a separate mobile.

(Mother, 42, VS)

I questioned the availability of Victim Support because their office hours are only between certain times. One evening I phoned the local office and it was closed so I rang the national number and they said I couldn't get in touch with anyone until the next day. And I thought

"What is the point of offering a service that has not got anybody there?"

(Mother, 58, VS)

Several people felt put off by getting an answering machine when they rang the local Victim Support number. All those who had been given their volunteer's mobile phone number appreciated this, and others were happy to contact their volunteer via the branch office:

It's their time as well, they're volunteers, they don't want to be called all the time.

She always got back to me if I left a message at the office.

(Mother, 60, VS)

Findings from the literature review

Harrison's study looked at the range of support services used and people's feelings about the response they received. Victim Support was generally found to be helpful by those who had had contact, particularly regular phone calls and the sense that Victim Support was there for people over the longer term was appreciated. The 'ordinariness' of Victim Support volunteers was seen as important. SAMM was very helpful to those that had had contact. CRUSE offered long-term support in some cases but counsellors did not always have the training or experience to deal with traumatic bereavement. Others in the study saw church counsellors, and some contacted their MPs for information and were given a positive response. For those who sought clinical help there were long waiting lists for local mental health services. GPs were reportedly helpful when they had known patients before the murder and were able to reassure them that their responses were normal, but others found that doctors they did not know were unable to cope with their overwhelming emotions. Harrison notes that support services where there was no specific training in trauma and bereavement were generally unhelpful. The study highlights a serious lack of support for children: the author notes that "it is an appalling indictment of service provision that if these services exist, no-one knows of them. If they don't then they are highly urgently required" (Harrison, 1999). Lewandowski et al also found that many children are not offered any kind of support, and that when it is offered, families may be unsure of the benefits and prefer to try and "move on" or cope in their own way (Lewandowski et al, 2004).

The question "What do people bereaved by homicide want?" throws up some contradictory and awkward answers. Adkins suggests that many want "someone to listen without trying to provide answers", whereas Harrison's study shows that being able to give advice and information is seen as very important. (Adkins, 2003; Harrison, 1999). Harrison identifies someone to "be there for them" as a priority for the bereaved: these should be "ordinary people" able to come to the home often and at any time, give information and who the bereaved feel comfortable around, which is in fact a very demanding job description. Spungen sees the role of supporting the bereaved as "walking with the co-victims in their pain. That is an end in itself; nothing more is required" - although she then goes on to set out a detailed list of services that should be provided by volunteers and professional therapists, including crisis intervention; advocacy; ad hoc emotional support; information on criminal justice processes and accompaniment to court; liaison with other agencies; keeping people informed about the case; helping with claims for compensation and referrals to other agencies (Spungen, 1997).

Findings from the research

This section focuses on Victim Support and the thoughts of managers and volunteers on what works in terms of the scope, management and delivery of the service. Issues relating to Victim Support and FLOs follow in Chapter 7.

Focus groups and interviews were held with 19 service managers, including three Witness Service managers: there were 13 female and six male participants, all of whom were white. The average length of service in their current job was about four years; 13 had held previous paid or voluntary positions in Victim Support; six had completed Victim Support's training course *Managing a service to people bereaved by murder or manslaughter* and 11 had completed the Victim Support homicide volunteer training. Between them they had supported 65 people bereaved by homicide and had helped with 12 criminal injuries compensation applications over past two years.

Four focus groups were held with 16 volunteers from four areas: there were 13 female and three male participants; their average age was 58; 14 were White British and two were Black Caribbean. The average length of service was 11.5 years. Between them they had supported nearly 100 people bereaved by homicide during the past two years.

How managers describe scope of Victim Support's service

Although Victim Support managers and volunteers described what they saw as the negative impact on families of the number of people involved at the beginning, they did not identify the need for a crisis management role by an independent party. Having more routine contact with the police than other voluntary organisations, Victim Support's view tended to be that the closer and longer term involvement of FLOs had fundamentally altered Victim Support's entry point and role:

I don't think there's much point us getting involved too early because at the beginning there are often quite a few people around - families, friends, police. After a few weeks they start disappearing and that's when our volunteers come into their own a bit more. That's when people need a bit more guidance ... but since the FLOs came in, they do a lot more of that ... perhaps our volunteers are not needed as much as they were a few years ago before FLOs.
(Victim Support manager)

I don't think it's as essential for us to be involved right at the beginning. In a recent case where I did go in almost immediately, it's now been three weeks since I saw them because they're getting so much input from the police and they have a lot of family support. I've been in touch by phone but I haven't felt there's a need to visit though I probably will after the funeral next week.
(Volunteer)

In three Victim Support areas there appeared to be a fatalistic attitude about later introduction by the police, reinforced by little evidence of direct contact with FLO coordinators or input to FLO training. In the fourth area, Manchester, where Victim Support and FLOs undertake joint training and earlier referrals are the norm, there was evidence of volunteers carrying out a wider range of practical tasks than in the other areas.

How volunteers perceive their role

All volunteers said that their role was to provide practical and emotional support and many followed this response with comments about how their role has changed since FLOs became more involved with families:

It's advice and support, not practically doing things.

It starts out as practical support but by the time you've got a relationship it can become largely emotional.

It's about giving them the opportunity to talk.

You are there to find out anything they need to know.

There was some ambiguity about proactive help:

I wouldn't have found it intrusive at all if Victim Support had offered to help sort out my finances. If somebody had just said to me "We'll bring somebody in on Friday just to help you sort your bills out..." I don't recall S (volunteer) asking me how I was paying my bills.
(Mother, 42, VS)

A number of volunteers said that the volunteer's role as described in training was quite different in practice:

At the training, we were led to believe that we would have a very big role and I haven't found it so. The FLOs get the brunt of dealing with the immediate practicalities.

Three service users interviewed recalled Victim Support being involved within 48 hours, two of them in Manchester where there is a joint protocol with the police. The third were grandparents who travelled to another area where their daughter had been murdered, to be met by police and Victim Support volunteers, who between them fulfilled a crisis management role (see May and Colin's experience on page 30).

Victim Support and others' perspectives

Other organisations emphasised the need for immediate crisis management and coordination of services more than Victim Support, whose managers and volunteers were concerned with how to effectively support bereaved people at the generally later stage of introduction by FLOs. This issue is explored more fully in later chapters.

Several voluntary organisations interviewed identified the need for immediate crisis management:

A separate person from the FLO should go in at the start, ideally with the FLO, a personal listener, someone to do the washing up, make a cup of tea. When someone's son or daughter or husband has been murdered and they are asked if they want someone from Victim Support, they'll say no. But if you've gone in with the FLO and they give them the news and they leave, but you stay the next day when the police say "Do you want them to come back?", they'll say "Yes please", because you've sat and given them a cuddle, made them tea.
(MAMAA)

There needs to be some statutory body to take on overall liaison with all the agencies - you can get so traumatised having to retell your story so many times, you just give up. Should be one statutory person there to oversee all the different agencies. It could possibly be best done by the local authority. The person would not necessarily need to see a lot of the family as long as they were in touch with all key people and had authority. I'm not sure it's appropriate for the police to have this role.
(SAMM)

SAMM's experience is that many people need proactive support to deal with finances.

Access to information and support 24/7 in the immediate aftermath was seen as important by SAMM, MAMAA and the Marchioness Action Group:

There never seems to be anyone in the middle of the night when so much distress and questions come to mind. It is often out of business hours that people feel most vulnerable.
(Marchioness Action Group)

The Marchioness Action Group identified specific crisis management and information needs of those bereaved in a major incident, echoed by Disaster Action:

For those bereaved through a major incident, there is a lack of availability and co-ordination of information and support for people when they need it. Co-ordination is crucial after a major disaster: victims are not treated as individuals, but are seen as one block, pushed together with other people you would cross the road to avoid in life.

All Victim Support managers and most volunteers referred to the same practical needs as victims' families. Several thought that practical needs took precedence over emotional needs for most people in the earlier months; they stressed the importance of being able to help with practical tasks as a way of establishing their relationship and opening the door to emotional support. Due to their later involvement reported by most Victim Support managers and volunteers, some practical tasks, such as funeral arrangements, had already been dealt with by the FLO or by relatives and friends:

People will tend to bring up all sorts of practical things they need help with before they'll talk about how they're feeling.
(VS volunteer)

Managers gave the following examples of practical assistance provided. Several said that they would sometimes do these things at the request of the FLO or at their own initiation if they were more involved in a case:

- help with criminal injuries compensation claims
- tracking down the victim's belongings
- communicating with school
- liaising with the police to get belongings out of the house
- help with funerals
- writing to housing agencies
- writing to the building society asking them to waive the redemption fee on a mortgage
- home security
- helping people obtain counselling
- providing transport
- providing answer machines
- informing employers
- finding out about benefits for self-employed people.

Information about criminal justice procedures was the most commonly cited practical need, with inquests and compensation claims being frequently mentioned. Most volunteers had experience of helping people with some aspect of funeral arrangements, including financial help.

I helped one man who wanted the different undertakers to come to him and tell him what they could offer so he could choose. The firms said they'd never been asked to do that before but I said "This is what he wants" and they came.

Several volunteers had helped people find new housing, either because the family were living near to the offender or were intimidated, or because the murder had taken place at the house.

I had a mother whose 16-year-old daughter was killed. We had to really fight to get her moved because the council wouldn't re-house her because she had no dependent children.

In one case the volunteer helped relocate an elderly couple who lived in the flat above the flat where the murder took place. Another volunteer helped a young mother whose baby had been killed to appeal against her summons for breaching a community service order. The volunteer also helped her move three times to avoid harassment.

Most volunteers and staff referred to helping people apply for financial assistance, benefits and helping with other form-filling:

I do ask if they're opening their bills.

I felt it would help her if she didn't have the added stress of worrying about money. So I found out what financial support was available to help with her bills.

I think we need to have expertise of welfare rights people involved. We're not up enough on the benefits. It's really important, not just in initial months but later when there's no money.

Volunteers had mixed feelings about how proactive they should be in providing practical support. Some favoured making suggestions and asking questions about what was needed. Others preferred to wait until asked: sometimes this reflected a desire to treat everyone as individuals, or a feeling that making suggestions would conflict with the aim of empowering people, while others said that they would feel uncomfortable raising issues like personal finances:

It's not that you offer all these things, they just happen naturally.

I've done nothing practical really. In both cases I've supported they had very large families and sorted out all the practical things themselves. They didn't ask for any practical help.

Initially it's more on the practical side that you're proactive because they don't know where the coroner's office is, they don't know who to ring.

You ask them if there's anything they need and you tell them if you can help with that.

In two areas, both staff and volunteers put a big emphasis on empowerment to help people to take control of their lives:

I think they are often issues about being able to go out, people feel self-conscious. People often ring up to ask you to do things for them so they don't have to go out and I think we have to work with them to encourage them to do that. I'd start by going out with them.

Victim Support and others' perspectives

Victim Support, FLOs, VLOs and SAMM were all agreed that the end of the trial often triggers the need for emotional support:

Once the trial is over, that's often just the beginning. And all these other agencies often disappear. We make clear to the families that we don't disappear. Our work can quite often begin there. They have the time to really think about things, or really grieve, or put the rest of their lives together. It's a new chapter.
(Victim Support manager)

Most people need emotional support more after the trial than before. The trial is very traumatic and most people are unhappy with the outcome. The anger comes in more then.
(SAMM)

Because I had to exit, she's really despondent. It's a shame because the family liaison was going really well. I kept in touch until the trial. The appeal has been dismissed now so there really is no reason to stay in contact. She did have a Victim Support person who was really good but she's long since gone.
(FLO)

The Witness Service does not have the time to pick up all the bits and pieces after the trial and I think we need to be on hand after the trial.
(Victim Support volunteer)

VLOs routinely come in contact with people bereaved by murder or manslaughter after the trial and Victim Support staff confirmed that they get referrals from them:

After the trial people feel the impact again. The adrenalin that's kept them going is no longer there. That's when everyone disappears.
(Victim Liaison Officer)

The popular approach amongst volunteers was to tell people that they are there for as long as they're needed and that they will call regularly to see how they are:

I usually try to agree a weekly contact and I'll give them my phone number, though I'm probably not meant to. If you make rigid appointments, there will be occasions when people don't want to see you.

Several said that their involvement had ended before the trial. Most said they would usually make contact on the anniversary of the murder and on birthdays, mentioned also by people who were interviewed.

I might keep in touch for a year and depending on the case, I might ring once a week or once a month. If there's a court case pending, then it's more frequent.

I would never say "I'll ring you on Tuesday" because something might happen and then they'll feel let down. So it will be quite vague like "I'll give you a ring next week."

You reach a point where it's reduced to phone calls, checking and then maybe once a year you have lunch with them, send a Christmas card.

How do volunteers decide when it's time to withdraw? Most volunteers found this a hard question to answer and felt a case was still ongoing if there was only occasional contact. Several volunteers said they had struggled to find a useful role, particularly when extended family and friends were providing support. Sometimes the families ended the contact:

They said "We feel you've done everything you could have, thank you very much. We'll ring you if we ever need you."

Most managers felt the long-term emotional needs after a homicide created challenges for Victim Support's services:

There's no time limit to Victim Support's service: it will peak and trough. Anniversaries, birthdays or the next step when the offender is found, the funeral. There's a lot of limbo between the incident and when the coroner releases the body. The closure starts when they can lay that person to rest.

They can then start grieving. They get that control back to a point because they have the body back. So you have to think, if that's when the grief is starting you have to allow a natural grieving process to start from then.

Several managers felt strongly that contact has to cease at some point:

Grieving may never end but our contact must - otherwise we perpetuate grieving.

We can't provide an open-ended service for ever and ever.

People sometimes continued to come back to Victim Support for help with other problems, sometimes years later:

We even had one gentleman where the death was 10 years ago who still rings up if he has a problem, parking fines or whatever. The support he got was very much appreciated and he feels he can rely on that person to help him even though it's got nothing to do with the actual murder.

People bereaved by homicide need a lifeline that they can use quite erratically.
(CRUSE)

I would like to see Victim Support being more easily available to people two or three years after the incident, which is often when people start looking for support. This is the time when cracks start to show in family relationships and where there are no services at present.
(Marchioness Action Group)

Most managers said they thought it important to offer a service to individuals but acknowledged that in practice this often meant supporting a “lead” person in the family or to a grouping within the family, such as a couple or a mother and grandmother.

Sometimes you deal with them as a family, sometimes one-to-one. But offer it as a family and you can see if they want separate support or not. You're showing them you're not there just for that person; you're there for everyone and knowing that everyone's needs are different.

I'll be checking with my volunteer whether other members of the family need support as well and whether they feel able to provide that or whether they want another volunteer.

Some volunteers expected to support everyone in a household, but others expected family members to have different volunteers supporting them individually:

I start off with them together and look at immediate needs and then say to a particular member “Would you like me to come on Wednesday to see you?”

I personally would not like to support more than one person in the family because everyone's needs are different. I think it's very difficult to give impartial support to more than one member of a family.

Victim Support managers noted that some volunteers are more able than others to maintain appropriate boundaries:

I have one volunteer who is a model of how it should be done. She totally explains the boundaries but she comes from a professional background and it's second nature to her.

We wouldn't always know if a volunteer's relationship has slipped into friendship until something comes out like “We went to the pictures last night” or the volunteer wanting to give out their personal numbers. It's a supervision issue but there are some who just won't take it on board.

Some managers assumed that issues of boundaries and appropriate relationships would be covered in training. Most felt that it would be incompatible with the empathetic role for the volunteer to explain their role and boundaries in an early visit.

Volunteers reported different strategies for keeping the relationship on a professional footing, which in contrast to the point above included making good use of supervision to help maintain boundaries:

You use your supervision to keep you on track. I had one case where I said to my coordinator "I think she's trying to turn me into a friend" so we discussed how to keep it professional.

What I do every so often is address them by their surname and it signals the boundary. There are dangers that down the line the volunteer is seen as counsellor for every problem that comes up with the family, even if they have nothing to do with the murder:

A lot of them like to think we are friends but it's a very unequal friendship, because we don't share on an equal basis. We don't share personal things.

Others felt that friendship was not incompatible with a professional relationship:

Some of the support you give is closer than others. Some relationships gel and I have become friends and visit them as a friend. But if a crisis arises you still have that detachment because you didn't know the deceased person.

Victim Support volunteers were reported to have sometimes ended contact with no explanation, which caused confusion. Most people could not recall how contact with Victim Support ended and several people suggested that Victim Support should do more to stay in touch, by sending a letter to remind people that a service is still available.

Managers commonly described the role of Victim Support being to provide long-term emotional and practical support, tailored to meet individual needs. Some managers' emphasis on customising the service and being flexible limited the degree to which they could define the scope of the service in specific terms:

People need a flexible service and we need to be flexible with the time we give, need to be ready to give the service, when people need it.

You need to be flexible because there is no rhyme nor reason to this, there's no set pattern.

Of the 27 people who had used Victim Support's services, fewer than half were still in touch with Victim Support at the time of the trial.

Managers' perspectives on supervision

The preferred approach of most managers was to let volunteers contact them for support and supervision. There was some evidence of a lack of structured supervision:

My involvement wouldn't be very much more now unless the volunteer felt she needed to discuss the case: it's left entirely to the volunteer to give the appropriate service. ... She's a very experienced volunteer so I'm sure she'll be able to gauge whether she's needed or not.

It's always an open door support mechanism, a two-way thing. We would be looking at how they're dealing with the case and using our experience to give them ideas, in a one-to-one and in groups.

I would expect to get back from a volunteer details of what they are doing, what the victim's needs are, how far they can provide those needs, which other agencies need to be involved. I would expect it to be a fairly intensive two-way process.

Volunteers' perspectives on supervision

Some form of group support took place in every area. One had regular talks by external speakers, whereas others emphasised peer support and case discussion. Other volunteers attended serious crime meetings but did not meet other homicide volunteers. In one area regular update meetings about homicide and road traffic incidents had stopped.

Some volunteers were happy with the supervision they received, but others expressed a desire for more proactive support from managers:

I'm not saying the support's not there, it's just not proactive.

I was never phoned up and asked how it was going, it was only when I rang in.

There's a feeling that when you need the support, it is there but everyone's working so hard that you're reluctant to ask.

Peer support was seen as important by all volunteers: in three areas it was actively encouraged. Some volunteers referred particularly to the need for communication between volunteers who are supporting different members of the same family.

Volunteer resources and availability

Managers in three areas said that their volunteer shortage was severe, resulting in delays in allocating cases and delayed support to the family. Volunteers were required to have 6 to 12 months of general Victim Support experience before doing the national homicide training. Several managers were concerned about pressuring volunteers to take cases:

I'll say to her "I know you're really busy but do you think you could take the case?" She asked what other options there were, we discussed these and she realised there weren't any.

Experienced volunteers were attracted by new areas of work such as the coroner's court or working with young people, and one area manager felt that coordinators were preventing volunteers from doing serious crime training because they feared a shortage of volunteers for less serious crimes. Several noted that young people seemed to volunteer mainly for career development purposes and tended not to stay long enough to become trained in serious crime. Very few managers referred to any strategy for increasing numbers of homicide trained volunteers.

Volunteers' workloads varied considerably. The average number of clients was six; two volunteers had had none recently, five had had ten or more cases. The majority of volunteers felt that their workload was manageable, although those in areas reporting severe volunteer shortages said that there were times when they had had too many clients. In one area volunteers can opt into a 24-hour on-call rota for police referrals for any crime: none of the volunteers could recall having been called out on a murder case through this system.

Methods of contact

Over half the volunteers interviewed normally give their personal phone number to the bereaved people they support, unless they think it may be abused. Most of their managers were aware of this.

To say to a bereaved family "If you need to get hold of me you have to contact the office" is basically undermining the support we're supposed to give. They respect the fact I can't give them my home number; it's always my mobile and I switch it off at 10 pm.

Others were clear about why they do not give out their personal number:

I would be really uncomfortable if I felt that somebody I was supporting could approach me at any time of day or night. I would find that intrusive.

Some volunteers felt that more use should be made of technology:

I really like the communication with mobiles and texting. I really feel that we should have Victim Support mobile phones.

I think e-mail's another thing we should pursue for communicating with victims.

Most managers realised that volunteers often wanted Victim Support mobile phones, and would like to be able to provide them, although others felt it would diminish managers' control over cases. Several managers were aware that their volunteers gave out their own numbers, but suggested it was accompanied by the danger of inappropriate use.

Victim Support's homicide learning materials suggest that the volunteer and the bereaved family should agree an initial 'contract' in order to clarify aspects of Victim Support's and the FLO's role in the case, which may include matters like confidentiality and information-sharing, accessing support out of office hours, and the level and duration of support available. There was no evidence of volunteers making this kind of contract with bereaved people and some were strongly opposed to it. Volunteers said that they would discuss all the points at some stage, except the level of support they can offer: volunteers rarely planned a schedule of contact and most felt this would be counterproductive, preferring to keep arrangements flexible and have contact when needed. Some said the lack of agreement about contact reflected the low level of support needed: this was mirrored by managers, none of whom used the eight-stage service model as a basis for planning and managing a case. This may be explained by the small number who had attended the *Managing a service to people bereaved by murder or manslaughter* training. In two areas with a severe shortage of trained volunteers, the concept of establishing a case team, as recommended, was perceived as unrealistic.

Staff roles in providing support

Victim Support's services are normally provided by volunteers, supervised by managers. But in two areas in this study, managers routinely support bereaved people. Some of those in favour of this said it was essential to supervising volunteers and understanding their work, whereas for others it was through necessity caused by a shortage of trained volunteers. One manager took on difficult cases, feeling that her volunteers lacked experience, while another would take on cases where there had been a complaint about the volunteer. Several staff said that supporting bereaved people was the most satisfying part of their job.

Record keeping

Methods of keeping case records up to date varied. Some volunteers report back over the phone to the manager who records the details. Some deputy managers take feedback from volunteers, and others shared supervision with the manager. Volunteers sometimes felt they did not have the time or energy to devote to maintaining records immediately after a session with a victim.

Liaising with other agencies

Staff and volunteers refer on to other agencies, but formal letters to external agencies usually go from the manager. In three areas, staff felt that their involvement with local crime and disorder reduction partnerships, domestic violence forums and criminal justice boards were vital for building relationships and increasing awareness of Victim Support's service. Some managers gave examples of fast-track or 'back door' referral to specialist agencies, such as bereavement counselling services. Good links with the Witness Service were reported in all areas and all volunteers said they felt clear about the role of the Witness Service, although there was evidence that the service between Victim Support and the Witness Service was somewhat less than seamless at times. Some reported working with the probation Victim Liaison Service about cases and one volunteer did a joint visit with a probation officer.

Experiences of training: volunteers' perspectives

Part of the purpose of this research is to review the effectiveness of the homicide learning materials *Supporting people bereaved by homicide*, published in 1999. Of 16 volunteers interviewed, five had trained before 1999 using local training, eight had been on the national training course between 1999 and 2001, and three had completed it since 2001.

Very few volunteers trained since 1999 could give specific examples of ways in which the training had been effective. Many volunteers were disarmingly candid about being unable to remember much about the training at all (however, it should be noted that just because the content of a training programme cannot be recalled years later, it does not necessarily mean that no learning took place). Some attributed this to having attended so many different training courses over the years. Some were confused about the difference between the national training programme and the former locally run training, and this was echoed by the staff focus groups. The average length of service as a volunteer from this sample was 11.6 years. More than half had been supporting people bereaved by homicide for many years before national training came in, and felt that they had learned a great deal from their practical experience:

The training can't actually equip you to do the work. My first case was a domestic violence murder and I was supporting her sister: her first words were "She made him do it".

Training which included input from people talking about their personal experiences was valued by those had received it:

They mentioned things which at that time I hadn't even thought of, like having to leave their house and not having their phone book so they couldn't call friends: minor things that have a big impact.

The only thing I remember clearly about the training was a volunteer from another area being there with the mother of a teenager who had been murdered, and the way that volunteer had supported her.

Volunteers spoke of misleading impressions created by the training, for example that their role would be more significant, and that they would be called upon immediately after the murder had taken place. Others were unhappy about training arrangements in terms of travelling distances and courses being held during the day.

Many were able to identify areas in which they would welcome further training in relation to homicide (listed below). All mentioned wanting to keep abreast of changes in the law and Victim Support service development: many felt that they were not being kept up to date enough generally or given the opportunity to do refresher courses. Some long-serving volunteers felt their experience could be put to better use in training others.

Volunteers' self-reported training and knowledge needs

- Welfare benefits
- Role of FLOs
- Supporting bereaved children, and child protection issues
- Liaising with other volunteers to work better as a team
- Strategies for supporting big families
- Supporting family members as a group
- New Victim Support services
- Investigation procedures into homicide
- Immigration and asylum issues
- The court process
- The effects of prescribed medication
- Updates on criminal justice procedures and victims' rights
- Different cultural practices around death and grief
- Keeping to boundaries
- Services provided by other organisations
- Grief counselling
- Inquests

Managers' perspectives on volunteer training

In two areas, discussion was dominated by managers' concerns around their unfamiliarity with the content of volunteer training courses. Some seemed unaware of how to find policy, guidance and learning materials.

It undermines me if my volunteers come back from a course and challenge my guidance by saying "No, National Office says you have to do it this way." I'm expected to daily turn out a volunteer work force of 35 people and I don't know what their training consists of.

Concerns about the location of training came up in two areas:

We need more localised homicide training. A lot of volunteers don't want to travel away from their families for two weekends. To finish work on a Friday afternoon and be down there by Friday evening is a lot to ask of people.

We need a rich mix of training. I think we need to get people trained up quickly locally - and that helps bind them together - and then get them on the national training.

Managers described ways in which the national training was boosted locally: volunteers met with a coroner and funeral director and could sometimes sit in on a trial. They may also be able to view the hospital post-mortem room if they wished, and view bodies in a mortuary, which they may be required to do with bereaved families.

Several managers said that they had difficulty completing the annual training needs analysis, as they could not anticipate what needs were going to arise. They felt that basing training on anticipated needs was likely to result in the wrong sort of training being provided and they wanted more involvement in determining training priorities. Others felt feedback from the training needs analysis was inadequate, and that refresher training was not given sufficient priority. A Witness Service manager felt that the Witness Service volunteer training needed to include more about the specific needs of people bereaved by murder or manslaughter.

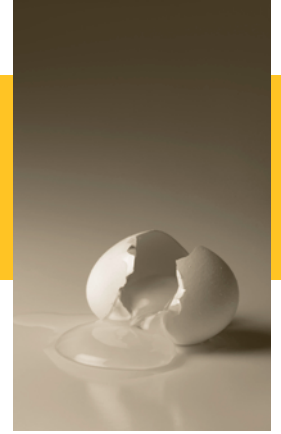
All managers considered supervision, training and development and peer support vital. Deputies were cited as the most likely source of immediate support: most said that they would go to a peer to discuss a practice issue and their manager for advice on policy. Managers in three areas cited the need for refresher training on practice and policy in relation to managing the service in order to keep up with new developments in legislation, victims' rights and services affecting victims. When asked about the Victim Support extranet for keeping up to date, about a third did not seem to have identified this as a resource.

Six managers, all from the same area, had completed the *Managing a service to people bereaved by murder or manslaughter* training. Most of those who had not done it said they would like to. In one area, only one manager was aware of it.

The Victim Support referral software

Two managers in different areas felt that idiosyncrasies in the national referral software made managing and planning services more difficult, as it gave an incomplete picture of the work being done. For example an individual murder is recorded as one case, which does not provide a true picture statistically of the numbers of people receiving support.

7. Victim Support and police family liaison officers



The role of police FLOs as ‘gatekeepers’ to Victim Support’s service means the working relationship between local Victim Support and FLOs is of great importance in service delivery. A national agreement between the Association of Chief Police Officers (ACPO) and Victim Support requires the police to refer people bereaved by homicide to Victim Support in the first instance, provided the bereaved person consents to being referred. It is because of the central importance of the relationship between FLOs and Victim Support that the effectiveness of the relationship was explored in this research.

Victim Support’s perceptions of FLOs

In one area the local police service involves Victim Support at a very early stage in the investigation, sometimes after a few days and usually within two weeks of the murder, and there is a higher degree of cooperation than other areas reported. This is attributed to the strength of a local agreement between the police and Victim Support. Volunteers and new FLOs undertake joint training, which managers feel helps to create mutual awareness of each others’ roles. A manager described how, after a homicide, the FLO contacts Victim Support, a volunteer is allocated to the case and taken by the FLO to meet the family, and they keep in touch by phone to discuss the family’s needs and any new developments. Another manager mentioned that the FLO normally briefs her, which she found helpful in supervising the volunteer.

Managers in the other areas felt that there was a lack of liaison with FLOs. A senior manager felt there should be a protocol covering roles and boundaries for Victim Support’s and FLOs’ work, but thought that FLOs might not welcome working more closely with Victim Support. Most managers would prefer more contact and better planning with FLOs, although some thought this now mattered less as the FLOs had often scaled down their involvement by the time Victim Support was brought in.

Volunteers’ perceptions in three of the areas were also that they are being brought in later to support families than was the case a few years ago, due to the enlarged role of FLOs. In these areas, there was a common view that this reduced the potential for confusion about the volunteers’ roles and allowed the police to focus on the investigation:

I think we walk a tightrope in the beginning when the family liaison officer is establishing a relationship with the family but also investigating. I think we need more of that in the training, establishing what the boundaries are.

Some volunteers echoed managers’ views that many families were overwhelmed with people in the early days after the death, and for those who saw their main role as providing emotional support, later contact was felt to be more appropriate:

It’s important that FLOs let us know when they are being given fewer hours to support that family because it means we can then step up our involvement a bit more.

Only a few volunteers had met or had direct contact with the FLO, but there was a perception that they now give the type of support that Victim Support traditionally provided. But some volunteers were critical of the way FLOs carried out their role and felt that Victim Support could provide support and information better than FLOs:

He hasn't been near her since the day her husband died. I was having to ring him to say
"Can you ring her and tell her what's happening?"

Experiences of how FLOs introduce volunteers and describe Victim Support vary widely. Some FLOs seem to give an accurate description of Victim Support's service, but there were many examples of FLOs giving inaccurate information about what Victim Support can offer, some of which gives a poor impression of the service:

New trained ones know what we do but there are still the ones
who think we're 'tea and sympathy'.

They look on us as a counselling service to bring in if someone's getting very distressed: "Let's get someone in here quick so she can cry on their shoulder". I don't think they know that we can help with court, or the undertakers or other practical things.

FLOs' perspectives

Ten experienced FLOs from five police forces⁶ who between them have dealt with more than 120 murders contributed to a focus group. Given the key role fulfilled by FLOs in working with bereaved families and in referring to Victim Support, the findings are provided in detail.

The purpose of the focus group was to explore FLOs' perceptions of how the investigative role sits with the support role, how this fits with Victim Support's role, working arrangements with Victim Support, and police practice where the suspect is a member of the family.

Care, support and information

Officers tended to find that being the one who broke the news of the death to the family helped create a bond in the long run:

In my experience it builds the trust better, especially if you're totally honest.

Everybody's different. You'll go in and some people will want to beat you up, others want to know everything, others don't comprehend what you're saying, make you a cup of tea ...
But over a period of time I've found out that it's helped build the trust.

All thought it important to include children and gain their trust:

If the children don't see you they don't like it, because they don't know why you're going round there. So if you do see the kids from time to time that helps.

⁶ Dorset, Norfolk, Surrey, Hertfordshire and the Metropolitan Police

Providing information about the investigation and the criminal justice process was seen as a central part of their role:

“What happens next?” is a constant question.

Listening skills are crucial in providing support (see below), building trust and gathering information:

They want to talk about the deceased – constantly.

Most had a fairly low opinion of the Home Office information pack and felt that it was not appreciated by families early on. People often raised questions about what they had read some time after receiving it:

I watched a new FLO hand over the pack on the first visit and the woman threw it back in her face.

I think it could be improved but I'm in favour of it because I know how much information washes over them in the early stages.

Combining the investigative and the support role

All confirmed that the investigative role is the first thing to be explained to families:

You would say that you are part of the investigating team and that you are here to work with the family, to provide info and also to gather as much info as you can about the deceased and that your main role is a link between the family and the investigative team - to have one person to communicate through rather than having to talk to lots of different people ... but then you do sort of slip down the road into caring, sharing.

Families may not always take this information in, however:

There's a misconception with some families that you're not part of the investigation. I've even had it that they don't realise you're a police officer.

All confirmed that if the suspect is in the family, the investigative role is more pronounced. Officers may also have to be selective in giving information about the investigation:

It's very difficult to provide information knowing that the suspects are in the family group. They will attempt to get info about the enquiry through other members of the family.

The issue of physical contact with family members illustrates the tension between the support and investigative roles. While participants acknowledged that physical contact is against FLO policy, half the group reported situations where it had been unavoidable, for a variety of reasons:

I had to hug the woman to stop her hitting me after I told her.

Sometimes you haven't got the choice. It's not because you want to do that, because you know that you shouldn't, but if someone's holding onto you, you can't be stand-offish, that would give the wrong message.

FLOs identified the provision of support as being part of their official role provided it does not take precedence or compromise the investigative role. However one officer's view suggests that a successful investigation may be seen as more important than the family's emotional needs:

If there's no obligation for the Victim Support volunteer to feed back information they get regarding the investigation, then that's a good reason for keeping them in the background until you've got what you want.

Practical help

FLOs discussed some difficulties associated with giving practical help to families. They mentioned providing transport, childcare, contacting relatives and contacting other agencies as some of the areas they helped with. Several said that they had become too involved in giving practical support and that families could become too dependent.

I think we've got many examples of where we've got it wrong. We've got too dug in and done absolutely everything for families, almost moving in, doing the shopping.

It got to a point where I was acting as a courier service between family members.

Most described difficulties in ending their involvement. There was disagreement about what level of contact was appropriate after involvement was officially finished, sparked by a family supported by one of the participants inviting him to a wedding. The FLO was concerned about causing offence by not attending, while other officers felt it was inappropriate to socialise with families they had supported. Some thought exit difficulties were greater when there had been involvement over an unusually long period of time, for instance when there were delays in the case being tried.

Changes in the FLO role

The formalisation in 1999 of the FLO role was felt to have led to a higher profile for FLOs in the media. There was a belief that as a result bereaved families felt that Victim Support was less relevant:

The problem with family liaison is that it's so much in the public domain now, especially with TV programmes. When I say there are lots of other agencies that can help, their response has been "I don't need Victim Support, I've got you."

People's perception of Victim Support has been taken over by media coverage of FLOs.

FLO perceptions of Victim Support's service

Many FLOs felt unclear about Victim Support's role, for various reasons:

There must be something wrong because everyone round this table has at some time in their career had an input from Victim Support but nobody can remember it.

I've been to two talks by Victim Support and I still don't really know what they do. That could be my fault.

I think it's possible to arrive at conclusions about what Victim Support can and can't provide out of ignorance.

Some perceptions of the services that Victim Support could provide included counselling, practical help such as filling in forms and referral to other agencies.

There was a sense that Victim Support was not always capable of dealing with homicides, or was reluctant to do so, or that the support given was inadequate. Several mentioned being told by Victim Support that they could not take on a case.

When they go and see Mrs So-and-so, you find later that all they've done is sit and have a cup of tea and a chat.

I think they (bereaved families) prefer to speak to people who have been through the same experience. I've had a victim's mother who had Victim Support and her words were "Don't you ever send that bloody lot round here again." She said they didn't do anything and made her feel worse.

Victim Support's response may depend on how the approach by the FLO is made, however:

My experience is that if you phone up and say we've got a murder, we want you to come and offer support, they'll run a mile. But if you visit the office and tell them what you want, what you expect from them, what the family need, if you coach them into it, they'll be more than happy to do it.

There were concerns about Victim Support's use of volunteers in supporting bereaved families. There were several aspects to this: the view that professionals will perform any role more effectively than volunteers; concern about selection and competence; concerns about compromising the investigation, and the perceived unfairness of asking unpaid personnel to undertake difficult tasks. Some noted a lack of diversity among Victim Support volunteers, and questioned the level of the support they would be able to give because of this:

They do tend to be female, white middle-class, the ones I've met. How do they get on the same wavelength as the families they're dealing with?

Some of the people at the Witness Service seem so totally out of touch and remote from the type of people they're dealing with and what they've suffered.

I've never met a male or a person from another ethnic community.

Some noted that a shortage of trained volunteers sometimes prevented Victim Support taking on new cases, although one officer pointed out that it had never been a problem in his area. The issue of families being unable to contact Victim Support outside office hours was brought up, and some thought that Victim Support offered a short-term service only. Some wondered if bereaved families might find the name 'Victim Support' misleading or off-putting: it was suggested that they may not see themselves as victims, or that the name implied financial assistance.

The FLOs' comments sometimes revealed assumptions about who would and who would not want help from Victim Support, based on perceptions around culture, attitudes to the police and family resistance to dealing with strangers.

Most of the families I've dealt with didn't want anyone else involved.
They didn't want to talk to yet another person about it.

If they're anti-police, they're more likely to want Victim Support.

That's been difficult because of the relationship Travellers tend to have with the police.
They certainly wouldn't be interested in Victim Support.

A major benefit of Victim Support's involvement seemed to be that of helping FLOs focus more on the investigation, and facilitating their withdrawal:

Having Victim Support involved reinforces the fact that you're an investigator
and that you're not here as a counsellor.

Someone there, close to your exit, and you're off.

Liaison with Victim Support

Most FLOs acknowledged that they are not generally proactive about liaising with Victim Support, although two mentioned that they had positive results when they had contacted their local manager.

All agreed that consent is always sought before making a referral to Victim Support. When this was made often depended on the judgement of the individual FLO: for most it was as part of the exit strategy, particularly when it was felt that they were "getting in too deep" or when they were taken off the case. Other criteria FLOs based their decision to refer on were feeling that people needed more emotional support than they could give, and having specific vulnerability or care needs. All confirmed that they normally refer the person who is next-of-kin and/or who is seen to be taking a lead role in the family – although this is not necessarily always the person who will be in most need of support. Where relatives live outside the force's area, it is common to involve other forces and two FLOs may be deployed in such cases. Several FLOs said that they would make further offers of referral after the funeral to people who had initially declined referral to Victim Support: it was recognised that the need for emotional support often did not arise until some time after the death.

Confidentiality

There was a common perception that Victim Support's confidentiality policy is incompatible with investigation requirements. Many felt that Victim Support should be compelled to give information that could be relevant to the investigation to the police, and wanted volunteers to tell FLOs what has been said during each visit. This also gave weight to the policy of bringing Victim Support in only when the FLO is about to disengage and the investigation is closing. Others felt that a Victim Support volunteer should warn people not to tell them anything which could be relevant to the investigation, or persuade them to give the information to the police. However, several FLOs acknowledged that confidentiality was a vital element of Victim Support's work with bereaved families. Interestingly, in volunteer focus groups no volunteers recalled FLOs asking them about what the people they supported had told them.

The role of other agencies

The group felt that there are other agencies who are better able to help people bereaved by homicide than Victim Support:

There are so many other agencies specifically geared to this line of work, like CRUSE and SAMM, BrakeCare, RoadPeace - sometimes I think Victim Support is just for other types of crime.

There was widespread perception that SAMM offers more than Victim Support for various reasons: that everyone in the organisation has had experience of bereavement by homicide; that they offer peer support and put bereaved people in touch with each other; that they are better placed to offer emotional support, and quicker to respond. There were also misconceptions about SAMM's services, including that they offer round-the-clock availability, long-term support and an international service, and it was felt that they may be less geared to dealing with practical needs, and may suffer from being under-resourced.

What services would FLOs want Victim Support to provide?

All FLOs cited practical tasks including help with paperwork, arranging funerals, getting death certificates, transport, information and legal issues. One participant was aware that Victim Support already provides many of these services. Significantly, none of the FLOs talked about wanting Victim Support to provide emotional support.

When asked what qualities they felt volunteers should possess, life experience, experience of helping people bereaved by homicide, and knowledge of the police role and criminal justice procedures were mentioned. Again, the emotional support side was not included.

Some questions, observations and suggestions

What do volunteers feel about FLOs? Do they feel they've been replaced? Some of them have been doing this for a long time and they must be experts in their field. Sometimes you get the impression that they feel they've been pushed out a bit.

This time next year, will we know what Victim Support does?

Next step should be a meeting with FLOs and Victim Support, at our level, like you have here - reps from different constabularies and reps from different areas of Victim Support. I would attend another meeting, to discuss as we have today, to progress things and to get answers to the questions we want to ask.

It's policy during an investigation for FLOs to have frequent meetings with the Senior Investigating Officer and discuss the policy and the way forward - that might be an ideal opportunity to have a representative from Victim Support to attend that meeting.

We're as much at fault as Victim Support. At the end of the day, we're perfectly capable of taking responsibility for picking the phone up and saying "What do you do? Can I come and see you?" We don't have to have 35 meetings all over the country to get to that stage.

If we do a better job of finding out what Victim Support is about, then we can promote a better service and then perhaps Victim Support can attract more diverse volunteers.

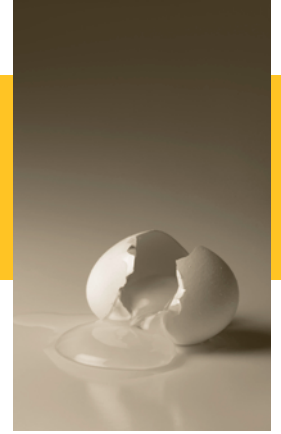
Family liaison in Greater Manchester Police

This example is included because it illustrates an unusual approach to joint work between FLOs and Victim Support, but it is not yet nationally agreed effective practice. In Greater Manchester, FLOs and Victim Support volunteers have joint training and there is a homicide referral protocol between the police and Victim Support. Five of the six service users interviewed in the Greater Manchester area had been referred to Victim Support within two weeks of the murder and two recalled Victim Support having been introduced a day or two afterwards. The sixth was referred the day after her brother's body was found, some time after his death. Referral to Victim Support typically happens within a few days of the murder in cases where someone has been arrested or if investigation can be done in two or three days. The recommended practice is to set up a meeting with the FLO and the Victim Support volunteer, who is normally told as much as possible about the case. Regardless of the timing of the referral, in 95% of murder cases, the FLO exit strategy features referral to Victim Support.

Greater Manchester Police do not involve Victim Support if the suspect is a member of the family. They also consider that Victim Support is not always appropriate for families whose members have a history of criminal behaviour; or for travellers and large families. The authors recommend that this policy should be reconsidered.

Joint training plays a crucial part in raising police awareness of and confidence in the role and skills of volunteers and in setting the scene for referral to Victim Support. The training takes place over two three-day periods and follows Victim Support's national homicide training. The course is co-led by Victim Support and the police, and helps FLOs understand the emotional impact of murder, before they receive further training on police procedures. Each course is jointly reviewed by Victim Support and the police.

8. The work of probation service victim liaison officers



Since April 2001, the probation service has had a duty to consult with and notify victims about the release arrangements of offenders serving sentences of 12 months or more for a sexual or violent offence. Its Victim Liaison Service exists to provide information to victims about the criminal justice process on an ongoing basis once these offenders have been sentenced, and to:

- provide the opportunity for victims to give their views on proposed conditions surrounding the offender's release
- inform victims of any conditions of release which relate to contact with the victim
- inform and seek victims' agreement to any special victim protection arrangements which are proposed
- receive and act upon information from victims and their families about breaches of release conditions.

For the purposes of this research, a focus group was held with nine VLOs from the National Probation Service, Thames Valley area.

Victim liaison officers' perceptions of the needs of people bereaved by homicide

- Continuity of service.
- Support after the trial.
- Grandparents' need for contact with grandchildren.
- Help with thinking through whether they want contact with the offender (many want this but it is rarely followed through).

The VLOs also observed that:

- services are patchy despite protocols
- the overlap with civil law creates problems. VLOs can only help with criminal justice issues and information relating to the offender
- the police are not aware of the VLO role
- FLOs often do not return their calls.

Victim liaison officers' ideas for improving services

- There is a need more information and definitions of other agencies' roles, including Victim Support.
- People are often confused about whether they have had contact with Victim Support.
- There is a need for repeated signposting of services, including Victim Support.
- FLOs need an exit strategy which should include introducing Victim Support sooner.
- Regional conferences of key agencies such as Victim Support, police, CPS and the probation service would raise awareness and improve service coordination.

Victim liaison officers' suggestions to Victim Support

- It would be helpful if Victim Support were to produce a directory of their services for professionals, instead of leaflets.
- Victim Support should work with the police to gain earlier involvement.
- Victim Support should be resourced to support people whose first language is not English.
- Victim Support should improve the accessibility of its services to people with literacy problems.
- Victim Support should act on the perception that standards of volunteer supervision are variable.

9. Service map

Fifteen out of the 20 national voluntary organisations that were approached gave information about their services and described their current relationships and working arrangements with Victim Support, along with their ideas for development. The information they gave is reproduced in this section, in their own words.⁷



ASSIST

www.assist-trauma-care.co.uk

ASSIST Trauma Care (Assistance Support and Self-help in Surviving Trauma) provides a support and counselling service for all types of traumatic bereavement, including by murder or manslaughter. The provision is open-ended according to need, and can be from support to counselling and back again as needed. The counselling is integrative, using a number of evidence-based models. Counsellors are fully trained to national standards and also undertake continuous professional development. Support workers are internally trained by the organisation and provide support as and when needed in more of a friendship-type style, including talking through practical problems. ASSIST has recently received Lottery funding to increase the number of Cognitive Behaviour Therapists and to provide free services to people suffering PTSD [post traumatic stress disorder].

ASSIST is in regular phone contact with local Victim Support services, and receives referrals. It meets Victim Support national representatives on The Legacy Group, which works with victims of the Northern Ireland conflict living on the British mainland, and felt that more contact and liaison meetings with Victim Support would be helpful.

Child Bereavement Network

www.ncb.org.uk/cbn

CBN is a multi-professional national federation working to ensure that all children and young people in the UK can easily access a choice of high quality local and national information, guidance and support to enable them to manage the impact of death on their lives. CBN runs an online directory of 'open access' services: open access services are CBN's members who will work with children whatever the cause of death of their relative, and to which families can refer themselves directly.

Child Bereavement Network have Victim Support on their contact database.

⁷ We are grateful to all those who responded and acknowledge the resource pressures on individuals in smaller organisations.

Child Bereavement Trust

www.childbereavement.org.uk

CBT is a bereavement services signposting agency, referring people to Victim Supportline, Sudden Death, ASSIST, MAMAA, SAMM, and The Compassionate Friends. CBT offers resources including publications such as *Children bereaved by sudden death* and *Ordinary days and shattered lives*, and supports professionals and bereaved families who call our information and support line, signposting callers to organisations that may be of some help.

They rarely have contact from Victim Support. They contact Victim Support to find help for bereaved families and check local Victim Support details.

Child Death Helpline

www.childdeathhelpline.org.uk

CDH is a free national helpline for anyone affected by the death of a child of any age (for parents their son or daughter will always be their child, irrespective of age), under any circumstances, however long ago. Calls are mainly from mothers, but also other family members, friends, and professionals.

CDH sends information to Victim Support and keeps information about Victim Support to give to callers if requested. They occasionally contact Victim Support to enquire about services that their clients may need, but are not a referring agency.

CRUSE Bereavement Care

www.crusebereavementcare.org.uk

CRUSE provides free and confidential services to bereaved people. Traumatic bereavement makes up 18% of CRUSE long term work, mainly face to face, including homicide, suicide, death on the road and other accidents but not sudden death through illness. In 2004, 214 of the 18,988 people who received long term support from CRUSE were bereaved by homicide, including recently bereaved and bereaved a long time ago. Most people would normally have two or three sessions, some a few more. Services include face-to-face bereavement support (Cruse has stopped using the term counselling); telephone helpline; an e-mail information and support service; on-line access to information; free information leaflets; young peoples' service and support groups for newly bereaved people.

There is good local cooperation with Victim Support, with mutual attendance at volunteers meetings and some mutual training. Some people volunteer in both organisations and there are some supervisors in both. Contact occurs nationally with Victim Support on for example Home Office working groups. They identified the possibility of working more closely on national policy issues and sharing more training.

Disaster Action

www.disasteraction.org.uk

Disaster Action acts as an advocacy service for those directly affected by any form of major emergency, including incidents of mass murder such as terrorist bombings and attacks. It offers the benefit of experience of past such emergencies to inform a 'listening ear' service, that can also include referral to other services where appropriate, and practical and emotional support as dictated by circumstances. Disaster Action is involved in national policy and procedure development for the human aspects of emergency response. (Prospective survivors and bereaved people from emergencies that have yet to take place will benefit indirectly from this activity.)

There is contact with Victim Support nationally and locally from time to time arising from an emergency or mass homicide. There has not been any direct partnership with Victim Support, but it was felt that both organisations would benefit from a greater awareness of each others' work.

MAMAA

www.mamaa.org

MAMAA (Mothers Against Murder and Aggression) was formed in 1993 by five mothers concerned about the level of violence in society and about the lack of rights of the victims of violence. Their common belief was that reducing violence and supporting its victims was everyone's concern. Over the past 12 years, MAMAA has provided emotional and practical support to over 400 bereaved people across the UK, often sharing their own homes with people in crisis. They have also actively campaigned for changes in the law and improvements in services for bereaved families and are represented. MAMAA is now moving into a new phase whereby their new website will become the main source of practical and emotional support. Launched in March 2005, it provides information about bereavement, criminal justice processes following a murder, victims' rights, news items, legislation and publications. The site also contains victims' stories and a forum for sharing information and support.

There are no formal arrangements for partnership work with Victim Support but their representatives meet Victim Support representatives on national groups such as the Family Liaison and Co-ordination of Support Services Group, and they make referrals to Victim Support. They felt they could provide a useful role in consultancy and training.

Marchioness Action Group

www.geocities.com/jndenio

MAG provides information, advocacy and support services to and on behalf of the relatives and friends of the 1989 Marchioness Disaster on the Thames in which 51 people died. MAG also campaigns, independently and with other organisations such as Disaster Action on behalf of people bereaved through a major disaster for changes in the law and in professional practice. MAG provides training and educational services to professionals involved in the aftermath of disasters. In 2003, in partnership with the Metropolitan Police MAG launched a training video for the police called *The Message*, focussing on breaking the news of a sudden death to family and friends.

MAG would welcome more formal contact with Victim Support, particularly in relation to policy development and service provision around disaster response work.

Mothers Against Guns

www.mothersagainstguns.net

Mothers Against Guns campaigns against gun crime and supports families and friends of gun crime victims. Mothers Against Guns has had a major influence on Government policy and won several victories in its campaign for tougher gun control legislation. In 2003 this resulted in the introduction of a five-year sentence for illegal possession of a firearm. They also played a key part in organising the gun amnesty that resulted in thousands of weapons being handed in to police, and continue to work closely with the Metropolitan Police's Operation Trident. Mothers Against Guns calls for people to set up campaign groups in their communities, to see an end to Britain's rising gun culture and lobby the Government to introduce stiffer penalties for people convicted of gun-related crimes. Mothers Against Guns has played a pivotal role in the Don't Trigger anti-gun campaign.

Mothers Against Violence

www.mothersagainstviolence.org.uk

Mothers Against Violence was formed by a group of mothers, some themselves bereaved, all concerned about the effect of violence within their local community. MAV provides: support and counselling after bereavement; residential schools and workshops for young men and women; and violence prevention strategies through social and educational skills for young people on the brink of violence. MAV campaigns for greater coordination of responses against gun crime.

Mothers against Violence gives talks to local Victim Support services and is involved in Victim Support volunteer training. They would like Victim Support to publicise their work and to referring people to them more.

NEVA

NEVA (North of England Victims' Association) cover the regions of Durham and Northumbria Police Forces, and is committed to fighting for victims' rights, through the process of lobbying and representation. They offer counselling, advocacy, court representation, financial assistance, respite breaks, and the co-ordination and establishment of self-help groups.

No information was given about working with Victim Support or other organisations.

Road Peace

www.roadpeace.org

RoadPeace, the UK's national charity dedicated to supporting bereaved and injured road crash victims, was set up in 1992 to meet the need for a national organisation to represent and support this huge group of victims and draw attention to their almost non-existent rights. RoadPeace champions the rights of road crash victims to ensure the trauma they suffer is acknowledged. To this end, RoadPeace researches and documents the experiences of road crash victims, using the findings to inform and influence policy makers, agencies, the media and the public.

RoadPeace services include:

- telephone helpline (9 am - 9 pm, seven days a week) - free, confidential practical and emotional support and information, plus an information pack which contains a standard set of information for the bereaved in booklet *Guide through the aftermath of road death*.
- separate briefing sheets on different topics eg criminal law/solicitors/directory of services for the injured
- referrals to other relevant organisations and specialist lawyers. Available to people bereaved through all types of road death, the injured and their carers. 3,500 people are killed and 50,000 are injured on the roads every year in the UK
- befriender service: if a helpline caller wishes to be put in touch with another bereaved person, RoadPeace has a number of trained befrienders across the UK
- local RoadPeace Groups: there are ten local groups, listed on the RoadPeace website.
- non-denominational remembrance services that take place in various venues on the third Sunday in November.

They work at a local level with some Victim Support services. Nationally they contribute to Victim Support's training and have contact with Victim Support's Policy and Research and Development departments through various government committees. Differences in the two organisations' structures and resources have made joint working problematic.

SAMM

www.samm.org.uk

SAMM (Support After Murder and Manslaughter) is a self-help national charity formerly known as Parents of Murdered Children. It became apparent that the ripple effects of this type of bereavement can have a devastating effect on other relatives and friends who were equally affected by the trauma of losing someone through murder and manslaughter and the name was changed to SAMM. SAMM offers confidential telephone support and information to anyone bereaved in this way. SAMM offers a free service and can be reached on 020 7735 3838. Informal meetings are held in a number of regional locations around the UK. Bereaved people benefit from meeting others who have a real understanding of how they feel and can empathise and share what it feels like to have had a loved one taken in this violent and tragic way. A quarterly newsletter gives members an opportunity to share information, experiences and emotions and keep up to date with changes in the criminal justice system. SAMM provides input on training for other organisations, which through their work are likely to have contact with people bereaved through murder and manslaughter including Victim Support, Witness Service, Police, Probation Service, Crown Prosecution Service, Cruse Bereavement Care and the Samaritans. SAMM have regular meetings with the Office of Criminal Justice Reform and have a place on the Victims Advisory Panel.

SAMM works closely with Victim Support nationally but work at local level is sporadic. Victim Support makes referrals to SAMM and asks for help and information from them. SAMM refers to Victim Support and assists with Victim Support homicide training, and Witness Service training when requested: they would like to do more training for Victim Support locally.

SAMM Abroad

www.samm.org.uk/samm_abroad.htm

SAMM Abroad (Support After Murder and Manslaughter Abroad) is a peer support group for families, partners and friends of the victims of murder and manslaughter abroad. It is also an action group, working for improvements in the support UK agencies offer families after their loved one is murdered abroad. SAMM Abroad provides emotional support from committee members and volunteers who have been similarly bereaved by murder overseas. However as a self help group of 110 families, our strength lies in supporting each other. The aim is to put bereaved families in touch with others in a similar situation wherever possible, for example where the death occurred in the same country. SAMM Abroad holds monthly meetings across the UK. These meetings are for those bereaved by murder and manslaughter abroad only, but people are welcome to bring a friend for support. We meet for mutual support, to discuss our common difficulties, and look for ways to overcome them. SAMM Abroad is a national charity and subgroup of SAMM (Support After Murder and Manslaughter).

There are no local or national working arrangements with Victim Support. They stopped making referrals to Victim Support after receiving unsatisfactory responses to requests for support in dealing with homicides abroad. They get referrals from, and refer to, SAMM.

Winston's Wish

www.winstonswish.org.uk

Winston's Wish helps children and young people rebuild their lives after a family death. It offers practical support and guidance to families, professionals and anyone concerned about a grieving child. There is a national telephone helpline for anyone supporting a bereaved child or young person, on 0845 20 30 40 5. The helpline receives an average of 24 calls a day. The website provides information and interactive activities to adults and to young people. It has a section specifically for young people and information for parents/carers and professionals supporting bereaved children. The site also has a facility for parents/carers, professionals and young people to ask questions they are worried about in relation to death or bereavement. These are responded to by a member of the WW team. It is planned to add information specifically relating to child bereavement through murder and manslaughter.

No current working arrangements with Victim Support were reported. They make occasional referrals to the Victim Supportline, and sometimes recommend Victim Support to callers to their helpline.

Zito Trust

www.zitotrust.co.uk

The Zito Trust provides support and advice to victims of mentally disordered offenders, bereaved families, families affected by mental detention orders, people who feel at risk, members of the public, and professionals within the NHS, private and voluntary sectors.

There is rarely contact with Victim Support, other than occasional referrals from local Victim Support services.

10. Recommendations

Context to the recommendations

This research was commissioned to help inform the development of Victim Support's services to people bereaved by homicide. We wanted the primary research to be rigorous in revealing both what is effective about Victim Support's service and what is less effective and needs to be improved. The research instruments were designed to generate information about, in particular, any deficits in Victim Support's services, so that the research would have strong practical applications for Victim Support. While participants' comments about other service providers were recorded, other service providers had not asked to be scrutinised in this way and their services were not the prime focus of this research.

Both the literature review and the primary research show how immense and wide-ranging the support needs of people bereaved by homicide are. People's support needs can be so great that no single organisation or individual is able to meet them. Criticisms of Victim Support's services, and the services of other organisations, need to be read in this context. Similarly, it is significant that many participants were highly critical of the quality of their contact from statutory criminal justice agencies such as the police, where the service is delivered by full time paid staff. As well as critical of Victim Support, where the service is delivered mainly by unpaid volunteers.

This section starts with a review of what existing research suggests is effective in the provision of support. It then presents general recommendations for the development of Victim Support's service, including recommendations for achieving improvements in partnership working. There are recommendations concerning Victim Support's external policy and campaigning work, and the section contains detailed recommendations about Victim Support's training programmes and learning materials. It concludes with recommendations for further research.

Literature review findings about effective support

Several researchers have commented on the aims and principles that should guide any interventions with bereaved people. Three main principles that emerge are that support should:

- recognise the specific needs associated with traumatic bereavement
- recognise the additional complications and barriers to grief that involvement with the criminal justice system brings
- enable the bereaved to help and support each other.

For example Armour argues that the long duration and intensity of traumatic grief means that support is needed to help manage the ongoing trauma and to help normalise life as much as possible. At the same time, proactive assistance is needed to help the bereaved to prepare for court and deal with officialdom. While the family should be the natural support group at a time of bereavement, Armour suggests, relationships are likely to be highly strained, so that support in managing family relationships may also be needed (Armour, 2002a). She suggests that a holistic focus is needed, that recognises the interplay between the family and the wider social context. Support programmes should aim to empower families to regain control over the chaotic



circumstances they find themselves in, and to help family members support each other, which giving information to guide them through processes and events following murder can help to achieve (Armour, 2002b). Ellis and Lord identify similar needs, arguing that support services should allow family members to grieve, express intense emotions and remember the victim, be there to help families through difficult times such as birthdays and anniversaries, and give support in reconstructing their lives on a practical level (Ellis and Lord, 2002). The need for long-term support for the grief and bereavement processes unique to homicide, a familiarity with victims' rights and the criminal justice process and support in planning for future events that are likely to cause distress are again put forward by Allen as the principles which should underlie support (Allen, 1991).

Spungen proposes a new model of support, starting from the point that much existing practice is based on current grief and bereavement interventions alone, which do not take account of the traumatic impact of homicide. The aim is to help the bereaved develop healthy coping strategies and to prevent PTSD through early intervention. She believes that a new model must acknowledge the suddenness and intensity of the experience of homicide, and the fact that the death has occurred at the hands of a third party. Spungen's approach addresses trauma-related issues in the first instance and grief and bereavement issues after. The model is not to be viewed as two distinct and isolated interventions, but a package of help developed with both trauma and bereavement in mind.

Spungen also supports the use of post-trauma counselling, family therapy, group therapy, support groups, and critical incident stress debriefing as positive and helpful interventions. She disagrees with the provision of individual therapy, on the basis that it is too expensive for many, can lead to an unhealthy dependency on the therapist. An added concern is that few therapists have the training or expertise in traumatic grief to deal with the needs of people bereaved by homicide (Spungen, 1997).

Recommendations from the research

These recommendations on the nature and scope of Victim Support's service arise from the main themes in the research, with some detailed suggestions on specific issues which appeared to be particularly important to many of the people interviewed.

Victim Support should:

1. Review the core objectives of its services to people bereaved by murder or manslaughter and ascertain whether the aim is to provide a comprehensive service, with early involvement as part of the role, or to provide ancillary services on a more ad hoc basis. If it aims to provide a comprehensive service, a fundamental joint review with ACPO would be necessary (see below) as would a reassessment of practice methods, skills and resources required. This review should aim to resolve the dilemmas about Victim Support's service that this report illustrates, including:
 - the tendency of staff and volunteers to talk about empowerment whereas bereaved people speak of being unable to take charge of everything, especially in the early days
 - the tendency to be reactive, undertaking tasks 'if asked', whereas bereaved people say they need someone to guide them, to suggest things, to take a lead - particularly with practical tasks.

2. Achieve more consistency of service standards across the country, which may mean using monitoring processes that take account of the particular issues faced in managing a service delivered by volunteers.
3. Consider the advantages and disadvantages of using more paid practitioners.
4. Target volunteer and staff training in areas with the highest murder rates.
5. Ensure that volunteer and staff deployment within and between adjoining areas is effectively organised, to ensure optimum deployment of existing personnel.
6. Improve the management of the service to people bereaved by homicide. This is to ensure that volunteers are well supervised and competent for their role; that the service is provided in partnership with the police and other support organisations; that up-to-date information about other appropriate services and networks is accessible; and that managers manage the service instead of providing it themselves. Managers should be familiar with, and make use of, resources such as learning materials, guidance and research findings to inform service delivery.
7. Ensure competent managers provide regular supervision to all personnel.

Recommendations for partnership working with police family liaison officers

Victim Support should:

1. Engage in a detailed appraisal with ACPO of respective roles and responsibilities, including crisis management in the immediate aftermath, to ensure optimum use of resources in the light of service needs.
2. Examine Manchester's joint training model and explore the potential of using this approach in other areas.
3. Examine the experience in Scotland where ACPO(S)⁸ has sponsored protocols between Victim Support Scotland and the police in two forces. These are currently being evaluated.
4. Raise awareness with FLOs of the nature and scope of Victim Support's service by stepping up liaison and relationship-building at area and branch level.
5. Produce guidance for Victim Support input on FLO training.
6. Take up with ACPO the apparent low use of Victim Personal Statements.
7. Discuss ways to ensure bereaved relatives living in other police areas receive information and have the opportunity for referral to Victim Support.

⁸ Association of Chief Police Officers (Scotland)

8. Discuss ways to ensure that relatives of a victim murdered abroad are given the opportunity to be referred to Victim Support.
9. Discuss ways to ensure that bereaved relatives who may initially be possible suspects receive support.
10. Encourage the police to make sure FLOs:
 - plan the involvement of Victim Support so that a volunteer is introduced when they will be of most help to a bereaved person, rather than as a means of facilitating the FLO's withdrawal
 - recognise Victim Support and other organisations as the appropriate providers of emotional support.

Recommendations for partnerships with other organisations

Victim Support should:

1. Convene a meeting or a working group with the voluntary organisations that participated in the research to:
 - explore the potential for closer co-operative working in the provision of a comprehensive range of support to people bereaved by homicide
 - identify issues on which it may be appropriate to campaign jointly
 - enable joint work on further research and awareness raising.
2. In consultation with SAMM and other self-help organisations, redefine its strategy for supporting the development of self-help and support groups.
3. Engage nationally with statutory social service providers to raise awareness of the service needs of people bereaved by homicide, particularly in complex cases; or where there are issues concerning parental responsibility and the care of children.
4. Work with the Department of Health to encourage the development of better provision for the needs of bereaved people in contact with hospitals, general practitioners etc.
5. Continue to work with the National Probation Service to monitor and help them effectively implement consultation procedures about offenders' sentence and release plans.

Recommendations for Victim Support policy and campaigning

Victim Support should:

1. Highlight bereaved relatives' need for legal advice and representation on a diverse range of issues, in particular with murders within the family, and campaign for free legal advice and legal help to be available.
2. Continue to highlight the emotional and practical consequences of denied or reduced criminal injuries compensation awards in cases where the deceased or the bereaved person had a criminal record.
3. Continue to highlight the financial difficulties many people have in paying funeral costs and campaign for the appropriate agencies, including the Criminal Injuries Compensation Authority, to make funds available at the time of the funeral.
4. Continue to highlight the emotional and practical consequences for bereaved relatives of multiple post-mortems and renew pressure for only one defence post-mortem.
5. Produce guidance for schools and employers on responding to the needs of bereaved children and employees; and highlight the particular needs of children bereaved by homicide with children's organisations.
6. Continue to campaign for improved services for people bereaved by a murder abroad, and encourage the development of tourist victim services at home.
7. Continue to campaign for the right to privacy from the media for families of homicide victims.

Implications and recommendations for Victim Support's service framework⁹, learning materials, training, and supervision

General findings and recommendations about learning materials and training

The existence of effective, structured management systems, assessment of need and case review was patchy. There was little evidence of volunteers making agreements with service users about what support could be offered, duration of support etc. All participating areas reported a volunteer shortage, critical in one area. Few managers described using a team approach to the management of their homicide-trained volunteers.

⁹ A service framework describes the service to be provided, and the parameters of that service. It specifies what support must be provided, and what interventions are beyond the scope of the service. It contains service standards that are mandatory and must be met by all Victim Support's member charities. Service frameworks are accompanied by non-mandatory practice guidance, which describes recommended practice. Practice guidance is designed to help managers provide the service to the standard specified in the service frameworks.

1. Victim Support learning materials should be benchmarked against the *Standards for bereavement care in the UK*. (Bereavement Care Standards: UK Project, 2001).
2. Roles, responsibilities and key competencies of staff managing the service should be reviewed in the light of these findings. Consider advantages and disadvantages of senior practitioner posts, such as having staff who carry caseloads and supervise volunteers.
3. Review the strengths and drawbacks of a service delivered primarily by volunteers.
4. Assess the feasibility of Victim Support formally taking on the crisis management role in the immediate aftermath of the killing.
5. Managers, staff and volunteers need to learn strategies for ensuring effective contact and continuity of support over the long term, particularly when Victim Support's service is initially declined, where a volunteer leaves Victim Support, or when the bereaved person is unhappy with the volunteer.
6. Involve experienced volunteers and staff in peer support and training delivery.
7. Review the standard and content of Victim Support's input to FLO training.
8. Establish ways of encouraging closer work between FLOs and Victim Support volunteers, such as joint training.

Managers' learning needs

Very few managers had attended the national training *Managing support for people bereaved through homicide*. Many managers were unaware of the content of volunteer learning materials, and were therefore unable to use supervision to remind volunteers of previous learning.

1. Senior managers, with their trustees, must make decisions about which service managers are competent to manage services to people bereaved by homicide. The National Office should produce guidance or tool kits to help senior managers make such decisions. Managers should meet the competencies specified in the learning outcomes of the *Managing support for people bereaved through homicide* learning programme.
2. Learning for managers should enable them to achieve competence in working with the police, so that managers can be effective in agreeing local working arrangements and in contributing to FLO training.
3. Managers need to have the necessary skills and resources to recruit a more diverse range of volunteers.
4. The service framework must address issues of long-term case management so that the ending of support is planned for.

In addition, Victim Support should:

5. Provide awareness and communication skills training for office staff who may be the first point of contact for bereaved people.
6. Equip managers to work more effectively with other local service providers, including social services and health services, so that interagency coordination in complex cases can be improved.

Volunteers' learning needs

Many volunteers were unable to recall details of the training they had received in supporting people bereaved by homicide. This does not mean that their training had been ineffective, but it might suggest the need for refresher training for longer established volunteers. There is a tension between volunteers' preferences for enabling the people they are supporting and not being too directive; and bereaved people's need for effective crisis management and a more assertive style of intervention. Somehow the learning materials need to achieve the difficult balance of equipping volunteers to intervene more without being intrusive. There also needs to be more focus on encouraging volunteers to offer emotional support through addressing practical needs.

1. Training and selection strategies need to be reviewed to ensure that volunteers are emotionally equipped to engage with bereaved people, their intense grief and the traumatic events they may need to talk about.
2. There should be more content on assessment skills in volunteer training, and in particular more input is needed on identifying complex needs.
3. More input is needed on strategies for building trust when engaging at later stage.
4. Learning programmes need to help volunteers explore how they can make proactive approaches to providing practical support, which also encourage the person they are supporting to take as much control as they can. This could be through developing volunteers' assertiveness and coaching skills.
5. Volunteers or staff must have skills to undertake advocacy work, such as intervening on a bereaved person's behalf with statutory criminal justice agencies, housing authorities etc.

Making sure that learning and skill development for all personnel becomes a constant process, and enabling better communication

Many volunteers, and some managers, were unaware of research evidence, learning materials and other resources that could be put to good use in ongoing skill development. The Victim Support extranet was under-used as a means of communication and keeping up to date with developments in practice. Some bereaved people wanted better ways of getting in touch with their volunteer.

1. Emphasise the importance of trustees, managers, staff and volunteers keeping up to date with policy developments, guidance, learning materials and research through the use of the Victim Support extranet.
2. Improve the structure of the extranet and its search facility so that personnel can find material more easily.
3. Provide volunteers who do not have computers at home with access to the extranet.
4. Explore how volunteers' and managers' knowledge of legal and criminal justice procedures can be improved.
5. Consider providing volunteers with mobile phones, and encourage text messaging as a means of volunteers staying in touch with the people they are supporting.
6. Establish more effective structures for keeping volunteers up to date with external policy and service development.

Providing better resources and supervision to local managers and volunteers

A number of helpful suggestions were made by participants, including bereaved people, Victim Support volunteers, managers and staff about how the service could be improved by the production of national resources such as check-lists, guidance, proformas etc:

1. The needs of children in particular are sometimes overlooked, so Victim Support needs to ensure that this is recognised in its current development work. This could be helped by the development of further resources for identifying individual needs, possibly along the lines of the *Young people's support pack* (this is a pack of activity sheets and forms for communicating with young people, assessing needs, and recording work).
2. Volunteers may need additional help with working with ex-partners, parents and children, grandparents, and in-laws. Generally, more input is needed on working with couples, family groups and children. Devise more written tools, for example a check-list of prompts that bereaved people could use if they wish when approaching their doctor and other gatekeepers to services.
3. Produce a standard learning module for local Victim Support managers to use when contributing to FLO training.
4. Supervision should be designed to help volunteers maintain appropriate relationship boundaries.
5. Local compliance with Victim Support's *National standards*, in particular standard 2.3.6.4 and their associated requirements on support and supervision, should be more closely monitored.

Recommendations for further research

Victim Support should:

1. Support SAMM in research to help inform the further development of peer support services.
2. Conduct further research into the service needs of children and young people in collaboration with children's organisations.
3. Conduct further research into the service needs of grandparents and other carers, possibly in conjunction with The Grandparents' Association.
4. Conduct further research on issues around intrafamilial and domestic violence-related homicide. Eight of the 36 murders (22%) in this research were committed by a partner or ex-partner, some preceded by a history of abuse. This area is under-represented in the research literature and there may be scope for joint research with Women's Aid or Refuge.

11. Conclusions

A study that pursues an entirely different theme to the main body of research was carried out by Parappully et al, to look at whether there could be any positive outcomes from the experience of bereavement by homicide. Although the authors note that many of the participants had personal qualities, such as compassion, self-confidence and determination, which gave them a high degree of resilience, they found in their survey of 16 parents whose children had been murdered that participants identified numerous positive consequences. Some had become involved in working with young offenders, victims' organisations and other community work, some had started support groups for bereaved parents, and others felt they had become personally and spiritually stronger. Some parents felt that the tragedy they had endured had brought out capabilities and skills they had been unaware they had, and that while all of them would have "gladly traded all the growth and transformation they had experienced if they could have their murdered son or daughter still with them". Nonetheless they had developed an invaluable appreciation of relationships and of life as a consequence (Parappully et al, 2002).



Research enables us to be clear about the aims and principles that should guide any interventions with bereaved people. These are that support should recognise the specific needs associated with traumatic bereavement; know of the additional complications and barriers to grief that involvement with the criminal justice system brings; and enable bereaved people to help and support each other. In addition, the damaging effect of bereavement by homicide is made worse by the knowledge that the offender intended to kill or harm the victim.

Those who support people bereaved by homicide therefore need to be very competent¹⁰ to be able to deal effectively with the aftermath of traumatic bereavement caused by homicide. Such competence is required not just to be able to respond to a bereaved person's support needs, but also to be able to recognise when they should not attempt to meet those needs themselves and should introduce another person or organisation. The picture that emerges from this research and previous studies is that no one organisation can hope to meet such a range of support needs alone. This has strong implications for criminal justice agencies such as the police, and for service providers like Victim Support. The key to effective support is not just a high level of competence amongst individual supporters. It is also a strong, clear and monitored agreement among service providers about each other's respective roles and how they will work together effectively to provide the best possible response to the support needs of bereaved people.

¹⁰ In this context it may be helpful to think of competence as describing the interaction of knowledge, skills and understanding.

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Appendix 1

Research participants¹¹

| Case no. ¹² | Current age | Age at time of offence | Gender | Ethnicity ¹³ | Relationship to victim | Received Victim Support? | Type of support ¹⁴ |
|------------------------|-------------|------------------------|--------|-------------------------|------------------------|--------------------------|-------------------------------|
| VS1 | 58 | 55 | F | AI | Mother | Y | T, F |
| VS2 | 55 | 52 | F | WB | Daughter | Y | T, F |
| VS3 | 63 | 60 | F | WB | Mother | Y | T, F |
| VS4 | 43 | 41 | M | WB | Father | Y | T, F |
| VS5 | 42 | 40 | F | WB | Mother | Y | T, F |
| VS6 | 42 | 40 | F | WB | Partner | Y | T |
| VS7 | 67 | 65 | F | WB | Partner | Y | T, F |
| VS8 | 62 | 59 | F | WB | Mother | Y | T, F |
| VS9 | 36 | 34 | F | BC | Mother | Y | |
| VS10 | 48 | 45 | F | BO | Mother | Y | T, F |
| VS11 | 60 | 58 | F | WB | Mother | Y | T, F |
| VS12 | 51 | 47 | M | WB | Father | Not known | |
| VS13 | 41 | 39 | F | WB | Partner | Y | T, F |
| VS14 | 27 | 24 | F | WB | Partner | Y | T |
| VS15 | 54 | 51 | F | WB | Sister | Y | T, F |
| VS16 | 62 | 60 | M | WB | Father | Y | T, F |
| VS17 | 36 | 34 | F | WB | Partner | Y | T, F |
| VS18 | 60 | 57 | F | WB | Mother | Y | T, F |
| S1 | 27 | 25 | F | WB | Sister | Y | T, F |
| S2 | 40 | 38 | F | BC | Mother | N | |
| S3 | 59 | 57 | F | BC | Mother | N | |
| S4 | 68 | 65 | F | WI | Mother | N | |
| S5a | 46 | 41 | F | WB | Daughter | N | |
| S5b | 45 | 40 | M | WB | Son-in-law | N | |
| S6 | 51 | 49 | F | MC | Mother | Not known | |
| S7 | 60 | 58 | M | WB | Father | N | |
| S8 | 54 | 52 | F | WB | Mother | Y | F |
| S9 | 58 | 55 | F | WB | Aunt | N | |
| S10a | 64 | 59 | F | WB | Mother | Y | T, F |
| S10b | 65 | 61 | M | WB | Father | Y | T, F |
| S11 | 58 | 55 | F | WB | Mother | Y | T, F |
| S12 | 39 | 37 | M | WB | Son | N | |
| S13 | 59 | 57 | F | WB | Mother | Y | T |
| S14 | 49 | 47 | F | WB | Mother | Y | T, F |
| S15 | 62 | 60 | M | WB | Grandfather | N | |
| S16a | 46 | 43 | M | WB | Father | Y | F |
| S16b | 44 | 41 | F | WB | Mother | N | |
| S17 | 31 | 29 | M | AI | Brother | Y | T, F |
| S18 | 34 | 30 | F | WB | Daughter | Y | F |
| S19 | 37 | 35 | M | WB | Brother | Y | T, F |
| S20 | 57 | 55 | M | WB | Close friend | N | |

¹¹ Total participants = 41

¹² VS - recruited through Victim Support; S - recruited through SAMM

¹³ WB - White British; WI - White Irish; AI - Asian Indian; BC - Black Caribbean; BO - Black Other; MC - Mixed-race Caribbean

¹⁴ T - telephone; F - face-to-face

Appendix 2

Comments by SAMM members about the research

Sixty-three people responded to SAMM's request for research participants. SAMM's invitation letter explained that it might not be possible to interview every eligible respondent, because of the research timeframe, and that the selection would be made on the basis of ensuring a cross-section of male and female participants, who had lost a child, parent, sibling, partner or close friend. Many people attached comments on the proposed research to their reply form, and a selection are included here.

I would welcome the opportunity to express my experiences, frustrations and emotional feelings, plus areas where I feel I have been left to my own initiatives coping with incompetence, although must state help and support from my police and Victim Support wonderful. The civil issues are a different category - this is where my frustrations are aimed, and expressions I want to air, congratulations on this area.

I did not know I was allowed to have Victim Support. When my daughter was murdered her husband and children had very good Victim Support, but I just got attention from the police. Later I phoned my local Victim Support and asked if I might have some help.

I believe this research will be important inasmuch as to understand what happens to the whole family thereafter when a part of it is taken away so wickedly and unexpectedly.

Feels good to know I'm not forgotten.

I used the Victim Support service extensively during the ordeal following our 16-year-old son's murder and trial as we live on an island. It was the only near to hand support we had as SAMM is on mainland.

I feel Victim Support could vastly improve the service presently offered to the bereaved; I welcome the research and its findings.

Research is always good; I had a little contact with Victim Support though as I recall I contacted them after several months - they did not contact me.

I would be very pleased to improve the support for people in the future. It is good to see that SAMM is actively supporting this process.

I would be pleased to offer my help however small if some benefit is given to others. I feel very strongly about people with a restraining order served on them to be tagged. It could save someone's life.

I think it is a good idea especially if the information collected can help people like myself to try to come to terms with their life after their loss.

I think it is a good thing that victims' needs and experiences are being listened to and sought - after all it is the victims who know if the service provided is beneficial or appropriate.

I would welcome the opportunity to take part in this research because I have not found SAMM to be helpful to me, and I would like to see the service improved so that it would be more helpful to people in the future.

Although I do not fit into the criteria for this particular research, (my partner was murdered in 2000 and I did receive one visit from a Victim Support volunteer) I would be more than happy to partake in the research that aims to better understand the needs of people who have been bereaved through murder and manslaughter. I am also very pleased to hear that Victim Support has commissioned this research and aims to work in collaboration with other organisations that support people in these circumstances.

I found the SAMM office staff very helpful. It was so kind to have her come out in all weathers to meet me and to listen so very long to me. Yes, you are giving a great service at the most vulnerable time in one's life.

My answer to you is "Hang them." Our son was so gentle, kind, and thoughtful, just 28 stabbed 13 times, also it took place on my birthday, I now can't have a birthday when he died part of me and hubby died also.

Excellent idea - if anything good can be gained from all the pain then it can only be good helping others in the future.

Support is vital; this research is a good start to more support.

I think this is a very good idea, people do not know what you go through when you have lost a family member to murder, how long it takes to come to terms with this if you ever do and the anger you got never goes away.

If the research is designed to help people bereaved by murder or manslaughter it hopefully should be of benefit, my own experience with Victim Support following L's death left us with a lot to be desired and as a result I regard them as quite unhelpful.

Anything that highlights us as victims of these terrible crimes and gives some insight to some of the devastating effects it has on our lives is worth taking part in. Although the real impact of what it does cannot be fully expressed with words you have to sadly have that experience to really understand. However if there are people willing to listen and act on what we have said then maybe things will change for future victims. I live in hope.

When I read the letter I had flashbacks and initially felt very emotional but now am prepared to assist in this research if selected.

A very good idea indeed! As the experience of murder is truly traumatic anything which will help other victims is to be welcomed. If chosen, I will only be too pleased to co-operate.

Victim Support is fine for practical help - supplying and explaining CICA forms etc but only other victims of murder can truly understand the agony of losing someone precious to this most terrible of crimes.

Even though the triple murder of my family happened in 1998, the pain is still as raw now as it was then, our lives are living a life sentence and will continue to do so for the rest of our lives.

I think it's a very good thing to hear other people's views.
I also think it is so important for younger children to be involved.

I believe it is very important for all parties concerned to try to gain an understanding of something that is horrendous for victims. I am sure that not all Victim Support visitors are suitable to carry out this service.

Anything that can be done to improve the support for victims and their families would be welcomed. A lot of victims feel as if they are 'left to get on with it' whilst the perpetrator of the crime seems to have an abundance of support.

I think it's a good idea. We lost our daughter almost 18 years ago, we had no one to turn to then. Things would perhaps have been easy if we had Victim Support. I still find it's hard from day to day, it never goes away. K.'s murderer is now free to live a life, she isn't.

I have chosen not to be contacted by Victim Support, but perhaps I was wrong. My son's case has not been resolved yet, nearly two years now, but who wants to listen after two years, on how you feel etc.

I hope this helps people who have lost loved ones; I had very little support, so I hope this research helps.

I feel that SAMM/Victim Support does not meet the need of a number of people who would benefit from their service! There are a diversity of people/victims who are not represented (for future discussion).

We had limited and largely unsatisfactory contact with Victim Support following the murder of our seven-year-old grandson. This experience was shared by our son, R.'s father, who was living with us at the time of R.'s death; I therefore strongly support any initiative which would lead to an improvement of the Victim Support service to the relatives of victims.

I think this research would be a good idea as experiences can be shared and hopefully there will be a difference made. My husband was murdered. Not enough information was given to me re: the justice system and what I could do as the killers were out within three years. The pain of losing your loved one is so deep but the justice system adds to your devastation, not enough support for the victim!

If this research could be used to help people who have been through what my family and myself have been through then all the better.

This sounds like worthwhile research. My sister was murdered in 2001 and I have found that sibling support as an area of post-murder counselling for adults is sadly neglected.

I would be interested in this interview to give you my views on how victims of murder and manslaughter receive very little help with the aftermath of such tragic events.

Thank you for your letter, which I read with a great deal of interest - until that is I got to the bottom of the first page. I do feel that it is insensitive to send out a request for our participation only for us to find that our comments thoughts and experience of 11 years ago were not wanted!! Perhaps if they were, Victim Support would be able to estimate better just how far their service has developed or not as the case may be! I hope my comments will be passed on.

Please note that I would have consented only I am annoyed that the criteria is so recent and the researcher wants this time period. I hope that she understands that murder still affects everybody within SAMM no matter what. And even receiving such a request for me who lost my sister 18 years ago is still causing anxiety.

Appendix 3

Victim Support's service model for supporting people bereaved by homicide (taken from the learning materials *Supporting people bereaved by homicide*)

Note: the service is currently being reviewed in the light of this research. A service framework is being written, that will contain service standards and be accompanied by practice guidance. This will replace the existing service model, reproduced below.

Victim Support's service

Victim Support's model

The model is based on early contact with bereaved people. This is because research shows that, in retrospect, bereaved people would have wished for earlier contact from Victim Support. In practice, contact may be delayed for a variety of reasons. This needs to be borne in mind when introducing the model, which is obviously less useful in such cases, since the initial stages no longer apply. At the time of writing Victim Support is seeking to achieve earlier contact in cases of homicide in line with the model.

Services offered

In some cases it may only be appropriate or possible for Victim Support to offer limited, short-term help. However, homicide work is generally of greater complexity and longer duration than other Victim Support work because of the following special features: the depth and duration of the emotional impact on the victims (and also the supporters); the complexity of the investigative and criminal justice processes; the number of people affected by a homicide, and its impact on family and other relationships.

Nevertheless, the key elements of Victim Support's service are the same as in other crimes: services offer a combination of emotional support, practical help, information, advocacy, and referral.

Emotional support

Branches will offer emotional support for example, listening to someone's experience again and again, after other people have tired of hearing it.

Practical support

Branches will offer practical help, for example, with permission, contacting utilities companies about unpaid bills.

Information and advocacy

Branches will offer information and advocacy for example, telling someone about their rights under the Victims' Charter, and asking agencies to deliver their responsibilities.

Team working and structure

Generally a team will be set up to work on a case, comprising as a minimum one staff member and one volunteer. In some cases it may include all office staff and a number of volunteers. The team approach ensures long-term continuity if there are personnel changes; it enables a number of people to be supported, and it lessens the load on individuals. There needs to be close and regular liaison between the team members.

There is a danger of supporters being swept away by the intensity of emotions that ensue after a murder. To avoid this, and in order to help the bereaved people most effectively, structured management systems need to be in place, such as: a clear initial needs assessment; an agreement with the victim's family; regular supervision of helpers, and a system to review the case periodically.

Developing trust

People bereaved through homicide often experience deep shock, emotional dislocation and intense rage, and may not respond positively to offers of general help. Support in the immediate aftermath may be more effective if it is focussed on specific practical tasks, which also help build trust and form the basis of an ongoing supportive relationship.

Liaison with the police

The police devote substantial resources to murder enquiries. They are likely to appoint one or more FLOs as a link between the family and the investigating team until the trial finishes or the investigation is scaled down if no offender is charged.

People affected by a murder

The impact of a murder is not confined to close friends and family only: a range of people with various connections to the victim may be affected. Victim Support is unlikely to be able to support everyone and may have to offer indirect support, through another person or by giving written information. Family relationships are likely to be affected by murder, and volunteers will need to have an understanding of this in order to help individuals effectively.

Information about criminal justice processes

Investigative and criminal justice procedures following murder are often complex, and families need clear and concise information about these processes. Some of the key information that volunteers will need is covered in training or may be supplied by colleagues, but volunteers are likely to find the extent of their knowledge challenged by some of the questions that bereaved people may have.

Long-term involvement

People may continue to have support needs years after a murder, so it is important that their principal point of contact is the Victim Support branch rather than a particular person. Volunteers will not be expected to spend more than a year on a case.



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