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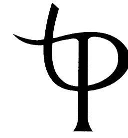

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Domestic Fatalities: The Impact on Remaining Family Members

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ABSTRACT

Each year in the United States about 1,600 women are killed by their partners. Although domestic violence fatality review teams (DVFRTs) are increasingly focused on identifying the possible causes and development of mechanisms to prevent future deaths, what remains hidden are the overwhelming needs of children essentially orphaned by the tragedy, their guardians, and other family members. This article highlights what is known about the survivors of domestic homicide, including developmental issues for children, the myriad of complex loyalty binds, help-seeking behaviors, and the unrelenting conditions that bar resolution. Although there are presently few services available, emerging resources for family survivors are noted and guidelines given for adults who want to promote healing. Finally, the DVFRTs are encouraged to expand their focus of inquiry to include the experiences of survivors in the aftermath of intrafamilial homicide.

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There are approximately 20,000 homicides in the United States annually, of which 1,000 to 1,600 are domestic fatalities (Jaffee & Juodis, 2006). Murder-suicides account for on-third of these fatalities each year (Roehl, O'Sullivan, Webster, & Campbell, 2005), making orphans of the children who remain.

Domestic homicides reflect a variety of conditions. Durose et al. (2005) report that 8.6% of victims are killed by their spouse, 5.5% are children killed by a parent, 7.4% are killed by a family member other than their spouse or parent, and 7.3% are killed by their boyfriend or girlfriend. The vast majority of these deaths are related to domestic violence. When children murder parents, for example, most have witnessed partner violence or were victims themselves of child abuse (Marleau, Auclair, & Millaud, 2006). Fathers who kill children and then themselves often meet the criteria for domestic abuse of their partners, including contact with the police (Johnson, 2006). Even many suicides by women are thought to be associated with battering (Fox & Zawitz, 1999). Unfortunately, death due to domestic violence is not limited to the intended victim. For all pregnant women under age 20, partner homicide is the leading cause of death taking for themselves and their unborn children (van Wormer & Roberts, 2009). In interviews with women victims of attempted murder, two thirds reported they were beaten while they were pregnant.

Fatal intimate partner violence is a worldwide problem. In Australia, Canada, Israel, and South Africa, 40 to 70% of murder killed by intimate partners (WHO, 2002). The United Nations estimates that nearly 5,000 women are killed each year in the name of "honor killings," a crime that occurs most often in Muslim countries and is, sometimes, misperceived as due to religious beliefs and, therefore, excusable or understandable (Mayell, 2002). Approximately 5,000 "dowry bride burnings," occur annually usually because the family of the

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female spouse fails to provide the promised dowry (Nilesh, 2009). The killing of women as a result of domestic violence, honor killings, or dowry bride burning is a global phenomenon and has similar dynamics in that women are killed by family members (van Wormer & Shim, 2009).

Although increasing attention is being directed to the problem worldwide, the study of domestic homicide is relatively recent and limited to precipitating conditions, or the act itself. Most of the research literature on familicide focuses on the personality characteristics of the victim and the perpetrator, or tries to answer the question, "How did the death happen?" In the United States, 35 states have developed domestic violence fatality review teams (DVFRTs) to uncover possible causes of intimate partner fatalities and institute mechanisms to prevent future occurrences (Wilson & Websdale, 2006). There has been limited focus, however, on the members of the victim's family who, amid their loss and extreme suffering, inherit *the fallout* from a loved one's death. This includes massive upheaval, psychiatric disturbance, ill health, financial difficulties, and the propensity for future intrafamilial violence. Even determining the numbers of potential survivors is difficult because records on domestic homicide do not consider the child, "a victim," and do not specify if children are involved (Steeves & Parker, 2007). In addition, agencies such as those operating in the child welfare system do not collect information on what happens to these children after a parent dies (Steeves, Laughon, Parker, & Weierbach, 2007). Furthermore, studies of survivors do not differentiate between familicide and stranger homicide (Armour, 2002).

The present study explores what is known about the children and adults who survive in the aftermath of a domestic fatality. Although high estimates or rates of murder by domestic violence worldwide are finally being recognized (van Wormer & Shim, 2009), there is little published information on the experiences of surviving family members, with the exception of the United States (Ewing, 1997) and Great Britain (Harris-Hendriks, Black, & Kaplan, 1993). From a global perspective, the experiences of survivors vary according to (a) how recently current national legislation about human rights, including domestic violence, has been enacted, if at all, (b) the legal structure of a country, (c) gender roles, and (c) religious and cultural prescriptions. This study highlights some of the distinct circumstances of surviving family members in the United States and the paucity of service provision designed to the meet the specific needs of survivors.

The Children Who Remain

Based on the number of women of childbearing age killed by their partners (Fox & Zawitz, 2004), U.S. Census population data from 2000 (Lewandowski, McFarlane, Campbell, Gary, & Barenski, 2004), and a conservative estimate of the number of children such women are raising, it is calculated that 3,000–4,400 children in the United States are affected by a domestic homicide annually (Steeves & Parker, 2007).

Many of these children may already have been victimized as a result of witnessing the domestic violence that likely preceded the murder. They may have observed the actual event, or their exposure may be more indirect such as having heard violent encounters or later witnessing the results of a violent exchange. If children lose siblings because they are killed trying to protect a parent, as revenge against the partner for ending the relationship, or some other sort of perceived betrayal, the multiplicity of their losses may be even more shattering and the pain intolerable (Jaffe & Juodis, 2006).

Infants and preschool-age children are particularly vulnerable. A review by the DVFRT in Washington State, for example, found that 33% of children living at home at the time of the murder were less than two years of age (Starr, Hobart, & Fawcett, 2004). Although direct and indirect exposure to domestic violence is negatively associated with a child's emotional, behavioral, and developmental well-being (English, Marshall, & Stewart, 2003; Ybarra, Wilkens, & Lieberman, 2007), the fate of children—as noted in the media—is often reported as, "The child at the scene was unharmed" (Conner, 2008), a statement that contributes to the hidden aspect of this victimized population.

In recent years, an increasing body of evidence has described the deleterious effects exposure to domestic violence can have on the health, cognitive functioning, and emotional well being of children (Fantuzzo & Mohr, 1999; Groves, 1999; Spilsbury et al., 2007; Ybarra et al., 2007). Indeed, the age of a child and developmental stage can be an important determinant of what those consequences may be. For instance, preschool age and younger children should, ideally, be learning to think in egocentric ways, begin the process of gender identification, develop language skills, and explore moral schema (Baker, Jaffe, Ashbourne, & Carter, 2002; Newman & Newman, 2006). For children of this age, exposure to

violence has been established as a correlate to disrupted developmental milestones such as language development, toilet training, and motor skills acquisition (Fantuzzo & Mohr, 1999; Mbilinyi, Edleson, Beeman, & Hagemeister, 2007; Ybarra et al., 2007). In addition to disrupted patterns of development, exposure to domestic violence is associated with reduced empathy and pro-social behaviors, poorer communication skills, and increased behaviors that undermine the development of social networks (Ybarra et al., 2007).

Relatively older children who are exposed to domestic violence face complex emotional and identity problems. As they adopt social, gender, and behavioral cues from adult role models, they are at risk of developing stereotyped notions of gender, such as "women are victims and men are perpetrators" (Baker et al., 2002). Although peer identification is considered a key developmental task of adolescence (Newman & Newman, 2006), exposure to domestic violence may promote behaviors that inhibit membership in peer groups. For instance, reports link exposure to domestic violence to aggressive behavior, conduct problems, depression, anxiety, low self-esteem, and impaired social competencies (Baker et al., 2002; Ybarra et al., 2007).

In contrast to the substantial body of research literature on children preceding the time they experience domestic violence, little is known about what happens to these children in the aftermath of a murder. In addition to these children being neglected in the research literature, they are often overlooked in the chaos that follows a parent's death. They often feel alone, lost, and invisible (Clements & Burgess, 2002). Rather than being distant spectators, many of these children were actually in the home when the homicide occurred and may have witnessed the killing or found the body of their parent. Consequently, they not only have had to deal with the trauma of death by homicide, but also may have been haunted by the sights and sounds that occurred during the incident (Lewandowski et al., 2004). This experience may have included the mutilation of their mother's body or the "blank, evil, and frightening look in their father's eye immediately after he committed the homicide" (Steeves & Parker, 2007, p. 1279). Lewandowski et al. (2004) reported that children witnessed 35% of maternal homicides and that 37% discovered the body of their mother. A recent study of adults who had lost their parents to domestic homicide as children found that children were in the home in 63% of spousal murders and found the body in 43% of the incidents (Liepold, 2005). In addition to witnessing their mother's death, young children may have been bystanders to the reactions of family members to the death notification. In one case, a girl worried that her grandmother had been shot because of the way she fell down on the floor and began screaming when she learned of the murder (Clements & Burgess, 2002). Ironically, these children are often the primary source of information about the homicide because of their proximity to the event.

Immediate Effects

The impact of the homicide varies, in part, based on the child's proximity to the event. Although post-traumatic stress disorder (PTSD), physical health problems, including psychosomatic concerns and sleep disturbances are common, they are more often reported in children who have witnessed the murder (Burman & Allen-Meares, 1994; Eth & Pynoos, 1994). Reactions also vary according to the age of the child (National Coalition for Child Protection, 2007). Younger children, for example, may start bed-wetting whereas older children may show an obsessive fascination with guns and violence. Many have distressing nightmares and "flashbulb memories" of their parent's mutilated body, including images and sounds of the incident.

The Hennepin County Domestic Fatality Review Team (2002) describes the level of terror that some children have endured:

> Visions of children attempting to intervene to protect their mother from a perpetrator's assault and in doing so being struck themselves, crawling along the floor with the lights out for fear of being seen through a window by a mother's ex-boyfriend, leaving bicycles "just so" in front of an entry door in order to detect whether the perpetrator had entered the home while they were gone, all painted an extraordinarily troubling picture of the terror that permeates every aspect of these young lives. (p. 24)

Other short-term effects include fear of being separated from the current caregiver and a tendency to be either overly emotional in response to everyday situations or overly in control of emotions (Black & Kaplan, 1988). Indeed, because some children may be in a state of shock or numbness, adults may erroneously assume that their passivity indicates little or no reaction. The veil of silence that frequently attends their response may even be the product of police who have told them not to talk about the incident if they have witnessed the crime (Rasmussen, 2008). Uniformly, children feel sad, depressed, lonely, preoccupied, guilty, and angry (Clements & Burgess, 2002).

Some of the problems the children encounter are related not only to the murder, but also to the level of disruption of their lives. If their home is "sealed off" as a crime scene, they cannot retrieve their clothes or familiar toys (Harris-Hendriks et al., 1993). Even if they remain in the original home, it is now "like an empty shell, filled with haunting reminders and echoes of the person who is now dead" (Clements & Burgess, 2002, p. 36). Moreover, their losses are multiple and sudden. Besides losing both parents simultaneously, they frequently lose their home, neighborhood, school, and friends. A study of 95 child survivors in the United Kingdom reported that 52% of these children went to relatives, 30% went to foster homes, and 10% to institutions (Harris-Hendriks et al., 1993). In addition to losing a parent(s) and experiencing the associated horror of the death, children face the reality of having to rapidly adjust to an unfamiliar environment. Research findings suggest that they usually live with a member of the victim's family after the murder (Steeves & Parker, 2007), whereas some reside with a member of the perpetrator's family, in an institutional setting, with distant relatives, or with families who adopt them. Rather than remaining in their new home, however, many of these children move as many as four times (Harris-Hendriks et al., 1993), and may even move back with the perpetrator when that person is released from prison. In one instance, a maternal grandmother watched as custody was given first to the child's father who subsequently lost his rights because of the criminal conviction for murder, and then to the child's paternal grandmother (Conner, 2008).

In addition to being relocated to a new home, children find themselves in different schools with teachers who cannot tend to their needs because caregivers want to give the children a new start and, therefore, withhold information from the school about the murder. In contrast, children may be teased about being the child of a murderer and unable to escape comments that make them feel different from peers at school or in the neighborhood (Clements & Burgess, 2002). Without their usual support network and familiar surroundings, many of these children feel "rootless," "disoriented," and "dislocated."

Loyalty Conflicts and Long-range Effects

In domestic fatalities, children immediately lose either parent, or their equivalent(s). They become both a victim-survivor and the offspring of a murderer. The conflict inherent in this dual and seemingly irresolvable identity struggle plays out legally and in the family. If the children's testimony, for example, results in an acquittal, they may feel traitorous to their mother. If the testimony results in a conviction, however, they may feel responsible and guilty for making their father spend years, or even the rest of his life, in prison (Zeanah & Burk, 1984). As noted by Betsy McAlister Groves, Director of the Child Witness to Violence Project at Boston Medical Center, "What makes this so toxic for children is that the death at the hands of a parent on which the child depends is developmentally impossible for children to understand" (Conner, 2008).

This split and the confusion it creates may continue for children as they deal with their relatives who also have strong emotions about what happened. The conflict between the victim and the perpetrator may be replicated in ongoing conflict between their extended families (Black & Kaplan, 1988). Each side may blame the other, vie over which person will raise the children, or differ about the children's contact with the perpetrator in or out of prison. These "wars" place children in difficult and untenable positions. If they are placed with the mother's family, for example, their antagonism against the perpetrator may prevent access to him. If the children are placed with the perpetrator's family, family members may disparage the mother, even accusing her of provoking her own murder, in an effort to protect the perpetrator and the family's reputation.

Children need a rounded picture of their parents to resolve their own inner identity struggles. When a father, for example, apparently has no redeeming qualities, the child's self-image can be damaged because of the conflict inherent in trying to identify with the father; "If Daddy is bad, then half of me must be bad because half of me comes from Daddy." These fears are common. Children worry that they may inherit *the badness* or *sickness* of the perpetrator (Harris-Hendriks et al., 1993). They may fear that they will end-up like the parent who was killed, or even that the perpetrator will come back to kill them, too. Children's apprehensions are not without merit. A relatively small study of adult survivors found the women participants were abused in their later personal lives as adults and the male participants indicated they had been abusive (Parker, Steeves, Anderson, & Moran, 2004). To prevent these binds, family members may withhold, for a time, information from children who were very young at the time of the murder. In one case, a grandmother voiced her concerns about her grandson who was 21 months when his father killed his mother and his upcoming questions; "I'm thinking, he's come so far…and that's just going to traumatize him all over again. To tell him, your mother was shot and killed by your father, you know? I am dreading that day" (Conner, 2008).

Children also have difficulties with attachment. Such difficulties are expected given the nature of the crime itself, the unresolved loss, and the aftermath of disruption. The dimensions of the attachment are further influenced by self-image and the ambivalence over the child's post-homicide identification with either the victim or the perpetrator. Research demonstrates that although many children have no discernible attachment problems, the majority have difficulty attaching at all, or may be under-attached to their caregivers (Harris-Hendriks et al., 1993) and, as adults, they have trouble establishing and/or maintaining love relationships (Steeves & Parker, 2007).

Children work hard at feeling normal. Their efforts to suppress anger and to rationalize and normalize the violence allow them to go forward with their lives without having to cut-off family connections, but this predisposes them to tolerating violence (Parker et al., 2004). Not talking about the homicide is a significant characteristic that contributes to loyalty conflicts, fears, and attachment issues (Steeves et al., 2007). Some children manage loyalty conflicts by not conversing with others; "You don't want to hear how terrible your parents are, you don't really want to hear it when you're little" (Steeves et al., 2007, p. 906). Others are explicitly told not to talk about it and worry that saying something might hurt others. They may also protect themselves from the insensitivity of others by not speaking. Still others describe that no one talked to them about the homicide or their family after the murder, or that their adoptive or guardian family did not talk about the murder believing that it was best to just move on. Although this silence seemingly keeps trauma at bay, it freezes the trauma in time and may distort children's development and functioning as adults. Indeed, talking is particularly important for children because it is the mechanism that allows them to readapt to the violent death of their caregiver at each new stage of their development.

Instead of stability, many children confront additional fears and trauma after the death of their loved one. New caregivers who feel overwhelmed by their own grief and the sudden task of caring for young charges may be emotionally unavailable (Hardesty, Campbell, McFarlane, & Lewandowski, 2008). In one study, 24% of child survivors were sexually attacked or abused by a member of their new household (Steeves & Parker, 2007). Post-event illnesses and deaths of caregivers also occur (Hardesty et al., 2008). There may be permanent alienation between the maternal and paternal families that costs the children still more (Johnson, 2005). If adopted or institutionalized at a young age, children may know little about their families of origin. As adolescents, they may end up abusing alcohol or drugs and engage in suicidal behavior (Steeves & Parker, 2007), perhaps as a way of reuniting with a lost loved one. They also live haunted by fears. Furthermore, because they have lost one parent, they may fear losing the other one or losing their new caregiver. They may closely monitor that person or hide their feelings to ensure that the person does not get angry, upset, or disappear. They are scared to be alone yet frightened that getting close to someone new could result in still more loss. They may also worry that the caregivers, themselves will become violent or psychiatrically ill (Harris-Hendricks et al., 1993). This accumulation of never-ending crises or life in the shadow of survival-level fears further complicates recovery.

The Adults Who Remain

Intrafamilial homicide includes partner homicide, child murder, murder-suicide, and non-partner intrafamilial homicide. Consequently, the experiences of adult survivors vary based on their familial role relative to the victim and the perpetrator. However, as with the children who remain, little is known about the distinct needs of adult survivors. This subgroup of homicide survivors has been neglected in the research literature because their issues are extremely complex due to previous family history, family dynamics, and their relationships with the victim and the perpetrator, whether by blood or through marriage, enduring into the future.

For many adult survivors, threats to kill the victim have been communicated to family, friends, relatives, and neighbors prior to the homicide. They have subsequently struggled with having had some sense of the risk and question whether or not they could have prevented the murder. Other adult survivors are stunned to learn that the murderer is a family member. They wrestle with their ignorance while trying to absorb the fact that they were duped by the perpetrator into believing that he was someone other than who he was. They may also recognize that the victim was not fully disclosing about the direness of her circumstances. A mother who lost her only daughter to a former boyfriend did not know that telephone contact had been reestablished between them and that the perpetrator was again pursuing her daughter. Although the mother did not realize it at the time, her daughter probably stayed late at her mother's home on the night she was killed in order to evade him. In these cases, parents are left with a sense of guilt and a sense of responsibility about

what they might have done to prevent the murder. As one family reflected on how they had misjudged the potential of the perpetrator for violence because they erroneously believed they could control his moodiness:

> He'd never done anything physical to anyone but he still acted like he was about to explode. I felt like I was walking on eggshells with him the last five to ten years. The slightest criticism would just send him off the roof. Everything was personal to him.

Because family members know the perpetrator, are aware of the domestic violence that often precedes the lethality of the act, or assume that the victim is not withholding information, they frequently expect themselves to have known better. They, therefore, wrestle with guilt either over the murder given what they knew or guilt for what they should have known that might have allowed them to rescue the victim. This guilt, along with other feelings, can hold adult survivors hostage. They can also feel bound by their responsibility for the children who are left, loyalty binds to both the victim and the perpetrator, and chronic conditions that emerge as a result of the homicide.

Parenting Stress

Although there is no supporting evidence, many adult survivors become "instant parents," because the actual caregivers are imprisoned or dead because of murder or murder-suicide. In a study of 146 child survivors, 59% of related adult survivors had moved into the homes of their maternal or paternal kin (Lewandowski et al., 2004). Another study found that 37 of 47 children lived with either the victim's or perpetrator's family after their parent had been killed (Steeves & Parker, 2007). These relatives have had to not only manage their own grief reactions, but also deal with their reluctance to become parents and the stress of not knowing how to parent severely traumatized children. In one case, for example, a stepbrother aged two and stepsister aged 11 were spared by their father after he killed the mother of the two year old boy and several other of their siblings. Although the boy and girl were close, the maternal grandmother was severely criticized because she only wanted custody of the boy (Leland, 2010).

Taking on the responsibility of parenting by default creates additional problems. Adult survivors commonly report health problems as they put their own needs secondary to caring for the children. In interviews with 10 participants selected from a 10-city study, two caregivers had suffered heart attacks, two had undergone major surgery, and one had been hospitalized with a heart condition (Hardesty et al., 2008). These health and adjustment challenges are compounded by other harsh realities including the fact that caregivers may already have limited financial resources, have had to quit jobs to care for children, and lack ongoing external support.

Adult survivors feel particularly challenged by children in the same household who respond differentially to the homicide because they have diverse needs, are of different ages, and are at differing stages of development. In one family, a caregiver described how four grandchildren had various needs and responses four years after an intimate partner femicide (IPF; Hardesty et al., 2008):

> [The] five-year-old grandson (who was 11 months old at the time of the IPF) does not remember his mother and father from before the murder. He has developed a relationship with his father through phone calls and visits to the prison. [The] seven-year-old granddaughter (three years old at the time) believes that another man killed her mother, not her father. [The] nine-year-old grandson (five years old at the time), unlike his siblings, refuses to visit his mother's grave or visit his father in prison. In contrast, [the] 10-year-old grandson (6 years old at the time) is angry that his father is in prison and believes that he should not have been sentenced to prison. (p. 114)

It may be common for parenting stress to reflect the reality of having to confront unusual and complicated situations. A mother described some of the challenges she had faced raising her son and 2-month-old granddaughter after her daughter's boyfriend killed her daughter and tried to kill her son when he attempted to protect his sister:

> My son had about a 10% chance of living but he made it through. He thought I was angry at him because he didn't protect his sister….One day he blew up and said, "I did the best I could. I promise you I did." I said, "Well Donald, it's not your fault. It's Jaime's fault. You did better than what most men would have done. Cause you were only 17 at the time. Most men when they see a domestic abuse, they turn their head. To me you're a hero even though she didn't live. To me you're her hero. You're a treasured hero." He could have killed my granddaughter, too.

In an unsolved murder, a woman described her response to her grandson when his mother who allegedly killed the woman's son sent the grandson to spend time with his grandmother:

> The little boy came to visit us for about a month when he was about six and [his mother] would say, "If you don't act right, I'm going to send you to stay with relatives." He said that his mother told him that his dad died in a car accident. That was number one. She wouldn't even tell him the truth. We didn't talk about [his father's death] while he was here. I figured he'll find out if he wants to. He'll find out when he gets older. I haven't seen or heard from her in over five years. You wonder about the little boy but not much you can do.

Parenting stress is also extreme for the remaining parent when a family member kills one or more children as part of a murder-suicide. Such domestic homicides are often associated with a perpetrator's separation from a partner and/or mental illness (Finkelhor & Ormrod, 2001). Besides physical problems such as insomnia, hair falling out, high blood pressure, and losing considerable weight, caregivers have long-term mental illness and substance abuse problems that frequently develop in response to the homicide. Mothers find that involvement in later relationships, if possible, and the birth of additional children does not lessen their suffering. In some instances, their extended families fight to keep them from killing themselves. One mother reported that "[s]he had no interest in surviving without her children." Another mother reported, "I never went outside to shop for three years. I was on tranquillizers" (Johnson, 2005, p.79).

Loyalty Binds and Chronic Conditions

Recovery for adult survivors is complicated by estranged family relationships, emotional impasses, and conflict between the extended families of the victim and the perpetrator (Armour, 2002). Irresolvable binds contribute to chronic conditions including loneliness, anger, and feelings of betrayal, and intrafamilial homicide divides the loyalties within a person, as well as between family members. For example, a child may grieve the loss of a father and feel angry with him, responses that can complicate feelings of love and loyalty to both parents. Parents of the perpetrator may feel not only protective of their child but also shame for what he did and guilt for trying to protect someone who had also killed their grandchildren.

For years, the Lonaper family had lived with a mentally ill son/brother, Victor, whose frequent hospitalizations were triggered by a refusal to take medications. Victor killed his sister, Brenda, after convincing her to let him into the home she shared with her mother, Pat. The family lived in fear of another murder because Victor took an insanity plea and is due for release at some time in the future from a hospital for the criminally insane. The other siblings, Darlene and Tony, were upset with their mother who continues to maintain contact with Victor even though she is convinced that Victor really meant to kill her instead of Brenda and will likely do so when he gets out of the hospital. Darlene and Pat described how their concerns about the future have driven a wedge between them:

> Darlene: My mother told me that she intends to keep some contact with Victor after he gets out and trying to monitor him, make sure that he's taking his medication. And this just threw me for a loop because I have been intensely planning my future of how I am going to get away from here and cut contact and hide from Victor basically, completely hide. And the fact that my mother intends to keep some contact, that makes it very difficult. How am I going to keep the contact with my mother when I am trying to hide? I am looking at total exclusion from my family. It's my only choice because I feel I need to be safe.
>
> Pat: My first reaction when I heard he murdered Brenda was, "Oh, poor Victor. He must feel so terrible." And the farther I get from that and the more I see him I just realize that he really doesn't have a clue as to the impact of her death on so many people. I always had hope that he would get better but now I don't care. If Victor gets out, I want to be the magnet that he's drawn to, the one that he comes to first so that the rest of them don't get it.

In addition to splitting the family, adult survivors struggle with reactions that are likely more intense because the survivors are related to the perpetrator by blood or marriage. Darlene Lonaper continues to feel terror about the murder as the nightmare continues because she is related to Victor and therefore may have possible contact in the future. "If he ever gets out, I'll be changing my name, moving, cutting virtually all my contacts with my past life in an effort to protect me and my family."

It is also common for family members to feel betrayed because the person they knew and trusted turned out to be someone else. A couple whose son-in-law, Jeff, murdered their daughter still cannot comprehend the level of his deception. "He's a person who came inside this house. He slept overnight. He sent me flowers. He was the father's golfing buddy. How could we be so taken in? How could we be so stupid?" The perpetrator's legal defense often feeds the betrayal because it now appears duplicitous. "Jeff went into the house and staged a break in and decided he would plead 'not guilty.' He didn't say he didn't kill her or he did kill her. He just said 'I didn't do anything wrong.'"

Although generally homicide survivors tend to feel unremitting rage, the anger felt by survivors of domestic fatalities is different because it is often tied not only to their helplessness but also to their profound sense of betrayal that is even stronger because people have a history together and are still related to each other, even if they have no contact. A father whose daughter was killed by her husband described the size and unrelenting quality of his fury and his efforts to distance himself from the murderer:

> For a long time I thought about him a lot and more than I thought about my daughter. That bothered me. And every time I would try to move my daughter forward, I couldn't seem to get her by him. I can tell you right now how much I hate him. He is like a bad seed. He is like sin and I hate all those things. It borders on rage at times so you see spots in front of your eyes. We go down to the prison and just look at that damn prison. Can you believe that? The betrayal. We even buried our daughter with her maiden instead of her married name. I just can't even call her by her married name so she's buried under her maiden name.

The trauma from domestic homicide is enduring and causes long-term changes in the way people function. Moreover, recovery has a chronic quality because of the ongoing stressors and conflicting responses following the murder. Some adult survivors increase their alcohol consumption to deal with the aftermath (Johnson, 2005). Others keep themselves exceptionally busy. Others succumb to lifelong depression. A man who lost his sister said, "I think the day my Mom heals is probably going to be the day she dies. I don't think she'll ever get over it."

Seeking Help and Available Services

For the children who remain, many of them are left to manage on their own (Burman & Allen-Meares, 1994; Lewandowski et al., 2004). In the short term, they need help navigating the various agencies they have to deal with. Children interviewed by police may worry that they will be accused of being responsible for the death. Autopsies may be confusing because the child perceives additional violence is being done to the victim. Longer term, they will need help throughout their development because as they grow older and their vocabulary increases, they may have new memories and begin to understand things differently, which can add to their stress. The majority of children affected by domestic homicide are under 10 years of age (Lewandowski et al., 2004). Research suggests that many of them never receive therapy (Robertson & Donaldson, 1997), delay getting help (Black & Kaplan, 1988), or see a professional only once (Lewandowski et al., 2004). Indeed, children may even resist counseling because it feels to them like forced self-revelation (Steeves & Parker, 2007). The treatment objectives for these children include relief of suffering and resolution of trauma symptoms, the clarification of cognitive or emotional distortions about the homicide, the provision of a supportive environment in which the child may continue to work through the experience, and the minimization of future problems as a result of the trauma (Zeanah & Burk, 1984). The behavior of adult survivors who were children at the time of the murder also gives some indication of what they needed as children. Specifically, adult survivors try to make meaning of their lives by discovering as much as possible about the homicide, assigning a reason for what the perpetrator did, relying on religious prescription for understanding, or finding some way to make peace with the perpetrator (Steeves & Parker, 2007).

Research indicates that the presence of *a* strong figure in the lives of these children helps support them through the turmoil (Steeves & Parker, 2007). Other protective factors include effective coping skills; bonding with trusted adults; a safe place to go outside the home; education regarding interpersonal relationships, including healthy and unhealthy behaviors and their consequences (Lewandowski et al., 2004); achievements, including success at school; and good relationships between siblings (Harris-Hendriks et al., 1993).

Adult survivors follow an unusual pattern in obtaining services. A study of help-seeking behavior found that adult survivors of familial homicides used services in the initial 8 weeks following the homicide more than adult survivors of non-familial homicides (Horne, 2003). However, the outreach of adult survivors decreased in the subsequent 8 weeks. It is possible that their conflicted feelings toward the relationships with the perpetrators and their guilt and shame may result in self-isolation, keeping issues in the family, or the avoidance of experiences that can trigger painful and ambivalent emotions (Hardesty et al., 2008).

Services for families of the perpetrators are also limited. Although they, too, grieve the loss of children in a murder-suicide, as well as the loss of their son, victim service agencies may not contact them because they are already providing services to members of the mother's family (Johnson, 2006). It is therefore probable that both children and adults need special services because of their distinct survivor issues. For example, families may require assistance determining whether children should have contact with the perpetrator. Few services exist,

however, and survivors often report that the therapist has little understanding of their problems. An observer made the following comments about survivors:

> [They] were obliged to find their own ways to heal, because their suffering was so deep and intense that existing services lacked the experience or capacity to deliver what was needed. The survivors' families came and went in a haze, and were in no doubt affected by their own grief and the lack of services. Overall, I was left with the feeling that the survivors' families were all, in some ways, isolated by their own trauma, and the inability of others to meet their needs. (Johnson, 2005, p. 98)

The overwhelming majority of states in the United States have Domestic Violence Fatality Review Teams (DVFRTs) to review the facts and circumstances of all fatal family violence incidents that occur within a designated geographic area. The purpose of these agencies is to utilize a multiagency and confidential process to identify gaps in the system leading to more effective prevention policies and coordinated strategies. Although these teams have been in existence since the mid-1990s, almost no information has been gathered on either the children or adult survivors. Past and current studies continue to show that family members are in need of considerable help in the aftermath of the homicide (Hennepin County Domestic Fatality Review Team, 2002). The DVFRTs provide avenues for both the gathering of information about survivors' needs and the recommendation of services. If it were possible for the DVFRTs to expand their focus of inquiry, including collaborative work with the child welfare system, survivors of intrafamilial homicide might be given advocates who could speak on their behalf and support them through the tragedy.

The isolation that currently marks the journey of surviving children and adults of domestic fatalities might be reduced in the future by an organization called The Butterfly Club, an organization supported in Arizona, Pennsylvania, and the City of Brooklyn by the Purple Ribbon Fund for Children (The Butterfly Club, 2010). The Butterfly Club is a grassroots outreach effort to connect children orphaned by domestic homicide and their guardians with peer-guided and clinical support to heal and rebuild their lives after the tragedy. Moreover, nursing researchers Parker and Steeves are conducting trials to test a Web site they developed to provide online resources to guardians of child survivors of domestic homicide (Rasmussen, 2008).

In addition to these resources, the Child Welfare League has gathered a list of suggestions from researchers, published research, and survivors themselves for adults who want to promote healing (Liepold, 2005):

1. Help caregivers "let go" of their own anger so it does not "come out" with the children.
2. Reassure children that what happened was not their fault.
3. Give children opportunities to talk.
4. Try to find one person who can serve as a constant for the child.
5. Watch for suicidal thoughts; a child in pain does not have the life experience to know that bad times get better.
6. Try not to call children as witnesses; being instructed not to talk prevents adults from correcting misperceptions and runs counter to the needs to process the experience in words.
7. Make sure children receive age-appropriate therapy.
8. Promote a positive peer culture.

These suggestions and The Butterfly Club are critical to the needs of children and their caregivers. However, it is important to remember that the adult survivors who remain are victims as well and have their own distinct needs for services.

Concluding Comments

In the field of domestic violence, interventions are aimed at interrupting domestic violence before it becomes fatal or focused on recognizing gaps in service delivery to avert future death. Although necessary, these efforts ignore victim survivors, an especially vulnerable group that has been left alone to deal with the horror of domestic murder and its aftermath.

For the children, the simultaneous loss of both parents to murder-suicide or incarceration begins a complex struggle to manage extreme levels of loss and ongoing disruption of life, compounded by stigma, loyalty binds, and identity struggles. Moreover, with increased maturation, the long-term bereavement responses of children tend to surface and shift episodically causing dramatic changes in their understanding of death. Indeed, it is considered a component of healthy bereavement for children to move toward becoming a living legacy of their parents—an area that is problematic or blocked if one of the parents committed suicide and is the murderer.

For surviving adults, their relationships with both the loved one and the murderer endure because they were related. They, too, struggle with divided

loyalties, conflicted emotional responses, family splits depending on whether adults identify with the victim or the offender, and an irresolvable betrayal alongside shame and social stigma. Many of these survivors suddenly become parents to orphaned children only to discover how they communicate their own reactions to the murder-suicide affects the children's well being.

The veil of silence that attends domestic murder is not just a product of unrecognized need by the community or religious dictates. Rather, family members themselves remain invisible victims due to "no talk" rules in families, social stigma, wanting to protect children, efforts to appear normal, and ambiguous reactions toward the victim and the offender that do not resolve. The ability to pierce this fabric requires information on the numbers of surviving family members who struggle quietly and alone, comprehensive and longitudinal studies of their needs over time, and a willingness to tackle rather than avoid the complexities and challenges that accompany domestic homicide. In many Westernized countries, for example, the criminal justice system is built on an adversarial model that does not expand its reach to the ongoing relationships in a domestic fatality that continues to join family members on "both sides of the table." Responding to the issues in these families may require greater sensitivity from victim advocates to practices that further the destructive alienation already felt by family members as a result of the crime.

Although there is growing awareness about the exceedingly high rates of domestic homicide worldwide, the imperative to give long overdue attention to surviving family members is underwritten by a simple fact, namely, that girls whose parents were killed due to domestic violence become victims as adults, whereas boys become abusers. Without a deliberate, proactive approach to intervene on the destructive consequences of neglecting the needs of domestic violence survivors, especially the young, the legacy of victim and abuser can predictably be assumed to be repeated in the next generation (see Parker et al., 2004).

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